

Socioemotional Assessment in Malaysian Preschools: A Qualitative Study on Health and Education Practitioner Perspectives

Addressing the Issues of Socioemotional Assessment: A Qualitative Study across Health and Education Sectors in Malaysian Preschools

Anis Sakinah Ahmad*, Hairul Nizam Ismail

School of Educational Studies, Universiti Sains Malaysia, Penang, Malaysia

Author Correspondent: cikgu_anis89@yahoo.com

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Abstrak

Kajian ini meneliti perspektif guru prasekolah dan pengamal kesihatan mengenai keperluan membangunkan modul pentaksiran sosial dan emosi yang tersusun serta sesuai dengan konteks budaya Malaysia. Reka bentuk kajian kes kualitatif digunakan dengan temu bual mendalam melibatkan dua guru prasekolah dan dua pengamal kesihatan. Data dianalisis menggunakan pendekatan tematik mengikut Braun dan Clarke (2006). Lima tema utama dikenal pasti: ketiadaan instrumen standard, latihan guru yang terhad, amalan rujukan tidak konsisten, kelewatan dalam pengesanan awal, dan keperluan modul yang praktikal serta mesra bilik darjah. Dapatkan menunjukkan guru berperanan sebagai pemerhati utama perkembangan emosi kanak-kanak, namun berdepan kekangan dari segi latihan, beban tugas, dan instrumen pentaksiran yang kurang tersusun. Pengamal kesihatan turut menegaskan jurang yang sama, khususnya ketiadaan rekod sistematik bagi indikator sosial dan emosi dalam amalan klinikal. Kajian ini menyeru pembangunan modul pentaksiran yang mudah digunakan, berorientasikan guru, dan disokong kerjasama antara sektor pendidikan dan kesihatan. Implikasi kajian ini termasuk keperluan reformasi dasar kebangsaan, latihan bersepada untuk guru, serta kerangka rujukan yang sistematik bagi menyokong kesejahteraan emosi kanak-kanak prasekolah.

Kata kunci: modul pentaksiran, pendidikan prasekolah, perkembangan sosial dan emosi, intervensi awal, pemerhatian guru

Abstract

This study explores preschool teachers' and health professionals' perspectives on the need for a structured socio-emotional assessment module tailored to Malaysia's cultural context. A qualitative case study design was employed, with in-depth interviews conducted with two preschool teachers and two health practitioners. Data were thematically analysed following Braun and Clarke's (2006) framework. Five themes emerged: absence of standardised assessment tools, insufficient teacher training, inconsistent referral practices, delays in early detection, and expectations for a practical, classroom-friendly module. Findings indicate that teachers serve as primary observers of children's emotional development but face challenges due to limited training, workload pressures, and a lack of structured instruments. Health professionals echoed these gaps, highlighting the absence of socio-emotional indicators in clinical records and reliance on teacher-initiated referrals. The study calls for a teacher-friendly module supported by stronger education–health collaboration. Implications include national policy reform, integrated teacher training, and a systematic referral framework to safeguard preschoolers' emotional well-being.

Keywords: *assessment module, early intervention, preschool education, socioemotional development, teacher observation*

INTRODUCTION

Social and emotional development (SED) in early childhood serves as a foundational domain for children's lifelong mental health, academic success, and adaptive functioning (Agazzi et al., 2020; Kumar, 2024). In preschool settings, however, the assessment of SED remains fragmented, particularly in countries like Malaysia, where standardised tools are limited and teacher-led observations often lack structure or training support (Koenarso, 2023; Yoon et al., 2023). Internalising symptoms such as anxiety and social withdrawal often remain hidden, making them difficult to detect and frequently overlooked in the absence of systematic screening tools (Bulotsky-Shearer et al., 2022). Recognising this limitation, recent scholarship increasingly emphasises the value of triangulated, multi-informant approaches to enhance both the accuracy and inclusivity of socio-emotional assessment practices (Liegmann et al., 2024).

Furthermore, the lack of cross-sector collaboration between educators and healthcare professionals has impeded early identification and intervention, especially in preschool contexts where time, training, and resources are constrained (Garghate & Choudhari, 2024; Cameron, 2023). Given these systemic limitations, this study investigates the perspectives of Malaysian preschool teachers and maternal-child health specialists regarding the development of a socio-emotional assessment module suited to the local context. Similar challenges have been reported globally, including in Singapore, Australia, and the United States, where teachers face inconsistent SEL implementation, lack of standardised tools, and fragmented cross-sector support systems (Blewitt et al., 2018; Mondi et al., 2021; Siu et al., 2023). This positions the Malaysian context within a wider international pattern of systemic gaps in socioemotional assessment. Their insights provide a critical foundation for designing integrated and culturally relevant assessment tools aimed at strengthening early detection and response for emotional and behavioural difficulties in preschool-aged children.

LITERATURE REVIEW

Social and emotional development (SED) plays a central role in shaping children's ability to build healthy relationships, regulate their emotions, and engage with others in socially appropriate ways. These skills, such as self-awareness, emotional regulation, empathy, and interpersonal communication, are closely tied to both academic achievement and long-term psychological well-being (Agazzi et al., 2020; Damayanti & Syafril, 2024; Herrera & San Lorenzo, 2024).

Children are most likely to develop these competencies in responsive, emotionally supportive environments. Within the home, parents function as a child's first teachers by modelling emotional expression and social behaviour, while also nurturing emotional resilience through attachment and scaffolding practices (Nasution, 2023; Siregar & Sit, 2024). In institutional settings, preschool educators also play a pivotal role. They integrate social-emotional learning (SEL) into classroom routines using approaches such as storytelling, cooperative play, and emotional check-ins to help children recognise and manage their feelings (Arufe Giráldez et al., 2025). Partnerships between families and early childhood educators further enhance emotional development by ensuring consistency in support across home and school environments. Such collaborations help children develop emotional literacy, improve conflict resolution skills, and build confidence in expressing their needs (Cici & Supriadi, 2024). However, increased academic pressure, a reduction in unstructured playtime, and limited systemic support have made it more difficult to prioritise social-emotional growth within early childhood curricula (Ghosh, 2024).

Early intervention programmes offer a proactive approach to addressing emotional and behavioural challenges in young children. When implemented effectively, these programmes facilitate early detection and structured support—often preventing more serious developmental and behavioural issues later in life (Agazzi et al., 2020). As such, embedding structured assessment tools within early education environments is essential to ensure that all children receive the support they need to thrive. Socio-emotional assessment has gained recognition as a vital tool in early childhood education, particularly for identifying children who may require emotional or behavioural support. Frameworks such as the Collaborative for Academic, Social, and Emotional Learning (CASEL) advocate for the use of multiple methods and sources—including teacher observations, structured checklists, and caregiver input—to capture a holistic picture of children's social-emotional functioning (Engler & Alfonso, 2023).

Despite the growing emphasis on socio-emotional learning (SEL), implementation across early childhood settings remains inconsistent. A significant limitation is the lack of high-quality, systematic research on SEL programmes that meet rigorous scientific standards. This gap in the evidence base hinders the development of reliable practices and tools for consistent assessment (Djamnezhad et al., 2021). In large-scale programmes such as public prekindergarten and Head Start, variations in how SEL is defined and measured continue to pose challenges for educators and researchers alike (Mondi et al., 2021). Teacher reports and classroom observations are widely used and effective for detecting internalising behaviours, but they have limitations. Bulotsky-Shearer et al. (2022) highlight the value of contextual assessments to uncover hidden socio-emotional needs. Complementing this, Liegmann et al. (2024) found that while the SDQ-Kids self-report version showed acceptable total score reliability ($\alpha = .77$), subscale reliability was weak, and notable discrepancies existed between child and teacher reports. These findings reinforce the importance of a multi-informant, triangulated approach to ensure a more accurate and comprehensive understanding of children's emotional and behavioural development. Overall, while socio-emotional assessment is gaining ground in early childhood education, significant gaps persist in standardisation, tool availability, and cross-informant reliability. There is a critical need for contextually relevant, research-informed assessment modules that educators can implement consistently.

Between 2021 and 2025, the health sector has increasingly embraced a holistic view of early childhood development (ECD), recognising the need for cross-sectoral collaboration in promoting optimal developmental outcomes. Health policies now position healthcare systems as a central node for coordinating with education, social services, and communities to support children's overall well-being (Garghate & Choudhari, 2024). The Nurturing Care Framework (NCF) represents a major step in aligning healthcare services with the broader goals of ECD. This model calls for multisectoral strategies to be operationalised through the public health system via frontline workers and community outreach (World Health Organization, 2018). Nevertheless, key challenges remain, including limited training capacity, fragmented service delivery, and weak referral mechanisms, all of which reduce the effectiveness of early interventions (Agrawal et al., 2021). Some countries have responded by establishing national early childhood development centres guided by standardised policies. These centres promote holistic service delivery, family participation, and values-based learning that supports global citizenship (Vehachart & Wetwiriyasakun, 2022). The COVID-19 pandemic further underscored the need for strong health communication within the ECD sector. Studies have recommended closer collaboration between healthcare professionals and educators to ensure accurate, timely dissemination of health-related information to families (Degotardi et al., 2022).

In summary, there is growing momentum in the health sector to move beyond siloed approaches and work collaboratively with educators and families. The integration of health and education systems—through shared tools, goals, and communication channels—could significantly strengthen the identification and support of children's socio-emotional development. The development of an integrated assessment framework is a necessary response to the persistent gaps between the health and education sectors in addressing socio-emotional needs during early childhood. A unified

approach—where teachers systematically observe behaviours and collaborate with healthcare providers—can enhance the early identification of developmental concerns and facilitate timely, effective intervention (Bracken & Theodore, 2023). Context-sensitive tools that align with developmental benchmarks and reflect classroom realities are essential for teachers to assess socio-emotional competencies confidently and consistently (Cameron, 2023; Kumar, 2024). However, in many cases, educators report a lack of accessible, user-friendly tools tailored to their professional context.

At a broader level, the increasing complexity of global challenges calls for assessment frameworks that are comprehensive, inclusive, and interdisciplinary. Lessons from other sectors—such as higher education—show that integrated frameworks can improve the relevance, fairness, and responsiveness of assessment systems. The Technology-Integrated Assessment Framework, for example, combines ethical, contextual, and equity-driven approaches to enhance assessment practices and reduce bias in higher education settings (Madland et al., 2024). Although its context differs, the framework reflects a growing international recognition that meaningful assessment must go beyond isolated indicators and adopt a systems-thinking approach. Applying this principle to early childhood, an integrated socio-emotional assessment framework would bridge institutional gaps, strengthen teacher capacity, and improve child outcomes by aligning classroom practice with health sector protocols. This would ensure that children receive timely, developmentally appropriate support in both educational and clinical contexts.

METHODOLOGY

This study employed a qualitative case study design to capture the perspectives of preschool teachers and healthcare professionals on socio-emotional assessment in Malaysian preschools. Purposive sampling was used to recruit four participants: two preschool teachers with over ten years of experience and two medical practitioners specialising in maternal and child health. Although the number of participants was small, this is consistent with qualitative inquiry, which prioritises depth over breadth. Data collection continued until saturation was reached, ensuring that no new insights emerged and that the findings reflected rich and comprehensive accounts.

The sample size of four participants is consistent with qualitative case study logic, which emphasises information power rather than numerical adequacy (Malterud et al., 2016). Each participant represented a specialised professional role, including experienced preschool teachers and maternal and child health practitioners, which enabled the study to access rich, high-value, context-specific insights. Because the aim of this study was depth of understanding rather than population representation, an expert-driven sample was considered methodologically appropriate.

Semi-structured interviews, conducted in Malay and later translated into English, explored participants' experiences with current practices, challenges, and expectations for a structured module. Interviews were transcribed verbatim and analysed thematically using Braun and Clarke's (2006) six-phase framework.

Saturation was achieved through code stability and thematic redundancy. After the third interview, no new codes emerged, and the fourth participant's transcript confirmed the consistency of patterns identified. Thematic saturation was therefore reached not through the quantity of participants, but through the depth, repetition, and convergence of professional insights across sectors. This process is aligned with qualitative criteria for saturation in small-sample, information-rich case studies.

To enhance trustworthiness, the study incorporated expert validation, member checking, triangulation across professional backgrounds, and an audit trail documenting analytic decisions. The analytic process moved from initial codes to subthemes and final themes, illustrating how raw narratives

were transformed into conceptual categories. For instance, comments such as “*observations depend on individual judgement*” were coded as “*absence of standardised tools*” and contributed to the broader theme of “*structural and practical gaps in assessment practices*.”

Table 1 Example of Coding Process

Initial Codes	Subthemes	Final Themes
“Lack of formal training”	Limited teacher training	Structural and Practical Gaps
“Children cry easily in group tasks.”	Difficulty interpreting behaviours	Consequences of Delayed Identification
“Teachers need simple checklists.”	Need for user-friendly tools	Expectations for a Contextualised Module
“Medical record book lacks indicators.”	Gaps in clinical documentation	Structural and Practical Gaps

This structured process demonstrates how participants’ voices were systematically organised, ensuring that the themes were both data-driven and aligned with the study’s objectives.

Multiple strategies were used to enhance rigor, including expert validation of the interview protocol, member checking of translated transcripts, cross-sector triangulation (teachers and healthcare professionals), and an audit trail documenting analytic decisions. These procedures strengthened credibility, confirmability, and dependability, ensuring that the thematic patterns were grounded in participants’ lived realities rather than researcher interpretation alone.

FINDINGS

This section presents the key thematic findings derived from in-depth interviews with four informants: two preschool teachers and two medical professionals specialising in maternal and child health. The analysis was guided by Braun and Clarke’s (2006) six-phase thematic approach and yielded five overarching themes. These themes reflect both converging and diverging perspectives across the education and health sectors, offering insight into systemic challenges, professional practices, and expectations surrounding socio-emotional assessment in Malaysian preschool contexts.

a. Socio-Emotional Competence as a Foundational Developmental Domain

All participants consistently emphasised that socio-emotional development is a core foundation for children’s growth and readiness to learn. Preschool teachers explained that competencies such as emotional regulation, empathy, social interaction, and cooperation are critical for classroom engagement and peer relationships. They noted that socio-emotional growth becomes most visible during natural classroom activities, such as play, group projects, or role play, where children learn to share, manage frustration, and show empathy toward others. Without these skills, teachers argued, academic success becomes significantly harder, as children may struggle to adapt, collaborate, or persist in challenging tasks.

“*Social-emotional development forms the base of how a child interacts with peers, handles frustration, and even learns in class. Without it, academic success becomes harder.*” – Preschool Teacher (Shah, translated from Malay)

“*Children’s social and emotional growth is reflected in how they share, cooperate, and regulate emotions during play. These behaviours show their readiness to adapt to learning.*” – Preschool Teacher (Atikah, translated from Malay)

Medical practitioners reinforced this perspective, noting that socio-emotional well-being is not only linked to classroom behaviours but is also reflected in children's physical health. They explained that emotional difficulties often manifest through disrupted sleep patterns, irregular eating habits, or a lack of responsiveness, all of which have implications for overall development. This underscores that socio-emotional competence is inseparable from both physical and cognitive growth.

"When children are emotionally unsettled, we often see issues in their physical development. Stress manifests in subtle but real ways—through eating, sleeping, and general responsiveness." – Medical Practitioner (Bahani, translated from Malay)

These findings are consistent with previous research showing that early socio-emotional competence is a strong predictor of school readiness, long-term psychological wellbeing, and overall life satisfaction (Kumar, 2024; Farrokhnia et al., 2025). Collectively, they suggest that socio-emotional assessment must be intentionally embedded in early learning environments and integrated within broader child health and development frameworks.

Table 2 Perceptions of Socio-Emotional Competence as Foundational to Child Development

Informant	Key Insights	Illustrative Quote	Implication
Preschool Teacher (Shah)	Socio-emotional skills—particularly emotional regulation, empathy, and social interaction—are foundational to learning readiness.	<i>"Social-emotional development forms the base of how a child interacts with peers, handles frustration, and even learns in class."</i> (Translated from Malay)	Socio-emotional competence must be intentionally embedded in early learning environments.
Preschool Teacher (Atikah)	Socio-emotional competence is best observed through natural activities such as play, group projects, and role play.	<i>"Children's social and emotional growth is reflected in how they share, cooperate, and regulate emotions during play. These behaviours show their readiness to adapt to learning."</i> (Translated from Malay)	Assessment tools should capture socio-emotional behaviours in natural classroom contexts.
Medical Practitioner (Bahani)	Emotional wellbeing is closely linked to physiological functioning, such as appetite, sleep, and general responsiveness.	<i>"When children are emotionally unsettled, we often see issues in their physical development... through eating, sleeping, and general responsiveness."</i> (Translated from Malay)	Cross-sector collaboration is necessary to ensure consistent monitoring of emotional health.

This pattern reflects a deeper structural issue rather than an isolated classroom challenge. It indicates that socioemotional assessment difficulties arise from systemic misalignment, limited institutional guidance, and fragmented inter-agency coordination, instead of individual teacher capacity alone.

b. Structural and Practical Gaps in Existing Assessment Practices

Participants from both the education and health sectors consistently highlighted systemic barriers that hindered the effective implementation of socio-emotional assessment. In preschool contexts, teachers admitted that socio-emotional competencies were mostly observed informally, without structured guidelines or standardised instruments. This made assessments highly dependent on individual judgment, resulting in inconsistencies across classrooms. Teachers also stressed that the absence of clear frameworks left them uncertain about how to integrate assessment results into daily lesson planning. These challenges were further compounded by heavy academic workloads and administrative responsibilities, which limited the time and energy teachers could dedicate to socio-emotional assessment.

“Assessments are incidental and based on individual judgment. There is no consistent tool.” – Preschool Teacher (Shah, translated from Malay)

“We are tied to academic tasks, so we rarely have time to systematically assess children’s emotions. Without clear guidelines, many teachers only rely on casual observations.” – Preschool Teacher (Atikah, translated from Malay)

From the health sector, similar structural and practical gaps were reported. Both medical practitioners observed that child health assessments primarily focused on physical development indicators, with little emphasis on emotional or behavioural milestones. Although children’s socio-emotional issues occasionally surfaced during consultations, these were not systematically recorded or followed up on unless raised by teachers or parents. The reliance on parental reporting and the absence of a socio-emotional section in the national child health record book further limited opportunities for early detection.

“We do assess children’s behaviour, but it is very general. Most of our records focus on physical health. Emotional development is often overlooked unless a teacher or parent raises a concern.” – Medical Practitioner (Farhana, translated from Malay)

“The record book used during child health visits is basic. There is no depth in how social or emotional issues are tracked.” – Medical Practitioner (Bahani, translated from Malay)

These findings align with research in other low- and middle-income countries, where socio-emotional development often remains a peripheral concern due to competing priorities and the absence of locally adapted assessment frameworks (Koenarso, 2023; Bekiaridis & Attwell, 2024). Collectively, they highlight the need for structured, practical, and contextually relevant tools that can guide both classroom practice and health monitoring.

Table 3 Structural Barriers to Socio-Emotional Assessment in Preschool and Clinical Settings

Setting	Identified Barriers	Illustrative Quote	Implication
Preschool (Shah)	No standardised tools; reliance on teacher discretion	<i>“Assessments are incidental and based on individual judgement. There is no consistent tool.”</i> (Translated from Malay)	Structured observation tools and targeted teacher training are needed to improve consistency.
Preschool (Atikah)	Heavy academic workload; limited time for socio-emotional assessment; lack of guidance for integration into teaching	<i>“We are tied to academic tasks, so we rarely have time to systematically assess children’s emotions. Without clear guidelines, many teachers only rely on casual observations.”</i> (Translated from Malay)	The module should be practical, concise, and easily integrated into daily classroom routines.
Medical Practitioner (Farhana)	Limited consultation time; records mainly focus on physical development	<i>“We do assess children’s behaviour, but it is very general. Most of our records focus on physical health...”</i> (Translated from Malay)	Integrated screening tools are needed to balance physical and socio-emotional indicators.
Medical Practitioner (Bahani)	Child health record is basic; lacks depth in socio-emotional assessment	<i>“The record book used during child health visits is basic. There is no depth in how social or emotional issues are tracked.”</i> (Translated from Malay)	National record systems should include socio-emotional indicators.

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		<i>emotional issues are tracked.”</i> (Translated from Malay)	milestones for systematic monitoring.
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c. Preschool Teachers as Strategic Observers and Referral Gatekeepers

All participants acknowledged the critical role of preschool teachers as consistent observers of children's socio-emotional behaviours in naturalistic classroom settings. Teachers were not only viewed as educators, but also as frontline detectors who are uniquely positioned to recognise early signs of emotional distress, social withdrawal, or maladaptive behaviour. Both medical practitioners noted that referrals for further clinical or psychological evaluation often come from teachers rather than parents, emphasising the strategic role of educators in early identification. This underscores the importance of equipping teachers with practical tools and training to enhance their observational capacity.

“We usually receive referrals not from parents, but from preschool teachers who spend time with the children every day and pick up early signs.” – Medical Practitioner (Bahani, translated from Malay)

“In playtime, I observe how children interact, solve conflicts, or withdraw from groups. That’s when I take note, even if I don’t have a formal tool to record it.” – Preschool Teacher (Shah, translated from Malay)

“Children’s socio-emotional abilities can be seen when they are asked to work together, share, or role-play. Some may cry easily or withdraw when under pressure.”
– Preschool Teacher (Atikah, translated from Malay)

These findings are consistent with Cameron (2023), who argues that early childhood teachers must be recognised as central figures in developmental monitoring and referral processes. Teachers' daily interactions with children provide rich opportunities to detect concerns, but these observations must be supported by structured tools that enable systematic documentation and timely referral.

Table 4 Preschool Teachers as Frontline Observers in Socio-Emotional Assessment and Referral

Informant	Key Insights	Illustrative Quote	Implication
Medical Practitioner (Bahani)	Teachers are often the first to detect early signs of emotional distress due to daily contact with children.	<i>“We usually receive referrals not from parents, but from preschool teachers who spend time with the children every day and pick up early signs.”</i> (Translated from Malay)	Teachers should be formally recognised as key partners in early identification systems.
Preschool Teacher (Shah)	Play-based interactions reveal how children manage peer relationships, conflict resolution, and group participation.	<i>“In playtime, I observe how children interact, solve conflicts, or withdraw from groups... even if I don’t have a formal tool to record it.”</i> (Translated from Malay)	Teachers need access to structured observation tools to systematically document behavioural cues.
Preschool Teacher (Atikah)	Socio-emotional difficulties are most visible in collaborative tasks, role-play, and situations of emotional pressure.	<i>“Children’s socio-emotional abilities can be seen when they are asked to work together, share, or role-play... some may cry easily or withdraw when under pressure.”</i> (Translated from Malay)	Assessment frameworks should incorporate naturalistic classroom contexts such as play and role-play to capture socio-emotional growth.

d. The Consequences of Delayed Identification and Lack of Intervention

Participants expressed concern that the absence of a structured socio-emotional assessment module often results in missed opportunities for timely intervention. Without systematic tools, early warning signs of emotional distress or behavioural difficulties are easily overlooked, allowing minor issues to escalate into entrenched behavioural problems by the time children reach primary school. Both teachers and medical practitioners stressed that once socio-emotional challenges become deeply rooted, they are significantly more difficult, time-consuming, and resource-intensive to address.

Medical practitioners highlighted that early detection is critical because socio-emotional instability during the preschool years can quickly translate into more severe behavioural concerns later in schooling. Teachers admitted that while they often recognised children who were struggling emotionally, they lacked the frameworks or confidence to determine how to respond effectively. This uncertainty left them unsure whether to intervene, refer, or simply continue observing—often delaying the possibility of timely action. One teacher further reflected that children who cried frequently or withdrew during group activities posed a particular challenge, as these behaviours were difficult to interpret without clear developmental benchmarks.

“If we don’t detect the issues early, it becomes a much bigger problem later. Once they enter primary school, it’s no longer a minor delay—it becomes behavioural.”
— Medical Practitioner (Bahani, translated from Malay)

“I sometimes realise a child is struggling emotionally, but without guidance, I don’t always know what to do next or how to act on it systematically.” — Preschool Teacher (Shah, translated from Malay)

“Some children cry easily or withdraw when under pressure, and without clear tools, we are unsure whether this is typical or an early sign of difficulty. This uncertainty delays support.” — Preschool Teacher (Atikah, translated from Malay)

These concerns align with developmental research showing that early intervention, especially before the age of six, provides the most significant benefits for children’s cognitive, emotional, and social outcomes (Bracken & Theodore, 2023; Jaspers-van der Maten & Rommes, 2024). Collectively, the findings highlight that while teachers are strategically positioned to observe socio-emotional difficulties, their capacity to act remains limited without structured frameworks, clear guidance, and cross-sector support.

Table 5 Perceived Impact of Delayed Identification on Socio-Emotional Development

Informant	Key Concern	Illustrative Quote	Implication
Medical Practitioner (Bahani)	Socio-emotional issues, if undetected early, tend to escalate into behavioural problems in later years.	<i>“If we don’t detect the issues early, it becomes a much bigger problem later... it becomes behavioural.”</i> (Translated from Malay)	Early identification is critical to prevent long-term behavioural entrenchment.
Preschool Teacher (Shah)	Lack of structured guidance limits teachers’ ability to act systematically on emotional concerns.	<i>“I sometimes realise a child is struggling emotionally, but without guidance, I don’t always know what to do...”</i> (Translated from Malay)	Teachers need a structured framework to support early socio-emotional intervention.

continued

Preschool Teacher (Atikah)	Emotional struggles such as frequent crying or withdrawal are difficult to interpret without clear tools.	<i>“Some children cry easily or withdraw when under pressure, and without clear tools, we are unsure whether this is typical or an early sign of difficulty.”</i> (Translated from Malay)	Assessment frameworks should provide clear indicators to help teachers differentiate typical behaviours from early warning signs.
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e. Expectations for a Contextualised and Accessible Assessment Module

All participants expressed a clear aspiration for the development of a socio-emotional assessment module that reflects the realities of Malaysian preschool settings. They envisioned a tool that is practical, culturally relevant, and seamlessly integrated into daily classroom routines. Participants emphasised that such a module should include observable behavioural indicators, straightforward checklists, and user-friendly documentation formats that allow teachers to capture children's socio-emotional development without increasing workload.

Medical practitioners suggested that the module should emulate the clarity and usability of clinical instruments, proposing straightforward behavioural benchmarks—such as whether a child makes eye contact or initiates play—as reliable indicators. From the educational perspective, teachers echoed this sentiment but emphasised that any tool must empower rather than burden them. They highlighted the importance of guidance on what to observe, how to document it, and how to translate results into meaningful classroom action.

“Teachers need a practical tool, just like we have in medicine. Simple and clear questions like: Does the child make eye contact? Does the child initiate play?” – Medical Practitioner (Bahani, translated from Malay)

“The module should help us understand what to look for, how to record it, and what action to take. It should support, not burden, teachers.” – Preschool Teacher (Shah, translated from Malay)

“Teachers need simple checklists and observation forms, along with reports that can be shared with parents in clear language. This will help us explain children’s progress and difficulties more effectively.” – Preschool Teacher (Atikah, translated from Malay)

These expectations resonate with contemporary research that stresses the importance of locally adapted, teacher-led assessment systems that are developmentally sound, culturally responsive, and practically feasible (Koenarso, 2023; Kumar, 2024). Collectively, the voices of teachers and medical practitioners in this study underscore the novelty of a framework that combines classroom practicality with clinical clarity—an integration that has rarely been explored in the Malaysian preschool context.

Table 6 Participants' Expectations for a Practical and Culturally Responsive Assessment Module

Informant	Key Expectations	Illustrative Quote	Implication
Medical Practitioner (Bahani)	A structured tool with clear behavioural indicators, comparable to clinical instruments.	<i>“Teachers need a practical tool, just like we have in medicine. Simple and clear questions like: Does the child make eye contact?”</i> (Translated from Malay)	Assessment tools in education should emulate the clarity and usability of medical screening formats.
Preschool Teacher (Shah)	A tool that supports teachers by providing clear guidance on what to observe, how to	<i>“The module should help us understand what to look for, how to record it, and what action to take. It should</i>	Teachers need accessible tools that guide decision-making

continued

	document, and how to respond.	<i>support, not burden, teachers.</i> ” (Translated from Malay)	without increasing workload or stress.
Preschool Teacher (Atikah)	Simple checklists and observation forms, along with parent-friendly reporting formats.	<i>“Teachers need simple checklists and observation forms, along with reports that can be shared with parents in clear language.”</i> (Translated from Malay)	Assessment modules should include tools for both classroom use and communication with families.

Summary of Findings

The findings of this study present a comprehensive account of the urgent need for a structured socio emotional assessment framework in Malaysian preschools. Across the five themes, a shared narrative emerged: socio emotional development is not an optional aspect of early learning, but a foundational domain that shapes children’s readiness to engage, adapt, and thrive academically and socially. Preschool teachers highlighted the importance of emotional regulation, empathy, and social interaction for classroom learning, yet admitted that current practices remain incidental, reliant on individual judgement, and limited by heavy workloads and a lack of guidance. Their reflections showed that children who cry easily, withdraw under pressure, or struggle to cooperate often go unnoticed, not because teachers are indifferent, but because systematic tools are lacking.

Medical practitioners reinforced these concerns, noting that emotional and behavioural difficulties are rarely recorded in child health documents, which still prioritise physical growth. Short consultation times and reliance on parental reports further restricted early detection. Both practitioners confirmed that referrals are usually initiated by teachers, underscoring their role as frontline observers. Amid these limitations, participants expressed a clear expectation for an assessment module that is simple, accessible, and contextually relevant. Teachers requested checklists, observation forms, and parent friendly reports, while medical practitioners called for clarity and usability similar to clinical tools.

Taken together, the findings make a coherent case for reform. They show that while teachers and medical practitioners agree on the importance of socio emotional development, current practices are fragmented and inconsistent. What is required is a framework that is teacher friendly, culturally responsive, and supported by cooperation between education and health sectors. Such a framework must empower teachers, provide parents with clear insights, and ensure that children at risk are identified early and supported effectively. The originality of this study lies in combining the perspectives of preschool teachers and medical practitioners, offering a cross sector view that is rarely seen in Malaysian research. This integration highlights systemic challenges while signalling a collective readiness for reform, forming the foundation for the discussion that follows.

DISCUSSION

The findings of this study reaffirm that socio-emotional competence is fundamental to children’s readiness for learning and long-term wellbeing, echoing evidence that early socio-emotional skills strongly predict academic outcomes and psychological resilience (Kumar, 2024; Farrokhnia et al., 2025). However, the absence of structured tools and systemic collaboration means that socio-emotional assessment in Malaysian preschools remains inconsistent and dependent on individual initiative. This reflects broader challenges reported in other low- and middle-income countries, where health and education systems prioritise physical development while emotional domains remain marginalised (Koenarso, 2023; Bekiaridis & Attwell, 2024).

A critical point emerging from this study is the paradox of teacher positioning. Preschool teachers are consistently identified as frontline observers, yet their ability to act is constrained by workload, lack of training, and limited tools. This finding supports Cameron's (2023) call to formally recognise teachers as central actors in child monitoring. At the same time, it challenges assumptions in frameworks such as CASEL (2020), which emphasise competencies without sufficiently addressing the systemic conditions that enable or hinder teachers' practice. In this sense, the Malaysian case highlights a gap between theoretical ideals and classroom realities.

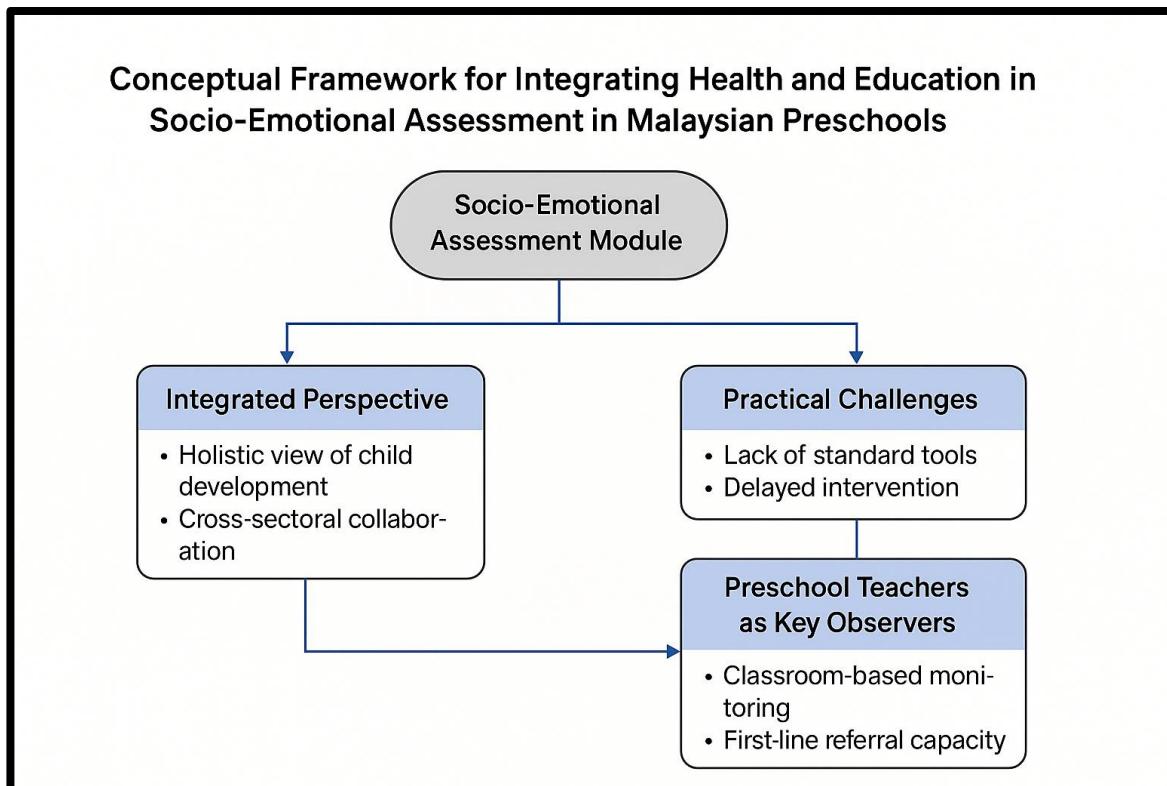
Healthcare professionals in this study further confirmed that referrals remain ad hoc and documentation of socio-emotional indicators is absent from national health records. While Bracken and Theodore (2023) propose integrated tools that combine clinical and educational measures, such models have yet to gain traction locally. This divergence points to a contextual lag that cannot be resolved by importing tools wholesale; instead, assessment frameworks must be culturally adapted and operationally feasible.

Bronfenbrenner's (1979) ecological systems theory offers a useful lens for interpreting these dynamics. The disconnect between teachers (microsystem) and health practitioners (exosystem) represents a breakdown of the mesosystem, where linkages across institutions are weak or absent. This study extends the theory by showing how such disconnections manifest in the Malaysian preschool context, where the lack of institutional integration undermines early intervention. In doing so, it demonstrates the need for a socio-emotional assessment module that not only captures child behaviours but also strengthens cross-system collaboration.

Although previous studies have examined socioemotional practices in early childhood settings, this study contributes a novel cross-sector perspective by synthesising insights from both preschool teachers and healthcare practitioners. This interdisciplinary integration is rarely documented in Malaysian early childhood literature. It reveals how the lack of standardised tools, inconsistent referral systems, and disconnected institutional mandates jointly undermine early identification—an insight that extends beyond classroom-level factors commonly discussed in earlier research.

By synthesising these insights, this study contributes to the literature in three ways: (i) it documents systemic fragmentation in a non-Western, resource-constrained setting; (ii) it highlights the necessity of adapting global frameworks such as CASEL and NCF to cultural and institutional realities; and (iii) it proposes a pathway for reform that positions teachers as empowered assessors supported by structured tools and stronger health–education linkages. The conceptual framework developed in this study synthesises these findings and interpretations, illustrating how socio-emotional assessment can be strengthened through an integrated, teacher-friendly, and contextually grounded approach. **Figure 1** presents this framework, highlighting the systemic connections, practical challenges, and strategic roles that underpin an effective assessment module.

Figure 1 Conceptual Framework Constructed from Thematic Analysis of Interviews with Educators and Health Professionals



As illustrated in Figure 1, the framework comprises three interrelated components. The first is an integrated perspective, which emphasises holistic child development and stronger collaboration between the education and health sectors. The second addresses practical challenges, particularly the lack of standardised tools and delays in intervention, which participants identified as persistent barriers. The third recognises the strategic role of preschool teachers as frontline observers and referral gatekeepers, whose daily interactions uniquely position them to identify socio-emotional needs. Together, these elements demonstrate that an effective assessment module must be developmentally appropriate, user-friendly, and institutionally supported to ensure timely and coordinated intervention.

RECOMMENDATIONS

Policy Recommendations to the Government of Malaysia

The findings of this study underscore the urgent need for systemic reforms in socio-emotional assessment within Malaysian preschools. The Government of Malaysia, particularly the Ministry of Education (MOE) and the Ministry of Health (MOH), is encouraged to strengthen national strategies that recognise socio-emotional development as integral to early childhood education. Policies should be comprehensive, grounded in developmental research, and operationalised through cross-sectoral collaboration.

A critical priority is the development of a national socio-emotional assessment module for preschool settings. At present, teachers rely primarily on informal and inconsistent observations. A national module should include clear behavioural indicators, structured observation templates, and developmental milestones that are feasible for daily classroom use. Importantly, the module must be designed to integrate seamlessly into classroom routines without overwhelming teachers. Its

development should involve a multi-stakeholder approach, engaging experts in early childhood education, developmental psychology, and public health to ensure contextual relevance and sustainability. Equally vital is the professional training of teachers. Socio-emotional assessment is seldom prioritised in current pre-service or in-service training, leaving teachers underprepared to systematically identify emotional or behavioural challenges. Embedding targeted training on socio-emotional assessment within teacher education programmes would equip the workforce with the confidence and competence to implement structured monitoring practices.

In addition, greater coordination between education and health systems is needed. Teachers are often the first to observe socio-emotional concerns, yet referral systems remain informal and inconsistent. Establishing a national child development tracking system, with secure data-sharing protocols between MOE and MOH, would ensure early identification, consistent follow-up, and more effective alignment of services. Policy reform should also extend to the national Child Health Record Book, which currently privileges physical health while offering little space for emotional or behavioural indicators. Integrating socio-emotional milestones into this record would facilitate a more holistic child profile, enabling health practitioners to communicate more meaningfully with educators and families. Finally, any proposed assessment tools or frameworks should be subjected to rigorous pilot testing and validation. Implementation must be evidence-based, culturally responsive, and adaptable across diverse preschool contexts in Malaysia. Pilot studies and action research would ensure that policies are not only theoretically sound but also practically feasible and equitable.

Recommendations for Preschool Teachers

Preschool teachers play a pivotal role in nurturing children's socio-emotional well-being, as they engage daily with children in natural and developmentally rich environments. Beyond delivering academic instruction, teachers act as frontline observers and interpreters of socio-emotional behaviours. Based on the findings of this study, several recommendations are proposed to strengthen their professional practice.

First, teachers are encouraged to adopt structured observation practices for consistent monitoring of socio-emotional development. This may involve maintaining reflective notes, behavioural records, and checklists that capture key aspects such as emotional regulation, peer interactions, and coping strategies. Even in the absence of a nationally standardised module, these practices can provide valuable insights into each child's strengths and vulnerabilities.

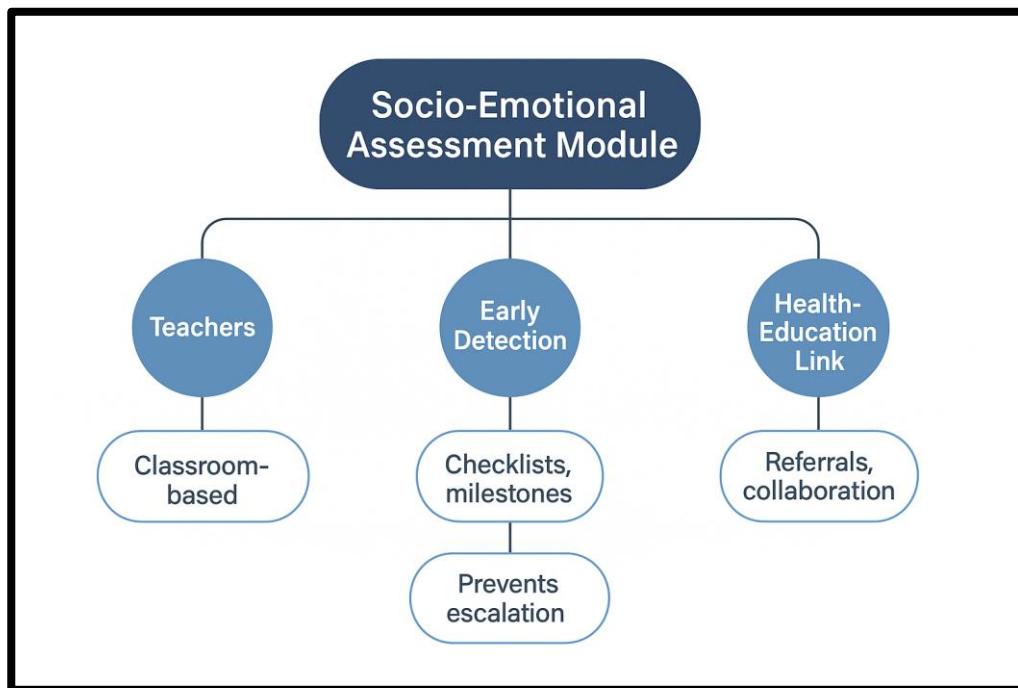
Second, teachers should actively engage in professional learning related to child psychology, emotional literacy, and classroom-based strategies for socio-emotional support. Such knowledge should be regarded not as optional, but as essential to their role as first-line responders to early developmental concerns.

Third, teachers are encouraged to build strong partnerships with families by maintaining open communication about children's socio-emotional progress. Collaboration with parents or caregivers allows for a more comprehensive understanding of behaviours across home and school contexts, thereby ensuring that support strategies are coherent, culturally sensitive, and responsive. Finally, socio-emotional assessment should not be viewed as an administrative burden but as a core element of professional responsibility. When conducted systematically and with the right support, these practices benefit children while also enhancing teachers' professional identity as reflective and knowledgeable practitioners in early childhood education.

Figure 2 also illustrates a streamlined model of the proposed socio-emotional assessment module, derived from the study's findings. The model foregrounds teachers as the primary observers in the classroom, where ongoing monitoring provides the first layer of insight into children's socio-emotional wellbeing. This observation is reinforced by structured early detection tools, including developmental milestones and checklists designed to capture subtle signs before challenges escalate.

Crucially, the model also embeds a health–education linkage that enables timely referrals and collaboration between sectors, ensuring that socio-emotional concerns are addressed comprehensively. Overall, the framework underscores that effective assessment requires an integrated and holistic approach, where teachers are supported by practical tools and cross-sector systems that safeguard children’s developmental needs.

Figure 2. Proposed Socio-Emotional Assessment Module



Limitations and Future Research

Although this study provides valuable insights, several limitations should be acknowledged. This study has several limitations. First, the small sample of four participants, while appropriate for a qualitative case study, limits statistical generalisation; future research should expand across regions and institutions. Second, the interviews were conducted in Malay and translated into English, which may have introduced *translation bias* despite member checking. Third, the focus on professional perspectives excluded parents, whose voices are vital for understanding home–school dynamics. Finally, the Malaysian cultural context, shaped by collectivism, respect for authority, and religious values, enhances local relevance but limits transferability. Future studies should therefore (i) involve parents and policymakers, (ii) pilot and validate the proposed module across diverse preschool contexts, and (iii) conduct longitudinal research to examine long-term impacts on children’s development and intersectoral collaboration.

The small sample size is acknowledged as a limitation; however, it is appropriate for a qualitative case study where expert informants contribute high information power. The intention was depth over breadth, and the cross-sector composition of participants (education and health) provided sufficient variation to explore systemic issues. Future studies should expand the sample across different states and include parents and policymakers to enhance transferability.

CONCLUSION

This study offers meaningful insights into the current challenges and potential improvements in assessing the social and emotional development of preschool children in Malaysia. Drawing from the perspectives of both educators and healthcare professionals, the findings highlight a shared belief that emotional wellbeing is fundamental to a child's ability to learn, engage, and grow in a healthy and balanced manner. Despite this shared understanding, existing assessment practices remain inconsistent and fragmented. Teachers often lack access to structured tools or relevant training, while healthcare professionals work under time constraints with limited opportunities for follow up and collaboration. These limitations reduce the chances of early identification and support for children experiencing emotional or behavioural difficulties.

A clear and unified message emerged from the voices of the participants: there is an urgent need for a practical, culturally relevant, and developmentally aligned assessment tool that supports teachers without overwhelming them. Participants also emphasised the importance of a more collaborative system between the education and health sectors to enable better coordination and continuity of care for children in need. The significance of this study extends beyond the preschool classroom. It is among the first in Malaysia to bring together the perspectives of preschool teachers and medical practitioners, offering a cross-sector perspective that highlights both classroom realities and systemic challenges. It calls for broader reform in early childhood education and public health systems to recognise social and emotional development as an essential dimension of school readiness and child wellbeing.

As Malaysia continues to strengthen its early childhood systems, prioritising emotional development is both a strategic and humane investment. It affirms that every child deserves to be seen, understood, and supported not only as a learner but also as a developing individual whose emotions, relationships, and sense of self matter deeply in shaping their future. Future research should extend these insights by piloting and validating socio-emotional assessment frameworks across diverse preschool contexts to ensure both scalability and sustainability. The coherence between educator insights and systemic realities signals not only a gap but also a collective readiness for reform and transformation within the national early childhood landscape.

DECLARATION OF GENERATIVE AI

During the preparation of this work, the author(s) used ChatGPT (OpenAI) and SciSpace to improve the clarity, structure, and readability of the manuscript. After using these tools, the author(s) thoroughly reviewed, edited, and verified all content, and took full responsibility for the accuracy and integrity of the final publication.

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