NC Experts Release Recommendations for Measuring Children’s Social-Emotional Health

Raleigh, NC (May 11, 2020) – Now more than ever, COVID-19 is spotlighting the importance of young children’s social-emotional health—how kids form secure relationships, manage their emotions, explore, learn and show resilience, especially during challenging situations. Because it’s so important, it is also critical that North Carolina collect data to know how children are doing in this area.

Measuring children’s social-emotional health at the state level is an emerging area of work across the country. Most states, including North Carolina, do not currently have a good way of doing this. A group of North Carolina experts began tackling this gap in data and have made recommendations to state leaders, including the NC Department of Health and Human Services. The full report is available here.

“Without state data on children’s social-emotional health, policymakers don’t have the information needed to effectively allocate resources and improve the systems that support it,” says Mary Mathew, Collaboration and Policy Leader at the North Carolina Early Childhood Foundation, the organization that facilitated the workgroup. “While many states are working to figure out the best way to measure children’s social-emotional health, few have done it. North Carolina has the opportunity to be a leader in this national conversation.”

The NC Early Childhood Action Plan, put in motion by Governor Cooper and the NC Department of Health and Human Services in 2018, set a target to have a reliable, statewide measure of young children’s social-emotional health and resilience by 2025. With population-level measures, state leaders can answer questions like: how does children’s social-emotional health in one county compare to that of children in another county or the state? What groups of children face disparate social-emotional health needs and strengths? What policies and practices are most needed to promote children’s social-emotional health? The workgroup’s recommendations provide a starting place for this measurement and next steps for the state.

The workgroup recommends using a portfolio of measures, not just one indicator, to provide a more complete picture of children’s social-emotional health in North Carolina. As a part of this portfolio, they propose measuring the systems that impact children’s social-emotional health. For example, the workgroup recommends measuring how families access the health system, such as the percent of children and caregivers who are screened for social-emotional concerns. They also recommend measuring other systems that support and impede children’s social-emotional health, like preschool and housing (e.g., the percent of eligible children enrolled in NC Pre-K, and percent of young children who are homeless). North Carolina already collects data on many of the recommended systems measures. Others—like the percent of children suspended or expelled from child care, preschool and early grades—require more data development.
In addition to system measures, the workgroup recommends that the portfolio include measures of children’s social-emotional functioning, like the percent of North Carolina children who screen at-risk for social-emotional health concerns. They recommend that the state disaggregate these data by race, income and geography, to better understand the experiences of all groups of children across the state.

“With just system measures, we are missing the experiences of some kids and families,” says racial equity consultant Dr. Sterling Freeman, with CounterPart Consulting. “Child and family measures show what the system has created. We need both, because it makes the connection between the system and the outcomes that system produces.”

Children are currently screened for social-emotional health concerns in different settings—pediatrician’s offices, child care, preschool and elementary school—using various tools, like the Ages and Stages Questionnaire (ASQ). Potential strategies for aggregating screen data include using online data platforms and health insurance billing claims. The workgroup recommends exploring how other states, like Oregon, are using these and other strategies. They also suggest starting to collect data in primary healthcare settings, where most young children are reached.

Another approach to measuring children’s social-emotional functioning is using population data collected by the National Survey of Children’s Health for the Healthy and Ready to Learn National Outcome Measure. This survey asks parents questions about their children, such as: does this child bounce back quickly when things do not go his or her way? The workgroup recommends exploring expanded use of this tool to better sample North Carolina parents.

Overall, the workgroup recommends that North Carolina invest resources in research and development that promotes equity by minimizing racial bias in screening and creating tools that better describes children’s social-emotional strengths, not just deficits. Some strategies for this include supporting the development of more culturally responsive and valid tools, promoting best practices that mitigate implicit bias (unconscious prejudice) in screening, and incorporating qualitative data such as parent stories. Ideally, this work would be led by researchers of color and others most impacted by systemic barriers.

The Children’s Social-Emotional Health data workgroup was convened as part of a larger, collaborative effort to improve the collection, analysis and use of early childhood data in the state through the Pathways to Grade-Level Reading Initiative. The workgroup’s recommendations will inform the work of the NC Early Childhood Action Plan, the NC Early Childhood Data Advisory Council, the NC Initiative for Young Children’s Social-Emotional Health led by NC Child and other early childhood initiatives. Racial equity consultation was provided by Dr. Sterling Freeman and Kathleen Crabbs of CounterPart Consulting.

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