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# Wellington-Guelph and Dufferin Early Development Instrument Cycle 6 Report

Children's Early Years Division,  
County of Wellington

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Early Years and Child Care Division,  
County of Dufferin

**MAY 2025**

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# Wellington-Guelph and Dufferin EDI Cycle 6 Report

## Overview and Key Findings

The Early Development Instrument (EDI) is a teacher-completed questionnaire that measures the ability of children in their senior year of kindergarten to meet age-appropriate developmental expectations at school entry (Janus & Offord, 2007). The EDI assesses the whole child across five general areas of development, or domains: Physical Health and Well-Being, Social Competence, Emotional Maturity, Language and Cognitive Development, and Communication Skills and General Knowledge, each with several subdomains (16 in total).

Conducted every three years, EDI data provides key information about the developmental health of populations of children across Ontario, at the time of transition from the early years to school age, and changes in the population's development over time. Children who fall below the standardized EDI cut-off scores are referred to as "vulnerable" and are likely to be struggling with meeting developmental expectations. Developmental health at school entry can act as a predictor of children's well-being and school success in middle childhood and adolescence (Brinkman, 2014; Davies et al., 2016).

As Service System Managers for their respective areas, both the County of Wellington and the County of Dufferin are stewards of the local Early Development Instrument data, along with local school boards that support the data collection and use EDI school-level results for internal planning.

For the purposes of this report, when referring to EDI areas, the overall area covered by the County of Wellington will be called “Wellington-Guelph”, as the County includes and serves both the County of Wellington and the City of

Guelph. The overall area covered by the County of Dufferin is referred to as Dufferin County. The report also includes results for Reporting Areas within Wellington-Guelph and Dufferin. Wellington-Guelph and Dufferin County share a public health unit (Wellington-Dufferin-Guelph Public Health) and a public school board (Upper Grand District School Board). Given these connections, the County of Wellington and the County of Dufferin have historically collaborated on projects that support the early years and the overall health and well-being of children in these communities.

**This report presents EDI data for Wellington-Guelph and Dufferin County for Cycle 6 (2023) of the Early Development Instrument and provides comparisons to previous cycles from Cycle 3 (2009) to Cycle 5 (2018). For both Wellington-Guelph and Dufferin County, some key findings are as follows:**

- About one third of children in Wellington-Guelph, Dufferin County, and Ontario were vulnerable on at least one domain in Cycle 6 of the EDI.
  - Wellington-Guelph had a higher percentage of children vulnerable on at least one domain (36.8%) compared to Dufferin County (33.7%) and Ontario (31.1%) in Cycle 6.
  - In Wellington-Guelph, there was a significant increase in the percentage of children vulnerable on at least one domain between Cycle 5 in 2018 (30.5%) and Cycle 6 in 2023 (36.8%).
- In Dufferin County, there was a decrease in the percentage of children vulnerable on at least one domain between Cycle 5 (35.7%) and Cycle 6 (33.7%), but this decrease was not determined to be significant. Across domains, the percentage of children vulnerable in Cycle 6 was highest on the Physical Health and Well-Being domain and was lowest on the Language and Cognitive Development domain. This result was consistent for Wellington-Guelph, Dufferin County, and Ontario.
- In Wellington-Guelph, there was a significant increase in the percentage of children vulnerable between Cycle 5 and Cycle 6 on the Physical Health and Well-Being domain and on the Emotional Maturity domain.
  - In Dufferin County, there was a significant decrease in the percentage of children vulnerable between Cycle 5 and 6 on the Physical Health and Well-Being domain and on the Social Competence domain.

Interestingly, despite some similarities in both regions, Wellington-Guelph and Dufferin County are seeing opposite trends in children’s vulnerability scores at the County-level. Where Wellington-Guelph reported an increase in vulnerability between Cycle 5 and Cycle 6, Dufferin County reported a decrease in vulnerability for the same time period. Further analyses will be conducted to explore this difference and seek to understand why each of the Counties is seeing different trends.

Data from the Early Development Instrument can be leveraged to support a number of community priorities; for example, using results from specific domains of development to help identify areas of focus for services and supports. The results presented within this report describe broad trends (e.g., number of children vulnerable on one or two domains, and vulnerability by domain). However, the EDI datasets also contain additional valuable data, such as results on the subdomains of each of the five overarching domains. Both Wellington-Guelph and Dufferin County can conduct additional analyses on their datasets to answer questions (e.g., in which areas of Physical Health & Well-Being are children most vulnerable) that are relevant to each jurisdiction.



**If you have any questions regarding this report or additional information about the EDI Cycle 6 data, please contact the Children’s Early Years Data Analyst at the [County of Wellington](#) or the Data and Funding Analyst at the [County of Dufferin](#).**

# Introduction

The early years is a significant period for children’s development and sets the foundation for later learning. The Early Development Instrument (EDI) is a teacher-completed questionnaire that measures the ability of children in their senior year of kindergarten to meet age-appropriate developmental expectations. It was designed with the goal to provide a reliable, holistic, and relevant assessment of the skills and behaviour of children at the time of transition from early development to school age (Janus & Offord, 2007). The EDI is typically completed every three years across Ontario. Children are evaluated individually but data are reported on a population level. Developed by Dr. Dan Offord and Dr. Magdalena Janus at the Offord Centre for Child Studies at McMaster University, the tool has three main objectives:

**1**

**Assess the strengths and weaknesses of groups of students**

**2**

**Report on populations of children in different communities**

**3**

**Provide a kindergarten benchmark for monitoring later development (Offord Centre for Child Studies, 2018)**



Results from the assessments offer an understanding of the developmental health of populations of children and their ability to meet task demands at school. Given that the assessment is a “snapshot” in time, these findings can be, and are, monitored over time (Davies et al., 2016). As such, results offer benchmarks to communities which can inform planning to support healthy child development.

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 results from EDI data have been linked to various developmental outcomes, making it a valuable tool for service planning and interventions. For instance, EDI results from both cognitive and non-cognitive domains predicted children's academic achievement in grade three (Davies et al., 2016). Additionally, all five domains have been associated with later literacy and numeracy outcomes (Brinkman, 2014).

EDI findings can be used alongside other early years data to inform service planning and policy decisions, and guide discussions and decisions for school programming, government policy-making, professional development, advocacy, and community coalitions to improve the lives of young children in our communities (Janus, 2013).

To learn more about the EDI, visit [efts.offordcentre.com/overview](https://efts.offordcentre.com/overview)

## Cycle 6 EDI Data for Wellington-Guelph and Dufferin County

Since 2006, EDI data has been collected every three years across Ontario to monitor changes in the ability of children to meet age-appropriate developmental expectations (Offord Centre for Child Studies, 2024a; 2024b). An exception to the timing of these cycles occurred with the most recent cycle (Cycle 6), which was originally scheduled to be conducted in 2021 but was delayed until 2023 due to the COVID-19 pandemic. There has now been a total of six EDI data cycles during which communities can examine changes over time. Additionally, Cycle 6 is the first cycle that has been completed post pandemic, and it was hypothesized that communities might see significant changes in children’s vulnerability scores.

This report presents EDI data for both Wellington-Guelph and Dufferin County for Cycle 6. These two Counties have historically collaborated on projects pertaining to the early years and the overall health and well-being of children in these communities. The Counties share a Public Health organization and a public school board. In the following report, while the process to obtain data collection was the same across both Counties, the results for each will be presented separately, allowing the reader to view results for both Counties individually, as well as in comparison to each other and to Ontario as a whole.

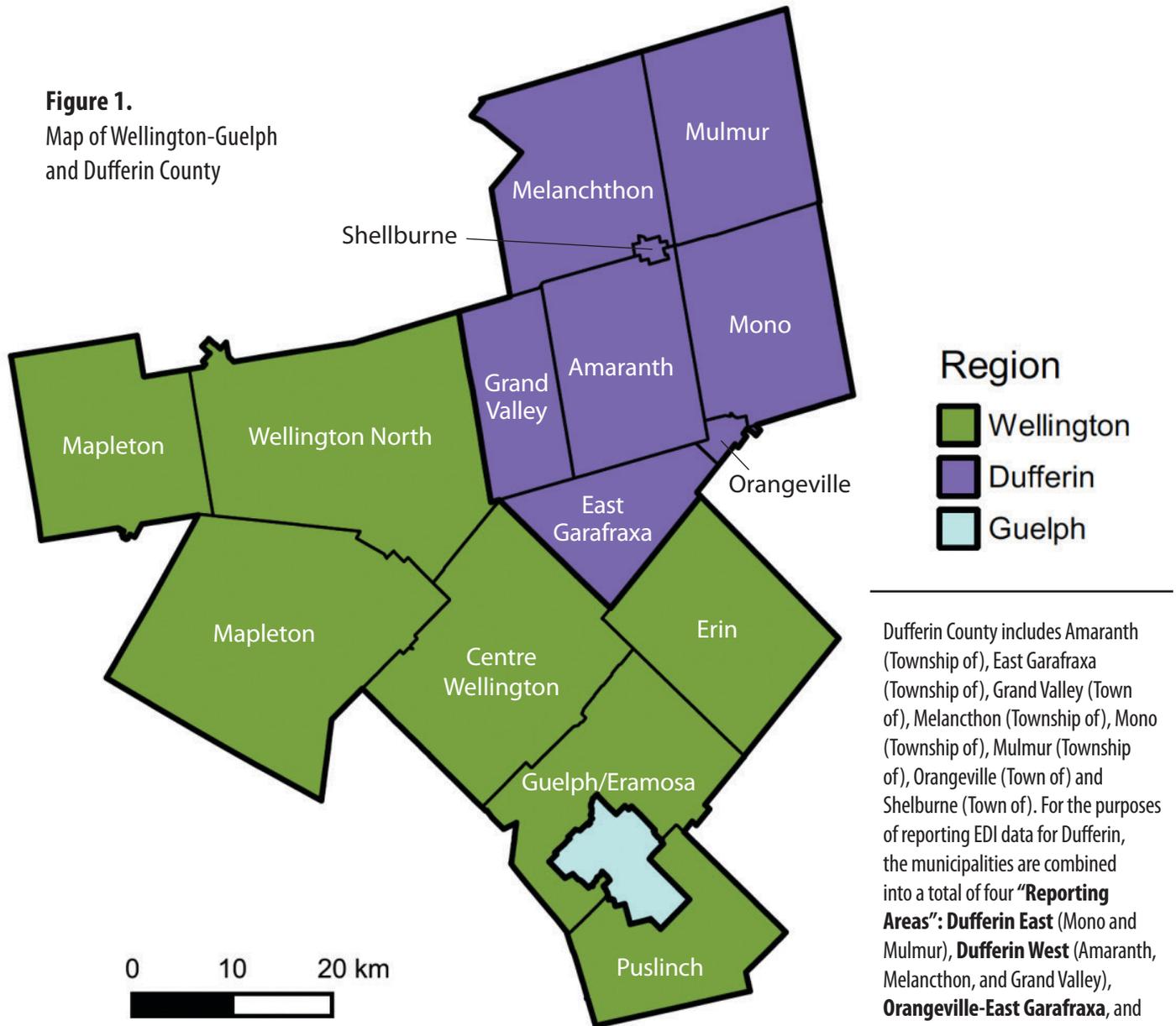
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**This report presents  
EDI data for both  
Wellington-Guelph  
and Dufferin County  
for Cycle 6.**



The **EDI data** is presented for each County as a whole and also broken down into their “Reporting Areas”, as described below, based on the location of where each reported child lives according to their postal code. Figure 1 shows a map of Wellington-Guelph and Dufferin County. Both Counties are geographically composed of eight municipalities each, with boundaries that border each other.

**Figure 1.**  
Map of Wellington-Guelph  
and Dufferin County



Dufferin County includes Amaranth (Township of), East Garafraxa (Township of), Grand Valley (Town of), Melancthon (Township of), Mono (Township of), Mulmur (Township of), Orangeville (Town of) and Shelburne (Town of). For the purposes of reporting EDI data for Dufferin, the municipalities are combined into a total of four “Reporting Areas”: **Dufferin East** (Mono and Mulmur), **Dufferin West** (Amaranth, Melancthon, and Grand Valley), **Orangeville-East Garafraxa**, and **Shelburne**. This grouping was used to ensure that at least 35 children were included in a Reporting Area, to comply with EDI reporting standards.

Map adapted from: [wdgpublichealth.ca/about](http://wdgpublichealth.ca/about)

**NOTES:** Wellington-Guelph includes Centre Wellington (Township of), Erin (Town of), Guelph (City of), Guelph/Eramosa (Township of), Mapleton (Township of), Minto (Town of), Puslinch (Township of) and Wellington North (Township of). For the purposes of reporting EDI data for Wellington-Guelph, each municipality is designated as a “Reporting Area” within Wellington-Guelph, for a total of eight Reporting Areas.

## Method

### Participants

Senior Kindergarten students across Ontario were evaluated with the Early Development Instrument (EDI) to collect data for the sixth cycle of EDI data. For data to be included in the overall analyses (i.e., a “valid” questionnaire), each individual record needed to meet the following inclusion criteria: the children must be in kindergarten, the child must be in the class for at least one month, the questionnaire must have no more than one domain missing and be at least 75% completed overall, and the child must not have diagnosed special needs. In addition, each record must have a valid postal code for where each child lives, that is located within Wellington-Guelph or Dufferin County.

#### Wellington-Guelph Participants

In Cycle 6, there were 1,693 completed EDI questionnaires; 68 records did not meet the inclusion criteria and were, therefore, excluded. The final number of questionnaires for analysis was 1,625. This is about a 26% decrease from Cycle 5 (2018). Cycle 6 included a relatively equal split of males (50.2%) and females (49.8%), which is consistent with prior data collection cycles. Table 1 shows a breakdown by gender of the number of valid EDI questionnaires completed in Wellington in Cycle 6, compared to the previous three EDI cycles. Cycle 6 also had an average child age of 5.9 years, and the majority of participants were in a JK/SK class (97.4%). Further, 28.2% of children were in non-parental care (e.g., child care, nursery school) prior to starting kindergarten.

**Table 1. Wellington-Guelph** Number of EDI Questionnaires Completed Each Cycle

	Cycle 6 (2023)	Cycle 5 (2018)	Cycle 4 (2015)	Cycle 3 (2012)
# Valid EDI Questionnaires	1625	2189	2183	2186
Male (%)	50.2%	52.7%	50.8%	52.0%
Female (%)	49.8%	47.3%	49.2%	48.0%

## Dufferin County Participants

In Cycle 6, there were 700 completed EDI questionnaires. Upon further review, 88 records were excluded, as they did not meet the inclusion criteria or were missing a postal code. The final number of questionnaires for analysis was 612. This is about a 14% decrease from Cycle 5 (2018). Cycle 6 included slightly more males (51.8%) than females (48.2%), which was also the case for Cycles 4 and 5. Table 2 shows a breakdown by gender of the number of valid EDI questionnaires completed in Dufferin in Cycle 6, compared to the previous three EDI cycles. The current cycle also had an average child age of 5.9 years, and the majority of participants were in a JK/SK class (99.7%). Further, 39.6% of children were in non-parental care (e.g., child care, nursery school) prior to starting kindergarten.

**Table 2. Dufferin County** Number of EDI Questionnaires Completed Each Cycle

	Cycle 6 (2023)	Cycle 5 (2018)	Cycle 4 (2015)	Cycle 3 (2012)
# Valid EDI Questionnaires	612	711	675	589
Male (%)	51.8%	50.4%	50.2%	47.3%
Female (%)	48.2%	49.6%	49.8%	52.7%

## Measures

The EDI targets multiple dimensions of children’s development with the assessment arching over five domains (Physical Health and Well-Being, Social Competence, Emotional Maturity, Language and Cognitive Development, and Communication Skills and General Knowledge) and 16 subdomains (Offord Centre for Child Studies, 2024c).

Teachers respond on a rating scale when presented with questions about the child’s behaviour, tasks they could perform, or actions and skills the child could demonstrate (Offord Centre for Child Studies, 2023).

### Explanation of the EDI Domains

<b>Physical Health and Well-Being</b>	<ul style="list-style-type: none"><li>• Physical readiness for school day</li><li>• Physical independence</li><li>• Gross and fine motor skills</li></ul>
<b>Social Competence</b>	<ul style="list-style-type: none"><li>• Overall social competence</li><li>• Responsibility and respect</li><li>• Approaches to learning</li><li>• Readiness to explore new things</li></ul>
<b>Emotional Maturity</b>	<ul style="list-style-type: none"><li>• Prosocial and helping behaviour</li><li>• Anxious and fearful behaviour</li><li>• Aggressive behaviour</li><li>• Hyperactivity and inattention</li></ul>
<b>Language and Cognitive Development</b>	<ul style="list-style-type: none"><li>• Basic literacy</li><li>• Interest in literacy/numeracy and memory</li><li>• Advanced literacy</li><li>• Basic numeracy</li></ul>
<b>Communication Skills and General Knowledge</b>	<ul style="list-style-type: none"><li>• Communication skills and general knowledge</li></ul>

## Physical Health and Well-Being



**Example EDI statement:**

**“Children are healthy, independent and rested each day”**

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This domain includes questions about children’s gross and fine motor skills (e.g., holding a pencil, running on the playground, motor coordination), adequate energy levels for classroom activities, independence in looking after own needs, and daily living skills.

## Social Competence



**Example EDI statement:**

**“Children play and get along with others, share and show self-confidence”**

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This domain includes questions about children’s curiosity about the world, eagerness to try new experiences, ability to control own behaviour, appropriate respect for adult authority, cooperation with others, following rules, and ability to play and work with other children.

## Emotional Maturity



**Example EDI statement:**

**“Children can concentrate on tasks, help others, show patience, and are not aggressive or angry”**

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This domain includes questions about children’s ability to think before acting, a balance between too fearful and too impulsive, an ability to deal with feelings at the age-appropriate level, and empathetic response to other people’s feelings.

## Language and Cognitive Development



**Example EDI statement:**

**“Children are interested in reading and writing, can count, and recognize numbers and shapes.”**

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This domain includes questions about children’s reading awareness, age-appropriate reading and writing skills, age-appropriate numeracy skills, ability to understand similarities and differences, and ability to recite back specific pieces of information from memory.

## Communication Skills and General Knowledge



**Example EDI statement:**

**“Children can tell a story and communicate with adults and other children”.**

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This domain includes questions about children’s skills to communicate needs and wants in socially appropriate ways, symbolic use of language, storytelling, and age-appropriate knowledge about the life and world around them.

Data from the first EDI collection (i.e., Ontario baseline) were examined on a distribution, and cut-offs of children’s scores were created that are used to categorize children’s overall scores into three categories: “overall on track”, “overall at risk”, and “overall vulnerable” (Offord Centre for Child Studies, 2024d; 2024e). Comparing collection cycles to the baseline allows the ability to determine if children’s developmental outcomes are getting better or worse.

“Overall on track” includes scores above the 25th percentile on all five domains and signals that children are developing well for their age. Children categorized as “overall at risk” includes scores above the 10th percentile on all five domains, but below the 25th percentile on at least one domain. These children might need some additional support to meet certain developmental expectations. Finally, “overall vulnerable” includes scores below the 10th percentile on at least one domain. Children categorized as vulnerable are considered at an increased risk for not meeting developmental expectations (Offord Centre for Child Studies, 2024d; 2024e).

Typically, data is reported to communities in terms of the percentage of children who are

vulnerable on at least one or two domains. Therefore, the results can be used to identify areas of the greatest need and populations that are requiring extra support.

It is also helpful to look at change in vulnerability over time. A Critical Difference is the amount of change over time in a Reporting Area’s vulnerability rate that is large enough to be considered a meaningful change. By meaningful, this means worthy of further discussion and exploration. When comparing results across time within a Reporting Area, it can be determined if the difference is statistically significant by comparing to a critical difference measure. Results that were determined to be significant are indicated throughout the report.

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## Procedure

Data collection for Cycle 6 occurred in the spring of 2023 across school boards in Ontario. Senior kindergarten teachers received training to learn how to use the instrument and then each teacher completed one EDI questionnaire for each student. Data was collected electronically and returned to the Offord Centre for Child Studies. The team at the Offord Centre organized, cleaned, and ran preliminary analyses on the collected data and then shared it with Municipal Service System Managers and school boards. Service System Managers received data for children residing in their service delivery area, whereas school boards received data for children attending schools in their board. Service System Managers and school boards are encouraged to conduct their own analyses and mobilize the results and findings throughout their communities in ways that are meaningful to their mandates and to support local priorities.

## Results

Analysis of the EDI data was conducted to examine the state of children’s overall health and development in Wellington-Guelph and Dufferin. Results are presented in a series of graphs to explore children’s vulnerability overall, over time, across Reporting Areas, and on each EDI domain. Where possible, an average of results across Ontario are included for comparison.

**FIGURE 2** Wellington-Guelph and Dufferin County Percentage of Children Vulnerable on at Least One and at Least Two Domains: Cycle 6 (2023)

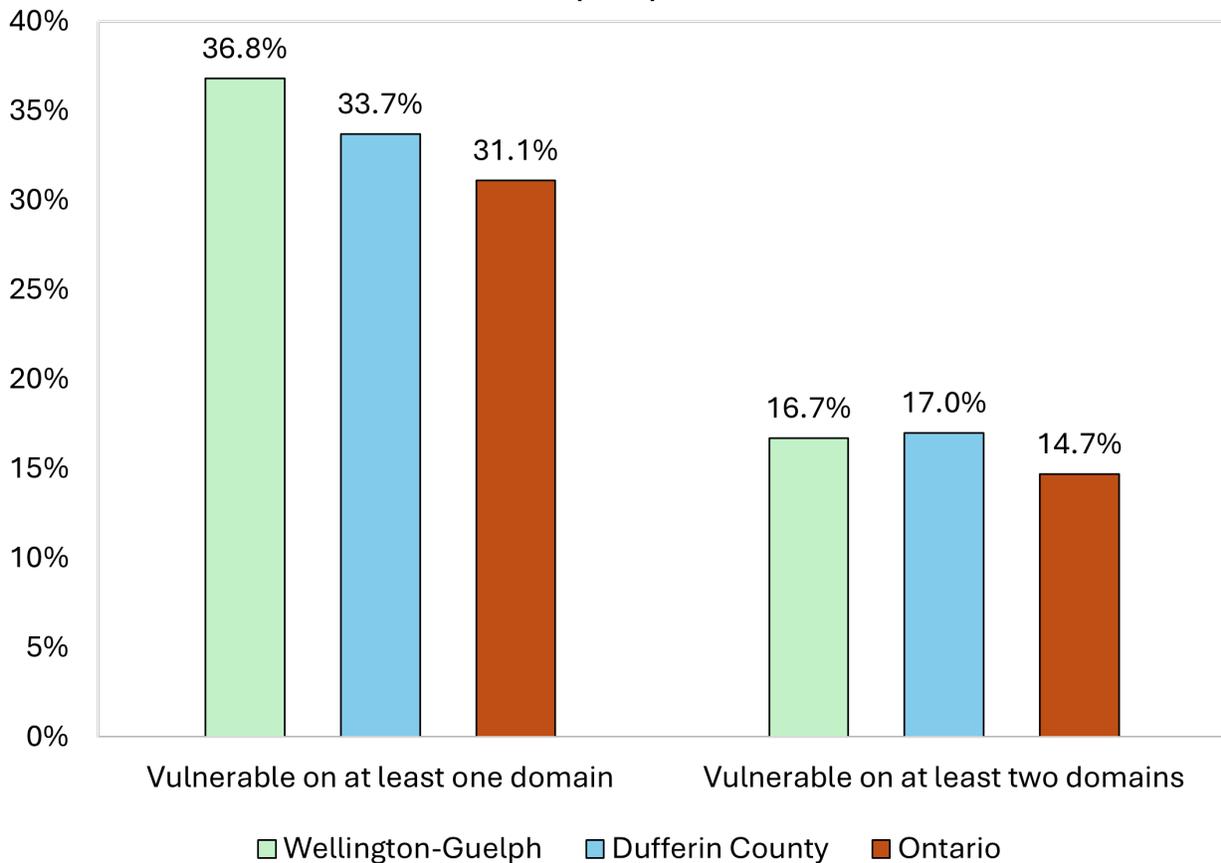


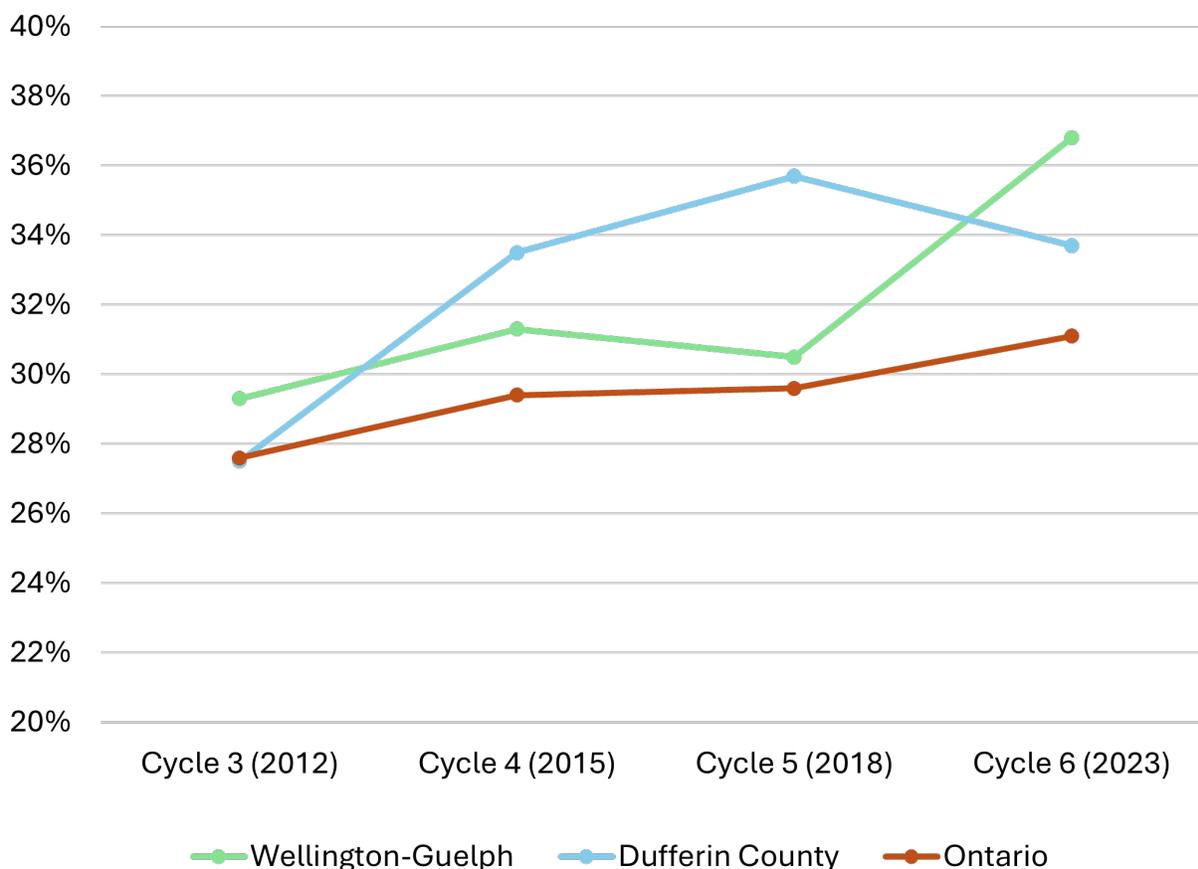
Figure 2 presents the percentage of children who were vulnerable on at least one and at least two of the EDI domains - in both Wellington-Guelph and Dufferin County, compared to Ontario, in Cycle 6. About one third of children were found to be vulnerable on at least one domain, which is the measurement used most commonly when presenting and comparing EDI results. Wellington-Guelph had a higher percentage of children vulnerable on at least one domain (36.8%) compared to Dufferin County (33.7%), and both were above the Ontario average (31.1%). However, the percentage of children who were vulnerable on at least two domains was similar for Wellington-Guelph (16.7%) and Dufferin County (17.0%), and both were above the Ontario average (14.7%).

When considering the percentage of children who were vulnerable on at least one domain, Wellington-Guelph and Dufferin County followed different trends when examined over time (from Cycle 3 in 2012 to Cycle 6 in 2023; see Figure 3). In Wellington-Guelph, there was a steady but small increase in the percentage of children vulnerable on at least one domain over time, a small decrease in Cycle 5, and a larger increase in Cycle 6. The decrease between Cycle 4 and Cycle 5 was not significant; however, the increase between

Cycle 5 (30.5%) and Cycle 6 (36.8%) was significant. Vulnerability trended lower than Dufferin up until Cycle 6, at which time it exceeded Dufferin's vulnerability rate for the first time during this period. In Dufferin County, there was a continuous increase in vulnerability from Cycle 3 to Cycle 5. In Ontario, we see a gradual but consistent increase in the vulnerability of children over time. Both Counties, and Dufferin in particular, experienced higher vulnerability than Ontario across all cycles, with the exception of Cycle 3.

**FIGURE 3**

**Wellington-Guelph and Dufferin Percentage of Children Vulnerable on at Least One Domain Over Time**

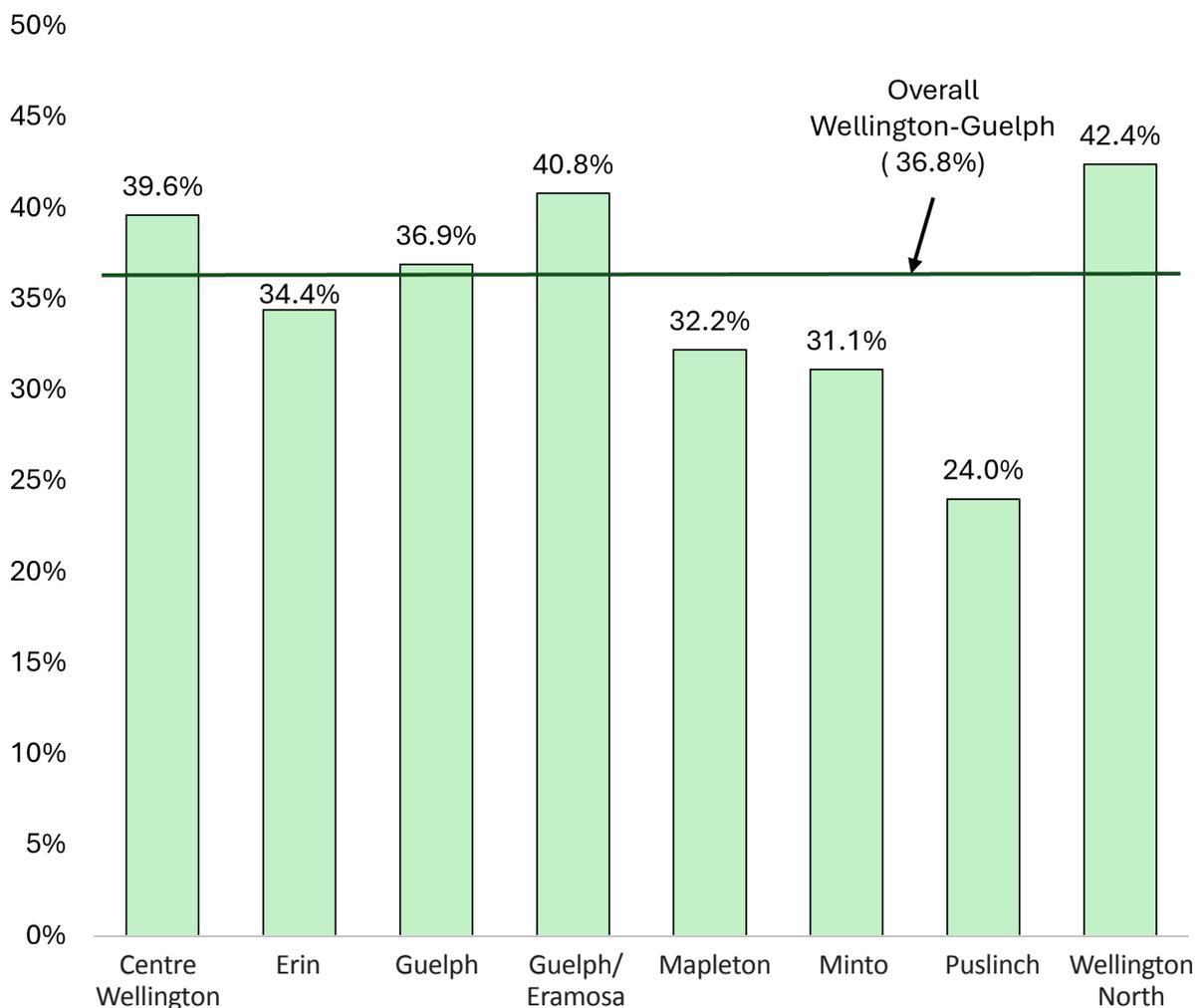


Figures 4 and 5 take a closer look at Wellington-Guelph by examining the percentage of children vulnerable on at least one domain by Reporting Area in Cycle 6, as well as over time. Figure 4 shows that Wellington North had the highest percentage of children who were vulnerable on at least one domain (42.4%), whereas Puslinch had the lowest percentage of children who were vulnerable on at least one domain (24.0%). The vulnerability levels in the other Reporting Areas varied slightly both above and below the average

vulnerability across Wellington children of 36.8%. Figure 5 shows that, over time, the percentage of children vulnerable on at least one domain in Wellington North increased, including a significant increase from Cycle 5 (27.6%) to Cycle 6 (42.4%). There was also a significant increase in the percentage of children vulnerable on at least one domain between Cycle 5 and Cycle 6 for children in Centre Wellington (30.7% to 39.6%) and Guelph (30.0% to 36.9%). However, in Minto this percentage significantly decreased (41.4% to 31.1%).

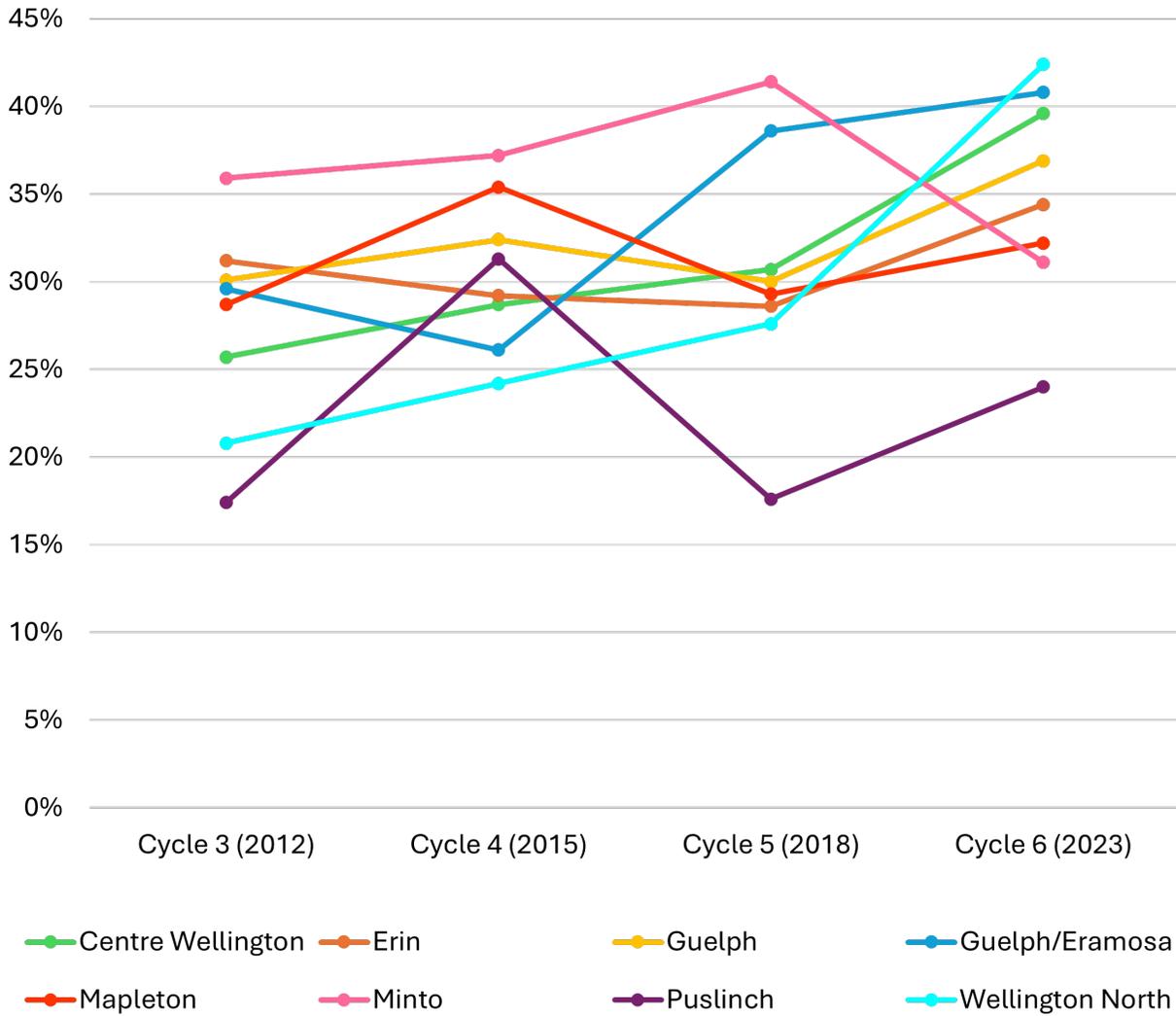
**FIGURE 4**

**Wellington-Guelph Percentage of Children Vulnerable on at Least One Domain by Reporting Area: Cycle 6 (2023)**



**FIGURE 5**

**Wellington-Guelph Percentage of Children Vulnerable on at Least One Domain by Reporting Area Over Time**

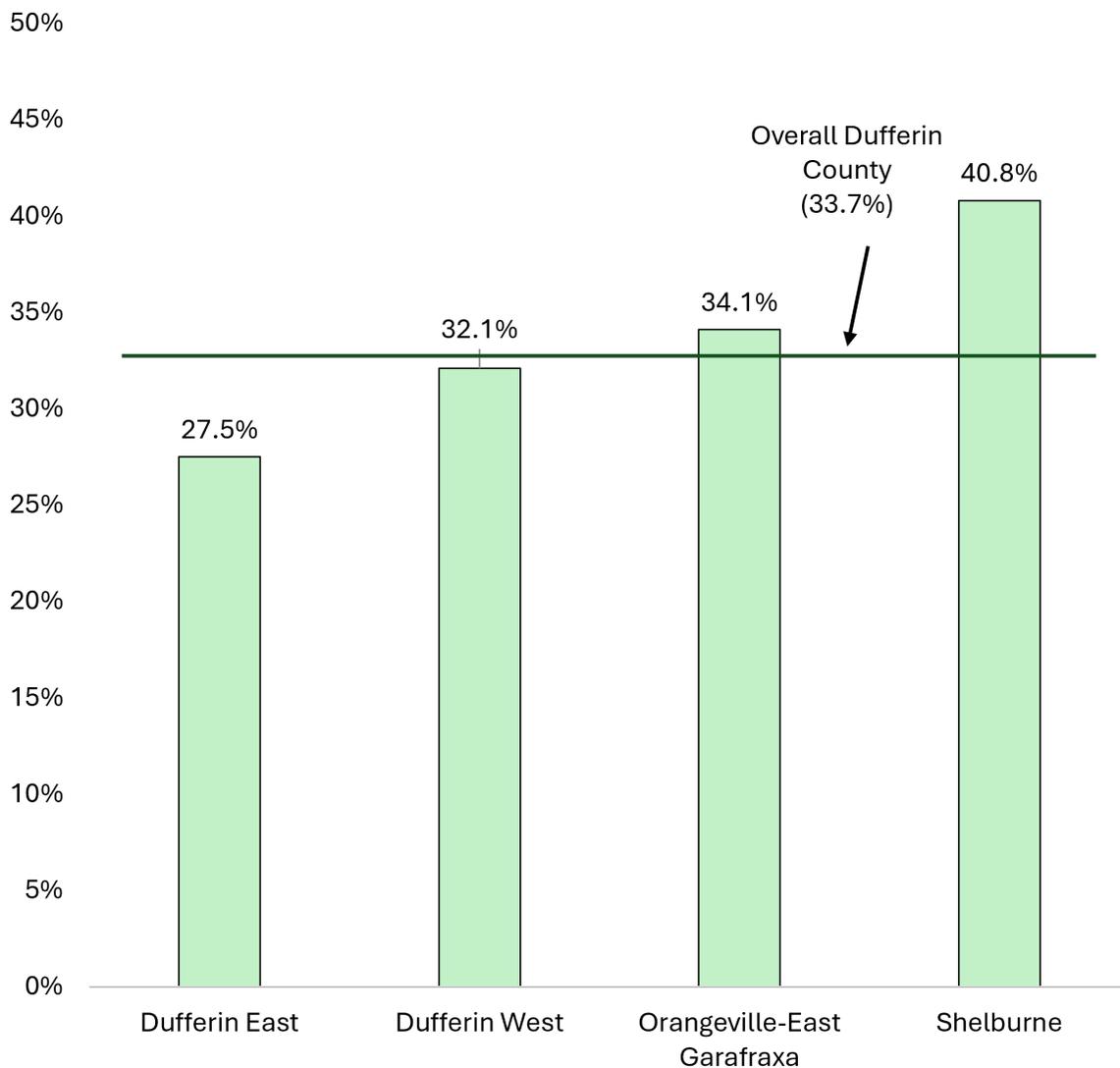


Figures 6 and 7 take a closer look at Dufferin County by examining the percentage of children vulnerable on at least one domain by Reporting Area in Cycle 6, as well as over time. Figure 6 shows that in Cycle 6, Shelburne had the highest percentage of children who were vulnerable on at least one domain (40.8%), whereas Dufferin East had the lowest percentage of children who were vulnerable on at least one domain (27.5%). The vulnerability levels in Dufferin West and Orangeville-East Garafraxa were similar, and both were close to the average vulnerability across Dufferin children of 33.7%. Figure 7 shows that, over

time, Shelburne’s rate of vulnerability on at least one domain continuously increased, until it decreased between Cycle 5 (44.9%) and Cycle 6 (40.8%), and this decrease was found to be significant. Despite this significant change, Shelburne continued to be the Reporting Area in Dufferin with the highest percentage of children who were vulnerable. Also notably, Dufferin West continued to have a declining trend in vulnerability over time, but the change between Cycles 5 and 6 was not significant. There were additional changes in vulnerability for the other Reporting Areas in Dufferin between Cycle 5 and 6, yet none were significant.

**FIGURE 6**

**Dufferin Percentage of Children Vulnerable on at Least One Domain by Reporting Area: Cycle 6 (2023)**



**FIGURE 7**

**Dufferin Percentage of Children Vulnerable on at Least One Domain by Reporting Area Over Time**

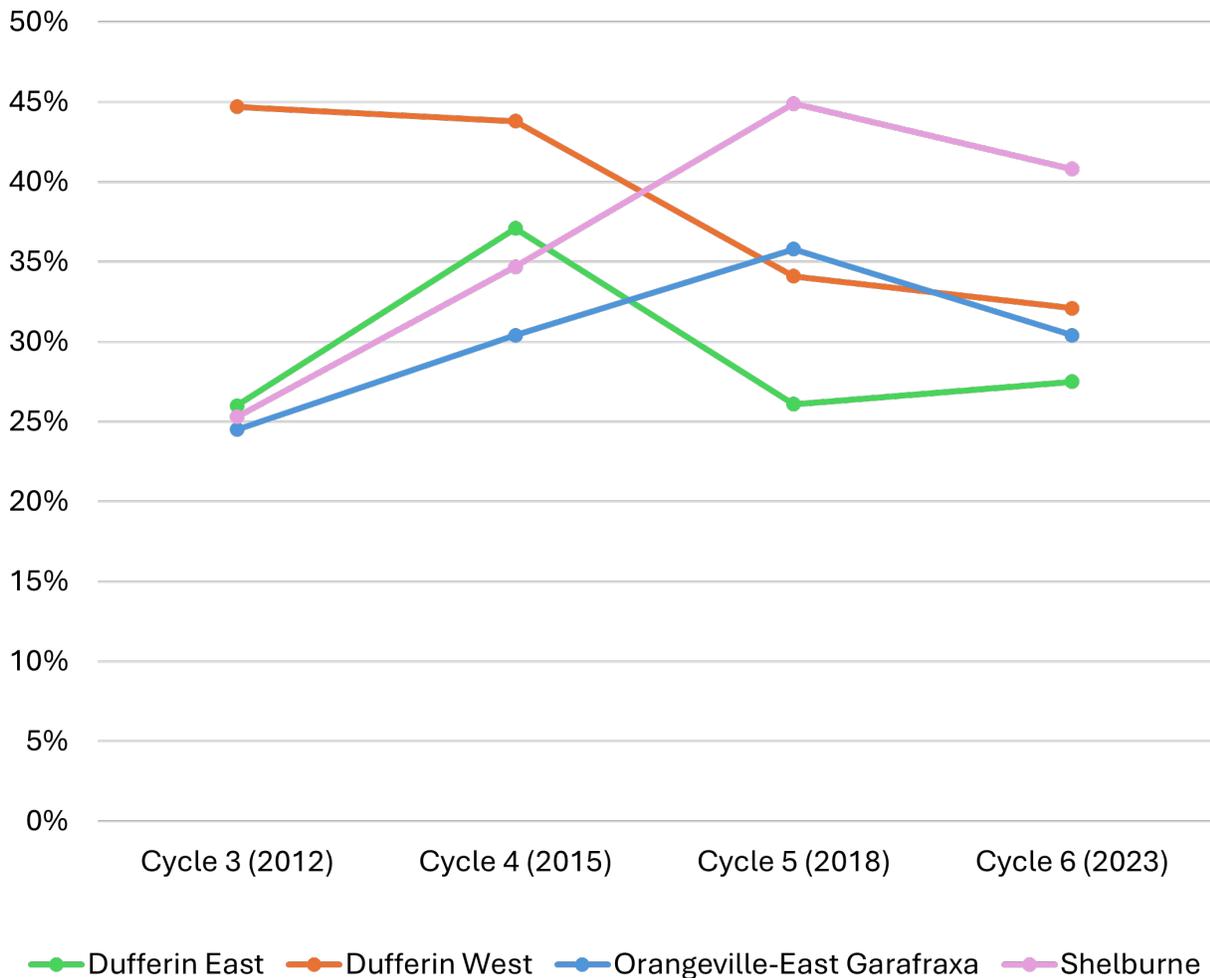
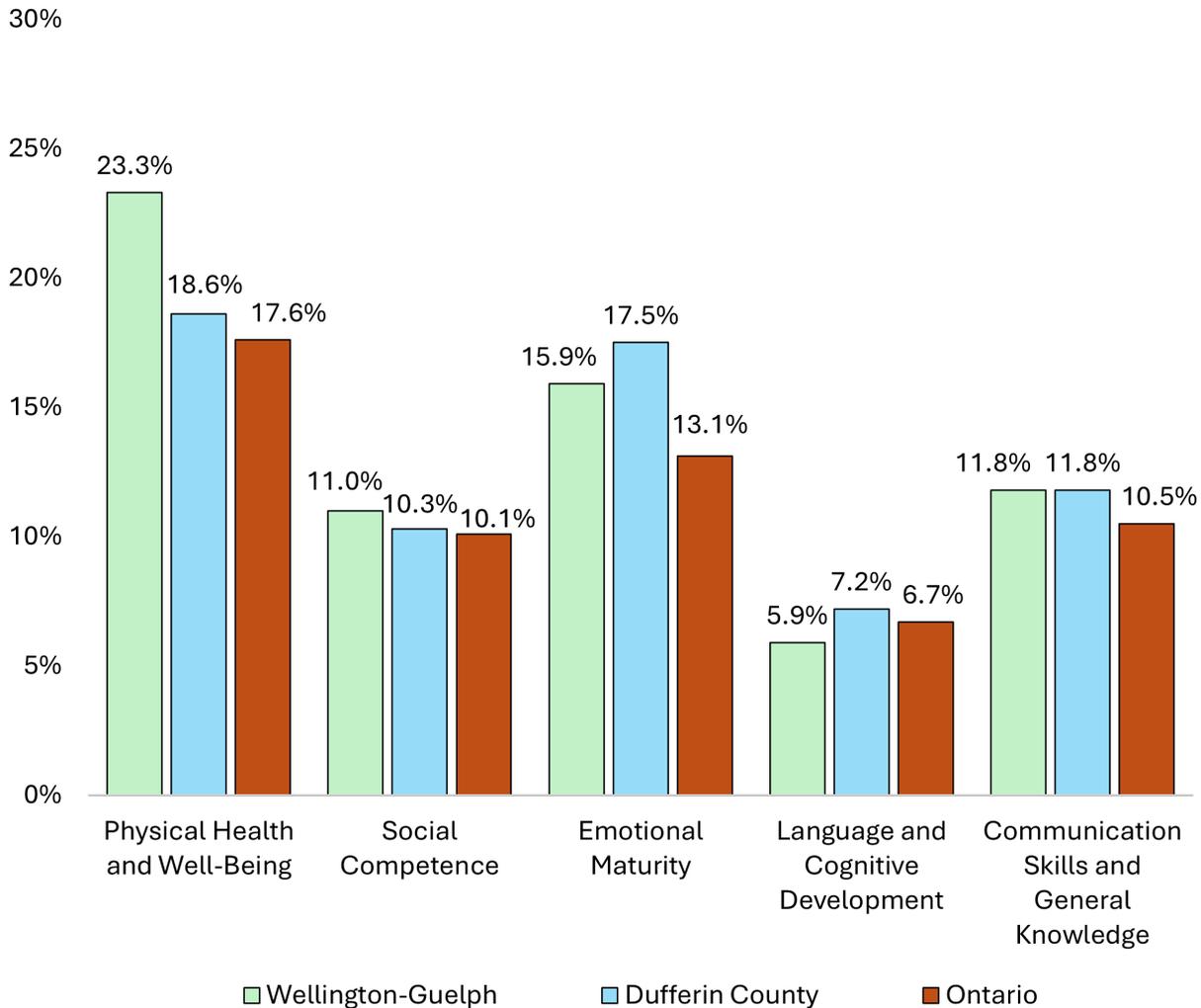


Figure 8 presents results for the percentage of children who were vulnerable by domain in both Wellington-Guelph and Dufferin County in Cycle 6, compared to Ontario. Across domains, the percentage of children vulnerable was highest on the Physical Health and Well-Being domain and was lowest on the Language and Cognitive Development domain. This result was consistent for Wellington-Guelph, Dufferin County, and Ontario. Compared to Dufferin County, Wellington-Guelph had a higher

percentage of children vulnerable on the Physical Health and Well-Being domain and the Social Competence domain but was the same as Dufferin on the Communication Skills and General Knowledge domain. Compared to Wellington-Guelph, Dufferin County had a higher percentage of children vulnerable on the Emotional Maturity domain and the Language and Cognitive Development domain. Across most of the domains, both Counties were above the vulnerability average for Ontario.

**FIGURE 8** Wellington-Guelph and Dufferin Percentage of Children Vulnerable by Domain: Cycle 6 (2023)



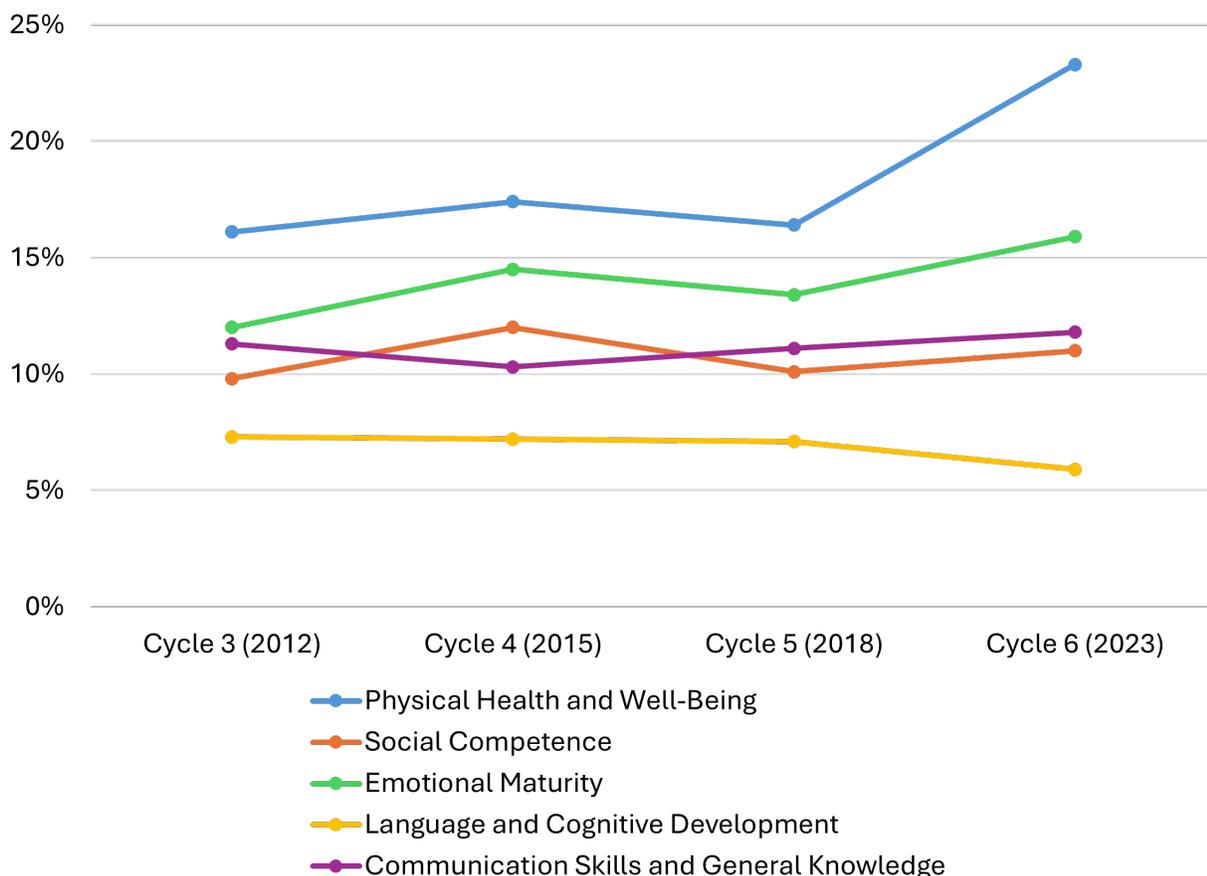
Figures 9 and 10 show results for the percentage of children vulnerable over time by domain for both Wellington and Dufferin Counties in Cycle 6. In both Counties, the percentage of children vulnerable by domain followed a similar trend over time where, typically, there was a greater percentage of children vulnerable on the Physical Health and Well-Being domain. In descending order of vulnerability, this was followed by the Emotional Maturity domain, and then the Communication Skills and General Knowledge domain and then the Communication Skills and General Knowledge domain and Social Competence domain which shared some overlap. Over time, the Language and Cognitive Development domain consistently had the lowest percentage of vulnerable children.

In Figure 9, when examining the trends in Wellington-Guelph, notably, the increase in the percentage of children vulnerable between Cycle 5 and Cycle 6 on the Physical Health and Well-Being domain and on the Emotional Maturity domain were both significant.

In Figure 10, for Dufferin County, the decrease in the percentage of children vulnerable between Cycle 5 and 6 on the Physical Health and Well-Being domain and on the Social Competence domain were both significant.

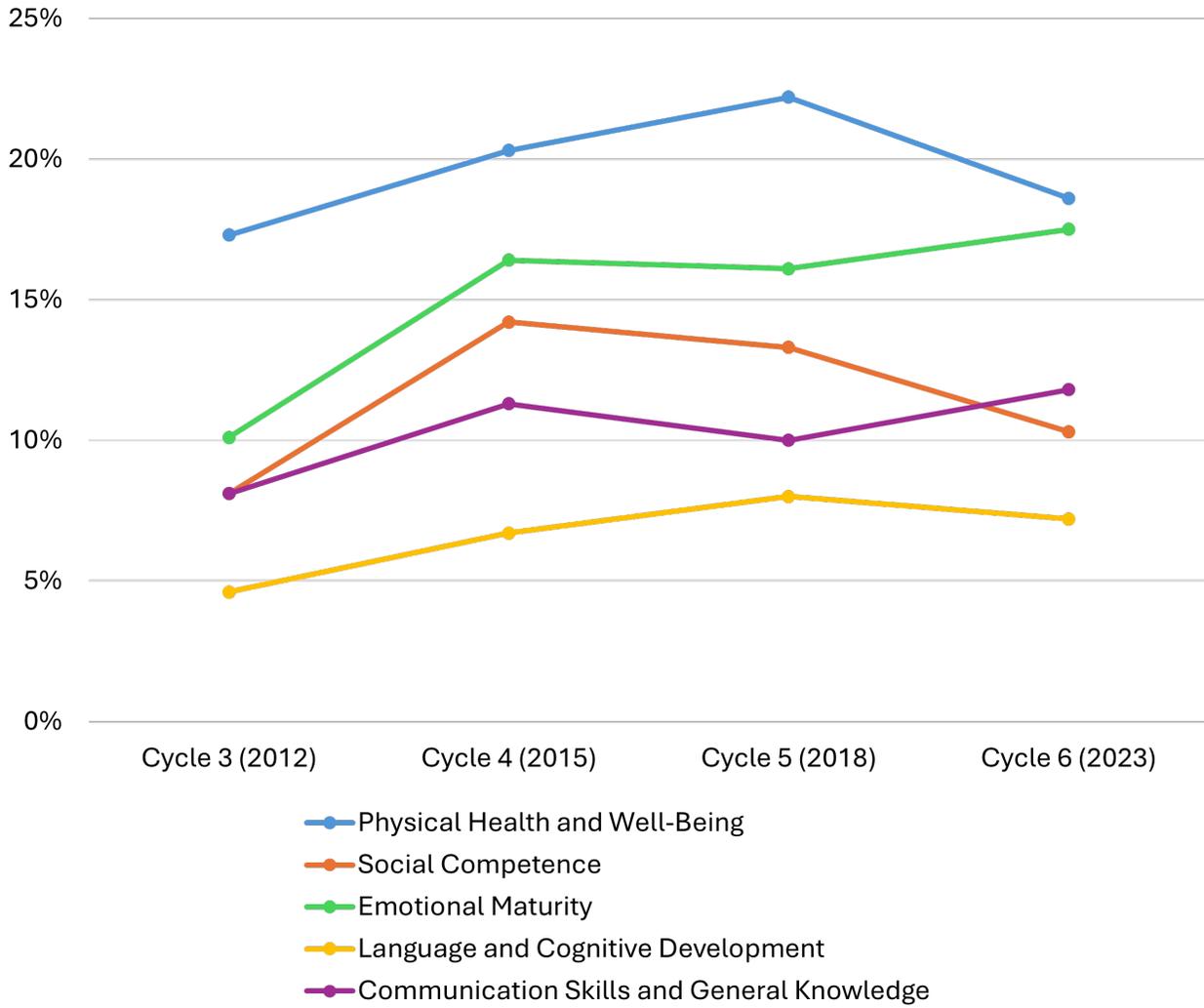
**FIGURE 9**

**Wellington-Guelph Percentage of Children Vulnerable by Domain Over Time**



**FIGURE 10**

**Dufferin Percentage of Children Vulnerable by Domain Over Time**

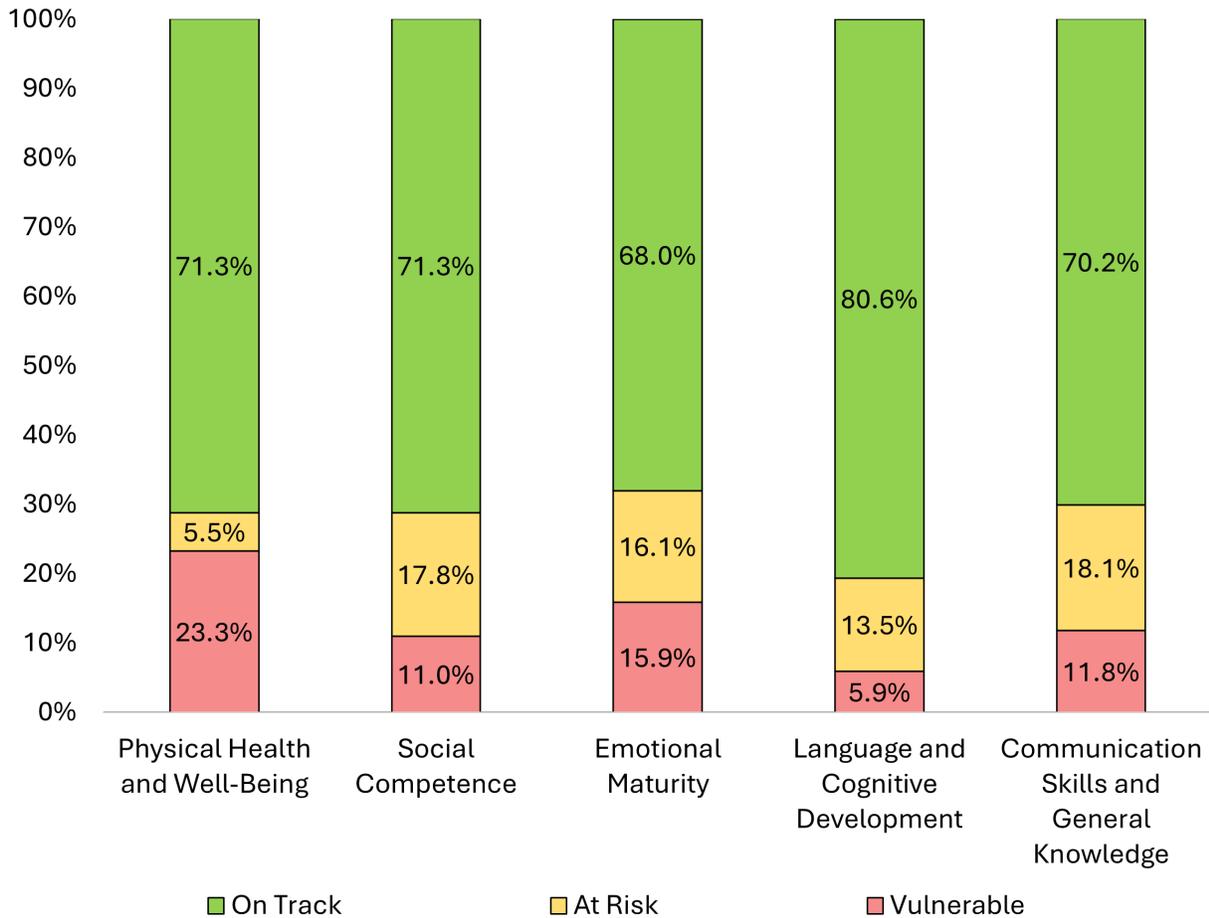


Figures 11 and 12 demonstrate how well children were meeting age-appropriate developmental expectations by domain across all domains for both Wellington-Guelph and Dufferin County. The majority of children were considered “on track”, which suggests that most children were developing well for their age in all areas of developmental health. This finding was most evident for Language and Cognitive Development in both counties.

Both Wellington and Dufferin showed the lowest percentage of children on track for Emotional Maturity. Children who were “at risk” were not vulnerable on any of the domains, but they are also not on track on all five all of them. These children may need more support, or they may catch up with their peers. Children who are vulnerable are at increased risk of difficulties and, without additional support, may continue to experience challenges.

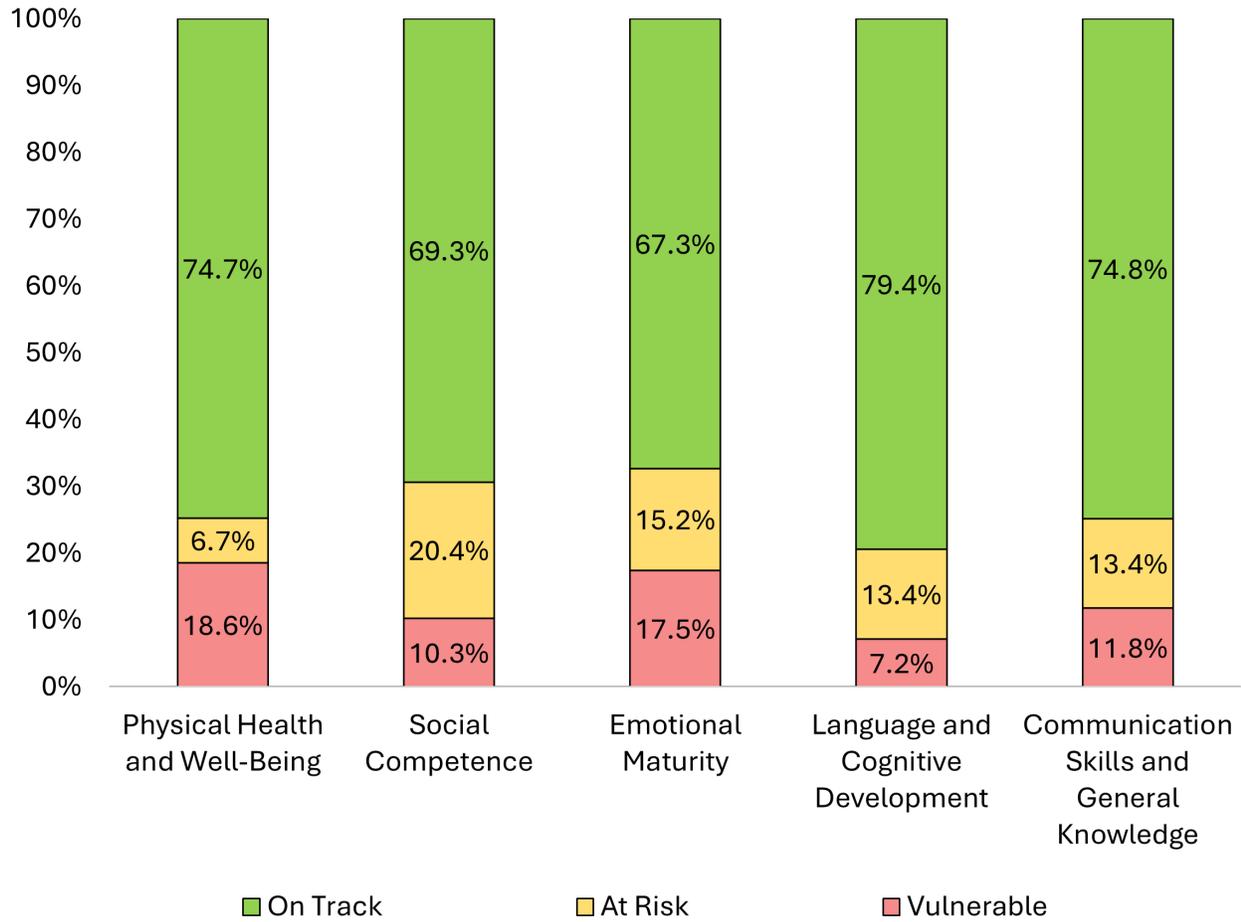
**FIGURE 11**

**Wellington-Guelph Percentage of Children Vulnerable, At Risk, and On Track by Domains: Cycle 6 (2023)**



**FIGURE 12**

**Dufferin County Percentage of Children Vulnerable, At Risk, and On Track by Domains: Cycle 6 (2023)**

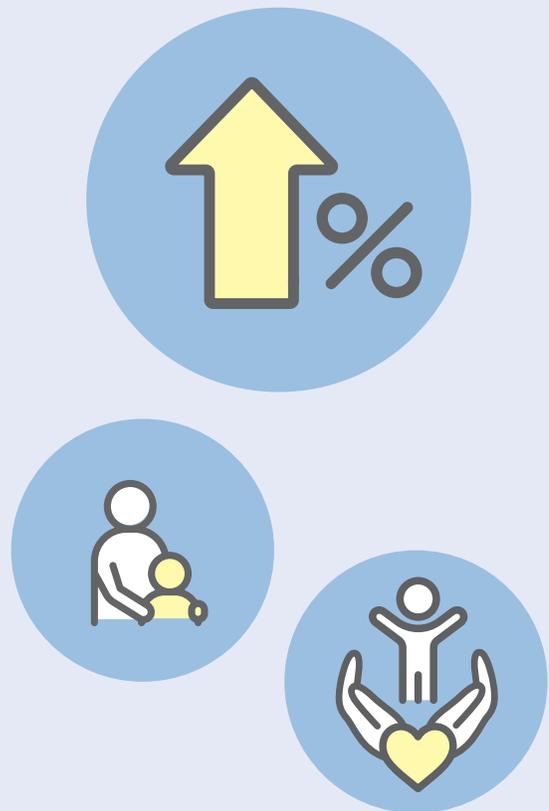


## Conclusions and Recommendations

Findings from the current cycle of the Early Development Instrument results suggest that, while the majority of children are on track, and thus developing well for their age, there are still increasingly high levels of children who are considered vulnerable. Further, across Ontario, the percentage of children who are vulnerable on at least one domain continues to increase over time.

When exploring trends in EDI results over time, we want to know if children are doing better, worse or about the same as in the past. Where a significant, or meaningful, change has been identified, it can be suggested that this finding is a real change and unlikely to be occurring due to chance. Throughout the report, some significant findings were highlighted. For example, between Cycle 5 and 6, the percentage of children vulnerable on at least one domain in Wellington-Guelph significantly increased. This data cycle was the first to be completed following the COVID-19 pandemic and thus the impact of this pandemic on the development and the well-being of young children should be considered. Differently, in Dufferin County, there was a decrease in the percentage of children vulnerable on at least one domain between Cycle 5 and Cycle 6, but this was not significant. When examining domain-specific vulnerabilities, the percentage of children vulnerable in Cycle 6 was highest on the Physical Health and Well-Being domain in both Wellington and Dufferin Counties. Yet, interestingly, the percentage of children vulnerable on this domain increased significantly in Wellington-Guelph between Cycle 5 and 6; however,

**When examining domain-specific vulnerabilities, the percentage of children vulnerable in Cycle 6 was highest on the Physical Health and Well-Being domain in both Wellington and Dufferin Counties.**



decreased significantly in Dufferin County during this time. These types of changes can be examined further to investigate possible reasons for, and impact of, these results.

The EDI data can be helpful for a variety of users. Educators, school representatives, and agencies offering early years programming can use EDI results to help identify the strengths and needs of the children within their communities, to help create programs that affect the areas identified as the greatest need. Local groups, such as Children’s Planning Tables, can use the data to better advocate for changes to policies and funding. Local and provincial government can use EDI data to plan early childhood investment, inform policy and program development decisions, or evaluate programs. Researchers can use EDI data to address important questions and create new research programs to help better understand the genetic, biological, and social determinants of children’s health, well-being and development.

When communities have access to data from the EDI, they can situate these findings

within the context of their local communities and consider community-based applications. Local data, such as Social Determinants of Health and demographic data, can be explored as a method of situating and further understanding the EDI data. Connecting local data to the EDI results is a starting point for further conversations and may better equip communities to identify areas that are in greater need, such as certain geographic areas or certain domains



of development. With available resources, community agencies and working groups can collaborate and strategize ways to build action plans and evidence-based initiatives. In both Wellington-Guelph and Dufferin, the EDI results will be shared among local planning tables and other community

groups to mobilize the findings from Cycle 6 and create meaningful improvements for children’s health and well-being. As a tool for monitoring development over time, the success of these efforts will be more evident when the Early Development Instrument completes Cycle 7, currently planned for implementation in 2026.

## Glossary of Key Terms

**Domain:** There are five domains (major areas of child development) used by the EDI and these are further divided into 16 subdomains. These are used to measure age-appropriate developmental expectations to determine how well children are doing.

**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.

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

**Ontario baseline:** The first provincial EDI collection in Ontario from 2004-2006, used as a reference for all subsequent EDI collections in Ontario. Vulnerability is based on cut-offs calculated on data from this population.

**Significant Result:** An increase or decrease in vulnerability between cycles of the EDI data is determined to be a statistically significant result if this change exceeds the required “Critical Difference” for the dataset. Critical Difference measures are determined by the Offord Centre based on research. Where a significant, or meaningful, change has been identified, this indicates that it is a real change, rather than a result of uncertainty in sampling or measurement issues.

**Reporting Area:** In this report, each county is broken down geographically into municipalities (or “Reporting Areas”) for the purpose of reporting grouped EDI results based on where the children live.

**Special Needs:** Children identified as needing special assistance in the classroom due to a diagnosis of chronic medical, physical, or mental disabling conditions (EDI results for these children are not included in this report).

**Vulnerability Scores:** The label given to a particular range of scores within the overall distribution. The vulnerability scores are categorized as follows:

**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 (from the Ontario baseline) of the distribution. This captures children who are struggling, even those whose struggles may not be apparent. It is important to remember that a higher percentage of children vulnerable indicates that more children are struggling.

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