



FACT
SHEET

01 SCHOOL READINESS

1 CONTEXT

The importance of school readiness for academic success is widely recognized. Numerous studies conducted in Canada and elsewhere have shown that the level of a child's development at the end of kindergarten is strongly associated with his/her health and future capacity for social and academic adjustment.

SOURCE

This fact sheet is a brief summary of the results presented in two publications: DESROSIERS, Hélène (2013). "Early Childhood Characteristics and School Readiness: The Importance of a Family's Social Support," *Portraits and Pathways. QLSCD Series*, Institut de la statistique du Québec, No. 18, April. http://www.stat.gouv.qc.ca/statistiques/sante/bulletins/portrait-201304_an.pdf

DESROSIERS, Hélène, Karine TÊTREAU and Michel BOIVIN (2012). "Demographic, socioeconomic, and neighbourhood characteristics of vulnerable children at school entry," *Portraits and Pathways. QLSCD Series*, Institut de la statistique du Québec, No. 14, May. http://www.stat.gouv.qc.ca/statistiques/sante/enfants-ados/adaptation-sociale/enfants-vulnerables_an.html

Note that the QLSCD has been following a cohort of children who were born in Québec in 1997-1998.

2 HIGHLIGHTS

Nearly 25% of children born in Québec at the end of the 1990s were considered vulnerable at the end of kindergarten in at least one domain of development – physical, cognitive, or socioemotional. These children presented deficits in fine motor skills, such as holding a pencil, or certain general health and wellness problems, or had difficulty getting along with their peers, following class rules and routines, listening, adapting to change, etc.

Certain characteristics of the child, family or social environment in which he/she was growing up contributed to increasing the risk of he/she being vulnerable in one or another domains of development at the end of kindergarten:

- Birth weight lower than 2,500 g.
- Having a mother who believes she does not have much influence on the development of her child (child 5 months old).
- Had not yet said the name of a familiar object (at 1½ years of age).
- Did not have a parent or other adult who was reading to him/her daily (at 1½ years of age).
- Had parents who received a comparatively lower level of support from family, friends, and others (at 2½ years of age).
- Presented more symptoms of hyperactivity-inattention (at 4 years of age).
- Had parents who had separated/divorced in the previous two years.
- Had a mother who did not have a high school diploma.
- Was exposed to a second language.
- Was living in a less safe neighbourhood and where neighbours helping each other was comparatively less prevalent.

Other risk factors, but only among children whose families did not have much social support, were symptoms of moderate to severe depression in the mother when the child was 5 months old and his/her health was perceived as not being optimal in the first few years of life.

The academic performance of nearly half of children (46%) considered vulnerable at the end of kindergarten was below average at the end of Grade 4 in elementary school compared to only 14% of children not considered vulnerable.



2 HIGHLIGHTS (continued)

While many of the aforementioned characteristics were associated with vulnerability in only one domain of development, some constituted risk factors in more than one. For example, a low level of support from family, friends and others, or low birth weight, were associated with an increased risk of being vulnerable in the two domains of language and cognitive development, and communication skills and general knowledge.

3 OF NOTE

Attending a CPE (public childcare centre) at 2½ years of age was associated with a lower risk of presenting problems in social competence.

4 DEFINITIONS AND MEASUREMENT INSTRUMENTS

Vulnerability

Children's vulnerability was assessed at the end of kindergarten by having their teachers fill out the Early Development Instrument (EDI). Children recognized as incapable of participating because of autism or mental incapacity and those who were in a special needs class were excluded. The assessment covered the following five domains of development:

- **Physical health and well-being** – General physical development, motor skills, diet and dress, cleanliness, punctuality, alertness.
- **Social competence** – Social skills, self-confidence, sense of responsibility; respect for peers, adults, rules and routines; work habits and autonomy, curiosity.
- **Emotional maturity** – Pro-social behaviour and helpful to others (voluntary intention to help others), fear and anxiety, aggressive behaviour, hyperactivity and inattention, expression of emotions.
- **Language and cognitive development** – Interest in and skills in reading, writing and mathematics; competencies in language.
- **Communication skills and general knowledge** – Ability to communicate and be understood, ability to understand others, clear articulation, general knowledge.

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INTERVENTION PATHS

The results underline the importance of fostering a healthy environment at birth and providing better support for parents of young children, particularly those whose child has health or developmental problems. Programs and services designed to promote children's social skills in various aspects of their lives before school entry or helping children of recently separated/divorced parents would also be helpful.