



School Readiness in Hawai'i

President's Message

Kodomo no tame ni—for the sake of the children. Many of Hawai'i's early immigrants endured great hardship to ensure a promising future for their children. Their dreams were realized when their children became educated and contributed to building a more egalitarian and vibrant Hawai'i. We believe there is no better investment than our children, which is why *Early Childhood Development* has been selected as one of Aloha United Way's four focus areas. (The others are *Financial Stability and Independence, Crime and Drug Use, and Homelessness*.) We have collaborated with the University of Hawai'i Center on the Family to bring to the public's attention a key early childhood issue—school readiness. How children perform in school is determined to a large degree by their experiences prior to school. By understanding why this is so, we can create the conditions that lead to successful outcomes for Hawai'i's young children.



Susan Au Doyle, President
Aloha United Way

Overview

For many people, the term *school readiness* implies a set of pre-academic skills that children should have by the time they enter kindergarten. For example, does the child know his or her letters, shapes, and colors? Can he or she wait in line and pay attention in a group setting? This narrow view implies that school readiness resides solely within the child. In fact, school readiness is the result of a complex process that involves many partners. The key players in this process are the child, the family, the early education and care system, and the community.

The state legislature has adopted the following definition of school readiness: *“Young children are ready to have successful learning experiences in school when there is a positive interaction among the child’s developmental characteristics, school practices, and family and community support”* (Act 13, Session Laws of Hawai'i 2002). The Keiki First initiative is working to turn this vision into reality by proposing a comprehensive system of early childhood learning.

In this report, we look at the different facets of school readiness and recommend actions that promote children's healthy development and school success. Our focus is on children from birth through age five. We hope the report will inform discussions and decisions that improve the environments in which Hawai'i's young children live and learn.

Figure 1
The Components of School Readiness



The Child

WHAT IS A SCHOOL-READY CHILD?

The term *school-ready child* is somewhat of a misnomer, as it implies that some children are ready to learn while others are not. In fact, all children are ready to learn and have been learning since the moment of birth. A *school-ready child* is simply a child who shows a healthy trajectory in terms of his or her:

- physical health and motor development,
- social and emotional development,
- language and cognitive development, and
- interest in learning and mastering new skills.

Are any of these four areas of development more important than the others? Some researchers would say yes, socio-emotional development is paramount. This is because children's emotional well-being and social competence—the basic trust in significant others and confidence to explore the world—serve as the platform for acquiring cognitive skills. However, experts also agree that all facets of development—physical, socio-emotional, cognitive, motivational—are highly integrated and cannot be isolated from each other. To promote children's later success in the classroom, we must ensure that they receive nurturing parenting and caretaking, especially in the very early period of life. We must also ensure that children's daily experiences support their holistic development.

WHICH CHILDREN ARE MOST AT RISK?

A strong body of evidence documents a higher rate of school problems among certain groups of children. Vulnerable children include those who are homeless, live in poverty, experience physical and/or emotional abuse, or are exposed to parental substance abuse or family violence. Other risk factors include being born to a teen mother or having parents with less than a high-school education. Children are particularly at risk if they are exposed to more than one of these negative life experiences.

Violent, chaotic, or unpredictable environments often cause high levels of physiological stress, which disrupts the healthy growth of the brain cells and neural circuits that process basic information. Such disruptions in the basic architecture of the brain and nervous system hinder children's learning, including the higher-level learning that occurs in school. In addition to these physiological vulnerabilities, many at-risk children have limited exposure to the kinds of enriching, stimulating experiences that support the development of intellectual and social skills.

Most children are resilient and can tolerate time-limited stress—a natural disaster, the death of a loved one, a frightening episode—if they have supportive relationships that can help them cope and adapt. However, when there is no protective adult support and/or frequent and prolonged stress occurs, children's healthy development suffers.



All children are ready to learn and have been learning since the moment of birth.



Approximately 18% of infants were born to women who did not receive early prenatal care.

Table 1
Vulnerabilities among Hawai'i's Young Children

During the Prenatal Period
<ul style="list-style-type: none">• 9% of new mothers in Hawai'i reported smoking during the last 3 months of pregnancy¹• 6% reported drinking alcohol during the last 3 months of pregnancy¹• 3% reported using drugs during pregnancy¹
From Birth to Age 2
<ul style="list-style-type: none">• 12% of births were preterm (less than 37 weeks gestation)²• Approximately 18% of infants were born to women who did not receive early prenatal care³• 16% of children have not been fully immunized by age 3⁴
From Birth to Age 5
<ul style="list-style-type: none">• About 1 of every 120 children has been confirmed to be abused or neglected⁵• 11% of children live in poverty²• 7% of children have no parent in the work force²• 15% of sheltered homeless individuals and 13% of individuals receiving homeless outreach services are 5 years old or younger⁶

The Family

WHAT IS A SCHOOL-READY FAMILY?

A *school-ready family* is one in which parents and family members:

- provide a physically and emotionally safe environment;
- establish consistent, loving relationships that their child can depend on;
- meet their child's basic needs for shelter, nutrition, and physical health;
- provide positive guidance to help their child learn desired behaviors and values;
- provide opportunities for play and exploration that support their child's curiosity and natural interest in learning;
- encourage an age-appropriate level of independence and responsibility;
- talk with their child using rich and interesting language; and
- fulfill their role as their child's first and most important teacher by providing opportunities for learning in the context of everyday activities.

WHY ARE FAMILIES IMPORTANT?

The family is the single most important and lasting influence on children's development. In addition to meeting their basic needs, families provide the nurturing and stimulating environment upon which children's healthy development and academic success are built. The emotional bonds between infants and their parents and primary caretakers allow children to develop trust in others, manage stress, and explore the physical world with confidence. When adults are sensitive and responsive to children's needs and signals, children develop the strong emotional foundation that allows them to flourish in other developmental areas. Through daily conversations, routines, play, and interactions, family members help children explore and understand the physical and social world around them. They also

teach acceptable behaviors and impart their culture and customs. Their values, decisions, and actions shape how children perform in school, how they get along with peers, and what kind of partners, parents, and citizens they become as adults.

When educators recognize the important role that families play in children's lives and engage them in supporting their children's education, children are more likely to be successful learners. However, families are diverse, face many competing demands, and differ in how they interact with schools. Strong home-school partnerships occur when educators acknowledge family diversity, establish respectful communication, and encourage families to support their children's learning through actions that are seen as feasible and consistent with the family's value system.

Early Education and Care Settings

WHAT ARE THE CARE AND EDUCATION SETTINGS FOR YOUNG CHILDREN?

There are five major settings in which young children spend their time:

- *Parent Care*—care provided at home by mothers and/or fathers.
- *Family-Child Interaction Learning Programs*—play and learn groups, where parents and children spend a few hours per week with other children and families.
- *Family, Friend and Neighbor Care*—care provided by grandparents, other relatives, family friends, or neighbors.
- *Licensed Family Child Care Homes*—care provided for a small group of children in the provider's home.
- *Licensed Child Care Center or Preschool*—care provided in a larger group setting, often with an educational focus.

Many families rely on multiple sources of child care to meet their needs. In Hawai'i, infants and toddlers are much more likely to be in two types of settings: parent care and family, friend and neighbor care. This is due both to the scarcity of infant-toddler centers and to parents' beliefs that very young children are best served in a home-like environment. Older children are more likely to be placed in family child care homes or child care centers. In 2007, Hawai'i Department of Education (DOE) kindergarten teachers estimated that 60% of their students had preschool experience.

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WHY IS QUALITY IMPORTANT?

Quality is crucial because high quality settings promote better outcomes for children. Children can flourish in a variety of settings, as long as these settings provide a nurturing, safe, and stimulating environment. Regardless of the setting, the quality of the care provided by the adults around them has a profound influence on children's well-being and overall development. Although parents have the greatest influence, the role of other caretakers is also important.

WHAT DOES QUALITY ENCOMPASS IN FORMAL CHILD CARE SETTINGS?

Quality in formal child care settings (e.g., family child care homes, child care centers, preschools) is defined along two dimensions—*structure* and *process*. *Structural quality* includes those features that are covered by licensing regulations, such as teacher educational credentials, adult-child ratios, and group size. *Process quality* refers to the relationships and interactions that directly influence children's development. These include the: strength of provider-child emotional bonds; frequency of adult-child conversations; provision of appropriate learning experiences; and provider's skill in fostering peer interaction, play, and conceptual development.

Both aspects of quality contribute to children's outcomes. Evidence shows that *high quality* environments are associated with better language and pre-academic skills, imaginative play, peer relationships, and prosocial behaviors.

The research findings are quite clear that children benefit from both low teacher-student ratios and smaller overall group sizes. Infants and toddlers are particularly sensitive to these aspects of structural quality. It is also clear that children benefit from a strong curriculum and sensitive, responsive, adult-child interactions. In early childhood, an effective curriculum balances intentional teaching with free exploration,

addresses all aspects of children's development, and provides experiences that are tailored to each child's individual needs. Optimal interactions include rich conversations, positive behavioral guidance, and warm teacher-child and peer relationships. The right mix of challenging expectations and adequate support is also important.

WHY ARE HIGH QUALITY EARLY EDUCATORS NECESSARY?

Better-qualified teachers and care providers are more knowledgeable about child development and effective instruction. As a result they tend to provide a better overall environment which enhances children's outcomes.

In general, quality is related to teachers' and care providers' credentials in early childhood education. The best environments tend to be provided by personnel with a bachelor's degree in early childhood education or child development, followed by those with an associate's degree in early childhood or a Child Development Associate certificate. Teachers and care providers who have no postsecondary education tend to have the lowest quality environments. This does not mean that staff without a bachelor's degree cannot provide excellent care. Alternative forms of professional development such as mentoring, ongoing in-service workshops, and involvement in professional organizations can compensate for lower levels of formal education. Recent studies suggest that on-site coaching is the most effective way to improve quality among teachers and care providers at all educational levels.

Work conditions, such as pay, benefits, and support for professional development are also crucial. Due to poor working conditions, there is a shortage of qualified early childhood educators. Recruitment into the field is difficult, and staff turnover is nationally estimated to range from 25% to 40% annually.

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CAN EARLY CHILDHOOD EDUCATION REDUCE SOCIAL DISPARITIES?

In the United States, low-income children (who are disproportionately from ethnic minority backgrounds) tend to start school at an academic disadvantage. Despite the good intentions of public education, schooling does not erase the achievement gap; in many cases, the gap widens with age. Very high quality, intensive early childhood education can reduce this gap and lead to long-term social mobility.

Model programs have provided exceptional resources, including: multiple years of full-time, excellent quality infant-toddler care and preschool; ongoing support for parents; and extra tutoring in the elementary school years. Participating children showed higher test scores, improved rates of grade promotion, and lower rates of special education placement in elementary and middle school. They were less likely to drop out of high school, become teenaged parents, or engage in adolescent criminal behavior. As adults, participants were more likely to attend college and had higher paying jobs.

Unfortunately, those children most in need of excellent early childhood settings are the least likely to experience them; classroom quality tends to be inversely related to the percentage of enrolled children who live in poverty. Furthermore, low-income children are likely to be served in lower quality K–12 environments that perpetuate achievement disparities.

DO CHILDREN RECEIVE QUALITY CARE?

National studies of child care and preschool programs indicate that many children in the United States are in settings of less than optimal quality. Most classrooms provide an adequate

Table 2
Yearly Wages in Hawai‘i—A Comparison of Early Childhood Educators with Other Selected Occupations⁷

Occupation	Wages
Family and General Practitioners	\$154,130
Chief Executives	\$134,040
Lawyers	\$94,340
Education Administrators, Elementary and Secondary School	\$75,290
Registered Nurses	\$68,680
Civil Engineers	\$68,210
Dental Hygienists	\$60,150
Librarians	\$50,410
Accountants and Auditors	\$50,230
Agricultural Inspectors	\$48,420
Food Service Managers	\$47,870
Massage Therapists	\$47,770
Child, Family, and School Social Workers	\$45,600
Postal Service Mail Carriers	\$44,360
Elementary School Teachers, except Special Education	\$43,260
Construction Laborers	\$42,280
Education Administrators, Preschool and Child Care Center/Program	\$40,080
Secretaries, except Legal, Medical, and Executive	\$32,200
Bus Drivers, School	\$29,010
Telemarketers	\$28,550
Preschool Teachers, except Special Education*	\$26,300
Maids and Housekeeping Cleaners	\$26,030
Security Guards	\$24,180
Waiters and Waitresses	\$23,310
Retail Salespersons	\$22,660
Service Station Attendants	\$20,710
Child Care Workers**	\$17,200

* *Preschool Teachers, Except Special Education*: “Instruct children (normally up to 5 years of age) in activities designed to promote social, physical, and intellectual growth needed for primary school in preschool, day care center, or other child development facility. May be required to hold State certification.”

** *Child Care Workers*: “Attend to children at schools, businesses, private households, and child care institutions. Perform a variety of tasks, such as dressing, feeding, bathing, and overseeing play.”

Of the 565 occupations listed for Hawai‘i in 2006, 83% paid higher wages than those earned by a preschool teacher. Child care workers earned less than almost all occupations. Even though they are directly responsible for our children’s well-being, early childhood educators were paid at a level similar to or lower than most service workers.



One indicator of quality is attainment of voluntary accreditation standards.

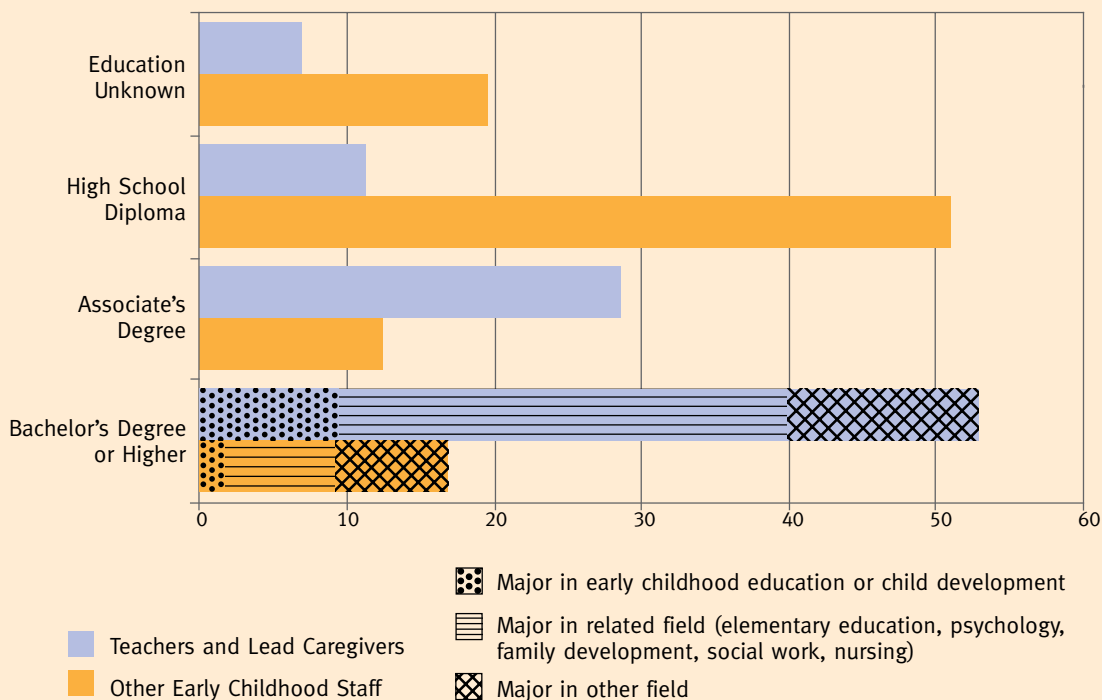
level of safety and social support, but are not of sufficient quality to significantly enhance children’s development.

There is little systematic information available about the quality of early childhood settings in Hawai‘i. One indicator of quality is attainment of voluntary accreditation standards. As of November 2007:

- 22% of licensed child care centers in Hawai‘i were accredited by the National Association for the Education of Young Children (NAEYC) or the National Early Childhood Program Accreditation (NECPA).
- 20% of licensed centers were seeking NAEYC or NECPA accreditation.
- 11% of centers are in the process of aligning their programs with the Hawai‘i Preschool Content Standards, making them eligible (along with accredited centers) to receive quality incentive payments from the Hawai‘i Department of Human Services.

A second indicator of quality is the educational credentials of teachers. In Hawai‘i, the majority of teachers and lead caregivers in center-based settings have a bachelor’s degree, but not necessarily in early childhood education. Many assistant teachers and aides have only a high school diploma (see Figure 2).

Figure 2
Educational Credentials of Early Childhood Educators in Hawai‘i⁸



Note:

- Teachers and lead caregivers are in charge of one or more classrooms.
- Other early childhood staff includes assistant teachers, caregivers, aides, substitutes, and other employees.
- These data include licensed infant-toddler centers, child care centers and preschools. Family child care homes are not included.

The Community

WHAT IS A SCHOOL-READY COMMUNITY?

A society's future prosperity, economic productivity, and responsible citizenry are greatly dependent on the well-being and intellectual capital of its children. To ensure its future, a community must invest in the healthy development of children and their families, particularly those who are most vulnerable. This includes:

- a living wage, affordable health care and housing, safe neighborhoods, and recreational/cultural opportunities for all families;
- secondary and post-secondary education and workforce development systems that provide all adults with the skills needed for stable employment;
- an informal social support network of relatives, neighbors, and friends;
- universal access to services that detect threats (e.g., developmental screenings that can prevent lifelong problems in learning and behavior);
- targeted, intensive services for high-risk children and their families;
- access to high quality early childhood education and care for families who seek such services; and
- a child-ready K–12 school system.

WHAT IS A CHILD-READY K–12 SCHOOL SYSTEM?

Child-ready schools:

- help children and families make a smooth transition into kindergarten,
- provide well-trained teachers and an effective curriculum,
- understand and work with each child's unique strengths and needs and are flexible enough to accommodate children's varying rates of progress,
- hold high standards and work to reduce social disparities in academic achievement, and
- welcome families and successfully promote parent involvement.

ARE HAWAII'S SCHOOLS CHILD-READY?

In the fall of 2007, 20% of DOE kindergarten teachers had an early childhood endorsement on their teaching license; this indicates they had taken extra college courses specific to early childhood education. Principals reported that 62% of kindergarten classrooms met DOE benchmarks for appropriate instructional practices. Principals gave their schools lower marks for promoting parent involvement, providing effective transition programs, communicating with families, and continuously monitoring and improving their approach to early childhood education.

A society's future prosperity, economic productivity, and responsible citizenry are greatly dependent on the well-being and intellectual capital of its children.





Recommendations

Ensuring the optimal development and school success of Hawai‘i’s children requires that everyone—parents, neighbors, educators, advocates, policy makers, and community leaders—work together to see that children get the support they need from their families, early education settings, and communities. Taking collective action on the following recommendations will help our children thrive and achieve.

Implement policies that allow all families to meet their basic needs.

The most common challenge to child well-being and school readiness is family economic vulnerability.

- Increase the availability of affordable housing for Hawai‘i’s people, particularly families with young children.
- Expand financial supports such as work-based income supplements and tax credits that can help move families out of poverty and into economic self-sufficiency.
- Provide financial literacy education (and if needed, financial counseling) to young and low-income families.

Target support to the most vulnerable children and families.

Vulnerable children and families benefit most from early detection and intensive supports that are tailored to their particular challenges. Although effective prevention and intervention programs are not inexpensive, improved long-term outcomes more than compensate for the short-term costs.

- Provide public education and

aggressive screening to identify all at-risk children and families and recruit them into services.

- Provide prevention services for high-risk groups (e.g., teen pregnancy prevention programs; parenting classes for young, first-time parents and their babies).
- Provide specialized interventions to children and families experiencing homelessness, family violence and/or substance abuse, maternal post-partum depression, disability, or other special circumstances.

Provide high quality early experiences to children in all settings.

Children deserve quality care and families deserve choice. Wherever children spend their time—with family members, in play groups, in small-group or larger-group out-of-home care—they need a safe, emotionally healthy, and cognitively enriching environment.

- Offer culturally sensitive opportunities for family members to share and learn parenting skills in a range of formats (e.g., print and media materials, referral networks, informal neighborhood play groups, family-child interaction learning programs, home visits).
- Ensure that out-of-home care and early education settings are available and affordable to all families who need or choose to use them.
- Provide educational outreach and support to all family, friend, and neighbor child care providers to ensure the quality of informal child care.

Ensuring the optimal development of Hawai‘i’s children requires that everyone work together to see that children get the support they need.

- When funds or resources are limited, prioritize allocation by first providing excellent quality programs to those at risk; broaden enrollment to include other children as resources become available.
- Implement policies that improve and assure quality in all licensed child care settings (e.g., develop licensing regulations that go beyond health and safety issues to also address process quality, curriculum, parent involvement, and child outcomes).
- Implement policies that strengthen the quality of the early childhood workforce (e.g., assist staff in attaining higher education in early childhood and provide professional development that increases educators' knowledge of child development and effective pedagogy). Professional development strategies should include hands-on practice of new skills, on-site mentoring, and ongoing self-assessment.
- Recruit and maintain a qualified workforce by offering salary and benefits commensurate with the education and skills required of early childhood professionals.

Conduct reviews to ensure quality in early childhood programs

Programs benefit from continuous evaluation and quality improvement.

- Establish quality standards for programs in all early childhood settings.
- Design assessments that include quality reviews of program services and child outcomes. Assessments must be feasible and not place an undue burden on programs.
- Provide technical assistance to help programs meet quality standards.
- Share information about standards and program quality with consumers.



*Taking collective
action will help our
children thrive
and achieve.*

End Notes

1. Hawai'i Department of Health. (2007). *Hawai'i PRAMS data, 2006* [Special tabulation].
2. Annie E. Casey Foundation. (n.d.). *Kids Count state-level data online*, preterm births (2004); children under age 6 in poverty (2006); children under age 6 with no parent in the labor force (2006). Retrieved November 22, 2007, from http://www.kidscount.org/sld/profile_results.jsp?r=13&d=1&c=a&p=5&x=145&y=12
3. Hawai'i Department of Health. (2007). *Vital statistics report 2005*, table 18. Retrieved November 22, 2007, from http://www.hawaii.gov/health/statistics/vital-statistics/vr_05/birth.pdf
4. Centers for Disease Control. (2007). *Estimated vaccination coverage with individual vaccines and selected vaccination series among children 19-35 months of age by state and local area, US, National Immunization Survey, Q1/2006-Q4/2006*, Hawaii, 4:3:1 series. Retrieved November 22, 2007, from http://www.cdc.gov/vaccines/stats-surv/nis/tables/06/tab03_antigen_state.xls
5. Population rate calculated by the authors. Numerator: Hawai'i Department of Health. (2006). *A statistical report on child abuse and neglect in Hawaii, 2006*, p.13—confirmed, unduplicated count of children, from birth to age 5. Retrieved December 6, 2007, from http://www.hawaii.gov/dhs/protection/social_services/child_welfare/ChildAbuse/2006%20CAN%20report.pdf. Denominator: U.S. Census Bureau, Population Division. (2007). *State single year of age and sex population estimates: April 1, 2000 to July 1, 2006—resident*, Hawaii 2006. Retrieved January 2, 2008 from http://www.census.gov/popest/states/asrh/files/SC_EST2006_AGESEX_RES.csv
6. Ripke, M., Crespo, N., Kim, J., Yuen, S., & Yuan, S. (2007). *Homeless service utilization report: Hawai'i 2007*. Honolulu: University of Hawai'i, Center on the Family. Retrieved November 22, 2007, from <http://uhfamily.hawaii.edu/publications/brochures/HomelessServiceUtilization2007.pdf>
7. U.S. Department of Labor, Bureau of Labor Statistics. (n.d.). *May 2006 state occupational employment and wage estimates: State cross-industry estimates*. Retrieved September, 27, 2007, from http://www.bls.gov/oes/oes_dl.htm
8. Hawai'i Careers With Young Children Registry (2007). Education by position title 2007 [Special tabulation].

A complete bibliography of reference materials used in writing this report is available upon request.

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