



EARLY DEVELOPMENT INSTRUMENT
a population-based measure for communities

Summary Report

Primary Students in Nova Scotia
Cape Breton-Victoria Regional
Centre for Education
School year 2022/2023

*A snapshot of children's
developmental health at school entry*





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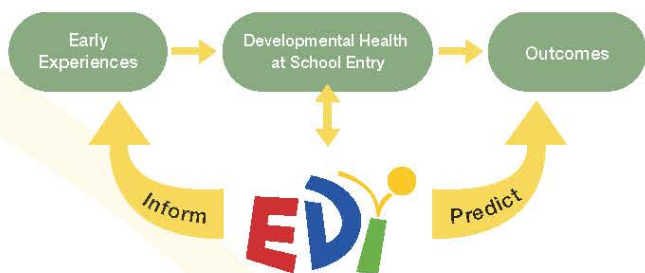
About the EDI

A teacher-completed instrument called the Early Development Instrument (EDI) was developed at the Offord Centre for Child Studies at McMaster University to measure children's ability to meet age-appropriate developmental expectations at school entry. The EDI focuses on the overall outcomes for children as a health-relevant, measurable concept that has long-term consequences for individuals and populations. The data derived from the collection of the EDI facilitate and encourage community, provincial, national, and international monitoring of the developmental health of our young learners.

Data collection across Canada shows that in most jurisdictions 25% or more of children entering Primary are vulnerable in at least one aspect of their development. Further research linking EDI findings to later educational data demonstrate that, on average, Primary vulnerability predicts ongoing vulnerability in the school system. Numerous studies have shown that early vulnerability predicts a child's lifelong health, learning, and behaviour.

The EDI is designed to be a tool to increase the mobilization of communities and policy makers in order to have a positive impact on children's development in their local areas. Understanding the state of children's development at the population level, that is for all children, is foundational to mobilizing stakeholders towards change.

This report is complimented by the Interpretation Guide, which provides in depth information regarding the history of the EDI, development of scores, and working with data. Please be sure to refer to this Guide for assistance.



Thanks to all of our partners for their hard work and commitment to the EDI. A very special thanks to all of the teachers who have committed their time and energy to filling out EDI questionnaires over the years. Without you, none of this would have been possible.



Questionnaire Information

* Questionnaires are excluded if they have incomplete data in specific variables. This includes students who have been in class less than one month, the special needs question is left blank, and questionnaires missing more than 25% of responses to core questions.

**Questionnaires valid for analysis count omits excluded questionnaires and students with special needs

***Questionnaires valid for analysis for students with special needs count omits excluded questionnaires and students without a designation of special needs

The table below describes the number of EDI questionnaires completed, the number of questionnaires which did not meet the criteria for analysis (excluded) for both the entire population (report pages 1-11) and for the special needs report (pages 12-14). Because of the unique challenges associated with helping children with special needs, a special needs report is provided to address the unique needs individually.

	Students without Special Needs	Students with Special Needs
Completed EDI Questionnaires	798	67
Excluded EDI Questionnaires*	41 (5.1%)	3 (4.5%)
Questionnaires Valid for Analysis (VFA** & VFA-SN***)	757 (94.9%)	64 (95.5%)

Descriptive characteristics of the Cape Breton-Victoria Regional Centre for Education 2022/2023 cohort (N=757)

	Number	%
Sex		
Girl	373	49.3%
Boy	384	50.7%
Missing	0	0.0%
Language Status		
ESL/FSL	73	9.6%
No ESL/FSL	678	89.6%
Missing	6	0.8%
Language Immersion		
French Immersion	0	0.0%
Other Immersion	0	0.0%
No Language Immersion	754	99.6%
Missing	3	0.4%
Age		
Average Age	5.8	-

These are some examples of the contextual variables that may influence EDI scores. Communities are encouraged to explore other contextual factors that may help better explain EDI data.

On average, older children have better EDI scores than younger children.





Distribution of Scores

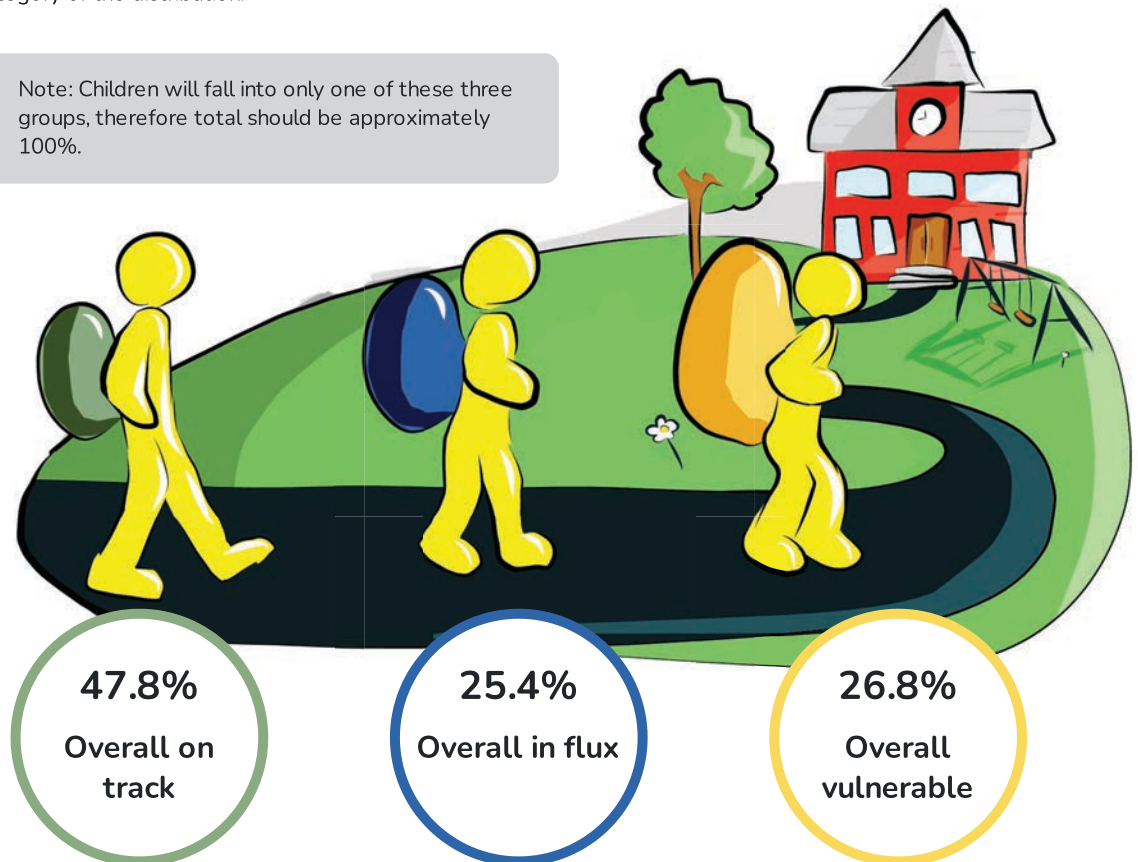
Data from the baseline EDI collection have been used to create cut-off scores that divide children's scores into three categories. A site's baseline collection is its first full implementation. Alternatively, the National baseline (Normative II) may also be used. Comparing collections to the baseline allows us to determine whether children's developmental outcomes are getting better or worse.

EDI Outcomes

The EDI measures children's ability to meet age-appropriate developmental expectations across five domains: Physical Health and Well-being, Social Competence, Emotional Maturity, Language and Cognitive Development, and Communication Skills and General Knowledge. Please see the glossary at the end of this report, as well as the Interpretation Guide on the EDI website for more detailed information about the domains.

The groups below are based on the distribution of scores, however they do not represent a total overall of each category of the distribution.

Note: Children will fall into only one of these three groups, therefore total should be approximately 100%.



Children with scores above the 25th percentile cut-off on all five domains. These children are considered to be developing well in all areas of developmental health for their age.

These children are not vulnerable on any of the domains, however they are not on track on all five domains. This group of children falls above the 10th percentile on all 5 domains, but below the 25th percentile on at least one domain. These children may need more support or may catch up with their peers. (These children are not all in the at risk category, they may fall into the at risk category on some domains, but on track in others).

Children with scores below the 10th percentile cut-off on any of the five domains. Being vulnerable means that children are at an increased risk of difficulties and, without additional support, may continue to experience challenges.



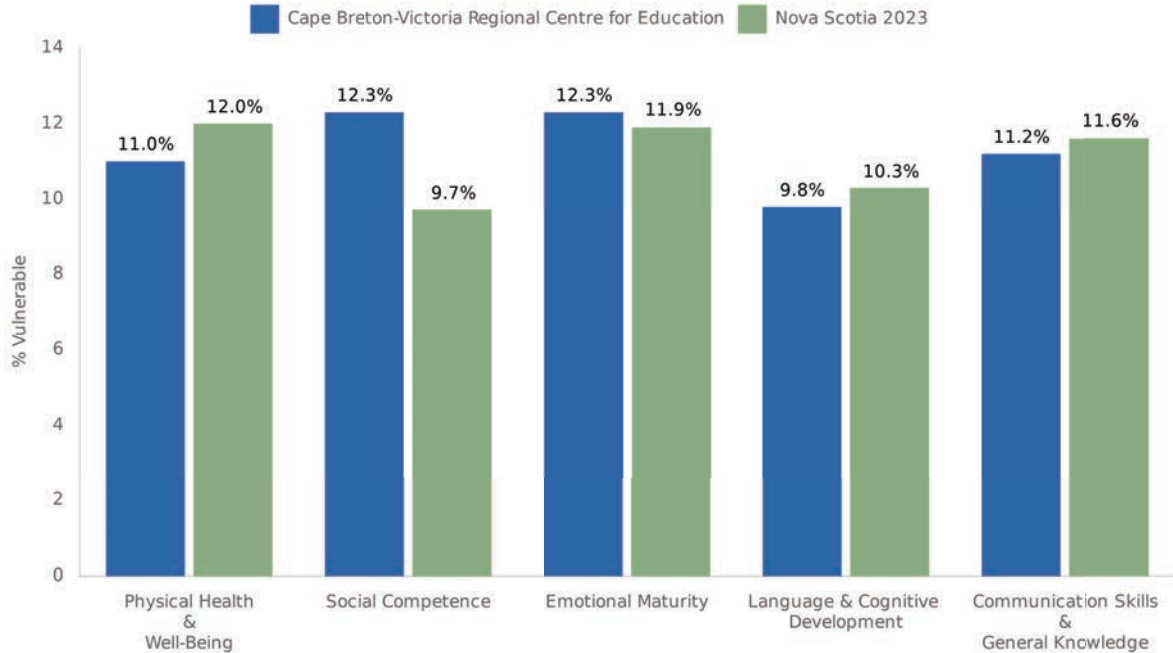


Vulnerable Children

The EDI uses the 10th percentile for vulnerability because it captures all the children who are struggling, even those whose struggles may not be apparent.

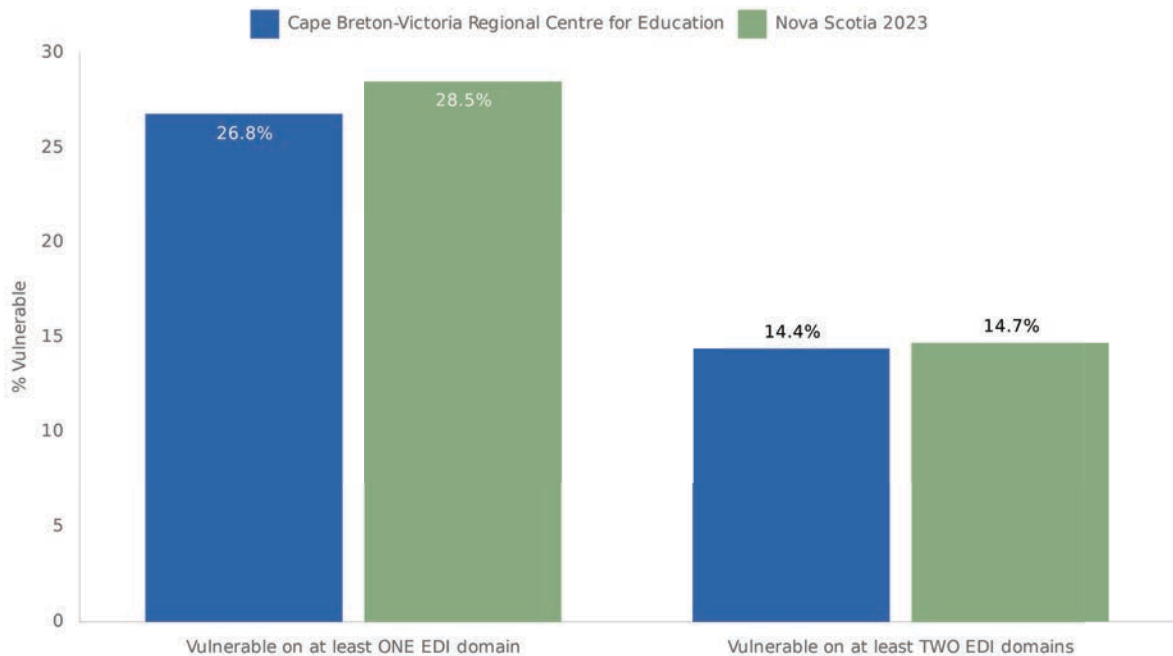
"Vulnerable" describes the children who score below the 10th percentile cut-off of the Nova Scotia Baseline population on any of the five domains. Higher vulnerability indicates that a greater percentage of children are struggling.

Percentage of Children Vulnerable by Domain



The graph below illustrates Cape Breton-Victoria Regional Centre for Education 2022/2023 results for the percentage of Primary children vulnerable on at least one and at least two domains.

Percentage of Children Vulnerable





EDI research across Canada shows that vulnerability at school entry is associated with poorer scores on provincial standardized tests in Grades 3 and 4. Research also shows an association between vulnerability and the likelihood of having some form of Special Needs status by Grade 9.

(Brown & Parekh, 2010; Calman & Crawford, 2013; D'Angiulli, Warburton, Dahinten, & Hertzman, 2009)



Distribution of EDI Scores

The graphs below illustrate the percentage of Cape Breton-Victoria Regional Centre for Education Primary children who fall in the Vulnerable, At Risk, and On Track categories for each domain.

Cape Breton-Victoria Regional Centre for Education (n = 757)

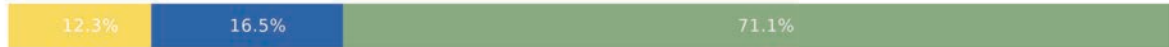
Physical Health & Well-Being (n = 757)



Social Competence (n = 757)



Emotional Maturity (n = 756)



Language & Cognitive Development (n = 757)



Communication Skills & General Knowledge (n = 757)



Children with scores below the 10th percentile

Children with scores between the 10th and 25th percentiles

Children with scores above the 25th percentile

Nova Scotia 2023 (n = 7901)

Physical Health & Well-Being (n = 7900)



Social Competence (n = 7900)



Emotional Maturity (n = 7876)



Language & Cognitive Development (n = 7897)



Communication Skills & General Knowledge (n = 7897)



Children with scores below the 10th percentile

Children with scores between the 10th and 25th percentiles

Children with scores above the 25th percentile

Note: Distributions may not equal 100% due to missing values in a domain





Exploring subdomains is an important step in determining the areas of development that are influencing vulnerability rates in various domains. Subdomains in which a large percentage of children are doing poorly can be used to inform the action needed to address children's weaknesses.

Subdomain Profiles

Each of the five domains is divided into subdomains, except for Communication Skills and General Knowledge. The subdomains were originally identified using factor analysis. The table below shows the breakdown of subdomains for each domain.

Physical Health & Well-being	Social Competence	Emotional Maturity	Language & Cognitive Development	Communication Skills & General Knowledge
Physical readiness for school day	Overall social competence	Prosocial & helping behaviour	Basic literacy	Communication skills & general knowledge
Physical independence	Responsibility & respect	Anxious & fearful behaviour	Interest in literacy/numeracy & memory	
Gross & fine motor skills	Approaches to learning	Aggressive behaviour	Advanced literacy	
	Readiness to explore new things	Hyperactivity & inattention	Basic numeracy	

Scores for domains and subdomains on the EDI vary from 0 to 10. Some subdomains represent skills that a child in Primary, based on his or her developmental age, is expected to have mastered already. Other subdomains represent areas of development that are still emerging.

Based on skills and abilities that each subdomain represents, groups of scores were identified representing children who met:

- All/almost all of the developmental expectations
- Some of the developmental expectations
- Few/none of the developmental expectations

In contrast to the "on track", "at risk", and "vulnerable" groups identified for domains in the EDI Descriptive Report, which are based on the distribution of scores in the province/territory or in Canada, the subdomain categories are distribution-free.

The following section outlines the percentage of your children who are meeting all/almost all, some, or few/none of the developmental expectations for each subdomain. An investigation of percentages of children who fall into the "few/none" category will identify areas of the greatest weakness in the population. The results for the Nova Scotia 2023 population are included as a comparison.





■ Few/None ■ Some ■ All/Almost All

Physical Health & Well-being

Physical readiness for school day

Children who never or almost never experienced being dressed inappropriately for school activities, coming to school tired, late or hungry.



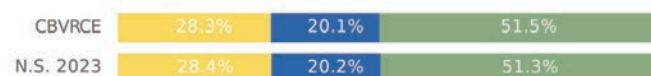
Physical independence

Children who are independent in looking after their needs, have an established hand preference, are well coordinated, and do not suck a thumb/finger.



Gross & fine motor skills

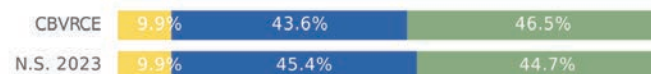
Children who have an excellent ability to physically tackle the school day and have excellent or good Gross & fine motor skills.



Social Competence

Overall social competence

Children with excellent or good overall social development, very good ability to get along with other children and play with various children, usually cooperative and self-confident.



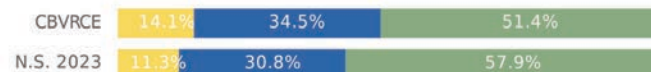
Responsibility and respect

Children who always or most of the time show respect for others, and other's property, follow rules and take care of materials, accept responsibility for actions, and show self-control.



Approaches to learning

Children who always or most of the time work neatly, independently, and solve problems, follow instructions and class routines, easily adjust to changes.



Readiness to explore new things

Children who are curious about the surrounding world, and are eager to explore new books, toys and games.



“Children grow according to the qualities of stimulation, support, and nurturance they get on a moment to moment basis throughout their waking hours.”

– Dr. Clyde Hertzman



Emotional Maturity

Prosocial and helping behaviour

Children who often show most of the helping behaviours: helping someone hurt, sick or upset, offering to help spontaneously, invite bystanders to join in.

Anxious and fearful behaviour

Children who rarely or never show most of the anxious behaviours; they are happy and able to enjoy school, and are comfortable being left at school by caregivers.

Aggressive behaviour

Children who rarely or never show most of the aggressive behaviours; they do not use aggression as a means of solving a conflict, do not have temper tantrums, and are not mean to others.

Hyperactivity & inattention

Children who never show most of the hyperactive behaviours; they are able to concentrate, settle in to chosen activities, wait their turn, and most of the time think before doing something.

Language & Cognitive Development

Basic literacy

Children who have all the basic literacy skills: know how to handle a book, can identify some letters and attach sounds to some letters, show awareness of rhyming words, know the writing directions, and are able to write their own name.

Interest in literacy / numeracy and memory

Children who show an interest in books and reading, math and numbers, and have no difficulty with remembering things.

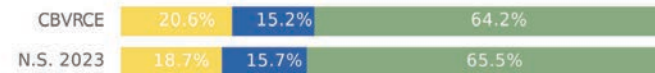
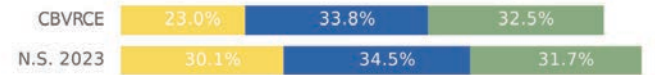
Advanced literacy

Children who have at least half of the advanced literacy skills: reading simple, complex words or sentences, writing voluntarily, writing simple words or sentences.

Basic numeracy

Children who have all the basic numeracy skills: can count to 20 and recognize shapes and numbers, compare numbers, sort and classify, use one-to-one correspondence, and understand simple time concepts.

Few/None ■ Some ■ All/Almost All





“If we can address needs of children early, rather than later, we can help each child reach their maximum potential. It also means we can equal the playing field for all children.”

- Dr. Fraser Mustard

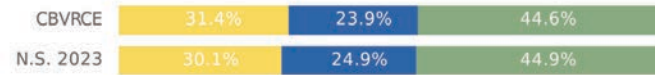


Communication Skills & General Knowledge

■ Few/None ■ Some ■ All/Almost All

Communication Skills & General Knowledge

Children who have excellent or very good communication skills; can communicate easily and effectively, can participate in story-telling or imaginative play, articulates clearly, show adequate general knowledge, and are proficient in their native language.



Section D – Special Concerns

Note: the following chart ONLY includes children who do not have Special Needs.

Special Concerns

Minimum: 0

Maximum: 11

- physical disability
- visual impairment
- hearing impairment
- speech impairment
- learning disability
- emotional problem
- behavioural problem
- home environment / problems at home
- chronic medical/health problems
- unaddressed dental needs
- other

Special Skills

Minimum: 0

Maximum: 7

- Demonstrates special numeracy skills or talents
- Demonstrates special literacy skills or talents
- Demonstrates special skills or talents in art
- Demonstrates special skills or talents in music
- Demonstrates special skills or talents in athletics/dance
- Demonstrates special skills or talents in problem solving in a creative way
- Demonstrates special skills or talents in other areas

Special Concerns 10.7% (81) Yes	Yes, Observed		Yes, Parent Info/Diagnosis		Yes, Both	
	Number	%	Number	%	Number	%
Physical Disability	0	0.0%	2	0.3%	0	0.0%
Visual Impairment	1	0.1%	3	0.4%	2	0.3%
Hearing Impairment	2	0.3%	0	0.0%	0	0.0%
Speech Impairment	21	2.8%	8	1.1%	20	2.6%
Learning Disability	8	1.1%	1	0.1%	1	0.1%
Emotional Problem	24	3.2%	2	0.3%	1	0.1%
Behavioural Problem	37	4.9%	2	0.3%	4	0.5%
Home Environment / Problems at Home	9	1.2%	2	0.3%	3	0.4%
Chronic Medical / Health Problems	0	0.0%	3	0.4%	3	0.4%
Unaddressed Dental Needs	2	0.3%	0	0.0%	0	0.0%
Other	7	0.9%	2	0.3%	2	0.3%

	Yes		No		Missing	
	Number	%	Number	%	Number	%
Child Receiving School Based Support	128	16.9%	627	82.8%	2	0.3%
Child Currently Receiving Further Assessment	32	4.2%	697	92.1%	28	3.7%
Child Currently on Wait List to Receive Further Assessment	21	2.8%	699	92.3%	37	4.9%
Child Needs Further Assessment	125	16.5%	589	77.8%	43	5.7%

Children with 1+
Special Skills

14.5%

Children with 1+
Special Concerns

14.8%





Section E - Additional Questions

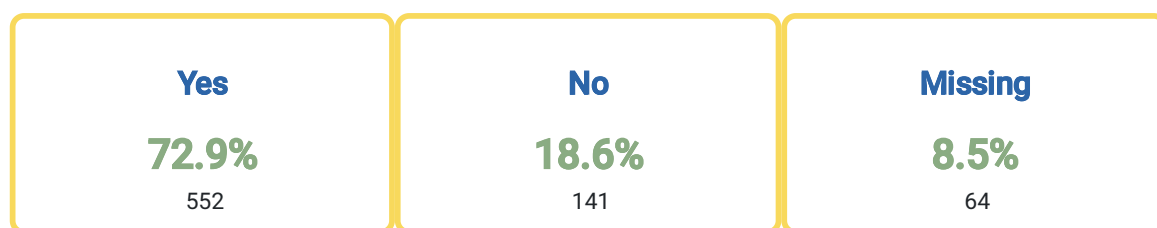
Early Intervention Program Includes: Speech/language therapy, a parent who attended a parenting program, a School's Cool program, etc., or if child has had similar in-home services.

Recognizing the contextual factors in your community, like a child's experiences before school entry, may help explain EDI vulnerability. In addition to the variables on the EDI, all communities are encouraged to explore locally relevant factors that may affect children's development.

Child received services from an early intervention program including:

	Yes		No		Missing	
	Number	%	Number	%	Number	%
N.S. Early Childhood Development Intervention Services (NSECDIS)	10	1.3%	596	78.7%	151	19.9%
Early Intensive Behavioural Intervention (EIBI)	2	0.3%	599	79.1%	156	20.6%
Nova Scotia Hearing and Speech	56	7.4%	516	68.2%	185	24.4%
Other	11	1.5%	486	64.2%	260	34.3%

Child attend the Pre-Primary Program



Child attended/was cared for by one or more of the following:

	Full-Time		Part-Time		None		Missing	
	Number	%	Number	%	Number	%	Number	%
Centred-based child care (licensed child care)	58	7.7%	37	4.9%	317	41.9%	345	45.6%
Family home daycare	92	12.2%	31	4.1%	281	37.1%	353	46.6%
Non-parent/guardian in the home or outside of the home	62	8.2%	84	11.1%	221	29.2%	390	51.5%





Special Needs Report

The rate of special needs amongst Primary children in the EDI Normative II sample is 3.8%. This is comparable to the rate of 4.2% of children ages 5 to 9 with disabilities found on the 2006 Statistics Canada Participation and Activity Limitation Survey.

(Janus, Hughes, & Duku, 2010; Statistics Canada, 2008).

Under the definition of special needs is a broad range of disorders affecting behaviour, communication, as well as physical or intellectual development. Children with special needs often contend with multiple problems, which require tailor-made, flexible support. These children may also have above average abilities in certain areas, adding to the complexity of providing appropriate support to help them reach their optimal development.

Because of the unique challenges associated with helping children with special needs, the following report is provided so not to lose the individuality of the results of these children. The more specific needs of this group must be addressed individually. Providing the following Special Needs Report allows for the school boards and communities to focus on these children's needs and to plan better for future years.

Children with Special Needs: General Guidelines

Yes - Child identified already as needing special assistance due to chronic medical, physical, or mental disabling conditions (e.g., autism, fetal alcohol syndrome, Down syndrome)

Child requires special assistance in the classroom

No - Gifted or talented children

Children only suspected to be suffering from a disabling condition, or having a condition not severe enough to be classified as "special needs"

Descriptive characteristics of the Cape Breton-Victoria Regional Centre for Education 2022/2023 Special Needs cohort (N=64)

	Number	%
Sex		
Girl	23	35.9%
Boy	41	64.1%
Missing	0	0.0%
Language Status		
ESL/FSL	3	4.7%
No ESL/FSL	59	92.2%
Missing	2	3.1%
Language Immersion		
French Immersion	0	0.0%
Other Immersion	1	1.6%
No Language Immersion	63	98.4%
Missing	0	0.0%
Age		
Average Age	5.9	-



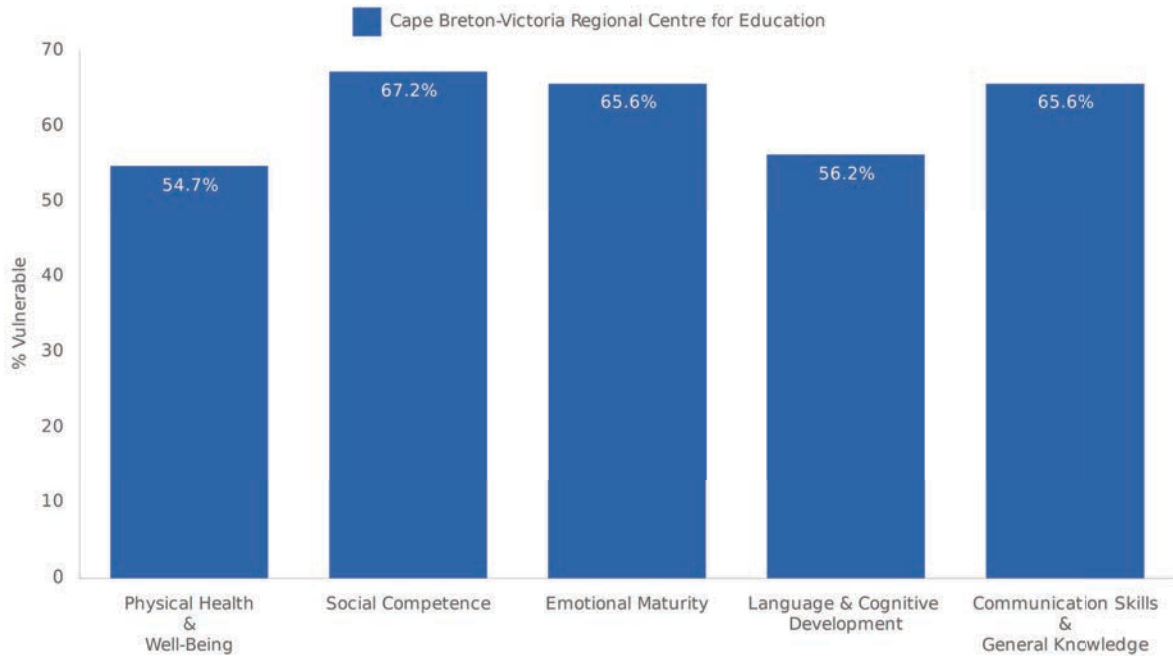


Vulnerable Children

The EDI uses the 10th percentile for vulnerability because it captures all the children who are struggling, even those whose struggles may not be apparent.

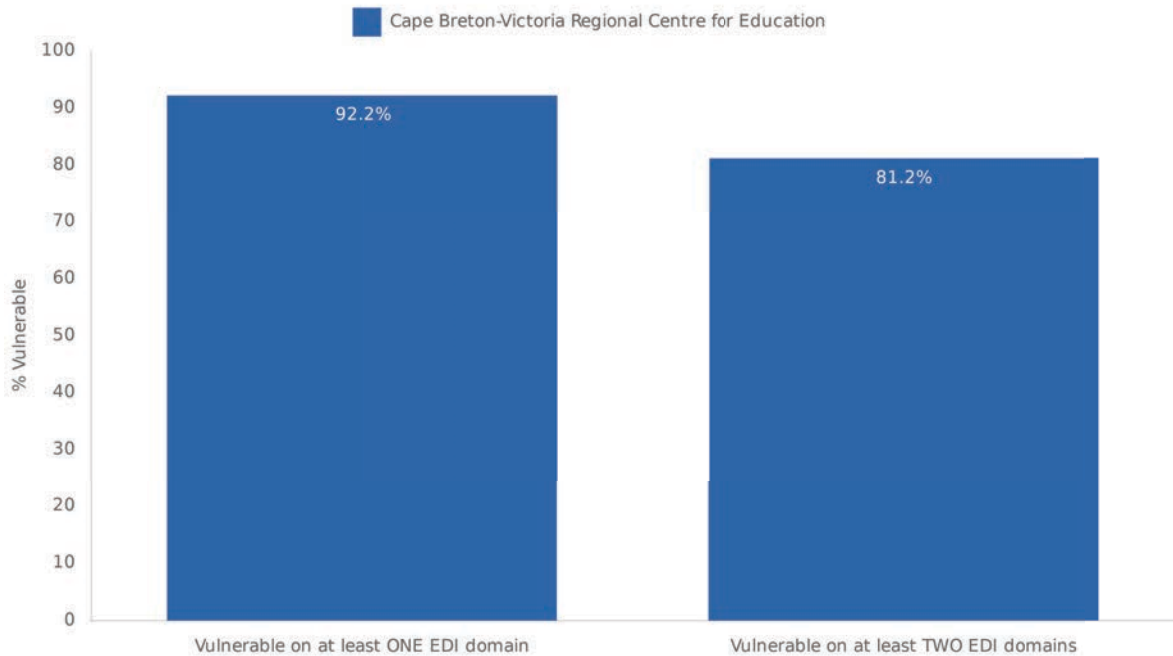
"Vulnerable" describes the children who score below the 10th percentile cut-off of the Nova Scotia Baseline population on any of the five domains. Higher vulnerability indicates that a greater percentage of children are struggling.

Percentage of Children with SN Vulnerable by Domain



The graph below illustrates Cape Breton-Victoria Regional Centre for Education 2022/2023 results for the percentage of children with special needs vulnerable on at least one and at least two domains.

Percentage of Children with SN Vulnerable



Section D – Special Concerns

Note: the following chart ONLY includes children who have Special Needs.

Special Concerns

Minimum: 0
Maximum: 11

- physical disability
- visual impairment
- hearing impairment
- speech impairment
- learning disability
- emotional problem
- behavioural problem
- home / environment problems
- chronic medical/health problems
- unaddressed dental needs
- other

Special Skills

Minimum: 0
Maximum: 7

- Demonstrates special numeracy skills or talents
- Demonstrates special literacy skills or talents
- Demonstrates special skills or talents in art
- Demonstrates special skills or talents in music
- Demonstrates special skills or talents in athletics/dance
- Demonstrates special skills or talents in problem solving in a creative way
- Demonstrates special skills or talents in other areas

Special Concerns	Yes, Observed		Yes, Parent Info/Diagnosis		Yes, Both	
	Number	%	Number	%	Number	%
87.5% (56) Yes						
Physical Disability	0	0.0%	3	4.7%	2	3.1%
Visual Impairment	0	0.0%	2	3.1%	1	1.6%
Hearing Impairment	1	1.6%	1	1.6%	1	1.6%
Speech Impairment	11	17.2%	2	3.1%	8	12.5%
Learning Disability	4	6.2%	2	3.1%	9	14.1%
Emotional Problem	11	17.2%	4	6.2%	9	14.1%
Behavioural Problem	16	25.0%	2	3.1%	7	10.9%
Home / Environment Problems	6	9.4%	3	4.7%	2	3.1%
Chronic Medical / Health Problems	0	0.0%	1	1.6%	1	1.6%
Unaddressed Dental Needs	1	1.6%	1	1.6%	0	0.0%
Other	11	17.2%	5	7.8%	5	7.8%

	Yes		No		Missing	
	Number	%	Number	%	Number	%
Child Receiving School Based Support	59	92.2%	5	7.8%	0	0.0%
Child Currently Receiving Further Assessment	22	34.4%	32	50.0%	10	15.6%
Child Currently on Wait List to Receive Further Assessment	11	17.2%	38	59.4%	15	23.4%
Child Needs Further Assessment	33	51.6%	21	32.8%	10	15.6%

Children with 1+ Special Skills **20.3%**

Children with 1+ Special Concerns **87.5%**



Glossary

Developmental health: The full range of developmental outcomes, including physical and mental health, behavioural adjustment, literacy, mathematics achievement, and more.

Special Needs: Children identified as needing special assistance in the classroom due to chronic medical, physical, or mental disabling conditions.

On track: The total group of children with scores above the 25th percentile of the distribution.

At risk: The total group of children with scores between the 10th and 25th percentiles of the distribution.

Vulnerable: The total group of children with scores below the 10th percentile cut-off of the distribution.

French Immersion: Only for Anglophone communities; a program in which Primary students are introduced early to French language through immersion, however, the main language of the schools remains to be English.

Domains: The EDI measures children's developmental health across five domains:

- 1. Physical Health & Well-Being - 13 questions**
Children are healthy, independent, and rested each day.
- 2. Social Competence - 26 questions**
Children play and get along with others, share, and show self-confidence.
- 3. Emotional Maturity - 30 questions**
Children can concentrate on tasks, help others, show patience, and are not often aggressive or angry.
- 4. Language & Cognitive Development - 26 questions**
Children are interested in reading and writing, can count, and recognize numbers and shapes.
- 5. Communication Skills & General Knowledge - 8 questions**
Children can tell a story and communicate with adults and other children.

Subdomains: Each of the five EDI domains is comprised of subdomains that measure a more specific area of development. There are 16 subdomains in total. Children are rated as 'meeting few/no developmental expectations', 'meeting some developmental expectations', and 'meeting all/almost all developmental expectations' on each subdomain.

Mean: The average of a set of numbers.

Missing: Question not answered by teachers.

Interpretation Guide: Can be found here <https://edi-offordcentre.s3.amazonaws.com/uploads/2019/03/EDI-interpretation-toolkit.pdf>



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