

# How Do Caregivers Develop Social and Emotional Skills With Their Children?

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## Introduction

### Social and Emotional Learning

Social and emotional (SE) skills are interpersonal, self-regulatory, and task-related behaviors that are important for adaptation to and successful performance in educational and workplace settings (Casillas et al., 2015). SE skills are related to important outcomes such as student grades and test scores (Mammadov, 2021; Meyer et al., 2023; Poropat, 2009). Additionally, robust research literature shows that students can develop these skills through social and emotional learning (SEL) interventions or programming designed to teach SE skill development to students (e.g., Cipriano et al., 2023; Durlak et al., 2022).

### Support for the Role of Caregivers

Caregivers play an important role in effective SEL interventions for their children. For instance, the Collaborative for Social and Emotional Learning (CASEL) has a [family partnerships page](#) on its website. This page states, “When educators and families are partners in children’s social and emotional development, the benefits go two ways: Teachers enrich their ability to support their students, and families gain an ally in supporting the social and emotional skill-building they already do with their children” (Collaborative for Social and Emotional Learning, n.d.).

In addition to leading organizations’ advocating for caregivers to have a role in SEL, educators also see SEL interventions as a combined effort between schools and caregivers. One survey found that educators view caregiver support as a top factor that would help them to be more effective in teaching SEL (McGraw-Hill Education, 2018). Similarly, another survey with educators and administrators found that one of the overarching needs that emerged when implementing SEL programming was greater opportunities to involve caregivers (Murano et al., 2021). Researchers have also increasingly emphasized school-family partnerships to increase the effectiveness of SEL interventions (e.g., Albright et al., 2011).

### Views of Caregivers

Past survey research with caregivers has primarily focused on knowledge, perceptions, and attitudes toward SE skills and SEL. Caregivers generally view SE skills as important (Daley et al., 2021; Daley et al., 2023; McGraw-Hill Education, 2021; Murano et al., 2022). Additionally, caregivers support SEL programming (Committee for Children, 2022; Daley et al., 2022; Murano et al., 2022). Caregivers also view both the school and home as playing a role in developing their children’s SE skills (Daley et al., 2023; Hubbard, 2019). For instance, several surveys have found that caregivers support teaching students SE skills in schools (Committee for Children, 2022; Daley et al., 2022; Horowitz, 2022; National PTA et al., 2022). Additionally, caregivers

consider themselves important in developing their child's SE skills. For instance, Hubbard (2019) found that caregivers thought that their children should primarily learn SE skills at home (95%) and that school should reinforce this learning (92%). Similarly, a recent survey found that 97% of caregivers agreed with the statement, "When schools and families work together, they can reinforce social and emotional skill development in students" (Daley et al., 2023). In contrast, most caregivers disagreed that SEL should be taught only by parents and families. Taken together, the results of these past surveys suggest caregivers support SEL and prefer a collaborative approach involving families and schools in developing their children's SE skills.

Despite caregiver support for SEL and interest in a collaborative approach to SEL, less is known about how caregivers envision this partnership with schools and other organizations. In particular, it is important to learn which skills caregivers prioritize being taught, how they approach these skills, and what types of resources and support they want from schools and other external sources. This research can support effective partnerships with families to develop student SE skills.

## Current Study

The current study examines how caregivers work on SE skills with their children. We focused on three main questions:

1. What motivates caregivers to work, or not work, on SE skills with their child?

To address this question, we asked caregivers to select why they do or do not focus on developing their child's SE skills. We also collected additional reasons in an open-ended question.

2. How do caregivers work on developing their child's SE skills?

To address this question, we first asked an open-ended question about home practices. Then, we asked closed-ended questions about the skills caregivers work to develop and the strategies they use to develop those skills. Additionally, we asked how else they focus on SE skills.

3. What supports do caregivers perceive as valuable in helping to develop their child's SE skills?

To address this question, we asked several closed-ended questions about the need for additional supports for specific skills and about the usefulness of various types of supports. At the end of the survey, we also asked an open-ended question to determine which additional resources caregivers would find helpful.

## Method

### Participants

A total of 25,000 parents/caregivers of ACT® test takers were invited to participate in a survey following the April 2023 National ACT test administration. The initial invitation via email told caregivers that ACT is conducting the survey to learn more about home practices involving skills that contribute to student success. Caregivers were informed that the survey was voluntary and that they would not be compensated for their answers. In total, 1,381 individuals began the survey, 934 participants completed it up to the question about why they do or do not work on SE skills (fourth question in the survey), and 602 completed the entire survey. Partial responses were included in the following analyses.

Regarding gender, 84.1% of participants were female, 14.0% were male, and 2.0% preferred not to respond. Regarding race/ethnicity, participants identified themselves as the following: 73.4% White, 7.0% Black/African American, 4.2% Hispanic/Latino, 4.2% Asian, 0.5% American Indian/Alaska Native, 0.3% Native Hawaiian/other Pacific Islander, and 2.2% two or more races/ethnicities; 8.3% chose not to respond. The average age of caregivers was 48.07 years ( $SD = 6.65$ ). Caregivers were asked to select their political affiliation: 20.4% Democrat, 29.9% Republican, and 17.9% independent; 31.7% preferred not to respond. Additionally, caregivers were asked to report their highest education level. The sample tended to be highly educated: 13.5% with a doctoral or professional degree, 33.7% with 1 or 2 years of graduate school, 33.6% with a bachelor's degree, 6.5% with an associate's degree, 6.0% with some college but no degree, 3.5% with technical school, 2.7% with a high school degree or GED, and less than 1% with less than a high school degree.

### Survey

Caregivers were told they would be asked questions about their home practices aimed toward improving their child's SE skills. They were first asked two closed-ended questions about their confidence in teaching SE skills and the frequency with which they work on these skills. Participants rated their confidence in teaching SE skills to their child on a 4-point scale: 1 (not at all confident) to 4 (very confident). They reported how often they work on SE skills with their child on a 5-point scale: 1 (never) to 5 (every day). The answer to this question about frequency determined the additional questions that participants received.

Those who answered that they never worked on SE skills were directed to select from a list of reasons why they did not work on SE skills. These participants could select more than one answer and had the option to provide their own response. Afterward, they rated the perceived importance of short descriptions of behaviors associated with SE skills (shown in the results section) on a 5-point scale: 1 (not at all important) to 5 (extremely important). Finally, they were directed to the demographic questions at the end of the survey, including gender, race/ethnicity, age, political affiliation, and highest education level.

Participants who said they worked on SE skills were next asked to select from a list of reasons why they worked on SE skills. These participants could select more than one answer and also had the option to provide their own response. Afterward, they were asked, “What do you do at home to develop your child’s social and emotional skills?” Following this open-ended question, they were asked to rate several statements (shown in the figures in the results section). For the frequency questions, participants rated frequency on a 5-point scale: 1 (never) to 5 (every day). For the questions about how helpful supports would be, participants rated helpfulness on a 4-point scale: 1 (not at all helpful) to 4 (very helpful). For agreement items, participants rated agreement on a 6-point scale: 1 (strongly disagree) to 6 (strongly agree). After the rating questions, participants were asked two open-ended questions. First, they were asked, “Are there any other ways you focus on social and emotional skills with your child?” Second, they were asked, “Are there any additional resources that would be helpful to you in developing your child’s social and emotional skills?” Finally, participants completed the demographic questions.

## Data Analysis Procedure

Each survey contained a screening question to identify participants as a student, parent or guardian, school counselor, or other participant in the ACT registration process. We included responses from only the parents and guardians. We eliminated cases from the dataset when participants did not complete the survey at least up to the question about why they do or do not work on SE skills with their child. All individuals who completed this question were retained for the remaining analyses. Descriptive information for the closed-ended survey items is presented in the following section.

For the open-ended responses, three researchers with experience coding open-ended data used an inductive coding approach to examine the data and determine common themes. The themes that emerged from this process were compared, and the researchers agreed on a final set of themes. Responses could be assigned multiple codes. To examine inter-coder agreement, two researchers coded 10% of the responses for each item using the final set of themes. Figures 3, 4, 7, and 10 show the final set of themes. On average, across the four items, 70% of the assigned codes matched. The researchers resolved all discrepancies for codes that did not match. Then, one researcher coded the remaining responses for each of the questions.

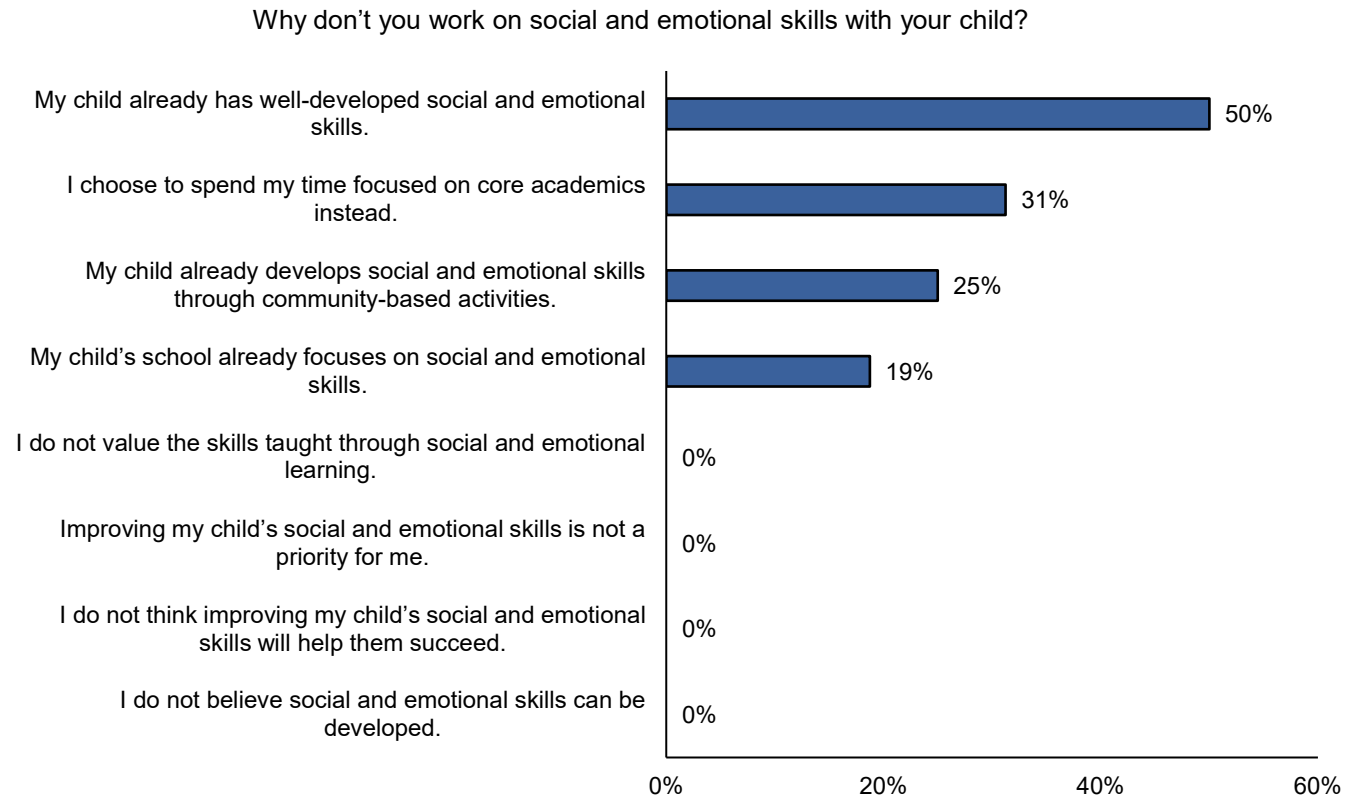
## Results

### Motivation to Work on SE Skills

We first asked about SE skill confidence and frequency. In terms of confidence, most caregivers were very confident teaching SE skills to their child (55%) or moderately confident (36%), with fewer saying they were a little confident (8%) or not at all confident (1%). In terms of frequency, most said they worked on SE skills with their child either every day (28%) or most days (45%); fewer worked on SE skills about once a week (16%), less than once a week (10%), or never (2%). Overall, these results suggest most caregivers are working on SE skills with their children and are confident in their ability to do so.

Figure 1 lists the percentage of caregivers who selected each reason for not working on SE skills for only the 16 caregivers (2%) who said they never worked on SE skills with their child. As this figure shows, the most common reasons relate to their child already having well-developed skills, the caregiver wanting to concentrate on core academics, or the family having existing school- or community-based resources to develop those skills. Notably, caregivers did not select any of the reasons that cited a lack of value of SE skills or an inability to develop these skills.

**Figure 1. Percentage of Caregivers Who Selected Each Reason Not to Work on SE Skills**



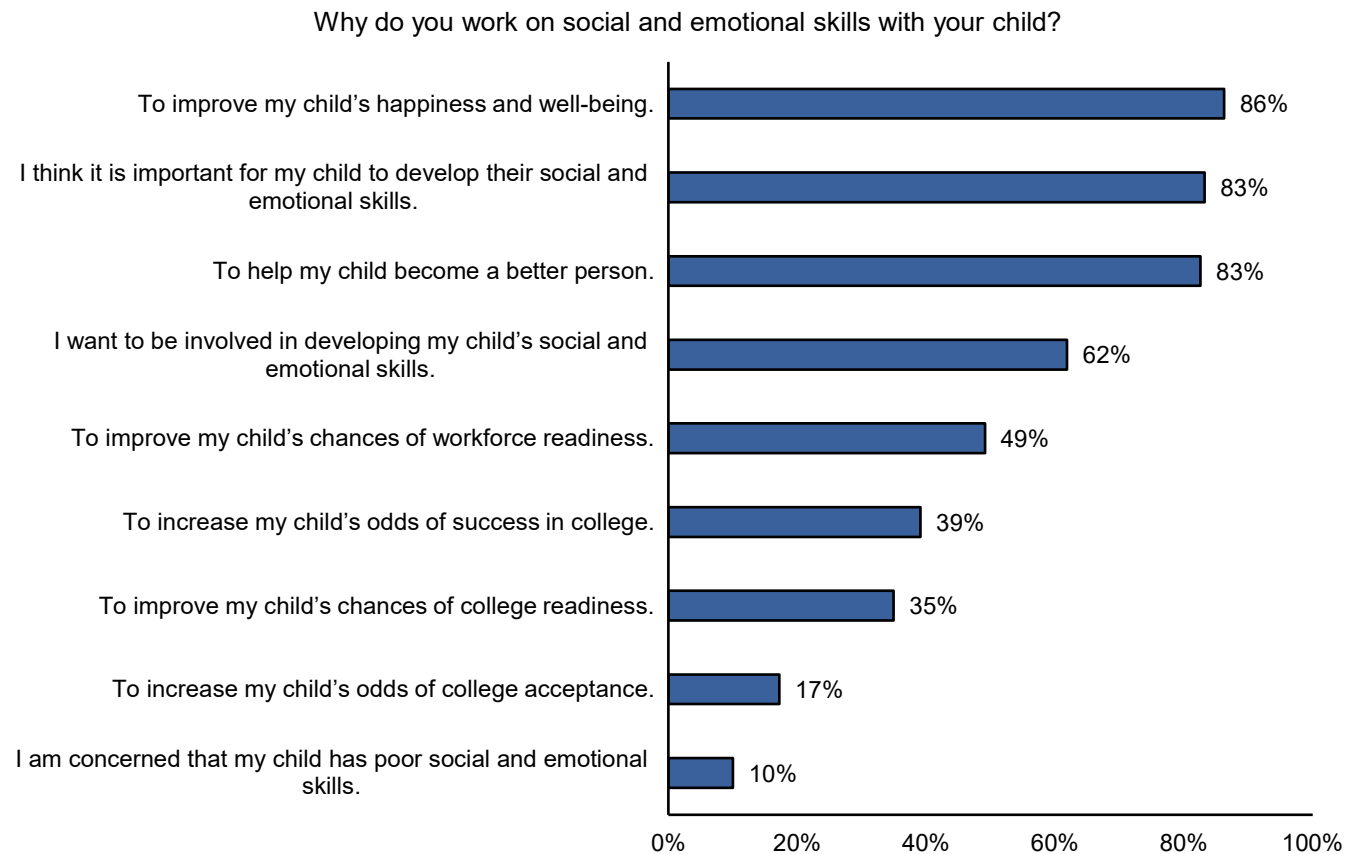
*Note.* The sample size for these results is 16.

Regarding the importance ratings for caregivers who do not work on SE skills, most caregivers still agreed that each skill was at least moderately important. Specifically, the percentages of respondents who said each skill was moderately, very, or extremely important for student success in school are as follows for the ability of the child to do the following actions:

- participate in social settings: 86%
- be open-minded and creative: 79%
- set goals and create plans to help achieve those goals: 93%
- interact well with others: 93%
- manage their emotions appropriately: 93%

For the remaining caregivers who said they worked on SE skills with their child, Figure 2 shows the percentage who selected each reason for developing these skills. The three reasons selected most often were (a) to improve my child’s happiness and well-being, (b) thinking that developing SE skills is important, and (c) to help my child be a better person.

**Figure 2. Percentage of Caregivers Who Selected Each Reason for Working on SE Skills**

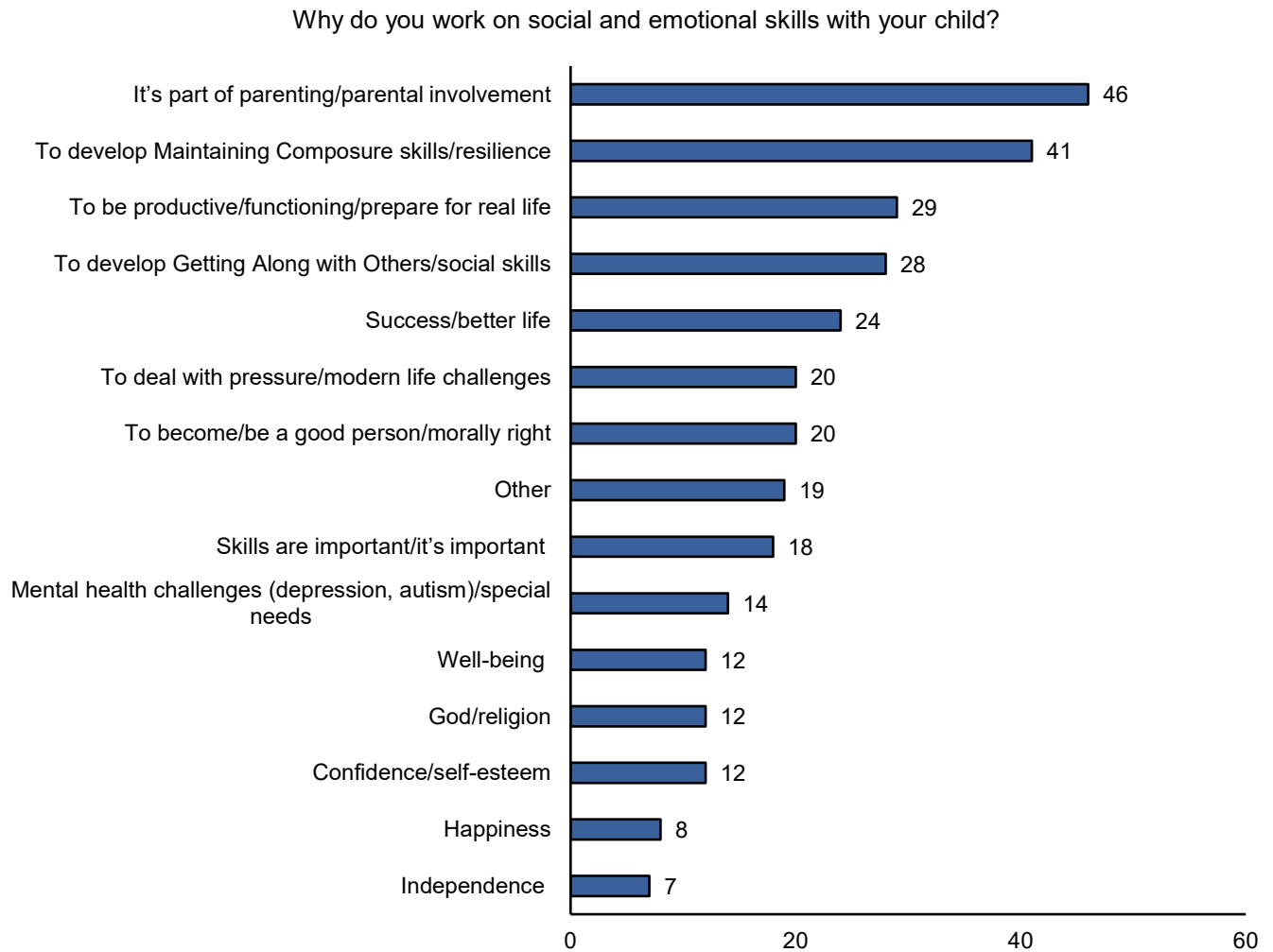


*Note.* The sample size for these results is 918.

We also provided an option for caregivers to give additional reasons for working on SE skills with their child. We coded themes from those responses, presented in Figure 3, from most to least common. As this figure shows, the most common theme was that developing SE skills is the responsibility of caregivers, followed closely by comments about the need to work on maintaining composure or resilience.

Taken together, only a small number of caregivers say they never work on developing their child’s SE skills (16 out of 934, or less than 2%). Those who do not work on developing their child’s skills generally report that this is because their child already has strong skills or already has other resources to develop their skills. Additionally, these respondents still generally view SE skills as important for success in school. Similarly, those who do work on SE skills primarily do so because they consider these skills to be important—not because they are concerned about their child having poor skills.

**Figure 3.** Frequency of Themes From Other Responses to Why Caregivers Work on SE Skills

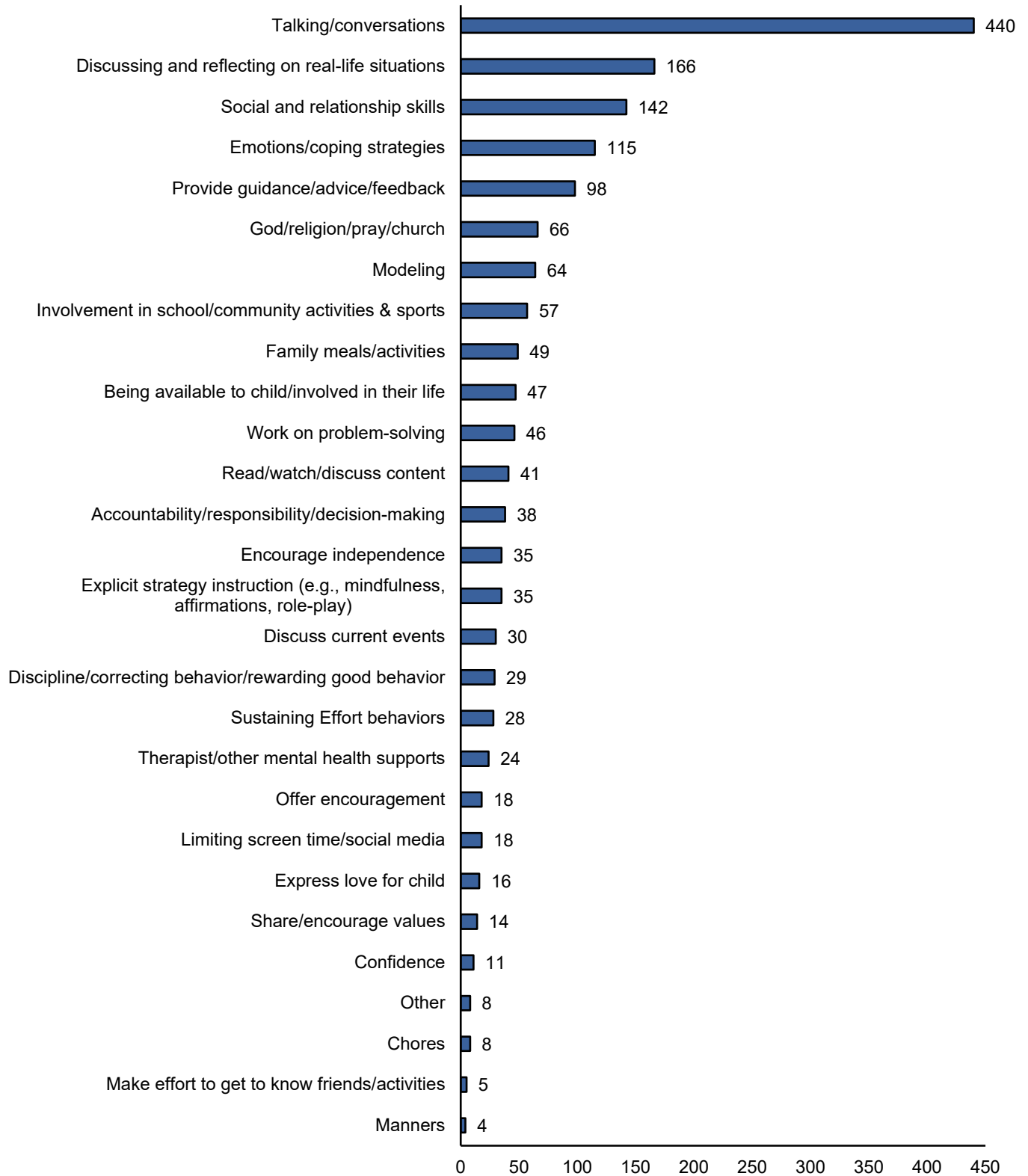


*Note.* The number of responses to this open-ended item was 715. Responses not applicable to the question (e.g., “none”) are not shown.

### How Caregivers Develop Children’s SE Skills

Next, we asked several questions to understand how caregivers work on SE skills with their children. First, we asked an open-ended question about how caregivers teach SE skills. As Figure 4 shows, the most common themes were teaching SE skills informally through having conversations, asking questions, and listening to their child. Similarly, the next-most-common response was about discussing real-life scenarios that occurred (e.g., talking about their child’s day). In addition to discussing various approaches to developing SE skills, two of the most common themes mentioned were about the specific skills that they focused on: social and relationship skills and the skills related to regulating and coping with emotions. Caregivers also frequently mentioned providing advice and guidance, developing SE skills through a religious lens, and modeling skills for their child.

**Figure 4.** Frequency of Themes From How Caregivers Work on SE Skills With Their Children

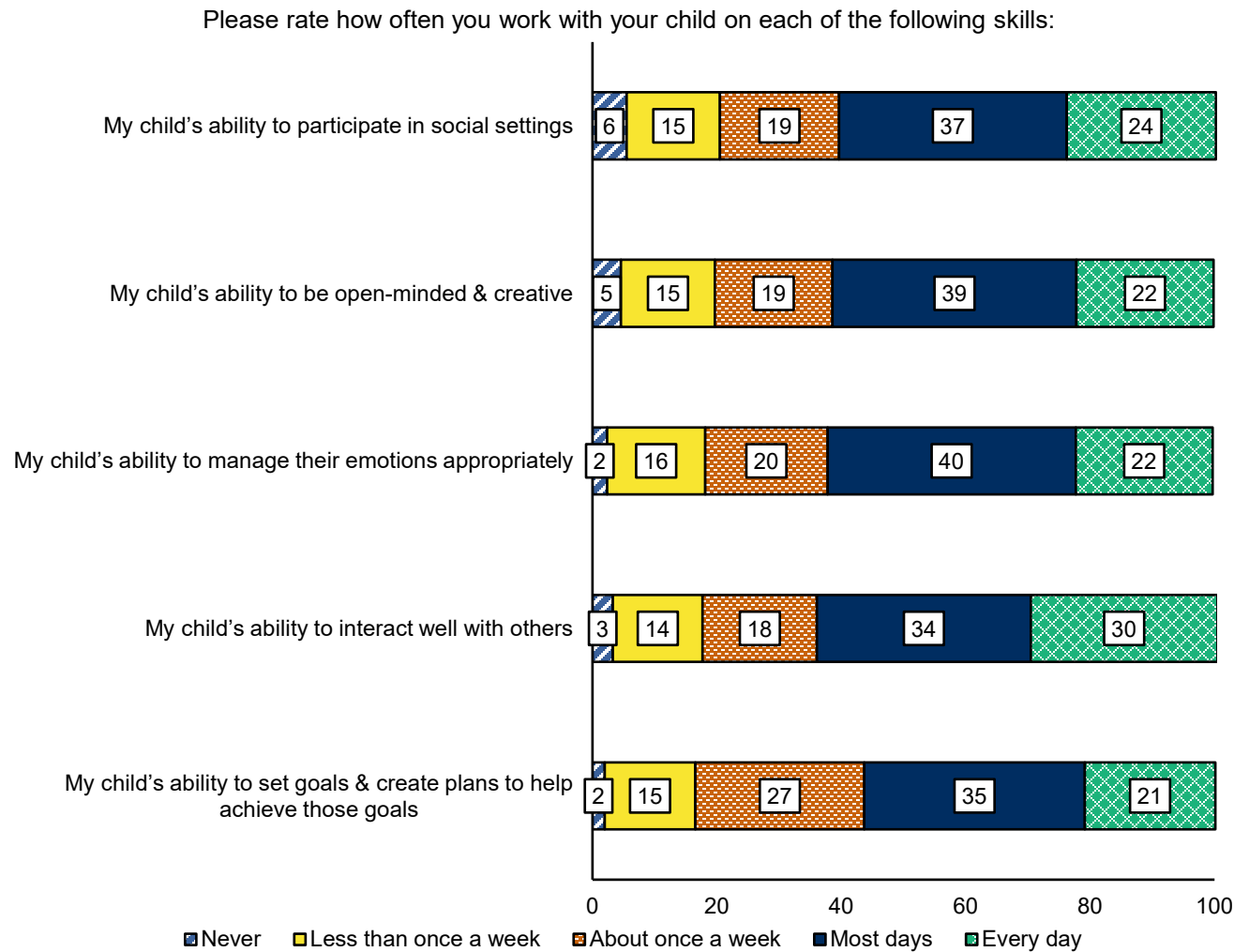


*Note.* The number of responses to this open-ended item was 733, many of which involved more than one theme. Responses not applicable to the question are not shown.



We also asked caregivers to respond to several closed-ended questions to understand better how they work on SE skills with their children. First, we asked them how frequently they worked on various skills. As Figure 5 shows, most caregivers said they worked on each of the five skills about once a week or more. Unlike the open-ended questions that focused more on relationship skills and emotion regulation, little difference was found in the frequencies reported for various skills.

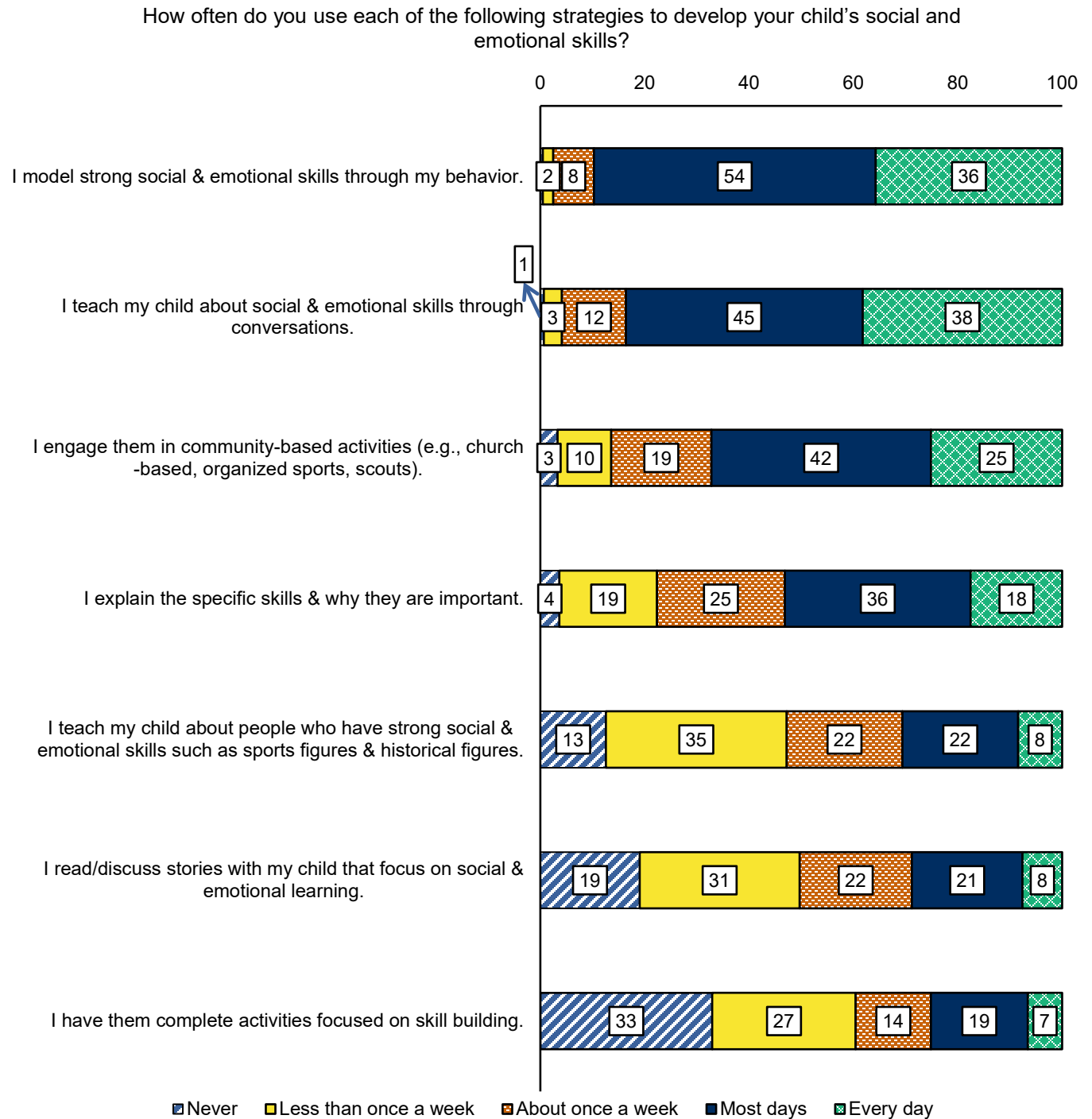
**Figure 5. Percentage of Reported Frequencies of Working on Each Skill**



Note. The sample size for these results is 762.

Figure 6 shows the caregivers' reported strategies to address these skills. These results closely align with the open-ended themes. Specifically, the most frequently rated strategies included modeling and informal conversation. In contrast, activities focused on skill building and reading or discussing stories were used less frequently.

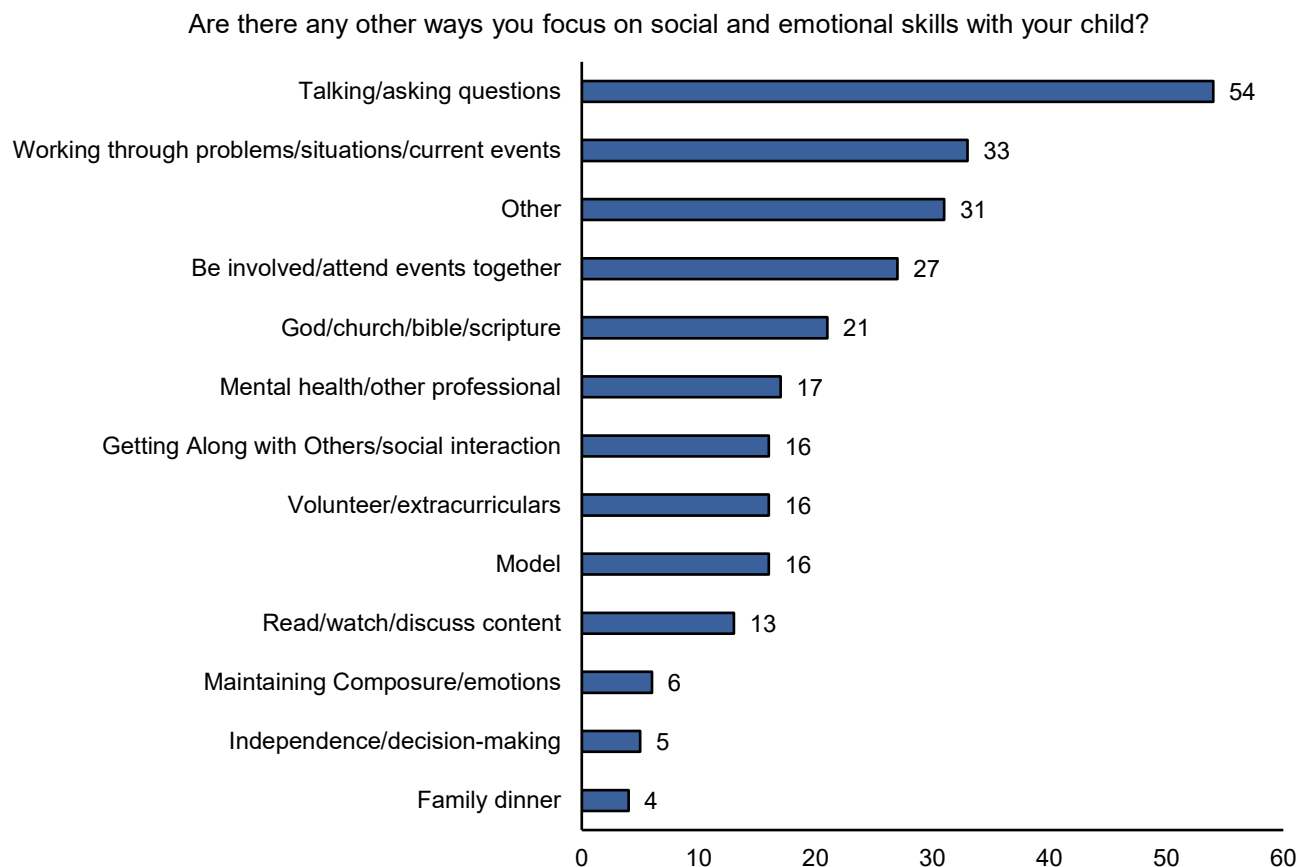
**Figure 6. Percentage of Reported Frequencies of Working on Each Strategy**



Note. The sample size for these results is 604.

Finally, we asked another open-ended question about any other ways they work on SE skills with their child. Figure 7 shows the top themes for this question. Similar to the themes in Figure 6, most themes in Figure 7 described talking and working through situations. Additionally, attending events and faith-based approaches were common themes.

**Figure 7. Frequency of Themes From Additional Ways Caregivers Work on SE Skills**

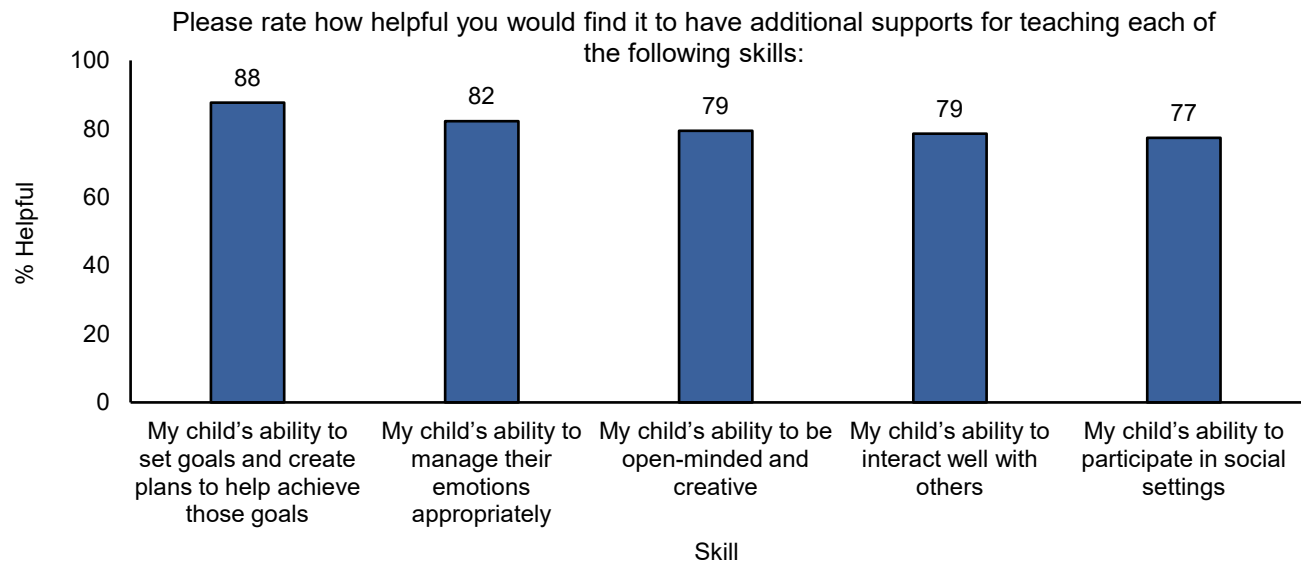


*Note.* The number of responses to this open-ended item was 315. Responses not applicable to the question are not shown.

### Value of SEL Supports

Our third and final research question asked about the value of various supports. We first asked about the value of additional support for each of the five skills. Figure 8 shows the percentage of caregivers who said support for each skill was at least somewhat helpful (somewhat helpful, helpful, or very helpful). As this figure shows, most caregivers viewed support for each skill as at least somewhat helpful. The skill rated most helpful for additional support was setting goals and planning. In contrast, the skill rated as least helpful for additional support was participating in social settings. In some ways, these results align with the open-ended responses in Figure 7. Specifically, caregivers frequently reported working on social skills already. In contrast, fewer caregivers reported working on goal setting. As such, additional resources may be helpful to complement the skills caregivers are already focused on developing.

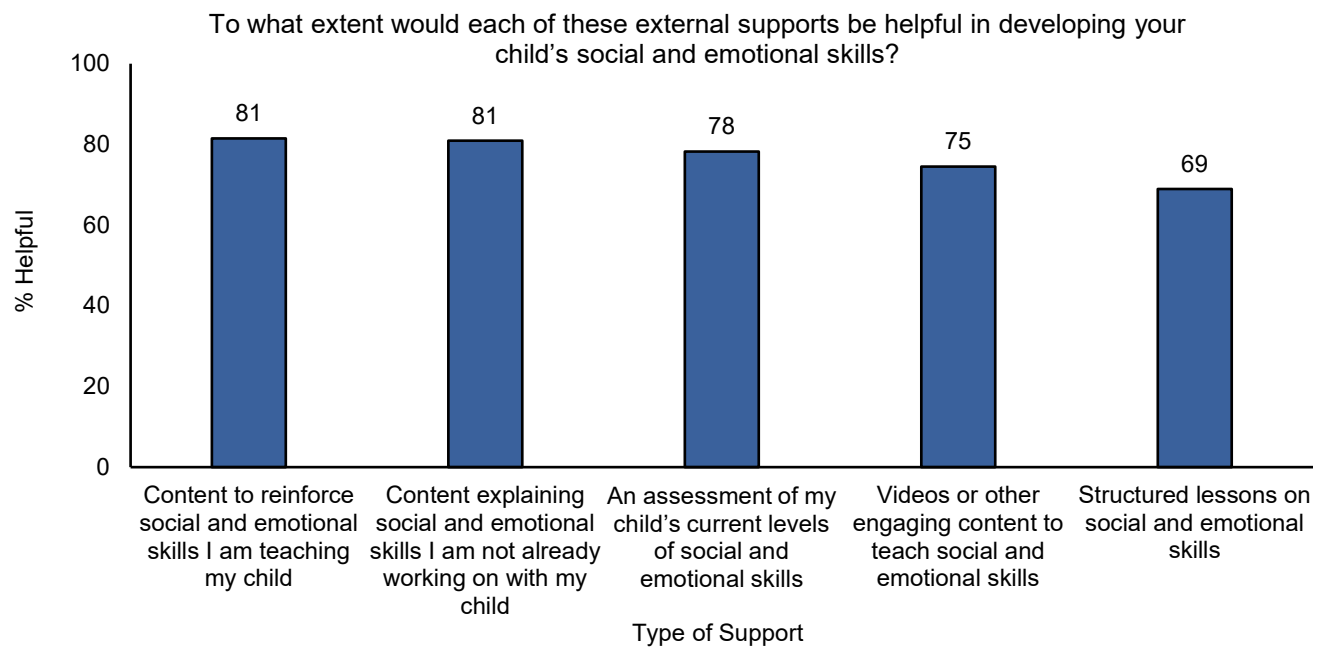
**Figure 8. Percentage of Caregivers Who Rated Support as Helpful for Each Skill**



*Note.* The sample size for these results is 671.

Next, we asked about the value of various types of support. Figure 9 shows the results of this question. Similar to Figure 8, Figure 9 shows the percentage of caregivers who said each type of support was at least somewhat helpful (somewhat helpful, helpful, or very helpful). As this figure shows, most caregivers were interested in receiving additional content to reinforce what they teach or to explain skills they are not already working on. In contrast, they were somewhat less interested in participating in structured lessons.

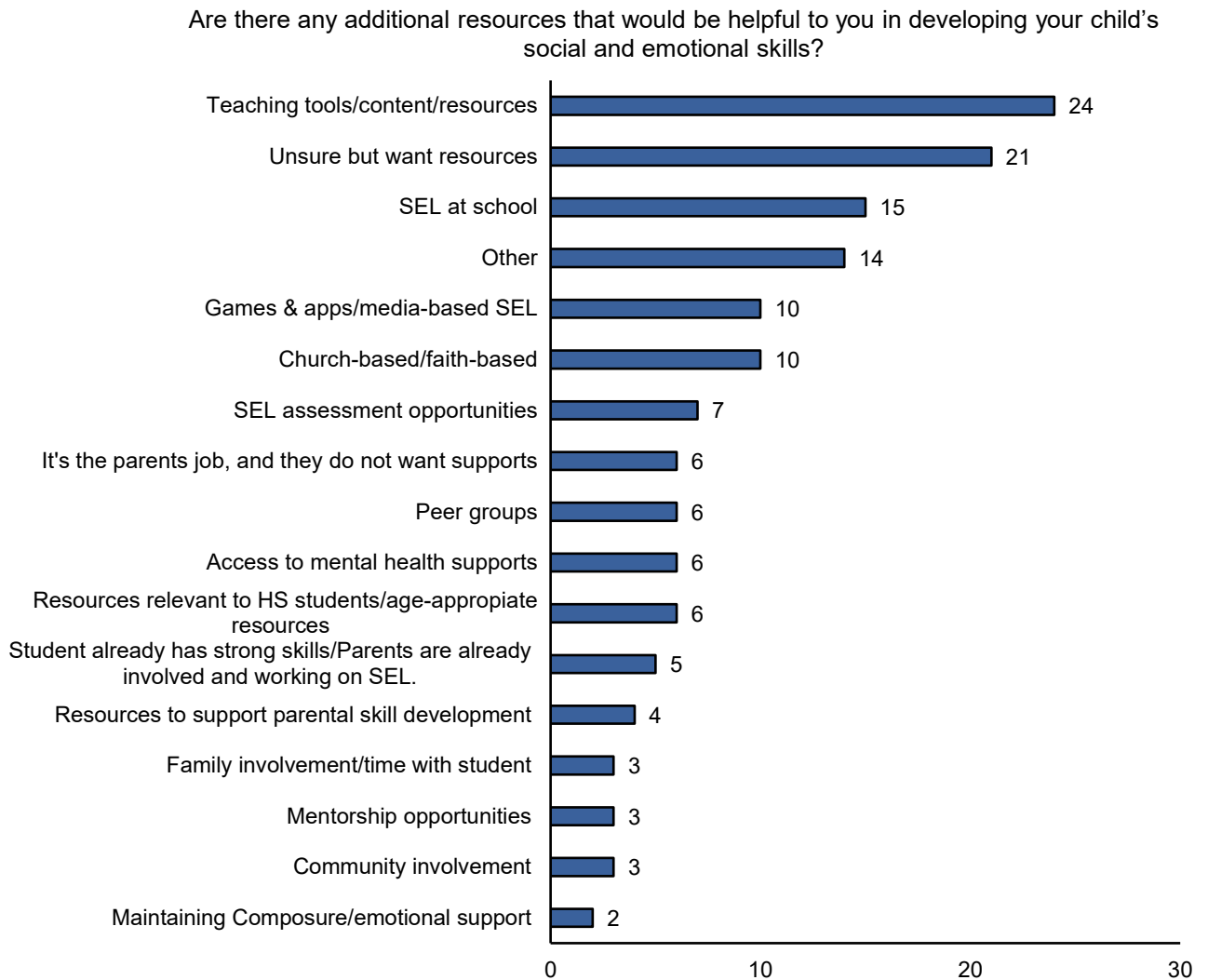
**Figure 9. Percentage of Caregivers Who Rated Each Type of Support as Helpful**



*Note.* The sample size for these results is 702.

Our final question was open-ended, asking whether any additional resources would be helpful. As Figure 10 shows, similar to the results for the closed-ended questions, we found that the most frequent theme was about content. Other themes included SEL at school, games and media, and faith-based options.

**Figure 10.** Frequency of Themes From Additional Resources Question



*Note.* The number of responses to this open-ended item was 323. Responses not applicable to the question are not shown.

## Discussion

The current study examined why and how caregivers work on SE skills with their children. Our first research question was about why caregivers do or do not work on SE skills. We found that most caregivers sampled in this study work on SE skills with their child (>98%). Even the few caregivers who did not work on SE skills consider these skills important but generally feel their child already has strong skills or the resources that are needed to develop their skills. Those who did work on developing their child’s SE skills generally did so because the caregivers saw

the skills as important. Additionally, many parents wanted to play a role in developing their child's skills, which is consistent with past research (Hubbard, 2019).

Our next research question investigated how caregivers work on SE skills. We initially asked caregivers about this in an open-ended fashion. Most frequently, caregivers reported developing skills in their everyday conversations (e.g., talking to their child about their day, an issue that arose, and what went well). Some caregivers reported using explicit strategies or reading and watching content, but this was less common. These results closely aligned with the closed-ended responses regarding how caregivers work on these skills. Caregiver agreement was generally higher for less formal methods (conversations, modeling) than for more formal methods (structured lessons). Over 95% of caregivers reported that they used conversations and modeling about once a week or more often. In comparison, only 40% reported that they had their child complete activities focused on skill building about once a week or more often.

In terms of what they work on with their children, caregivers were more likely to report spontaneously working on social skills and other skills related to emotion regulation. However, when asked to rate the frequency with which they worked on various skills, these two sets of skills were reported no more frequently than the other skills listed were reported. It may be the case that caregivers work on all the skills, but the skills related to relationships and emotions come to mind more easily. These skills may more frequently come to mind because adolescents may be more likely to encounter struggles in these areas with caregivers more often than they encounter issues with the other skills and thus are more likely to discuss them. More research is needed to determine if specific differences exist in the emphasis that caregivers place on different skills.

Finally, we asked about additional resources caregivers would like to receive to support their teaching of SE skills. Interestingly, regarding these skills, resources related to Sustaining Effort (Conscientiousness) had the highest agreement. In contrast, resources related to Social Connection (Extraversion) had lower agreement. This emphasis on the Sustaining Effort skill is consistent with research that consistently finds a strong relationship between Sustaining Effort and improved academic achievement, test scores, and other outcomes (Mammadov, 2021; Meyer et al., 2023). Regarding the types of resources, caregivers were interested in receiving additional content instead of more structured lessons in both the open- and closed-ended questions.

Taken together, results from the current study indicate most caregivers are working to develop their child's SE skills through informal methods such as having conversations and modeling versus more formal approaches involving structured lessons. Based on these results, a fruitful way to better integrate caregivers in SEL programming may be through offering resources such as conversational prompts, quick activities such as emotional check-ins, or simple ways to model behaviors within each skill (e.g., how to craft an apology when you do something wrong in the context of the Getting Along with Others skill). Future research can aim to examine the extent to which caregivers are engaged in these types of initiatives and the extent to which this leads to increased skill development in students (as well as in caregivers themselves).

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