

ACTION 4.7

Early childhood data related to social and emotional health, both qualitative and quantitative, are necessary to ensure equitable and effective service. Population-level measures of young children's social-emotional health are currently a data gap in North Carolina and are under development though some program and community-level data exist that can be used and expanded on to inform policies, funding, and advocacy.

USE DATA to TRACK COMMUNITY NEEDS and Service Provision

Early childhood data systems help program leaders and policymakers better understand the needs of the families they serve. Data can illuminate answers to questions around access, program effectiveness and quality, and young children's needs, ultimately serving to inform the allocation of federal, state, and private funds. Comprehensive and integrated data systems enable investments in early care and education to be driven by where the greatest need is identified, and by existing gaps as identified by data collection.

For young children in North Carolina, this data gap is particularly apparent with regards to social and emotional health (SEH). Currently, there is no statewide data available on young children's overall SEH, despite its importance as a critical foundation for children's development and learning. Both early and regular SEH screenings that identify children who may be at risk and follow-up comprehensive assessments of those who screen at-risk are crucial in addressing this data gap.

WHAT WE KNOW

It is well established that social and emotional skills, the intrapersonal and interpersonal capacities and practices that young children have, are immensely important in shaping their adolescent and adult outcomes. Compared to their peers, children who are socially and emotionally healthy and have well-developed self-control have better oral language development, interpersonal skills and physical health; have fewer behavioral problems; and are more successful in school and future employment.

A meta-analysis of 213 studies revealed

**AN 11% GAIN IN
ACADEMIC ACHIEVEMENT**

for students who participated in evidence-based social and emotional learning (SEL) programs over those who did not.

Measuring what matters is frequently the first step in shifting the needle because data can empower policymakers to make informed decisions that support all aspects of children’s wellbeing, including their mental and behavioral health. Population-level data on children’s SEH would enable informed discussions about the allocation of resources by asking:

- How does children’s SEH in one NC county compare to that of children in another county?
- What groups of children face disparate SEH needs and strengths?
- How is children’s SEH changing over time compared to other social and economic conditions?
- What policies and practices are associated with stronger SEH?
- Where and how should the state allocate resources to address system needs?

Dive Into the Data

Data on this issue are urgently needed. There is currently no good source of information. Explore other North Carolina early childhood data indicators on the [Pathways Data Dashboard](#).

WHAT WE NEED

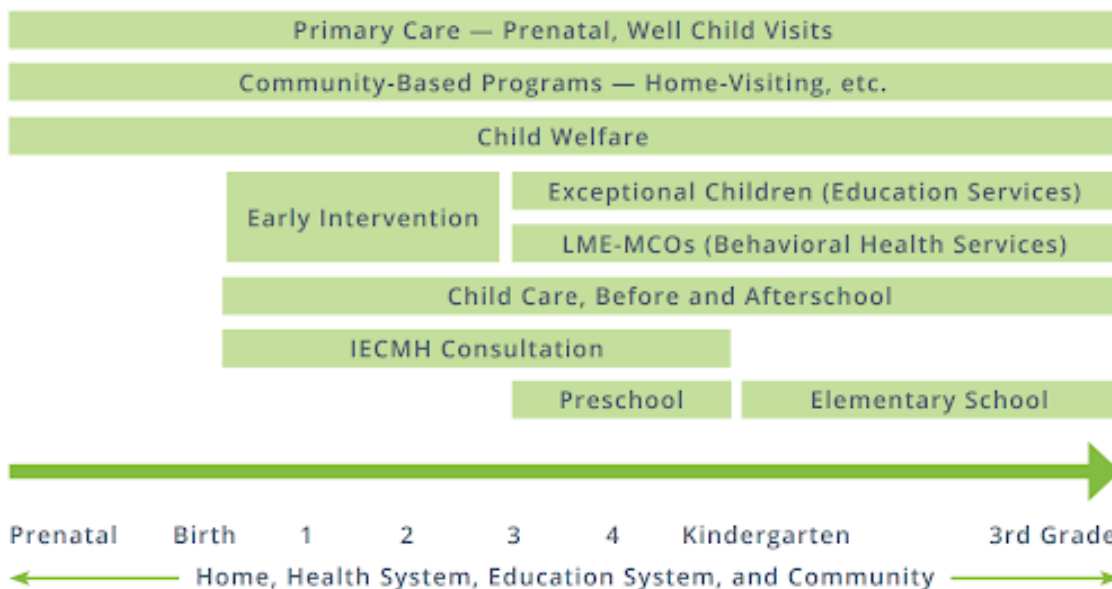
The Children’s Social-Emotional Health data workgroup convened by the North Carolina Early Childhood Foundation provided a detailed set of [Recommendations for Population-Level Measures of Young Children’s SocialEmotional Health in North Carolina](#). A

phased-in approach to collecting data is recommended, starting with sectors where most children are reached and/or where shared data systems are already in place or most feasibly implemented. Pediatric, child care, preschool, and K-12 contexts all provide opportunities for implementing brief needs assessments that can be used to identify which children and in what developmental areas need additional support. In order to have a comprehensive understanding of children’s SEH at the population-level in NC, the workgroup recommends using a portfolio of measures that includes measurement of the child and family systems that impact children’s SEH.

As shown in Figure 1 below, ideal measures of young children’s SEH would include children across the age spectrum engaging with different early childhood sectors.

Figure 1

REACHING CHILDREN ACROSS AGES AND SECTORS FOR SOCIAL-EMOTIONAL HEALTH MEASUREMENT



HOW TO SUPPORT

Continuing to support the convening of [NC's Early Childhood Data Advisory Council](#) (ECDAC) is one way to foster the collection and integration of population-level measures of children's SEH. Durable, equitable data infrastructure requires fostering statewide collaborations across all levels of government, as well as with a diverse community of child and family serving organizations. This is best accomplished when there is a formal networking infrastructure such as the ECDAC, which thoughtfully recruited early childhood data owners and users from across the state. NC's ECDAC serves a critical role in maximizing the utility/usability of the data capacities rapidly growing across the state. It provides a valued circle of experts that can steward the creation of new data integration and visualization

Addressing the existing data gap in North Carolina when it comes to young children's SEH is an investment that will enable children and their families to thrive.

INITIATIVES WORKING IN THIS AREA



[Leading on Opportunity](#) developed the Opportunity Compass, a publicly available tool for tracking Charlotte-Mecklenburg's collective progress on economic mobility. The Opportunity Compass measures community indicators in the areas of: College and Career Readiness, Child and Family Stability, Early Care and Education as well as Segregation, using primarily publicly available data, such as the American Community Survey, to establish a baseline, and help local leaders determine the most effective interventions to improve lives in the Charlotte area.



Smart Start

[The NC Healthy & Resilient Communities Initiative](#)

supports local multi-sector coalitions in North Carolina who are working to address adversity and trauma. Peer support, trainings, and connections to statewide and local resources are provided, including a Landscape Analysis tool for local collaboratives which includes data, graphics, definitions (for shared language), and a Theory of Change Model to encourage cross-agency/system collaborations with a shared understanding of community resilience and adversity. Developing policy to expand doula services to support communities and young children and mothers in need.



[Child First](#) is an evidenced based mental health program which helps struggling families build strong, nurturing relationships that heal and protect young children from the impact of trauma and chronic stress. We use a two-generation approach, providing psychotherapy to parents and children together in their homes, and connecting them with the services they need to make healthy child development possible.

Visit the [Pathways Action Map](#) to learn more about these and other initiatives leading efforts in this area.