The RELATIONSHIP between

Social-Emotional Health, Well-Being, and Learning to Read



Learning to read sets children up for a lifetime of opportunity



Unfortunately, by the 4th grade, 66% of children in the U.S. are unable to read proficiently¹



A child's path to success both in life and with reading can be filled with barriers; our job is to find ways to offer necessary supports



There are a variety of supports that correlate with reading proficiency and that can mediate barriers to success; when these are in place, children thrive both in learning to read and leading productive lives

BIOLOGICAL FACTORS



Barrier

Learning to read can be difficult when the response of a child's brain to sound is compromised (e.g., children who are deaf, hard of hearing, have an auditory processing disorder, or experience recurrent ear infections)

Support

Learning to read is much easier when children have the ability to process the sounds in noise, particularly consonants and vowels

2-7% of children have an auditory processing

disorder²

under the age of 18 are affected to some degree by hearing loss ³

2 in 100 children

HOME AND SOCIETAL FACTORS



Barrier

Learning to read is hampered when the environment is limited in terms of oral language models, exposure to print, and read alouds Support

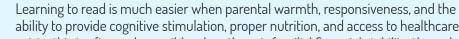
Learning to read is supported when exposure, practice, and feedback related to oral and written language skills are routinely provided

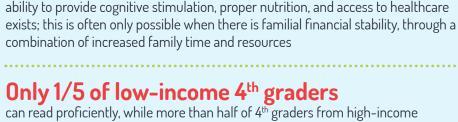
By adolescence, there is an The amount of adult verbal input predicts the rate of vocabulary 85% achievement gap growth in young children 5 between children from families that have the lowest

levels of education vs. the highest levels of education ⁴

Support

Barrier Learning to read and academic success, along with mental health, general health, and nutrition, are negatively impacted by poverty





families are proficient ⁶

The effects of poverty impact school readiness far more than other confounding and contributing factors such as family structure, race/ethnicity, mother's age at

child's birth, and immigrant status ⁷ **Barrier**



Learning to read is harder for children experiencing chronic stress, trauma, and

who lack instruction or models of impulse control Support

Learning to read is more successful when instruction and support for learning self-regulations skills is provided across home, school, and community contexts;



of children age 16 or younger experience behavior challenges, have experienced a traumatic be diagnosed with a behavior-related disorder, event at some point in their lives 9 or be held back at least one grade when they

experience two or more traumatic events 10

SCHOOL AND POLITICAL FACTORS



don't provide adequate learning opportunities for English language learners Support

Barrier

Learning to read is reinforced by early care and educational opportunities that provide a strong basis in a first language as well as support for

Learning to read is tough when early care and educational opportunities

learning English

4.4 million U.S. public school students are English language learners¹¹

Learning to read is a challenge when educational priorities include an emphasis on testing, test scores, and setting arbitrary benchmarks of child



success and progress Support Learning to read is more successful when educational priorities

Barrier

care and education

include fostering strong adult-child relationships as a component of early

of school districts reduced time in

Children need literacy and at least one subject in order to language opportunities across expand the time allotted for the subjects and settings in order to tested subjects of reading and math 12 be literate by 4th grade



Learning to read is more effective when authentic learning opportunities related to all areas of development and learning during play and every day

Barrier

Support

high-quality preschool

vocabulary instruction is lacking

routines and events are provided ...children who participate in Teachers can effectively implement

Learning to read is compromised when the start of formal reading instruction is designed to "speed up" learning of isolated literacy skills

programs have better health, when they do, children across age groups, geographic location, and background net social-emotional, and cognitive outcomes than those an average 11 % gain who do not participate" 13 in academic performance, including literacy¹⁴

Learning to read is challenging when the quality and quantity of explicit

social-emotional learning programs;



Barrier

Support

routine Vocabulary is one of the strongest predictors

of early literacy and mathematics skills 15

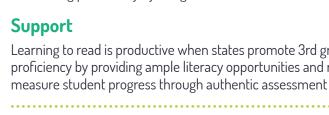
Vocabulary rich instruction in preschool predicts children's

Learning to read is simplified when early care providers and educators deliver meaningful and explicit vocabulary instruction across the daily



reading comprehension and word knowledge in 4th grade 16 "As many as 1 million state-licensed and nationally credentialed early childhood educators are at-risk for functional illiteracy; their reading and writing skills are

Learning to read is impeded by state policies that retain children who are not reading proficiently by 3rd grade, often defined as a score on a test



Learning to read is productive when states promote 3rd grade reading proficiency by providing ample literacy opportunities and resources and

by 20-50%...and nationally, retention costs taxpayers over \$18 billion each year ¹⁸

18) Xia & Glennie, 2005

Grade retention has been shown

to increase the risk of dropping out

or face retention 19 6) Annie E. Casey Foundation, 2014 8) Bettencourt, Gross, & Ho, 2016, p. 2 9) The National Child Traumatic Stress Network [NCTSN], 2014 10) Bettencourt, Gross, & Ho, 2016 14) Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011

19) Pew Charitable Trusts, 2013

More than 15 states and

the District of Columbia

require 3rd grade students to pass

state-specific reading benchmarks

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5) Brown & Pretti-Frontczak, 2016

17) Strauss, 2015, February, para. 3

1) Annie E. Casey Foundation, 2014 ¹ 2) C.S. Mott Children's Hospital ² 3) Bamiou, Musiek, & Luxon, 2001

16) Christakis, 2016, January/February

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11) U.S. Department of Education, 2015a 12) Spann, 2015, p.3 13) U.S. Department of Education, pp. 1-2, 2015b

4) Bradbury, Corak, Waldfogel,& Washbrook, 2011

7) Isaacs, 2012

15) Brown, 2015

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