The learning of social skills and socially acceptable behaviours is one of the most important tasks of childhood. The authors look at how child characteristics, and the “fit” between parent and child from early in life, might influence social competence in late childhood, at eleven to twelve years of age.

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Good social skills enable children to interact effectively with peers and adults, to form close and supportive relationships, and to build a repertoire of socially acceptable responses and behaviours (Gresham and Elliott 1984). On the other hand, poor childhood social skills can become ingrained, and have been linked to long-term adjustment and academic problems (Parker and Asher 1987).

Children’s social competence is the outcome of a complex mix of child, family and environmental influences, although the distinct contribution of each is not yet clear. Temperament and behaviour are two of the child factors that have been linked to later social competence and wellbeing.

Temperament refers to a person’s style, how he or she reacts and responds – for example, whether intensely or mildly. Temperament is thought to be biologically based, and is visible from early in life. It refers to how a child acts, not what a child does. Thus, it is not that one child eats his dinner and another doesn’t, but rather that one eats it very fast and another dawdles, that one is cheerful at meal-times and another is grumpy, or that one enjoys trying new foods whereas another is reluctant to try anything different (Sanson et al. 1999).
Temperament has been shown to predict many aspects of children's development, such as their personal adjustment, school achievement and social behaviour (Rothbart and Bates 1998). However, by itself, temperament is not a very powerful predictor, and seems to have greatest impact when other risk factors, such as poor parenting or economic hardship, are also present (Sanson et al. 1991).

Certain temperament traits are often considered “difficult”. For example, children who show their likes and dislikes very negatively and intensely, or who are inflexible and non-adaptable, tend to be more difficult to live with than those who are easy-going and can regulate their behaviour to accommodate the demands and constraints of their social world. However, our views of what constitutes “difficult” behaviour are influenced by environmental factors and cultural norms and beliefs. Traits that are “difficult” in one environment may not be in another – for example, high activity levels that create stress and conflict in a cramped apartment may not be a problem on a quarter-acre block. Cultural norms and beliefs may influence what is seen as “difficult” – for example, in China, shy children are perceived to be mature and self-controlled, but in Canada shyness in children is perceived as a problem (Chen et al. 1998; Chen et al. 1995).

Children's early developing behaviour problems can become entrenched and adversely affect later functioning (Patterson et al. 1992). Common adjustment problems in the early years are externalising problems such as aggressive, acting-out and hyperactive-distractible behaviours; and internalising problems such as anxious and withdrawn behaviours (Achenbach 1982). These behaviours may also impact on family life, affect the style of parenting used by parents, and place strain on parent-child relationships.

Some parents find it easy to adjust to their child's temperament and behaviour, and this results in a good “fit” or “match” between a parent's expectations and responses and their child's characteristics. Other parents find it harder. Thus, some parents find an “easy” child difficult to live with, while others find a “difficult” child easy to live with.

Parents' expectations about appropriate child behaviour, and the way parents and children accommodate to each other, determine the degree
The present study is one aspect of the Australian Temperament Project, a large-scale longitudinal study of children's development. The study is a collaboration between researchers from the Australian Institute of Family Studies; the Royal Children’s Hospital, Melbourne; and the University of Melbourne.

The Australian Temperament Project began in 1983 with the recruitment of a representative sample of 2443 infants and families from urban and rural areas of Victoria. There have been 12 data collection waves spanning the child’s first 18 years of life, and approximately two-thirds of the families are still involved in the study. While a number of families have dropped out over the years, and these include more from lower socio-economic or ethnic backgrounds, the remaining group of children closely resembles the original sample on all facets of infant functioning (see Prior et al. 2000 for further details). Hence, on the domains investigated in this study, sample attrition is unlikely to be a significant influence on the results. All data collections have been by mail surveys. Here, data collected from infancy to twelve years of age is used.

The child’s temperament was assessed via detailed questions about his/her characteristic style of response across a variety of situations. Behaviour problems were assessed by ratings of the occurrence of a range of common behaviour problems. Parent-child fit was assessed via parents’ global rating of how easy or difficult the child was. Social competence was assessed at 11-12 years and tapped aspects such as the child’s cooperativeness, assertiveness, responsibility, self-control and empathy.

Parents rated their children’s functioning at ages four to eight months, one to three years, five to six years, and seven to eight years, using standard temperament and behaviour problem scales. The child characteristics included here are three aspects of temperament: Reactivity, the intensity of the child’s reactions, irritability or negativity; Attention regulation, which includes factors such as impulsivity and self-control; and Parent-child fit, which assesses the degree of synchrony or harmony between the parent and child, including factors such as the child’s compliance with the parent’s wishes and the parent’s ability to handle the child’s difficulties.

Perhaps parents say to themselves “that’s just how s/he is – kids come in all shapes and sizes, it’s not a big deal.”

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The project continued to follow the children into early adulthood, and the results have been used to inform policy and practice in areas such as early childhood education, child protection, and mental health.
regulation, the capacity to maintain attention and carry tasks through to completion; and Emotion regulation, the ability to control emotions. The other domain of child functioning investigated was Behaviour problems, comprising ratings of aggressive, acting-out, impulsive, hyperactive and anxious behaviours.

The degree of fit between parent and child and the quality of the parent-child relationship was assessed by a question asking parents to rate how easy or difficult their child was compared to other children of the same age on a five-point scale ranging from “much easier than average” to “much more difficult than average”. This rating indicated how comfortable it was for the parent and child to get along together.

Social skills were assessed by ratings of behaviours such as: sharing and helping; compliance with rules and directions; social confidence and initiative; communication, concern and respect for others; and ability to respond appropriately in conflict situations. Parent, teacher and the child’s own ratings of social skills were combined to give an overall Social Competence Score. The norms provided by the test yielded percentile scores ranging from 1 to 100, with a high score indicating high social competence. Details of all measures can be found in Prior et al. (2000).

Four types of problematic child functioning were identified at each age – high reactivity, low attention regulation, low emotion regulation, and high levels of behaviour problems. If the child was in the most problematic 20 per cent of the sample on a particular aspect of temperament or behaviour, this was taken as an indication of problems in that area of functioning.

Good and poor parent-child fit were identified at each age, by applying the following categorisation. If parents described their child overall as “more difficult” or “much more difficult” than average, this was seen as an indication of poor fit between child and parent, and of difficulties in the parent-child relationship. Interestingly, the trend was for most parents to rate their child as “easier” or “much easier”, but a small proportion (generally less than 10 per cent) rated their child as difficult.

These two categories – problematic functioning and poor parent-child fit – were used to divide the children into groups for each child characteristic and at each age period. The groups thus formed were as follows (note that group sizes varied across the different aspects of child functioning and the different ages):

- **Neither problem group** – no child difficulty and good fit (78-83 per cent of children)
- **Child difficulty group** – child difficulty but good fit (10-14 per cent of children)
- **Poor fit group** – no child difficulty but poor fit (2-4 per cent of children)
- **Both problems group** – child difficulty and poor fit (3-4 per cent of children)

As would be expected for a representative sample of children, around four-fifths were in the “neither problem” group, and around 10 per cent in the “child difficulty” group; the “poor parent-child fit” and “both problems” groups were quite small and of similar size. The four groups were compared on social competence in late childhood. Four separate analyses were carried out at each age level.

**Findings**

The groups identified at infancy did not differ on social skills at 11-12 years of age; however, consistent differences across groups were evident from the toddler age onwards. The group trends are shown in Figures 1-4. A large amount of information is contained in these figures, hence the results shown in Figure 1 are described in some detail, as a guide to the interpretation of all the Figures.

Figure 1 presents the relationships between the temperament reactivity dimension and parent-child fit in the earlier years, with social competence at 11-12 years of age.

Within each of the age periods, the four combinations of child difficulty and/or poor parent-child fit are shown. Children who were not highly reactive and who had good fit (the “neither problem” group) at each age period had the highest subsequent social skills. Children who were
highly reactive but who had good parent-child fit were midway between the “neither problem” and “both problems” groups. Children who were not highly reactive but who had poor parent-child fit were similar to the “child difficulty only” group at 1-3 years and similar to the “both problems” group at the two later age periods. Children with high reactivity and poor fit (the “both problems” group) generally had the lowest levels of later social skills.

It should be noted that while high reactivity or poor parent-child fit at age 1-3 years was related to lower subsequent social skills, all groups had average or better than average later social skills (at or above the 50th percentile) when compared with general population norms. Of the groups identified at the two later age periods, the “neither problems” group continued to have considerably above average later social skills, the “high reactivity, good fit” group was about average (although declining over the two time points), and both of the poor parent-child fit groups had considerably below average subsequent social skills.

Figures 2-4 show similar trends for the two other facets of temperament – attention regulation and emotion regulation – and for the measure of behaviour problems. Over all aspects of functioning, children with neither problem had the best outcomes, while children with both types of problems had the worst outcomes. Children with one type of problem tended to be mid-way between the “neither problem” and “both problems” groups. Hence, problematic child functioning, poor fit, or both, had negative consequences for later development. Problems at 5-6 years and 7-8 years appeared more salient for later social competence than problems at 1-3 years.

The profiles for each of the four groups were next examined.

As noted earlier, the majority of children were in the “neither problem” group. Figures 1-4 show that these children were consistently the most socially skilled at 11-12 years of age, with a group trend for above average social skill levels (consistently around the 60th percentile). They were significantly more socially skilled than children with both types of problems at 1-3 years of age, and than all other groups at 5-6 and 7-8 years of age. These group differences grew stronger from toddlerhood to childhood.

As illustrated by Figures 1-4, the “both problems” group of children were generally lowest on social skills in late childhood. This group was quite a small one, comprising around 3-4 per cent of children. The toddler group had average levels of social skills at age 11-12 when compared to the general population (with the group averaging around the 50th percentile). However, if both types of problems were present in the early school years, children were likely to have below average social skills at 11-12 years (a group average around the 40th percentile), and significantly lower than the “neither” or “child difficulty only” groups.

The picture was more complex for children with one type of problem, which was either problematic child functioning (10-14 per cent) or poor parent-child fit (2-4 per cent). Groups with either of these problems at 1-3 years were similar to each other in their levels of social skills at 11-12 years. Hence the presence of either problem at 1-3 years of age had a similar impact on later social skills.

This pattern continued at the two school-age periods in the area of behaviour problems (Figure 4), with the groups having similar profiles that were relatively distinct from the “neither problem” and “both problems” groups. However, the trends were a little different when the impact of temperament (high reactivity, low attention regulation, or low emotion regulation, as shown in Figures 1-3) was examined. Overall, it seemed that temperament was related to later social competence, but less powerfully than poor parent-child fit at 5-6 and 7-8 years.

While these results have been presented as group trends, it is important to note that there was considerable variability within each group, and that all levels of social skills were found in each group. Summarising trends across all age periods and domains, it was found that around 16 per cent of “no problem” children had below average social skills, 28 per cent were average, and 56 per cent were above average. Of the “both problem” children, 40 per cent had below average, 40 per cent average, and 20 per cent had above average social skills. Of children with problematic functioning or poor parent-child fit, similar proportions (around 33 per cent) had below average, average, and above average social skills.

These findings are a reminder that a complex mix of factors that combine to influence an individual’s development, and that there is flexibility in
developmental pathways – they are not “set” or immutable, and change is always possible.

Conclusions and implications

This study has demonstrated that early childhood “matters” developmentally. Significant connections were found between earlier child and family functioning and later social competence. As expected, the links were stronger as the time interval between the “predictor” and “outcome” measures narrowed, but were identifiable from toddlerhood onwards.

All domains of children’s functioning included in the study (that is, the three facets of underlying temperament, and behaviour problems) were related to social competence. Thus the extent to which children showed intense and negative reactions, and their capacity to regulate their attention and emotions all appear to play an important part in pathways to social competence. Additionally, their early emerging behavioural and emotional problems impacted on later competence.

Also important was the match between children’s particular temperament and behaviour characteristics and their parents’ expectations. When there were co-occurring difficulties – that is, if children had problems which led to difficult interactions with their environment, and their parents were not able to find ways of working positively with these characteristics – then lower social competence was more likely to result. If neither difficulty was present, it was very likely that children would be socially adept. Furthermore, parents’ capacity to come to terms with their child’s temperament, resulting in good parent-child fit, mattered more than the child’s temperament per se.

The variability in the number of children in the four groups is interesting and carries implications about parents’ ability to adjust positively to their children. The fact the “child difficulty only” group was much larger than both poor parent-child fit groups suggests that most parents find ways of coping with their children and developing good relationships with them, even when their child may be more difficult than average. Perhaps they are saying “that’s just how s/he is, kids come in all shapes and sizes, it’s not a big deal”.

Developmentally, social competence lays the groundwork for a successful transition to adolescence, and provides a strong foundation for healthy adjustment. It was noteworthy that the majority of children were well functioning at this pre-adolescent stage of development. However, some showed signs of having entered on a pathway likely to lead to patterns of maladjustment, such as antisocial behaviour, substance use, or depression.

This study clearly suggests that intervening early – by helping parents find effective ways of dealing with children’s difficult temperament or behaviour, and helping children to learn to manage their temperamental proclivities – is likely to have long-term benefits in terms of increased child wellbeing and adjustment.

References

Patterson, G.R., Reid, J.B. & Dishion, T.J. (1992), Antisocial Boys, Castalia, Eugene, Oregon, USA.

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