In their first few years of life, young children acquire social and emotional skills, such as regulating emotions, sharing with others and following instructions. These skills lay the foundation for developing literacy, numeracy and other cognitive abilities that are critical for success in school and life.

Healthy social and emotional development is rooted in nurturing and responsive relationships with family members and other caregivers, including those who provide care in early learning settings. Early care and education professionals in child care and preschool classrooms are important partners in supporting social and emotional development and ensuring that the youngest learners are ready for school and on the path to success.

State legislatures often consider policies and resources to support school readiness. Increasingly, legislation to enhance social and emotional well-being in early learners is seen as a crucial component to promoting success in school.

What is social and emotional development, and why does it matter?

During their first few years of life, children’s brains are rapidly developing, as is their capacity to learn essential social and emotional skills. Social and emotional development in the early years, also referred to as early childhood mental health, refers to children’s emerging capacity to:

- Experience, regulate and express a range of emotions.
- Develop close, satisfying relationships with other children and adults.
- Actively explore their environment and learn.
Social and emotional development is influenced by both biology and experiences. Together, genes and experiences shape the architecture of the brain: Genes provide “instructions” for our bodies while experiences affect how and whether the instructions are carried out. Children’s early experiences consist of interactions with caregivers—parents, other family members, child care providers and teachers—and their environment. Due to the rapid nature of brain development in early childhood, the quality of early experiences can lay either a strong or weak foundation, which will affect how children react and respond to the world around them for the rest of their life.

For most infants and young children, social and emotional development unfolds in predictable ways. They learn to develop close relationships with caregivers, soothe themselves when they are upset, share and play with others, and listen and follow directions. All these signs indicate positive early social and emotional development.

This is not the story for all children. Among those birth to age 5 who are exposed to biological, relationship-based, or environmental risk factors, at least 10% experience disruptions in their social and emotional development and consequently, mental health problems. For example, children exposed to abuse, neglect or other forms of trauma often respond biologically by producing high levels of cortisol—a stress hormone the body releases to cope with threatening situations. Prolonged periods of high stress in early childhood can cause permanent negative damage to the brain and other developing systems in the body. Children who experience toxic stress, defined as persistent activation of the stress response systems in the absence of a buffering and responsive caregiver, are at risk of poorer social, emotional and physical development. They risk serious mental health problems in childhood and later life.

Who plays a role in supporting healthy social and emotional development?

Responsive and nurturing caregivers are essential for healthy social and emotional well-being. When parents or other primary caregivers respond to an infant’s babbles, cries and gestures with eye contact, touch and words (a process known as “serve and return”), new neural pathways are connected and strengthened. These connections support healthy physical and cognitive development. Positive relationships with a caregiver can also buffer against and reduce the disruptive effects of adversity for young children.

Social and emotional learning extends beyond parent-child relationships. Family, community and culture influence social and relationship norms, values, expectations and language, as well as beliefs and

What do mental health issues look like in young children?

Young children can experience a range of mental health problems that can have a lifelong impact and be as severe as those experienced by adults. Diagnosing mental health problems in young children, however, can be challenging because they process and exhibit emotions differently than older children and adults, and changes in behavior can be temporary. Still, certain behaviors may warrant an evaluation from a mental health professional.

**Birth to age 3:**
- Chronic feeding or sleeping difficulties.
- Inconsolable irritability.
- Incessant crying with little ability to be consoled.
- Becoming extremely upset when left with another adult.
- Inability to adapt to new situations.
- Easily startled or alarmed by routine events.
- Inability to establish relationships with other children or adults.
- Excessive hitting, biting or pushing of other children.
- Flat effect or very withdrawn behavior.

**Ages 3 to 5:**
- Engages in compulsive activities.
- Throws wild, despairing tantrums.
- Withdrawn; shows little interest in social interaction.
- Displays repeated aggressive or impulsive behavior.
- Difficulty playing with others.
- Little or no communication; lack of language.
- Loss of earlier developmental achievements.
attitudes related to child-rearing. Other nonparental caregivers, family members and professionals also play a role in promoting healthy social and emotional development and treating mental health problems in young children. In addition, pediatricians and other health care providers help parents understand developmental stages, promote appropriate caregiver-child interactions, screen for developmental and behavioral issues, and refer families to additional services and supports.

Over 10 million children under the age of 5 are enrolled in early learning settings such as home- and center-based child care and prekindergarten classrooms. On average, young children spend more than 30 hours with nonparental caregivers in early learning settings each week. This makes the professionals who care for and teach young children important partners in supporting social and emotional development and school readiness.

How is social and emotional development supported in early learning settings?

Early learning settings are rich with opportunities to build and practice social and emotional skills; however, the quality of these settings affects the degree to which a child’s social and emotional development is supported. In high-quality settings, children benefit from “frequent, warm and stimulating” interactions with caregivers who are attentive and able to individualize instruction based on children’s needs and strengths. Early educators in high-quality settings are trained in early childhood education and tend to be less controlling and restrictive in their approach to classroom management.

Licensure and accreditation, well-trained caregivers, low staff-child ratios and parent involvement are generally considered to be fundamental to high-quality care and education. Such elements not only promote strong, secure relationships and positive interactions between caregiver and child, but also improve attention to children’s interest, problem-solving, language development, social skills and physical development.

High-quality early learning opportunities can also reduce the risk of children experiencing poor mental health. Research shows it can mitigate the effects of poverty, maternal depression and other risk factors. According to the Centers for Disease Control and Prevention, high-quality child care helps build resilience among at-risk children, partly due to the relationships they form with caregivers. When children perceive at least one supportive adult in their life, they are less likely to experience toxic stress and suffer the detrimental effects of adverse experiences.

Well-trained early care and education professionals are critical to supporting social and emotional competence in young children. First and foremost, they build nurturing and respon-

Infant and Early Childhood Mental Health Consultation

Infant and early childhood mental health consultation (IECMHC) is an evidence-based strategy to support healthy social and emotional development and “prevent, identify, and reduce the impact of mental health problems among young children and their families,” according to the Center for Early Childhood Mental Health Consultation. IECMH consultants help build the capacity of the adults in young children’s lives to support healthy social and emotional development at home and in early learning settings. IECMH consultants have master’s degrees and are licensed mental health professionals who provide indirect, prevention-based services. They partner with families to assess concerns, assist with implementing positive behavioral supports, and connect families to other services and supports.

Within early learning settings, IECMH consultants provide classroom-focused interventions that target all children, home-based interventions for more high-risk children, and referrals for those children who need more specialized services. Additionally, IECMH consultants support early care and education professionals by providing reflective supervision, coaching, training and case consultation.

The Substance Abuse and Mental Health Services Administration’s (SAMHSA) Center of Excellence for Infant and Early Childhood Mental Health Consultation emphasizes the field’s role in promoting equity and reducing disparities in access to resources and outcomes for young children. Equity, according to SAMHSA’s IECMHC Toolbox, is “the quality of being fair, unbiased, and just.” Equity is essential to reducing disproportionalities among young children of color in suspensions and expulsions in early learning settings. IECMH consultants partner with early care and education professionals to “reflect on their own experiences, biases, and fears—and then move beyond them to see each young child as an individual within a unique family and community context.” There is growing evidence that access to IECMHC reduces the occurrence of suspensions and expulsions for young children.
Children's learning is enhanced when their culture is respected and reflected in all aspects of an early learning program. Early childhood programs implementing culturally reflective policies and practices may look different depending on the setting, but at their core, they are learner-focused, promote a positive cultural and individual identity, and engage all children from unique cultural and/or linguistic backgrounds. Cultural awareness is key for early care and education professionals in forming strong relationships with children and families.

Early care and education professionals are also critical to identifying children who face barriers to healthy social and emotional development and helping families obtain the support they need. They sometimes partner with an early childhood mental health consultant to address challenging behaviors and develop behavior support plans.

An increasing number of early learning settings are implementing Positive Behavioral Interventions and Support (PBIS) frameworks. The frameworks are designed to equip early care and education professionals with the skills and tools they need to support positive social and emotional development and address challenging behavior. A program-wide PBIS does not prescribe a specific curriculum. Instead, it includes a series of practices, interventions and implementation supports that are available across the system. One such framework, the Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children, is specifically designed for programs serving infants and toddlers. Twenty-five states have established statewide coalitions and leadership teams to implement the Pyramid Model (often housed within a state’s human services or education department). The Pyramid Model organizes evidence-based practices into three progressively intensive tiers: universal supports for the wellness of all children, targeted services for those who need more support, and intensive services for those most in need. The model emphasizes how essential early care and education professionals are to the social and emotional well-being of young children by positioning “effective workforce” as the foundation.
How prepared are early care and education professionals to care for children with challenging behaviors?

Despite the importance of their role, many early care and education professionals report not feeling adequately trained to respond to challenging behaviors or to support children at risk of mental health issues. A national survey of the early care and education workforce revealed just 20% of respondents received training on supporting social and emotional growth in the past year. When asked what types of support would help them better address the needs of children with challenging behavior, professionals in Maine most frequently selected additional training (61%) and greater access to early childhood behavioral specialists (57%). In a similar survey in Virginia, respondents identified access to specialists (63%), additional supports for families (54%) and increased training for staff (52%) as necessary to improving outcomes for children.

Survey participants in both Maine and Virginia were also asked about the effects of challenging behaviors in the classroom. Concerns included the ability to attend to other children and ensuring the safety and ability of other children to learn. Respondents also noted the negative effect challenging behaviors have on their own well-being.

Without adequate training and supports to handle these stressful situations, early care and education professionals—among whom depression is not uncommon—burn out and leave the profession. Extremely low wages further contribute to their stress. At an average annual salary of just over $22,000, nearly half of the early care and education workforce is enrolled in at least one public support program. These include the federal Earned Income Tax Credit (EITC), Medicaid and Children's Health Insurance Program (CHIP), Supplemental Nutrition Assistance Program (SNAP) or Temporary

Implicit bias in early learning settings

In a study by researchers at Yale University, early care and education professionals were instructed to look for challenging behaviors in a video of an early learning classroom where none was present. Researchers used technology to track eye movements and found that when challenging behaviors were expected, teachers tended to observe the black children more closely, especially the black boys. Another component of the study found that when teachers were provided additional information on a child’s family and background, and when the teacher’s race matched that of the child, teachers tended to lower the severity rating of the child’s behavior. Researchers concluded by calling for greater connections between early care and education professionals and parents, as well as increased training to address biases and increase empathy.
Assistance for Needy Families (TANF). Researchers have found that stress negatively affects early care and education professionals’ ability to provide positive, high-quality environments and is the primary reason they leave the field. Bringing the problem full circle, high turnover among early care and education professionals disrupts the relationships and attachments formed with the children they care for and is linked to poorer developmental outcomes for early learners.

Furthermore, early care and education professionals who lack training may be unprepared to distinguish concerning behaviors from those that are developmentally appropriate. Misinterpreting or mischaracterizing behaviors may lead to more punitive discipline and failure to provide appropriate supports. Under-prepared professionals are more likely to over-identify children, especially children of color, for special education, disciplinary action and expulsions. Suspensions and expulsions are more likely to occur in early learning settings that have high student-adult ratios, private ownership, extended hours, limited access to early childhood behavioral specialists, and teachers who report high levels of stress.

**SUSPENSION AND EXPULSION IN EARLY LEARNING SETTINGS**

Data collected in recent years by the U.S. Department of Education’s Office for Civil Rights has shined a spotlight on how common suspensions and expulsions are in early learning settings. In fact, expulsion rates among preschoolers are three times higher than those of K-12 students. Stark disparities in suspension and expulsion rates among young children based on race and gender led researchers to question the effect of implicit bias, or the “automatic and unconscious stereotypes that drive people to behave and make decisions in certain ways. Black children, who comprise just 19% of preschool enrollment, make up 47% of preschoolers who are suspended. Research shows students of color are more harshly disciplined for the same behaviors exhibited by their white peers. Furthermore, 75% of expelled preschoolers are boys, with black boys being suspended or expelled the most often. The consequences for young children who are suspended or expelled can be significant and long-lasting. The same children are more likely to be suspended or expelled again in later years and to drop out of high school, fail a grade or be incarcerated.

In 2016, U.S. departments of Health and Human Services and Education issued a policy statement and recommendations aimed at preventing and severely limiting suspensions and expulsions of young children. The departments recommended that early learning programs take the following steps:

- Improve the workforce’s skill set and capacity to support social and emotional development, address challenging behaviors appropriately, and form supportive and nurturing relationships with children and their families.
- Provide training to deepen the workforce’s understanding of cultures and diversity, practice self-reflective strategies and correct biases.
- Increase access to behavioral specialists (including IEMCH consultants).
- Promote the health and well-being of the workforce with reasonable work hours, breaks and access to supports, such as social or mental health services.

The policy statement also made recommendations directly to states, including enacting state policies severely limiting the use of suspensions and expulsions across all early learning settings, collecting data on the use of exclusionary discipline and setting goals for its reduction. It also recommended investing in workforce training and implementing policies to increase quality in early learning settings.

**How are state policymakers promoting healthy social and emotional development in early learners?**

Well-trained and supported early care and education professionals are critical to reducing the occurrence of suspensions and expulsions in the early years, providing high-quality early learning experiences and supporting social and emotional well-being in young children. Below are actions policymakers across the country are taking to help children, families and early care and education professionals acquire the skills and resources they need to thrive.
INVESTING IN TARGETED TRAINING AND PROFESSIONAL DEVELOPMENT FOR EARLY CARE AND EDUCATION PROFESSIONALS

- **Most states** include social and emotional development in their Early Learning Guidelines for early care and education professionals.
- **California** provides training and coaching on trauma-informed care for in-home child care providers serving children in the foster care system.
- **Alaska** requires programs at levels 4 and 5 in the state’s Quality Rating Improvement System (QRIS) to participate in trainings specific to trauma and adversity.
- **Vermont’s** Early Multi-Tiered System of Supports framework includes evidence-based practices and trainings and is embedded in the state’s QRIS.

ADDRESSING COMPENSATION AND WORKPLACE CONDITIONS IN EARLY LEARNING SETTINGS

- **Five states** fund wage supplements through the Child Care WAGE$ Program, a stipend available through the Child Care Services Association, in which early care and education professionals are placed on a “salary supplement scale.” The scale rewards workers for obtaining higher levels of education and for remaining in the same child care setting. **Wisconsin** and **Georgia** have their own wage supplement programs.
- **Colorado, Louisiana** and **Nebraska** passed legislation to provide tax credits for early care and education professionals who meet certain education or training requirements.
- **Twenty-two** states include salary scales and/or benefits (e.g., paid leave and health insurance) as a quality indicator for center-based child care providers in their QRIS.
- **Thirteen** states include paid time for professional development as a marker of quality in their state’s QRIS for center-based child care providers.

IMPROVING ACCESS TO INFANT AND EARLY CHILDHOOD MENTAL HEALTH CONSULTATION

- **Louisiana and North Carolina** provide access to early childhood mental health consultants for child

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**BehaviorHelp in Arkansas**

In 2016, Arkansas extended its prohibition of suspension and expulsion in state-funded prekindergarten classrooms to include nearly 1,000 child care providers serving families with child care subsidies.

To support early care and education professionals with the implementing the new policy, the state established BehaviorHelp, a program that provides individual support for addressing challenging behaviors in young children. Early care and education professionals, parents and child welfare case workers complete an online form detailing their issue. Behavioral health specialists then follow up with a phone consultation, classroom observation, training related to individual support plans for educators and parents, and referrals to additional services.

Data collected during the program’s first two years revealed that over half of the children exhibiting challenging behaviors had experienced difficult or traumatic events, such as abuse or neglect, divorce or parent incarceration. A survey of users found that 81% felt better able to address their concerns because of the support they received from BehaviorHelp. Users also reported a significant decline in the frequency of challenging behaviors.
care providers through their state’s QRIS.

- **Virginia** funds a full-time coordinator to support a comprehensive IECMH system, including a series of trainings and an IECMH endorsement for practitioners.

- **Connecticut’s** statewide IECMH program provides universal access to consultants for all early childhood programs in the state.

- Early care and education professionals in **Arkansas** (see text box on page 7) and **Ohio** can receive individualized consultations from an early childhood behavioral specialist through a hotline. **Arizona’s** Birth to Five hotline is available to parents as well as early care and education professionals.

### REDUCING SUSPENSIONS AND EXPULSIONS IN EARLY LEARNING SETTINGS

- **Sixteen states** and the District of Columbia limit or prohibit the use of suspensions and expulsions in lower grades, including prekindergarten classrooms.

- Legislators in **Washington** directed its Department of Children, Youth, and Families to develop a five-year strategy to expand training and awareness in trauma identification, provide positive behavior supports in early settings, and reduce the use of exclusionary discipline by 50%.

- **Colorado’s** state child care rules require providers to “outline how decisions are made and what steps are taken prior to a suspension, expulsion, or request to withdraw a child from care.” The rules further require that child care providers adopt policies to 1) provide individualized social and emotional intervention supports for children who need them, 2) implement a team-based positive behavior support plan aimed at reducing challenging behavior, suspensions and expulsions, and 3) improve access to early childhood mental health consultants.

### LEARNING ABOUT THE MENTAL HEALTH NEEDS OF YOUNG CHILDREN

- **Georgia** lawmakers established the Infant and Toddler Social-Emotional Health Study Committee to study the availability of services and make recommendations.

- The **Oklahoma** Legislature established a task force on trauma-informed care to recommend options and strategies for implementing a coordinated approach to preventing trauma in children, as well as interventions for children and families who are at risk of experiencing trauma.

### Conclusion

Early childhood is a critical window of development for learning social and emotional skills. The quality of experiences and relationships during this time can have life-long implications. For children who face barriers to healthy development, the stakes are even higher. Nurturing the social and emotional development of all young children, so they are ready to succeed in school and beyond, depends on strong partnerships between parents and their out-of-home caregivers. State policymakers are taking steps to ensure young children are supported in early learning settings by investing in the training and well-being of the early care and education workforce, restricting the use of suspensions and expulsions, improving access to early childhood mental health specialists, and exploring additional policies to support the mental health needs of young children and their families.

### Additional Resources

- School Discipline in Preschool Through Grade 3, NCSL LegisBrief
- “Building a Comprehensive State Policy Strategy to Prevent Expulsion from Early Learning Settings”, Administration of Children and Families, Office of Child Care
- Center for Early Childhood Mental Health Consultation
- Social and Emotional Learning, NCSL
The National Conference of State Legislatures is the bipartisan organization dedicated to serving the lawmakers and staffs of the nation’s 50 states, its commonwealths and territories.

NCSL provides research, technical assistance and opportunities for policymakers to exchange ideas on the most pressing state issues, and is an effective and respected advocate for the interests of the states in the American federal system. Its objectives are:

- Improve the quality and effectiveness of state legislatures.
- Promote policy innovation and communication among state legislatures.
- Ensure state legislatures a strong, cohesive voice in the federal system.

The conference operates from offices in Denver, Colorado and Washington, D.C.