



Fact Sheet

Early Development Instrument (EDI) Pilot Study in Orange County, California And other efforts in the United States

Recent research on brain development shows that experiences in the early years of life set neurological and biological pathways that affect health, learning, and behavior throughout life. Children's early environment and experiences play a central role in their cognitive, language, and social-emotional development, and this early development has profound effects on their lifelong physical and mental health. When expanded to entire populations, these effects are major determinants of the quality of a country's human capital formation. Policy makers, researchers and practitioners have highlighted the need for population-based indicators of early child development. However, one key issue has been how to measure early child development.

What is the Early Development Instrument (EDI)?

Developed by Drs Magdalena Janus and Dan Offord at the Offord Centre for Child Studies, McMaster University in Ontario, the EDI is a teacher-completed checklist that assesses children's development when they enter school. Kindergarten teachers observe children during normal class activities and then fill out the 120-item EDI checklist on each child in their class.¹

What does the EDI Measure?

The EDI is used to produce population-based measures of school readiness. Information using the EDI is analyzed at the group level (for a school or neighborhood, for example) and is not used as a diagnostic tool for individual children. The EDI assesses children's readiness to learn when they enter school by examining five key areas of child development: 1) Physical health and well-being; 2) Social competence; 3) Emotional maturity; 4) Language and cognitive development; and 5) Communication skills and general knowledge. The EDI gives average scores for groups of children and in this way can help to determine the number of developmentally "vulnerable children" by developmental domain for a city, community, school district, etc.



¹ Janus, M., Brinkman S., et al., (2007). The Early Development Instrument: A Population-Based Measure for Communities: A Handbook on Development, Properties and Use.
<http://www.offordcentre.com/readiness/pubs/publications.html>



Why is the EDI important for Communities?

The purpose of the EDI is to measure the health and development of populations of children to help communities assess how well the systems are doing in supporting young children and their families. Previously, there has been no way to monitor early child development at a community level or to understand how local circumstances might be changed to improve children's lives. EDI data maps help to engage communities in a data-driven process to assess, inform and improve early childhood service systems.

The EDI is *NOT*...

The EDI is *not* designed to screen, identify or diagnose individual children. As a population-based tool, it is also *not* appropriate to use to evaluate individual programs, services, or curricula without the appropriate and controlled evaluation study design.

What the EDI *IS*...

The EDI *is* a population-based indicator of children's development that can be used to monitor populations of children over time, report on populations of children in different communities, predict how groups of children will do in elementary school and inform systems and policies concerning young children and their families.

Is the EDI a valid and reliable tool?

Researchers have found the EDI to be a psychometrically adequate indicator of child well-being at school entry.² These findings have been based on assessments of the EDI's: Internal consistency; Parent-teacher agreements; Inter-rater reliability; and Concurrent test-criterion validity. The predictive validity has also been assessed using three direct tests, 3 years after the EDI was first implemented. The EDI was found to have moderate predictive validity from kindergarten to third grade. Though there is no perfect instrument, we believe there is no better tool, at this time, to develop population-based measures of children's development. With adequate validity and reliability, strong partnerships, and a willingness to continually improve the EDI with future pilots and research studies, we believe that all the necessary components are in place to move forward with expansion efforts in the US.

How are the results of the EDI used in Communities?

The EDI results are used to tell communities how well young children are doing so that community members and policy makers can reflect on how to improve the quality of the early childhood service system. The results are mapped to see the areas where children are doing better or worse than expected and compared to developmental assets and services in the community (e.g. early literacy programs, preschools, etc) to assess how system-level inputs relate to community level outcome measures. These results help to support community-driven change and improvement processes

² Janus, M., Offord, D., *Development and psychometric properties of the Early Development Instrument (EDI): A measure of children's school readiness*. Canadian Journal of Behavioral Sciences, 2007. 39(1): p. 1-22.



Who has used the EDI?

The EDI has been used widely in Canada and Australia. The Offord Centre for Child Studies at McMaster University, the Human Early Learning Partnership at the University of British Columbia and the Centre for Community Child Health at the Royal Children's Hospital in Melbourne Australia have all been instrumental in expanding the use of the EDI in their respective countries. In Australia, legislation was recently passed by the federal government to implement the EDI Nationwide. The EDI has also been used at sites in a number of other countries such as Chile, Albanian, Holland, New Zealand and Jamaica.

Interest in expanding the use of the EDI in the US is building and a number of national, state and local groups have begun to convene to discuss future pilot tests and expansion efforts. Seattle Washington has used the EDI for a number of years. Both Connecticut and Michigan have strong interest in piloting the EDI. The UCLA, Center for Healthier Children, Families and Communities has begun working with the United Way Success by Six program, the National Center for Children in Poverty and other key national stakeholders to develop a plan for how the EDI might serve as the core of a uniform measurement system for early childhood in the US.

How is the EDI being piloted this spring in Orange County, California?

UCLA, Center for Healthier Children, Families and Communities has partnered with (and is receiving support from) the Children & Families Commission of Orange County, California to pilot the EDI in the Newport-Mesa Unified School District in Orange County. As part of this effort, UCLA convened a national technical advisory group in March 2008 to help adapt the EDI for a US context and, as of April 2008, is in the process of requesting a license to use the adapted EDI from the Offord Centre for Child Studies.

The pilot in the Newport-Mesa USD involves 5 schools, 23 teachers and about 400 children. Data will be collected in May and June 2008 and aggregated results will be available starting in September 2008. Orange County is an ideal place for a pilot because it has a large diverse population with strong commitment to improving early childhood outcomes. The goal of the pilot is to demonstrate the value of using population-level school readiness data to engage communities and mobilize assets on behalf of young children. Over the long-term, the goal is to develop a fully functioning school readiness assessment, mapping, community engagement and improvement process that can be used in Orange County school districts and other pilot sites and then replicated at other sites nationally.