Low-income Minority Pre-school Children’s Social Competence Following Their Parents’ Participation in Relationship Education

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- Substantial evidence supports the salience of couple functioning in predicting adjustment and well-being in children (Cummings & Davies, 2002; Grych & Fincham, 2000; Safford & Harold, 2008).
- Researchers have found that conflict between parents is negatively associated with children’s social behaviors and attention skills (Buckhalt, El Sheikh & Keller, 2007; Grych, Harold, & Miles, 2003; McDowell & Parke, 2009).
- Limited applied research has examined how interventions targeting the couple and co-parenting relationship benefit children’s social competence. However, existing intervention studies indicate that addressing the couple relationship has added value for parenting outcomes and child outcomes (e.g., Cowan & Cowan, 2000).
- Results for relationship and marriage education (RME) work with minority couples/couples and underrepresented populations is virtually nonexistent.
- The following research examined long-term changes in aspects of preschoolers social development following their caregivers’ participation in RME compared to a control group of preschool-aged children.

**Method**

Sample

The sample includes 80 children (48 boys, 32 girls), aged 3 to 5 years, enrolled in Head Start centers in central Alabama over a period of two years. 77 (96%) of the children had primary caregivers who participated in the RME curriculum, and 73 (91.3%) of the children had caregivers who were enrolled. African-Americans comprised 97% of the sample.

Caregivers ranged in age from 19 to 65 (M = 31.1 years, SD = 9.6, Median = 27.5).

Caregiver Education: 13 (16.7%) did not complete high school; 22 (27.5%) had a High Education/GED; 31 (38.8%) had some post-secondary education; 12 (15.4%) had a Bachelor’s Degree or higher.

Caregiver Relationship Status: 28 (35.8%) reported as married, 40 (50.0%) as dating/cohabitating; 8 (10%) as single.

Of the 57 caregivers who attended the RME classes, 33 (57.9%) had partners/co-parents who also attended.

Annual Household Income: Less than $14,000 (49.3%); $14,000-24,999 (29.3%); $25,000-39,999 (20.8%).

No significant differences were found between participants and controls with regards to the caregivers’ education, income, current relationship status or age.

Procedures

RME was delivered in 6 sessions to parents who voluntarily opted to participate in the Together We Can (TWC) curriculum (Shiner, Contreras, Adler-Baeder, 2006). TWC is a research-based educational program designed for lower literacy populations and addresses core relationship skills for adults. This curriculum can be used with both married and non-married individuals and couples.

Primary caregivers completed questionnaires on their individual functioning, relationship parenting behaviors and their children’s social competence at 4 time points: pre-test (t=0 months); post-test (t=1.5 months); 4-month follow-up; and 12-month follow-up. Parents who volunteered to be part of the study, but not the program completed questionnaires at similar time points.

Caregivers completed questionnaires on their children’s social competence at Pro-Test, Post-Test and at a 4-month Follow-Up. Two teachers completed a questionnaire on each child. Teacher reports were averaged to create a composite rating for each measure for each child. Of the 80 children who had caregivers participating in the study, 76 (95%) had teachers who also completed questionnaires on the children’s social competence.

Measures

Four scales from three measures of children’s social development were used as dependent variables. These scales were chosen as they appear to differ but related aspects of social development. As such, they were significantly associated with one another with correlations ranging from low to moderate: 0.38 to 0.42, p < 0.05.

Teacher Rating Instrument (TRI; Dodge & Coie, 1987). Two scales, Social Skills and Peer Social Competence from the TRI were completed by both the caregivers and teachers of the children. The Social Skills Scale includes 7-items assessing the children’s ability to interpret and understand social cues and situations, and had an internal consistency ranging from 0.68 to 0.78. The Peer Social Competence Scale queries teachers and caregivers about the ability a child has to appropriately engage and interact with peers, and had an internal consistency ranging from 0.67 to 0.88.

Social Competence and Behavior Evaluation (SCBE-30; LaFreniere & Dumas, 1996). Teachers and caregivers both completed the SCBE-30 at each time point. Change in the Social Competence Scale over time was assessed. This scale includes questions about the child’s ability to use prosocial methods of responding to peers and adults and had an internal consistency ranging from 0.77 to 0.89.

Penny Interactive Peer Play Scale (PIPS; Fantuzzo et al., 1999). Teachers and caregivers both completed the PIPS at each time point, and ratings on the Play Interaction Scale were averaged. The interaction scale includes items that measure children’s ability to appropriately interact with peers during play. This scale had an internal consistency ranging from 0.69 to 0.79.

Results

**Differences on the TRI**

An RMANOVA was conducted to assess the change across time in caregivers’ ratings on the two TRI subscales.

- Changes in Children’s Social Skills Scale, No significant main effects or interactions were found at post-test or at the 4-month follow-up for caregiver report on the children’s social skills scale. From the pre-test to 12-month follow-up, there was not a main effect for time; however, the time X group interaction was significant F(1,36)=4.84, p < 0.05. It appeared that children of RME participants showed a significant gain in social skills (t= 1.62, p < 0.000) while the comparison parents reported no significant change. Teachers reported a similar pattern between the pre-test and 4-month follow-up ratings of children’s social skills. From the pre-test to the 4-month follow-up, there was not a main effect for time; however, the time X group interaction showed a non-significant trend similar to what was seen in the caregivers’ reports F(1,40)=3.55, p = 0.07.

**Differences on the SCBE-30**

A second RMANOVA assessed changes across times in ratings of social competence using the SCBE-30 Social Competence Scale.

The teachers completed the Social Competence Scale at each of the 4 time points, and the results for each item are presented in Table 1. At each time point, the PIPS was administered to the child. The Social Competence Scale was administered to the teacher at each time point. The PIPI was administered to the child at each time point. The PIPI was administered to the child at each time point. The PIPI was administered to the child at each time point.

No significant differences were found between the groups at any time point, and ratings on the Play Interaction Scale were assessed. The interaction scale includes items that measure children’s ability to appropriately interact with peers during play. This scale had an internal consistency ranging from 0.69 to 0.79.

Figure 1. Changes in Caregiver and Teacher Ratings of Children’s Social Skills

**Differences on the PIPIs**

A third RMANOVA was performed to assess changes across time in children’s peer interaction skills. Teachers rated children on the PIPI at each time point. Change in the PIPI Scale over time was assessed. This scale includes questions about the child’s ability to use prosocial methods of responding to peers and adults and had an internal consistency ranging from 0.77 to 0.89.

Penny Interactive Peer Play Scale (PIPS; Fantuzzo et al., 1999). Teachers and caregivers both completed the PIPS at each time point, and ratings on the Play Interaction Scale were averaged. The interaction scale includes items that measure children’s ability to appropriately interact with peers during play. This scale had an internal consistency ranging from 0.69 to 0.79.

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**Summary**

- It is important to note that no changes in caregiver or teacher reports’ of social development were observed between the pre-test and post-test, which was administered 6 weeks later. These findings suggest that there is a gradual spillover effect. Perhaps the period immediately following RME participation is focused on the couple/co-parenting relationship, and following a period of time in which the family interactional style is more positive, children’s social competence increases. Separate analyses indicate that improvements in the couple/co-parenting relationship predict enhancements in parents’ use of positive parenting strategies; therefore, the spillover from adult relationships to children’s social competence may be both direct and indirect.