

Including the Family Perspective of Social-Emotional Development

An Assessment Case Study

BY CLARISSA M. UTTLEY AND JEROME F. ADAMS



It has often been said that parents know their children the best and are their child's first teacher. Educators are fully aware of the importance of parents and families in the development of young children. However, educational practices typically limit the involvement or communication with families to annual parent-teacher conferences or when challenging behaviors or academic difficulties are hard to ignore. Including families in the assessment and evaluation of child development may offer educators critical insight on the needs and behaviors of individual children. This creates the possibility for identifying challenges and offering supports to both families and children in a proactive approach.

The social and emotional development (SED) of young children has quickly become a major focus of developmentally appropriate curricula. The increased attention to SED is driven by three trends in the research literature.

First, researchers have linked positive social-emotional development with increased cognitive development (Bierman, Torres, Domitrovich, Welsh, & Gest, 2009; Boyd, Barnett, Bodrova, Leong, & Gomby, 2005; National Center for Children in Poverty, 2009; Stein, 2010). Optimization of cognitive abilities has been linked to the development of social and emotional intelligence (Willis & Schiller, 2011). Additionally, the

National Institute for Early Education Research (Boyd et al., 2005) presents policy recommendations that include establishing learning standards for social-emotional skills in preschool children and developing education programs that equally support social-emotional development and cognitive-developmental domains.

Second, reading and math exposure in preschool plays an essential role in elementary school readiness. With federal monies being distributed based on student achievement, early childhood educators are facing rising expectations to increase the level of school readiness in even the youngest of students. School readiness, as defined by the National School Readiness Indicators Initiative (Rhode Island KIDS COUNT, 2005), includes several indicators for the child domain: “physical well-being and development, social and emotional development, approaches to learning, language development, and cognition and general knowledge” (Perry, Kaufmann, & Knitzer, 2007, p. 16). The number of children between birth and 5 years of age who are experiencing difficulties in development or school preparedness is estimated to be between 9.5 and 14.2 percent (National Center for Children in Poverty, 2009). A study from the Devereux Early Childhood Initiative (n.d.) found “strong positive correlations” linking math and reading success with social-emotional skills. This study reported that nearly 25 percent of the variance in math and reading grades is attributable to social-emotional skills. It also found that schools that have established “caring communities” in an effort to increase empathy have realized an increase in higher-order reading comprehension scores (Kohn, 1991 as cited in Decety and Ickes, 2009). Mitchell and Glossop (2005), as cited in Willis & Schiller, 2011, conducted a review of literature that resulted in their assertion that “social skills and emotional intelligence are crucial to all children’s readiness to learn” (p. 42).

Third, there is evidence that increased attention to the social-emotional development of young children leads to improved behavioral outcomes. Several studies report that the develop-

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ment of social-emotional skills in young children has long-lasting effects, even through adolescence and adulthood. Stein (2010) reported on a federally funded study that has identified small but long-lasting effects, particularly with academic problems and obedience of children who have received low-quality childcare. Additionally, several studies discussed in Decety and Ickes (2009) have established a positive relationship between empathy and pro-social behaviors, such as cooperation and

sharing in young children. Eisenberg et al. (1999) found that children who were more likely to share their toys in their preschool years presented higher levels of pro-social behaviors nearly 20 years later. An immediate benefit of improved social-emotional development in young children can be found when researching the transition to kindergarten. The ability to establish peer relationships has been identified with smoother transitions to kindergarten and increased school engagement (Epstein, 2009).

With the increased attention to the importance of social-emotional development in young children, this study examined the level of social-emotional development of preschool children enrolled in two university-based National Association for the Education of Young Children (NAEYC) accredited centers. Unique to this study was the inclusion of parent/family assessment data. Asking multiple reporters—i.e., families and teachers—to complete a psychometrically sound measure, the Ages & Stages Questionnaires: Social-Emotional (ASQ: SE [Squires, Bricker, & Twombly, 2003]), we addressed the following research question: Would family and teacher ratings of SED differ?

Methods

In the conceptualization of this study, a review was conducted to investigate how often the ASQ: SE was used in research studies. While the ASQ: SE is used by numerous early childhood programs, including Head Start programs, there have been few or limited studies published that have used this instrument in a research framework. More specifically, the authors found no research studies that systematically compared family reports to teacher reports utilizing the ASQ: SE assessment measure.

Participants. Families and teachers of children enrolled at two NAEYC-accredited university child-care and development centers in New England were invited to participate in a yearlong study to examine the social-emotional development of young children. The first collection time was established as the first month of the academic school year.

Procedures. The center directors at both sites provided the researchers with the names and ages of children enrolled at each site at the beginning of the school year. A packet of research materials was prepared for each family and included an introductory letter, informed consent documents, a demographic survey, the age-appropriate ASQ: SE form, and a self-addressed return envelope. The family packets were mailed to the center director, who then distributed the packets to the families through center mailboxes. Packets for the teachers included age-appropriate ASQ: SE forms for each child in their classroom and informed consent forms.

Each family was asked to complete the Ages & Stages Questionnaires: Social-Emotional three times during the school year and a 13-item demographic questionnaire at Time 1 only. Teachers were asked to complete the ASQ: SE on the children of consenting families at the same three time periods as the families. Return or drop-off boxes were provided at each site for families to return their completed packets.

Measures. A 13-item demographic survey was created specifically for this study and included such items as parental education and marital status, household composition, and the child’s type and length of experiences in either prior or current child-care arrangement. The demographic survey was provided and completed at only Time 1 by consenting families and was included to determine if family demographics influenced the SED of children in this study. Demographic variables did not provide statistically significant differences and will not be discussed in this paper.

The Ages & Stages Questionnaires: Social-Emotional (Squires et al., 2003) is an age-specific questionnaire designed to measure development in seven areas associated with social and emotional development in children ages 6 months to 60 months. The ASQ: SE consists of 22–36 items, depending on the age of the child. ASQ: SE items include “Do you and your child enjoy mealtimes

together,” “Does your child play alongside other children,” and “Does your child like to hear stories and sing songs.” The items are rated on a scale from “Most of the time,” “Sometimes,” and “Rarely or never,” and include a space to indicate if a particular item is a concern to the person completing the questionnaire.

The seven areas assessed in the ASQ: SE include self-regulation, compliance, communication, adaptive functioning, autonomy, affect, and interaction with people (see Table 1 for a list of areas and descriptors).

Data Collection. The ASQ: SE was administered via pen and paper three times during the school year (September, January, and May). The demographic survey and consent forms were distributed at Time 1 only (September). Only families completing the Time 1 ASQ: SE were provided with the measure at Time 2. Similarly, only those families that returned the completed ASQ: SE at Time 2 received an ASQ: SE at Time 3. Reminder flyers were placed on the entry doors at each site two weeks after distribution and removed the following week.

Results

Demographics. Site Demographics: Site 1 consisted of four classrooms with a total of 63 children and eight teachers. Family participants at this site who completed the preliminary study consisted of 32 females (94.1 percent) and two males (5.9 percent). All family participants reported their race as white, as did the eight teachers (7 female, 1 male).

Site 2 consisted of three classrooms with a total of 34 children and six teachers. Family participants at this site who completed the preliminary study consisted of 24 females (88.8 percent) and 3 males (11.1 percent). Twenty-four family participants reported their race as white (88.8 percent), with the remainder of family participants indicating their race as Asian (3, or 11.1 percent). Teachers at site 2 were all white females.

Table 1. Seven social and emotional areas and one item for general concerns*

ASQ: SE AREA	DESCRIPTORS
Self-Regulation	Child’s ability to adjust to physiological or environmental conditions
Compliance	Child’s ability to conform to direction of others/follow rules
Communication	Child’s ability to respond or initiate verbal or nonverbal signals of feelings
Adaptive Functioning	Child’s ability to cope with physiological needs (eating, sleeping, etc.)
Autonomy	Child’s ability to self-initiate without guidance (independence)
Affect	Child’s ability to demonstrate own feelings towards others
Interaction with People	Child’s ability to respond to or initiate social responses to adults and peers

* Adapted from Squires, Bricker, & Twombly, 2003, p. 13.

Table 2. ASQ: SE forms (in months) used at Time 1, Time 2, and Time 3 for final matched sample

	SITE 1			SITE 2		
	Time 1	Time 2	Time 3	Time 1	Time 2	Time 3
18	1	0	0	0	0	0
24	2	1	1	0	0	0
30	3	2	1	0	0	0
36	4	3	3	3	0	0
48	4	4	4	6	5	5
60	7	11	12	12	16	16
Ns	21	21	21	21	21	21

Child Demographics: Although children were not direct participants in this study, their ages were necessary in order to distribute the correct version of the ASQ: SE. The distribution of the ASQ: SE at each data collection point is presented in Table 2.

Attrition. The overall total sample size at Time 1 was 159 families and 14 teachers. Site 1 had 63 children enrolled at Time 1 and 34 families agreed to participate, resulting in a 54 percent participant buy-in for this study at Time 1. Site 2 had 34 children enrolled at Time 1 with 28 families agreeing to participate in the study, yielding an 82 percent participant buy-in at Time 1. The teacher sample size remained at 14. At the completion of the three data collection points, an attrition rate of 21 percent was calculated. For the purpose of analysis, four subjects were removed from the data analysis as outliers, indicated by their total ASQ: SE scores over the mean for children described as having social-emotional disabilities (Squires et al., 2003).

Overall Results. Lower scores on the ASQ: SE indicate healthy social-emotional development, while higher scores indicate weaker levels of social-emotional development. Each ASQ: SE age-based form specifies a cutoff score for that child being assessed with a particular form. The majority of children in this study were reported to have healthy social-emotional development, according to the ASQ: SE scores reported by their families and teachers. Across both sites, four children presented scores from both the family and the teacher evaluations that were categorized as outliers. Both the teachers and family members of these children responded to the open-ended ASQ: SE item for additional comments and indicated that the children were either being referred for further evaluation or were already receiving services for areas of concern. These scores were not included in the data analysis presented in this paper.

Would parents and teachers ratings of SED differ? Social-emotional development of the children at both sites, as reported by both families and teachers, improved over the three time periods of the study (see Figure 1). When comparing family and teacher reports of the entire sample (see Figures 2 and 3) we found statistically significant differences in the reported social-emotional development. A repeated measure analysis for Time 1 and Time 3 resulted in both a main effect for time [$F(1,97) = 4.81, p < .05$] and an interaction effect for time x role [$F(1,97) = 5.77, p < .05$]. Across all ages, families rated children higher in SED than did the teachers at Time 1 (see Figure 2). This difference subsides at Time 3 with increased congruence on the

ASQ: SE reported scores (see Figure 3). Teacher reports on the level of social-emotional development of the children in their care remained fairly stable throughout the year (see Figure 1).

Figure 1. Family and teacher ASQ: SE ratings over time

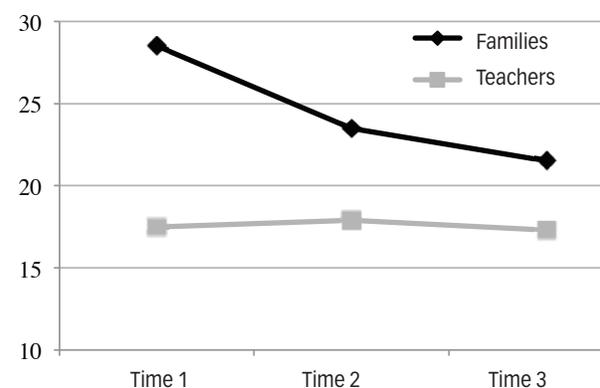


Figure 2. ASQ: SE ratings at Time 1

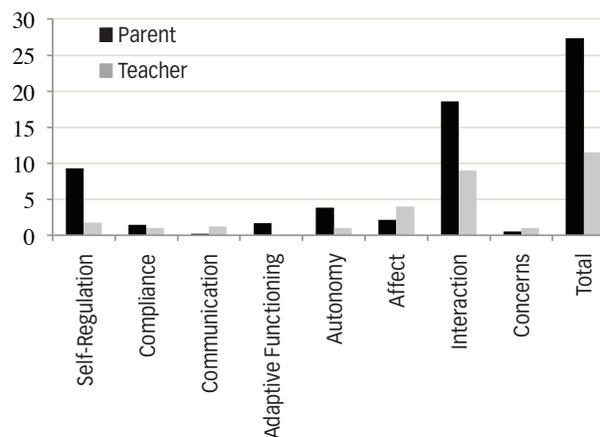
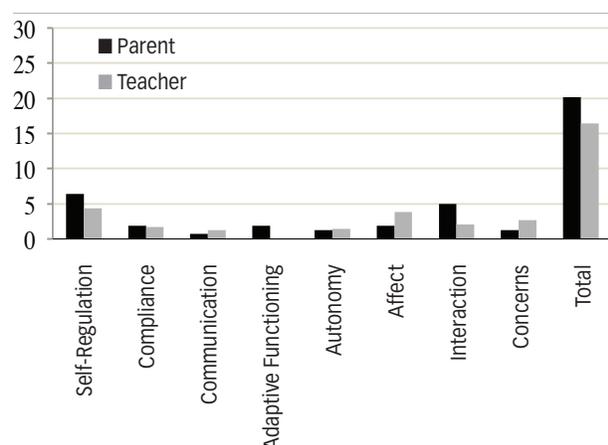


Figure 3. ASQ: SE ratings at Time 3



Additional Findings. Domains: We further examined the individual domains associated with SED to determine where the change was occurring over the course of the year. The domains identified through hierarchical regression analysis at Time 1 were slightly different than at Time 3, as indicated in Tables 3 and 4. Domains that were identified as contributing the most at Time 1, across all ages, include self-regulation ($B = 1.33$), communication ($B = 1.31$), and autonomy ($B = 1.18$). Domains that were identified as contributing the most at Time 3, across all ages, include autonomy ($B = 1.05$), adaptive functioning ($B = 1.04$), and interaction with people and compliance, both with a $B = 1.02$.

Discussion

Results from the current study indicate that families and teachers can have varying views of social-emotional development in their children. Moreover, our study found an increased congruence in social-emotional development scores over the three time periods between the families and the teachers. These results underscore the importance of including family input in the assessment of young children as a way to significantly enhance the overall quality and accuracy of such assessments. Our findings confirm the recommendation of other researchers as to the importance of capturing this additional assessment viewpoint. For example, Caselman and Self (2008) argue that the practice of assessing young children should include multiple methods, multiple measures, multiple time points, and multiple reporters in order to achieve the most complete picture of the child’s development. Parents and families can provide additional information on the learning and development of their children that may assist early childhood educators in better understanding each child’s needs and strengths. Garnering family involvement in the assessment process has the potential to provide teachers with valuable insight into the individual child and family contexts that may affect the child’s development (Fox & Dunlap, 2002).

Incorporating the family perspective not only improves the accuracy of social-emotional assessment, it provides an opportunity for teachers to implement more collaborative educational practices. Comparisons of ratings from the teacher and the family may provide opportunities to enhance both teachers’ and families’ views of the child’s development in meaningful ways, allows teachers and families to work together to create optimal learning and development strategies for young children, and can serve to strengthen the relationship between teachers and families. Fami-

Table 3. Regression analysis, Time 1 data, all ages included (N=72)

	VARIABLE	B	SE B	B
Step 1	Self-Regulation	1.81	.20	.74*
Step 2	Self-Regulation	1.66	.14	.68*
	Affect	2.36	.26	.50*
Step 3	Self-Regulation	1.58	.10	.65*
	Affect	1.93	.21	.41*
	Autonomy	1.53	.21	.32*
Step 4	Self-Regulation	1.43	.10	.58*
	Affect	1.40	.24	.30*
	Autonomy	1.47	.19	.31*
Step 5	Interaction with People	.33	.09	.20*
	Self-Regulation	1.33	.10	.54*
	Affect	.74	.30	.16**
	Autonomy	1.18	.20	.25*
	Interaction with People	.45	.09	.27*
	Communication	1.31	.39	.18*

Note. $R^2 = .55$ for Step 1; $.79$ for Step 2; $.88$ for Step 3; $.90$ for Step 4; and $.92$ for Step 5
 * $p < .001$
 ** $p < .05$

Table 4. Regression analysis, Time 3 data, all ages included (N=85)

	VARIABLE	B	SE B	B
Step 1	Self-Regulation	.99	.01	.42*
	Compliance	1.02	.02	.19*
	Communication	.98	.03	.18*
	Adaptive Functioning	1.04	.03	.15*
	Autonomy	1.05	.02	.17*
	Affect	1.01	.02	.22*
	Interaction with People	1.02	.02	.28*
	Concerns	.98	.03	.14*

Note. $R^2 = .999$ for Step 1.
 * $p < .001$

lies add an additional perspective to the assessment process that may create a topic of conversation for parent-teacher conferences. Thus, each participant gains knowledge of the child and may provide a more accurate assessment of SED. This dialogue will offer both parties insight on the child's development and can serve to establish a beneficial rapport between families and teachers.

Our results indicate that the social-emotional development of the children was seen as stronger by their teachers at the beginning of the school year. Families, on the other hand, reported their children having more social-emotional difficulties. This significant divergence of ratings decreased over the course of the school year, with families and teachers in much greater agreement at the end of the school year. The reasons for such divergence in ratings and the mechanism for the increased congruence are unknown and worthy of further study. However, given our findings, it is the assertion of the authors that including parents in the formal assessment of their child will provide both teachers and parents a more complete understanding and appreciation of the child's development.

Overall, children in this study increased their social-emotional health over the course of the academic year. Future work in this area should be conducted to include an analysis of possible reasons for this increase. Questions about typical or expected increases in social-emotional development over the course of an academic year should be explored with control groups and an expanded sample. It should be noted that this study asked participants to complete the research protocol at three time periods during the academic year. However, results at Time 2 were not significantly different from the results at Time 1. This may indicate that the three times a year protocol for utilizing the ASQ: SE may need to be revisited by individual programs. Adopting a twice-a-year ASQ: SE assessment protocol may be more appropriate for assessing social-emotional development and may free up time for teachers and families to informally assess children or create activities to enhance social-emotional skills in their children.

There is also a need for strategies that teachers and families can implement to increase the development of pro-social behaviors in the children in their care. Having authentic, accurate, and comprehensive assessment results will assist early childhood educators in developing classroom strategies and curricula to meet the needs of each child in their care. Sharing these classroom strategies to increase social-emotional development with families through conversations, either formal or informal, can ensure that children are receiving similar messages about pro-

social behavior in the two main contexts of their young lives: home and school.

The increasing attention to social-emotional development in young children evidenced in the media and professional interest (Epstein, 2009) calls for a matching increase in empirically based research into the value of social-emotional development and the best methods of acquiring complete and authentic assessment results of this domain. Teachers and parents should have a clear understanding of the impact, both short- and long-term, that social-emotional development has on child development. Social-emotional development is a critical piece of the academic success and school readiness of young children (National Center for Children in Poverty, 2009; Mitchell & Glossop, 2005 as cited in Willis & Schiller, 2011). The social-emotional skills that young children develop will support—or hinder—their future development in academics and relationships with others for many years to come (Eisenberg et al., 1999; Stein, 2010). Indeed, children with increased social-emotional development have an easier time transitioning to kindergarten (Epstein, 2009).

Our examination of the groups of domains within the ASQ: SE presents an interesting area for future research. For example, at the beginning of the school year, we found that self-regulation, communication, and autonomy were areas of greatest concern from both families and teachers. Designing activities to assist children in addressing these areas through appropriate behaviors may be beneficial in both the home and school contexts. These areas were not concerns at the end of the school year and therefore may not need the same level of attention in May as they did in September. With numerous stakeholders and various levels of accountability, educators and researchers should find ways to work together to create innovative studies to explore the various ways that social-emotional skills may be quantified. Investigating the stability of these groups may lead to establishing strategies and curricula for families and teachers to utilize at specific stages of child development.

Investigating ways to incorporate family reports into assessment data should be a key priority for early childhood educators if their goal is to help the whole child learn and develop. The knowledge and expertise that families have of their children should be embraced and utilized by early childhood educators. As educators, we are taught to value the role of families as a child's first and most influential teacher. If we agree with this statement, we need to embrace assessment practices that encourage families to contribute valuable information so we can effectively support child learning and development. Communicating with families

can serve to better inform the teaching strategies used both at home and in the early childhood classroom.

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Clarissa M. Uttley is an Assistant Professor in the Early Childhood Studies Department at Plymouth State University in Plymouth, NH. Jerome Adams is the director of the graduate program in Couple and Family Therapy at the University of Rhode Island in Kingston, Rhode Island.