2025/26 ANNUAL REPORT

Nova Scotia Early Childhood Development Intervention Services

NSECDIS

Table of Contents

Message from Board Chair & Executive Director 3

Program Overview 5

Our Beliefs and Vision

Our Services and Programs 7

Outcomes 9

Intervention Services 10

Who are we Serving 10

Reaching Children Early 20

Transitions 22

Baby Steps 24

Our partnerships 29

NSECDIS Family Satisfaction 30

Service Delivery Outcomes 33

Positive Solutions for Families 45

Pyramid Model 47

Pyramid Model Implementation Locations..... 48

Program Coaching in Action 49

Educator Demographics 55

Educator Coaching in Action 56

Measuring our Progress 69

Our NSECDIS Team 78

Training 80

Our Board of Directors 81

Financial Report 82

Funder and Donors 83

Land and Population Acknowledgements 84

References 85

Message from our Board Chair and Executive Director

During this past 2025-26 fiscal year, we reached our 10th year as a provincial organization! This is quite a milestone, that we should take a moment to acknowledge and celebrate. It is hard to believe it was just over 10 years ago on October 1, 2015, that we merged the 17 early intervention programs across the province to form NSECDIS. So much has happened since that time, as we have worked diligently to be responsive to our Nova Scotia communities and to create the systems and supports needed to strengthen the quality of our services. We have also significantly increased our reach to children and families within the province. Since 2015, we have watched our caseload grow from 1076 children to the 3891 children served this past fiscal year, almost tripling our caseload with an 262% increase in the children and families we are reaching through our services!

Our program has continued to evolve and transform over the years with the addition of the Pyramid Model program in 2021 which enhanced our supports and services to early learning and child care programs, helping to build foundations in social emotional learning and inclusive practices that benefit all children. We also expanded our services to reach children sooner with the addition of the Baby Steps program in 2022. Through collaborative and integrated partnerships with local hospitals, the Baby Steps program aims to provide a strengthened coordinated pathway of wrap around care for families of high-risk infants and bridges the transition from hospital to home in the community. This year in 2026, we expanded our service options once again with the piloting of the STEP Forward: School Transition and Early Preparation program. This program is designed to support families entering services just prior to their child's transition to school and supports families through parent education sessions and virtual support.

NSECDIS has become very adept at navigating change as we continue to be nimble and responsive to the changing needs of our communities. We have increased our programming for families with more playgroup and family event options offered throughout the year. Over the past year, the Pyramid Model program focus has also shifted towards the strengthening of program capacity building within early learning and child care programs and the training and coaching of program leadership and internal coaches to support the implementation of Pyramid Model practices within their programs. Cohorts of Internal Coaches identified within regulated child care programs, have been receiving training in practice-based coaching in order to coach and support the educators within their own programs, thus building a more sustainable system of professional development and ongoing use of evidence-based practices.

Continued

Message from our Board Chair and Executive Director

In the coming year, we will be continuing to explore new strategies that will more seamlessly integrate our Intervention and Pyramid Model services together to enhance supports within early learning and child care programs, promote strategies which foster integration within communities and strengthen support options for families.

None of this work that has been happening over the past 10 years would be possible without our dedicated team of staff at NSECDIS, who continue to always go above and beyond for the children, families and educators they serve and our committed leadership team who continually support our staff in their daily work. We would also like to thank our Board of Directors for their time and commitment to the success of NSECDIS in the community. Many of our Board members have been with NSECDIS since it was formed 10 years ago and some were members of the Boards of the previous early intervention programs as well!

We would like to thank the Department of Education and Early Childhood Development for their ongoing support and continued investment in the work of Nova Scotia Early Childhood Development Intervention Services. We would also like to especially thank the children and families who have invited us into their homes and the educators who have invited us into their early learning and child care programs. We look forward to continuing our work in 2026-27!

Sincerely,
Beverley Cooke, Board Chair
Patricia Monaghan, Executive Director

NSECDIS

PROGRAM OVERVIEW

Nova Scotia Early Childhood Development Intervention Services (NSECDIS) is a registered non-profit charitable organization governed by a volunteer Board of Directors and funded by the Nova Scotia Department of Education and Early Childhood Development. NSECDIS supports families of young children, from birth to school entry, who are experiencing delays in their developmental or are at risk for delay due to biological risk factors. Each year NSECDIS serves over 3000 families within their communities across Nova Scotia through home based and community consultation services. The goal of NSECDIS is to promote improved developmental outcomes for children through consultation, coaching, information sharing, support and services designed to meet the individual needs of the child and family.

Through the additional implementation of the Pyramid Model program, NSECDIS also facilitates program and early childhood educator capacity building through program and practice-based coaching within child care and Pre-primary program settings. The Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children is a conceptual framework of evidence-based practices for promoting young children's healthy social and emotional development.

Alongside Pyramid Model, Positive Solutions for Families is a training series for parents and caregivers with information on how to promote children's social and emotional skills, understand challenging behaviours, and use positive approaches to support young children.

OUR MISSION

Working together to support families of young children with developmental delays

OUR BELIEFS

We believe that:

CHILDREN LEARN BEST IN THEIR NATURAL ENVIRONMENTS where skills can be repeated and practiced daily within routines.

FAMILIES HAVE THE STRONGEST INFLUENCE on their child's development.

Positive change occurs in the context of **RESPONSIVE CARING RELATIONSHIPS.**

Everyone has potential and it is **THEIR UNIQUE STRENGTHS AND CAPABILITIES** that will determine their evolving story.

Effective change is a **COLLABORATIVE, INCLUSIVE AND ACTIVE PROCESS.**

OUR VISION

We commit to:

Provide **SERVICES** which promote families and their communities as effective, informed decision makers, caregivers, educators, and advocates for children with developmental delays

Engage in **TEAMWORK** internally and externally to create a supportive environment in which to achieve successful service delivery

Achieve and maintain an **IMAGE** of being a valued and respected member of a continuum of services for children with developmental delays and their families

Achieve organized **GROWTH AND INNOVATION** in response to the changing needs of the community

Measured **ACCOUNTABILITY** to our stakeholders, resulting in a clear understanding of our service outcomes

OUR CORE INTERVENTION SERVICES

Child Development Support

We support screening, monitoring, information gathering and the development of individualized programming & strategies to meet children's developmental needs. Programming takes place in families' homes as well as, early learning & child care settings.

Family Support & Capacity Building

We support family capacity by providing participatory experiences and opportunities that strengthen parenting knowledge & skills and promote a positive sense of parenting competence and confidence.

Case Coordination & Partnerships

In partnership with families, we support service coordination and system navigation, ensuring families are connected to the supports and services they need and facilitating communication and teamwork across service providers.

Transition Support

Many transitions may take place during the early years such as the transition from hospital to home, a transition into child care, or perhaps the transition into Pre-primary and Primary. We assist in the transition process through systematic planning and the preparation of the child, the family and the receiving setting (e.g., child care, Pre-primary & Primary).

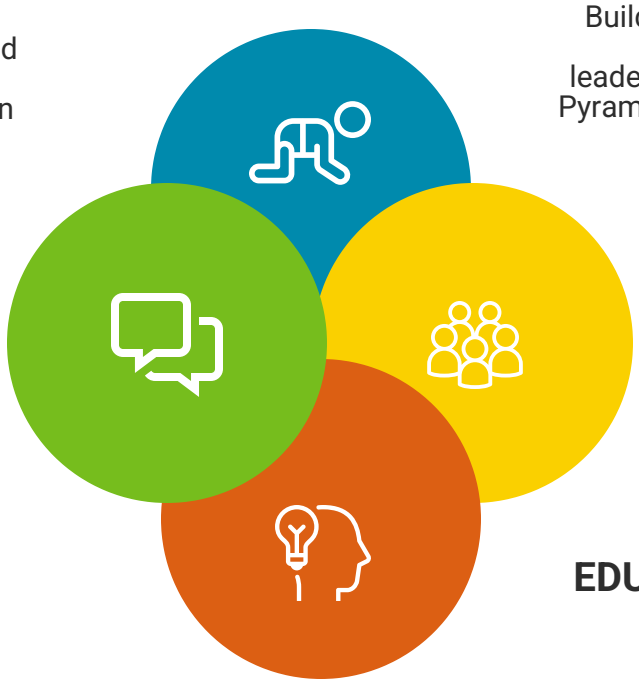
OUR CORE PYRAMID MODEL SERVICES

COMPETENCY BUILDING IN YOUNG CHILDREN

Building social emotional competence in ALL infants and young children through supporting the implementation of effective evidence-based practices

LEADERSHIP DEVELOPMENT

Building capacity of child care and Pre-primary Program leadership teams to implement Pyramid Model principles within their programs



EDUCATOR CAPACITY BUILDING

Collaboratively building capacity of educators to implement Pyramid Model practices through practice-based coaching

INCLUSIVE PRACTICES SUPPORT

Monitoring and sharing of resources and strategies to support inclusive practice and positive behaviour support planning

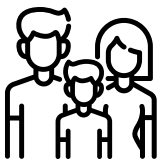
OUTCOMES

FOR CHILDREN

Increased participation and engagement in current and new environments

Strengthened social relationships

Increased functional and independence skills



FOR FAMILIES

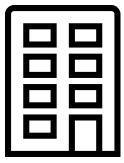
Increased access to and participation in community programs and services

Increased child advocacy, collaboration, and decision making skills

Increased capacity to set functional goals for their child

Increased understanding of their child's development

Increased family quality of life



FOR OUR ORGANIZATION

Increased collaboration (goal development) and referrals between NSECDIS and community partners

Ensuring a system of collaborative, flexible service levels responsive to families

Increased confidence and competencies among Developmental Interventionists in providing direct supports to families

"I can't begin to express the gratitude I have for every member of the NSECDIS program. I've often said I'd love to meet the person responsible for hiring and training, because [DI], [DI2], [D3I], and the entire team have been some of the kindest, most genuine individuals I've ever met. **The support I received went far beyond my expectations.** The journey was a difficult one, but thanks to NSECDIS, [Child's Name] and I have made it through the hardest part. Because of this incredible team, [child] is now thriving — something I truly don't think I could have achieved at this speed without their help. **Thank you for EVERYTHING." - Parent**

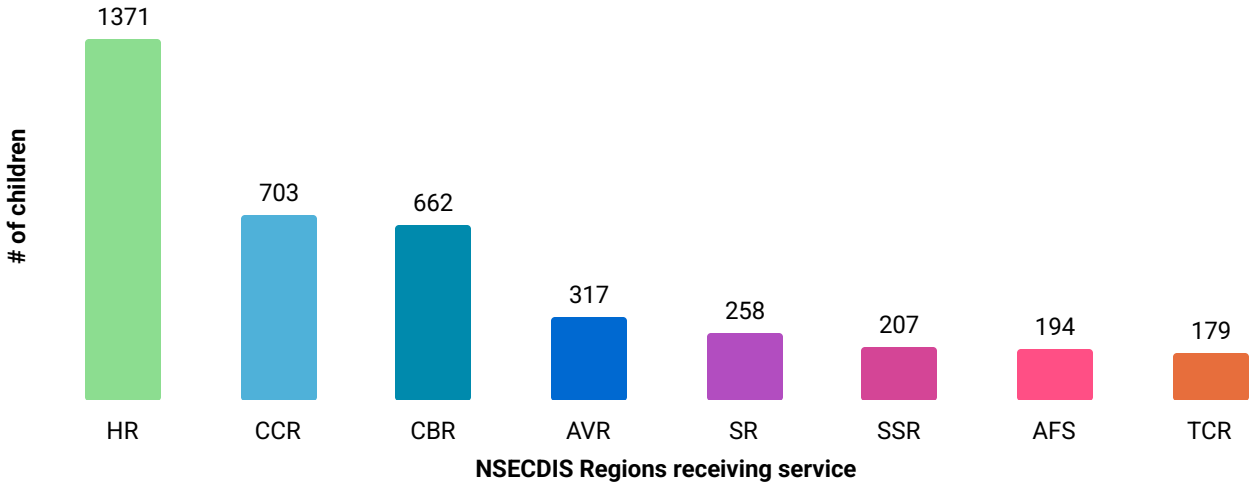
WHO ARE WE SERVING?

NSECDIS receives referrals and delivers services to families throughout the province, with the majority of referrals coming from larger regions such as the Halifax Region, Chignecto Central Region, and Cape Breton Victoria Region representing 70% of our caseload.

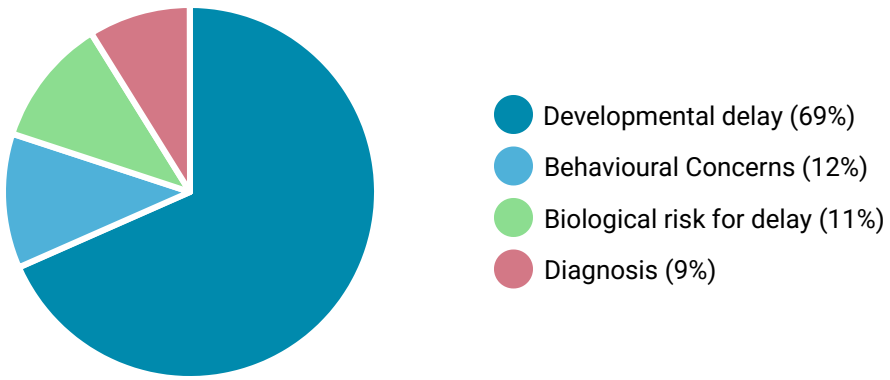
During this fiscal year, NSECDIS **supported 3,891 children and their families.** Below shows the number of families who accessed services in each region across the province.

1,335
referrals received

3,891
children served in 2025-26



During the past fiscal year, NSECDIS continued to collect data on reasons for referral. This information is critical for understanding community needs and aligning our services accordingly:



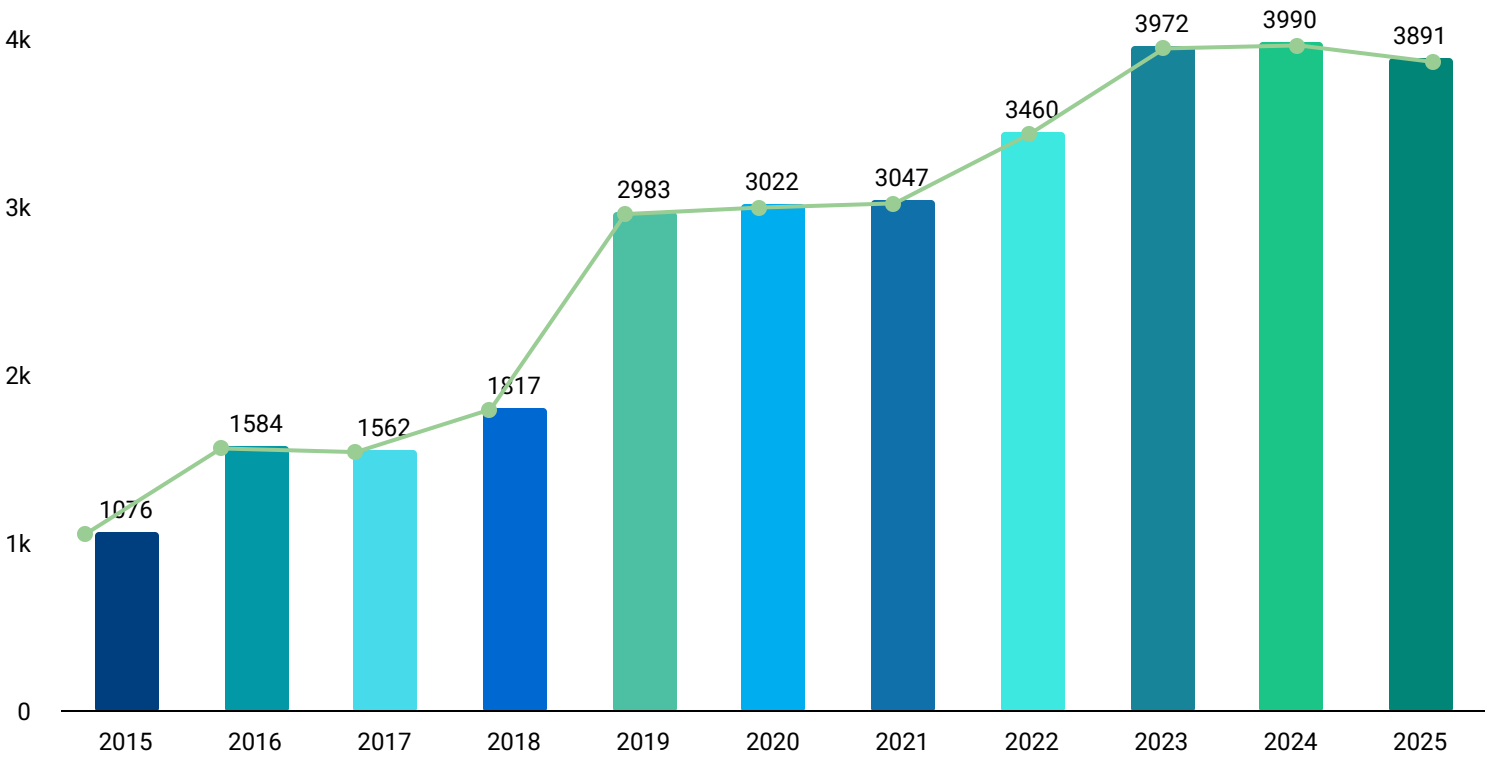
WHO ARE WE SERVING?

Program of Growth since 2015

This past year marked an important milestone as NSECDIS celebrated 10 years as an organization supporting children and families across Nova Scotia. Over the last decade, the organization has experienced significant and sustained growth, reflecting both increased awareness of early childhood intervention services and the continued trust families and community partners place in our program.

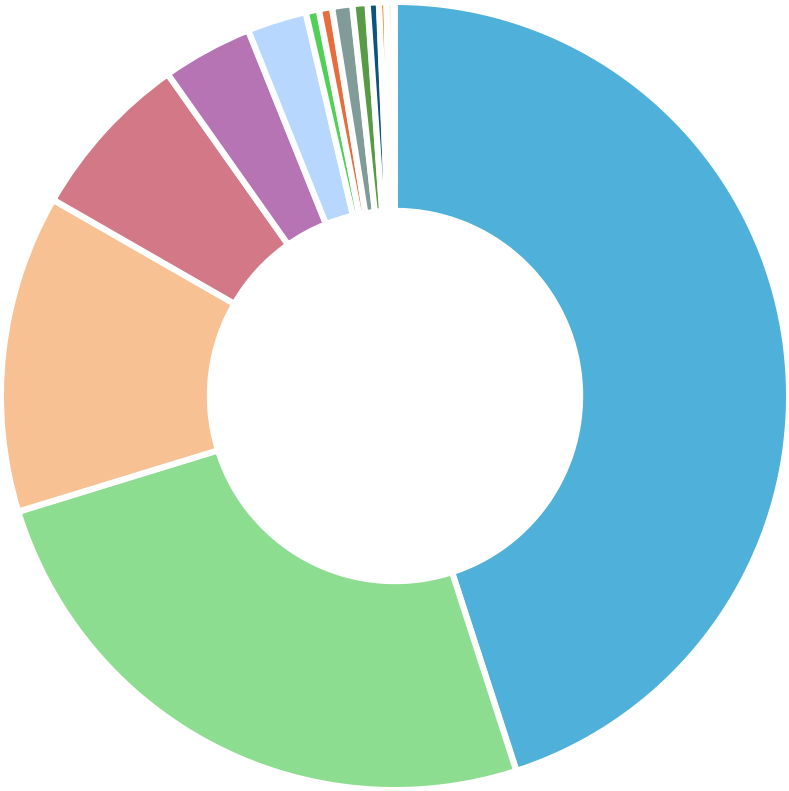
Since 2015, the number of children served annually has grown from just over 1,000 children to nearly 3,900 children province-wide — representing a remarkable expansion in reach and impact.

While growth has occurred steadily over time, the most significant increases have followed continued collaboration with healthcare providers, educators, community organizations, and families to strengthen referral pathways and improve access to supports earlier in a child's development. Although growth has stabilized in recent years, service levels remain historically high, demonstrating the ongoing demand for early intervention services across the province.



WHO ARE WE SERVING?

DIAGNOSIS OF CHILDREN SERVED



- Developmental Delay 45%
- Autism 25%
- Suspected ASD 13%
- Premature 7%
- Genetic Disorder 4%
- FASD/Substance Exposure 2%
- ADHD 1%
- Cerebral Palsy 1%
- Acquired Brain Injury/Traumatic Brain Injury 1%
- Epilepsy/Seizure Disorder 1%
- Neurological Disorder 0% (18 children)
- Congenital Heart Condition 0% (12 children)
- Hearing Impairment/Deaf 0% (11 children)
- Spina Bifida 0% (2 children)

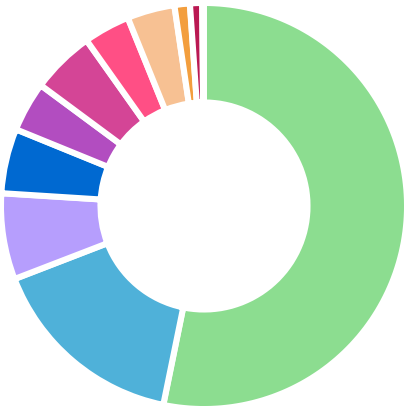
WHO ARE WE SERVING?

PROVINCIAL ETHNICITY AND LANGUAGES SPOKEN

Understanding a family's ethnicity provides valuable insight into their cultural background, values, and beliefs. This understanding enables NSECDIS to offer services that are culturally responsive and respectful, fostering trust and stronger engagement with families. A family's ethnic background can influence many aspects of child development, **including language acquisition, socialization, and parenting approaches.** Recognizing and respecting these differences allows services to be more family-centered and tailored to the unique needs of each household, **ultimately enhancing the impact of early childhood interventions.**

Collecting ethnicity data also allows organizations to monitor and address disparities in access to services and outcomes across different ethnic groups. This data is essential in our efforts to promote equity and inclusivity in our programming.

This fiscal year, NSECDIS served 3,891 children and their families. Of those served, approximately **48.68% identified as non-European, and 665 families reported speaking a first language other than English.** The top three languages spoken other than English were Arabic, French and Mi'kmaq. Below is a breakdown of how families accessing services identified:



- European 51%
- Acadian/Francophone 7%
- West & Central Asian and Middle Eastern 4%
- East/Southeast Asian 4%
- Latin/Central American 1%
- Oceania (0%) (4 families)
- Indigenous Peoples 17%
- African Nova Scotian 6%
- South Asian 5%
- African Origins 4%
- Caribbean 1%

Please note these percentages represent those families that self-identified. There are families that either preferred not to answer or were only at a referral or intake level of service at the time this data was pulled, meaning their ethnicity was not yet captured and therefore not represented in the above chart.

665

families who spoke a language that is not English

Languages Spoken Other than English:

Afrikaans, Amharic, Arabic, Assamese, Bengali, Cantonese, Farsi, French, German, Gujarati, Hebrew, Hindi, Kannada, Kinyarwanda, Konkani, Korean, Kurdish, Malayalam, Italian, Mandarin, Marathi, Mi'kmaq, Nepali, Persian, Portugese, Polish, Punjabi, Russian, Serbian, Sinhala, Somali, Spanish, Swedish, Tagalog (Filipino), Tamil, Telugu, Tigrinya, Turkish, Ukrainian, Urdu, Vietnamese, Toruba

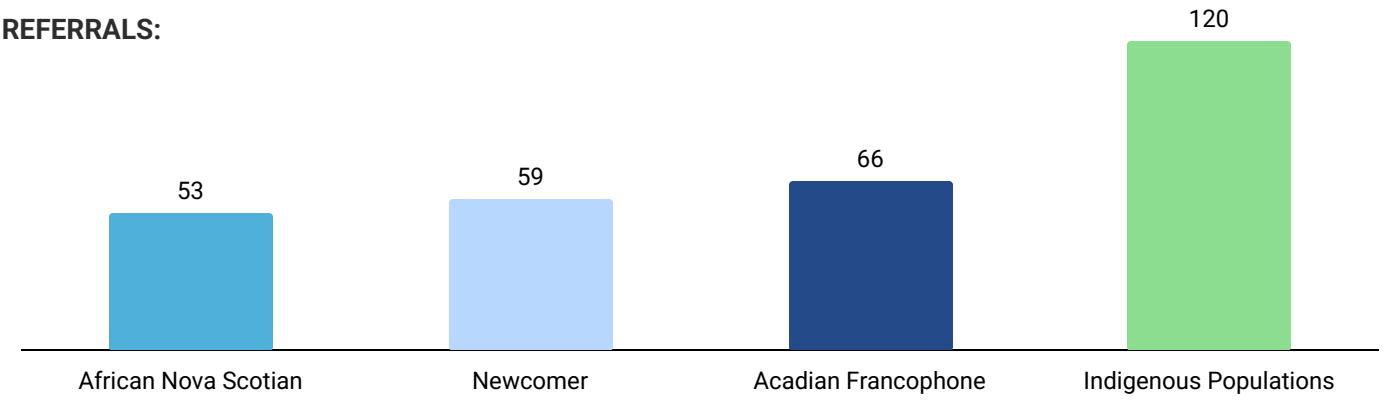
WHO ARE WE SERVING?

PRIORITY POPULATIONS

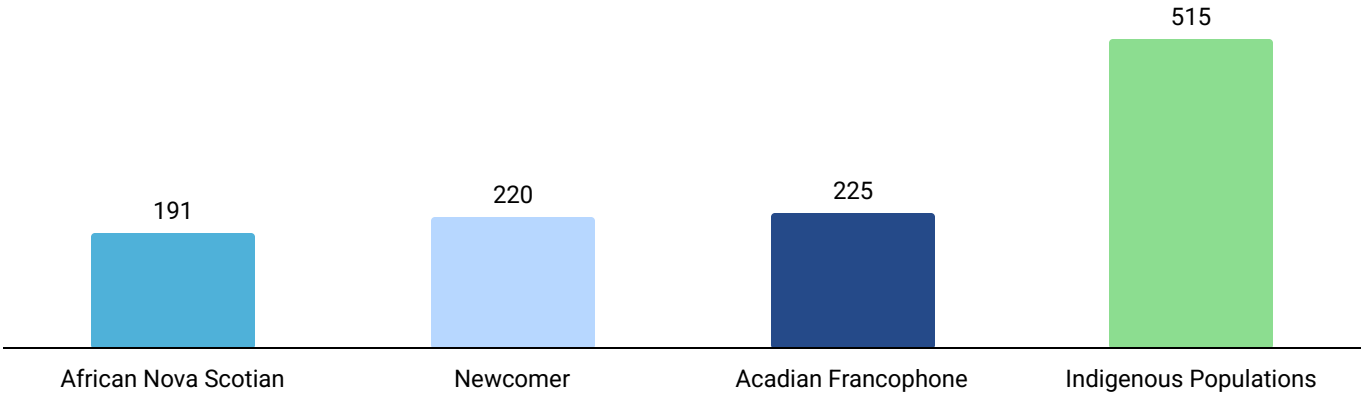
NSECDIS remains committed to **ensuring that priority and historically underserved populations have equitable access to early intervention services.** Early support plays a critical role in helping children meet developmental milestones and in strengthening families through connection, education, and resources. Recognizing and addressing barriers to access is essential to our mission. These numbers demonstrate the reach of NSECDIS services and the importance of culturally responsive support.

Continued collaboration with community partners and families is essential in closing the gap and building trusting relationships that lead to earlier and more effective intervention. This fiscal year there was a total of **298 referrals and 1,151 families accessing services that identified as a priority population.** Please see a breakdown of referral and accessed services numbers below for this past fiscal year, followed by a 2021 comparison in the pages to follow for each population.

REFERRALS:

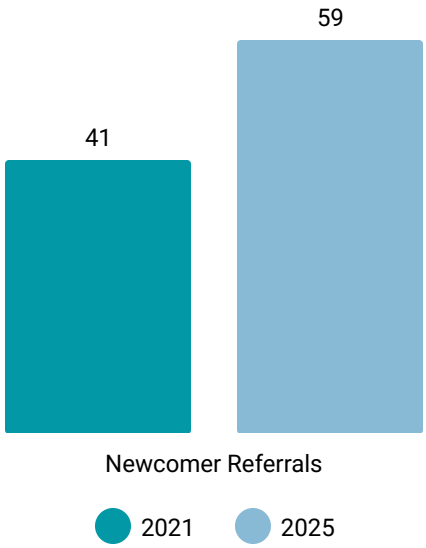


ACCESSED SERVICES:



WHO ARE WE SERVING?

NEWCOMER FAMILIES

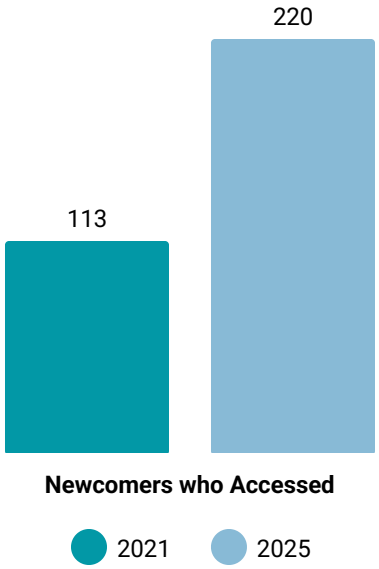


44% increase

in **referrals** from Newcomer families since 2021

95% increase

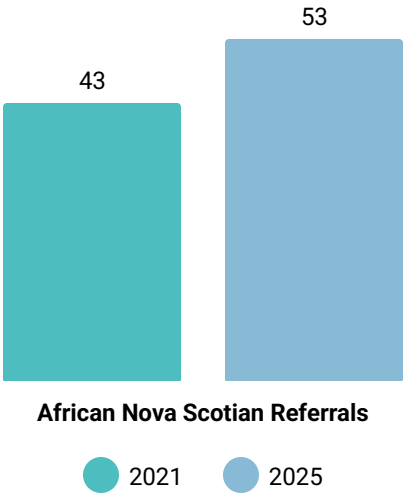
in Newcomer families who **accessed** services since 2021



WHO ARE WE SERVING?

AFRICAN NOVA SCOTIAN FAMILIES

Please refer to page 84 for population acknowledgement

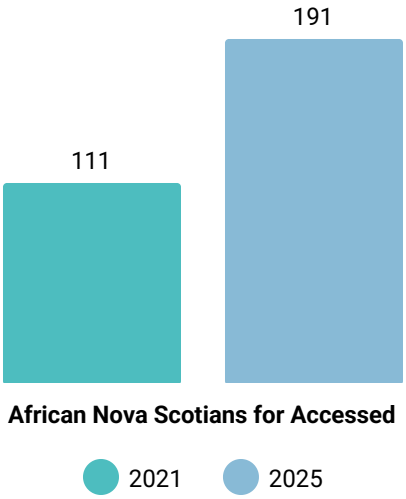


23% increase

in **referrals** from African Nova Scotian families since 2021

72% increase

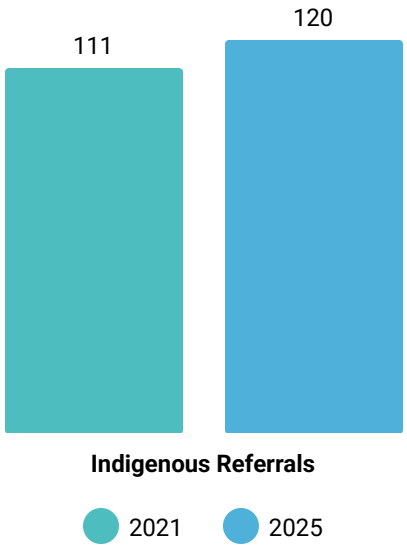
in African Nova Scotian families who accessed services since 2021



WHO ARE WE SERVING?

INDIGENOUS PEOPLES

Please refer to page 84 for population acknowledgement

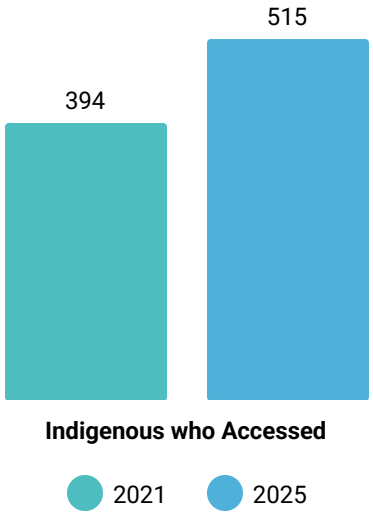


8% increase

in **referrals** from Indigenous families since 2021

31% increase

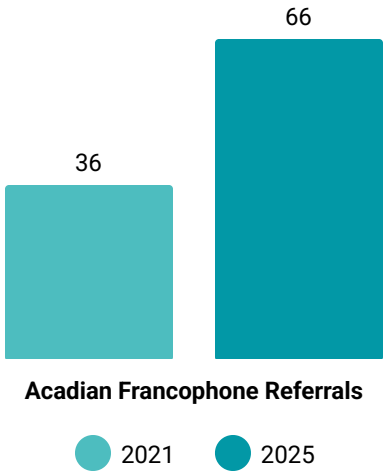
in Indigenous families who have **accessed** services since 2021



WHO ARE WE SERVING?

ACADIAN FRANCOPHONE FAMILIES

Please refer to page 84 for population acknowledgement

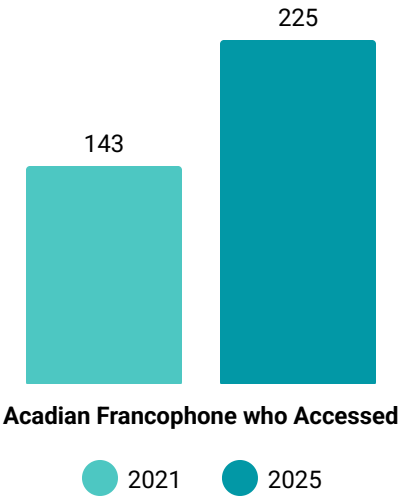


83% increase

in **referrals** from Acadian Francophone families since 2021

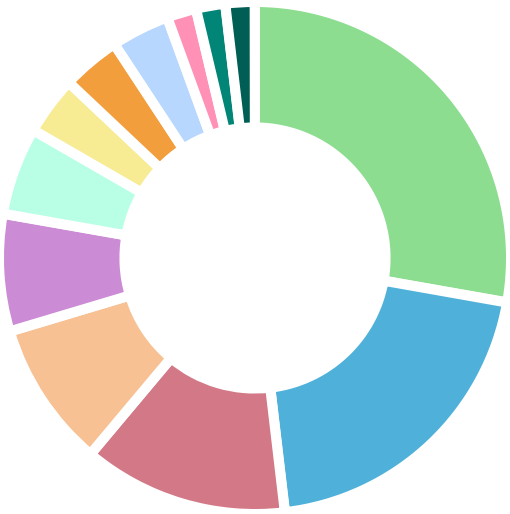
57% increase

in Acadian Francophone families who have **accessed** services since 2021



ACADIAN FRANCOPHONE FAMILIES

WHERE WERE FAMILIES REFERRED FROM?



- Tusket (28%)
- Clare (20%)
- Cheticamp (13%)
- Halifax (9%)
- Arichat (7%)
- Porters Lake (6%)
- Pomquet (4%)
- Sackville (4%)
- Truro (4%)
- Bedford (2%)
- Bridgewater (2%)
- Dartmouth (2%)

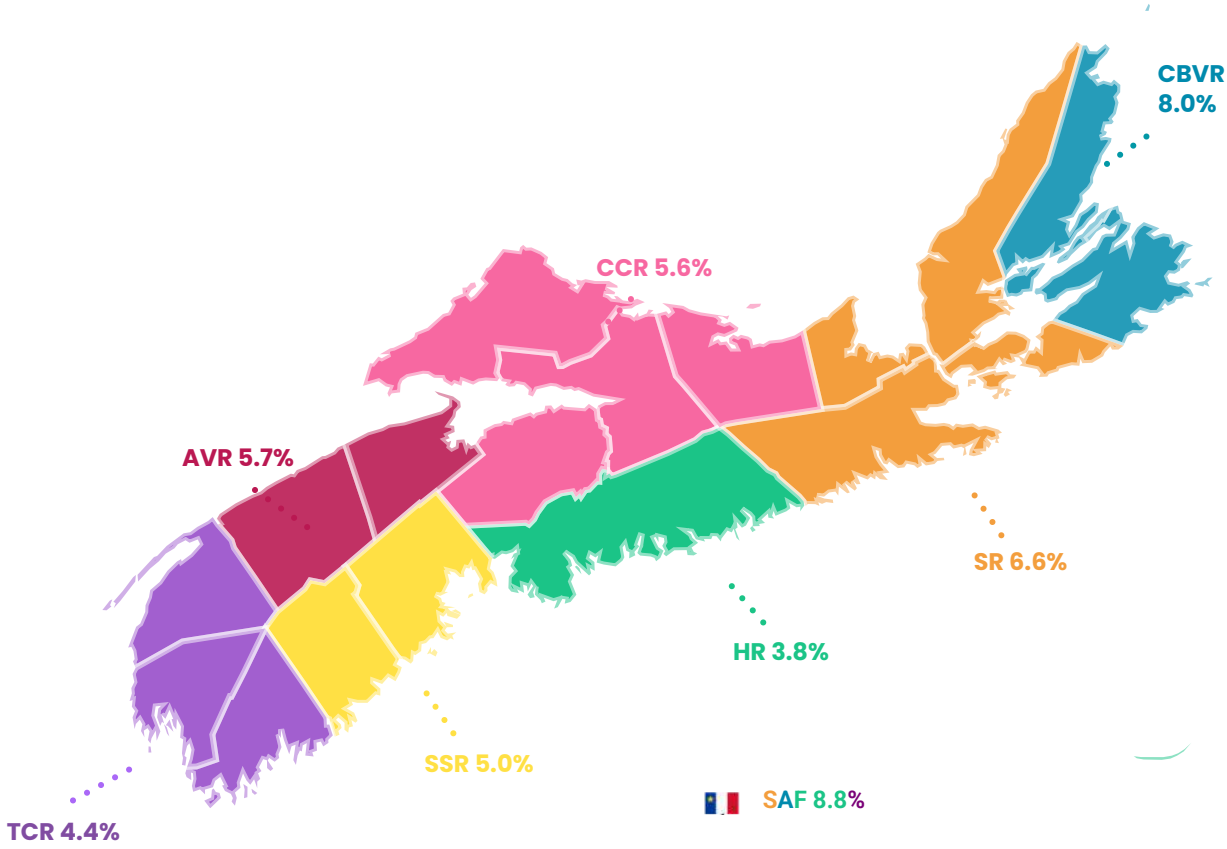
REACHING CHILDREN EARLY

The following map shows what percentage of the under 6 population NSECDIS serves in their respective regions: Chignecto Central Region (CCR), Cape Breton Victoria Region (CBVR), Strait Region (SR), Halifax Regional (HR), South Shore Region (SSR), Tri-County Region (TCR), Annapolis Valley Region (AVR). Currently, **NSECDIS is serving approximately 5% of the under 6 population which is consistent to the previous fiscal year.** As of March 31st, 2026, 266 children were waiting for active service. Our wait list continues to grow throughout the province which limits NSECDIS' capacity to service more children under 6 years of age.

While discussing our reach, it is important to mention the most recent EDI results (2022/2023). The Early Development Instrument (EDI) was developed at the Offord Centre for Child Studies at McMaster University to measure children's ability to meet age-appropriate developmental expectations at school entry. 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 data derived from the collection of the EDI facilitate and encourage community, provincial, national, and international monitoring of the developmental health of our young learners. The EDI measures childrens' ability to meet age-appropriate developmental expectations across five domains: Physical Health and Well-being, Social Competence, Emotional Maturity, Language and Cognitive Development, and Communication Skills and General Knowledge. The Nova Scotia 2023 EDI report that **approximately 28.5% of children were considered vulnerable in at least one developmental domain, a slight increase from 25.5% in 2020**

14.7% of children entering school are vulnerable in at least 2 domains, making them potentially eligible for NSECDIS. [1] Being vulnerable means that children are at an increased risk of difficulties and, without additional support, may continue to experience challenges. This is an important finding for us to unpack as such a statistic shows the potential for our organization to support more than 5% of children prior to school transition.

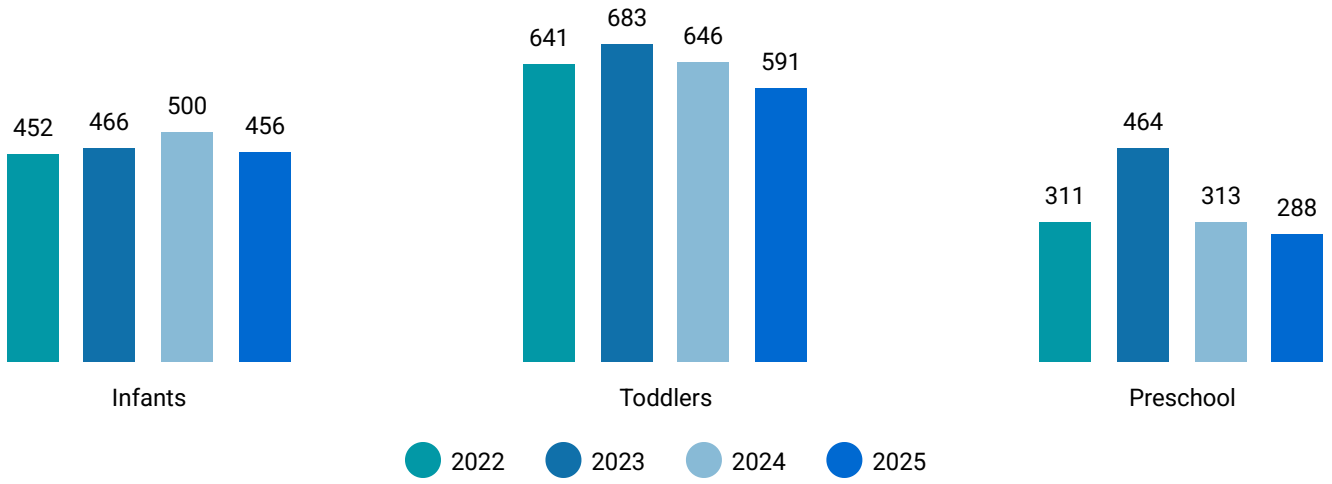


This population data is based on the most recent census in 2021. Current caseload numbers reflect how many children each region was serving as of March 31st 2026

REACHING CHILDREN EARLY

Early intervention continues to play a critical role in supporting positive developmental outcomes for children and families across Nova Scotia. Research consistently demonstrates that identifying and addressing developmental concerns during the earliest years can significantly improve long-term outcomes for children with delays or disabilities. As reflected in the chart, NSECDIS continues to reach many children during infancy and toddlerhood, with referrals for children under three years of age remaining consistently strong over the past several years.

Preschool referrals have continued to decrease, an encouraging trend that suggests more children are being identified and connected to services earlier, rather than later, closer to school entry. Earlier referral and engagement allow families to access supports sooner during a critical period of brain development and growth. As more children enter services earlier in life and remain engaged over time, the organization is now seeing the natural progression of an aging caseload. This year, NSECDIS supported the highest number of children transitioning both into Pre-Primary and fully out of services into Primary in the organization's history.



Below provides an **average timeline of a family's pathway** to service following an initial referral. Timelines may vary across regions and individual family circumstances. It is important to note that, in our larger regions, such as Halifax, Chignecto Central and Cape Breton Victoria, **a total wait time from referral to active service was approximately 1 to 2 years.**

38 DAYS
between Referral to Initial Call

68 DAYS
between Referral to Intake Visit

177 DAYS
between Referral to Active Service

TRANSITIONS

PRE-PRIMARY AND PRIMARY

Transition planning continues to be an important focus within NSECDIS as children move into Pre-primary and Primary school environments. **This fiscal year, 717 children transitioned into Pre-primary and 726 children transitioned out of NSECDIS services and into Primary in September 2025, the highest transition volumes we have experienced to date.** These increases reflect the continued rise in younger referrals over recent years, with more children now progressing through the full continuum of early intervention services from birth to school entry.

It is important to note that the transition numbers for 2025 below, do not reflect the children who transitioned into Pre-primary in fall 2024 and who continued to be supported through NSECDIS services during January – June 2025. **This would include an additional 300 children supported within Pre-primary programs within 2025.** It is important to note this as it reflects the ongoing nature of transition support beyond the initial transition process.

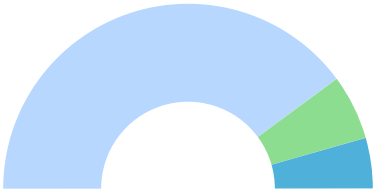
717
Children Transitioned to Pre Primary

726
Children Transitioned to Primary

180
Deferred Pre-Primary

140
Deferred Primary

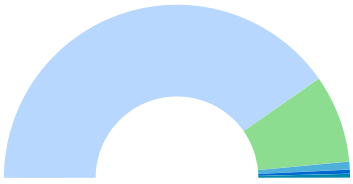
REASON FOR DEFERRING PRE-PRIMARY



- Parent Request/Developmental Reasons (80%)
- Participating in PPAS (11%)
- Other (9%)

**Other often refers to medical reasons or parents choosing to keep child in child care*

REASON FOR DEFERRING PRIMARY



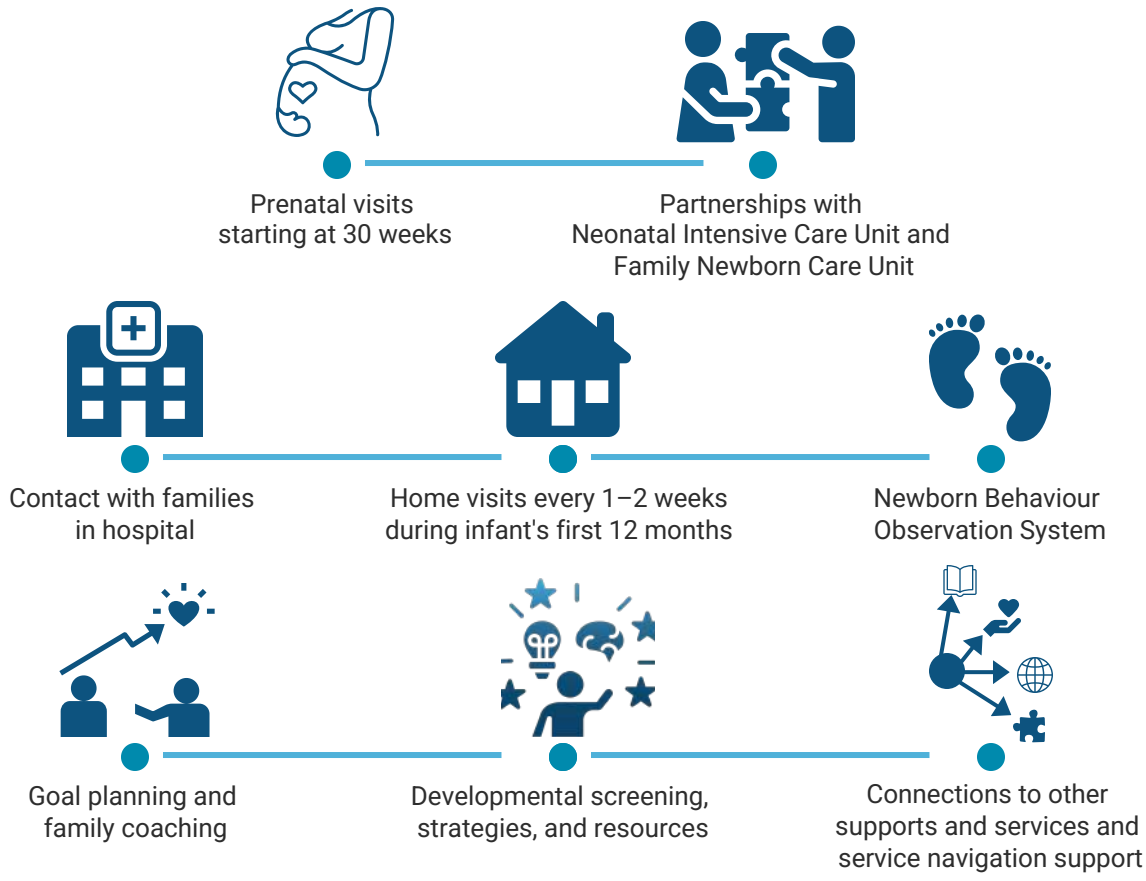
- Participating in PPAS (81%)
- Parent Request/Developmental Reasons (16%)
- Recommendation from External Professional (1%)
- Other (1%)
- Recommendation/Request from School or RCE (1%)

[DI] was friendly, kind, knowledgable, and absolutely fantastic with our son. He seemed to enjoy her visits. **We have seen so much progress in him over the last year as he transitioned from daycare, to pre-primary, and into primary.** We are grateful for the support during these transitions and navigating next steps. **We gained a lot of comfort and reassurance in the supports and efforts we had already been making, and she offered new ideas for us to try as well.** [DI] also helped us navigate the process of an Autism assessment, and was able to give us a lot of information and comfort about the process and what to expect. (Parent)

BABY STEPS PROGRAM

Born on April 1, 2022, the Baby Steps program supports infants at risk for developmental delays due to factors such as prematurity, in utero substance exposure, and complex medical needs. To improve early engagement with families, NSECDIS consulted with community partners - including the IWK Health Centre, the Brazelton Institute at Boston Children's Hospital, and Cape Breton Regional Hospital - to develop strategies for earlier outreach. Using existing resources and locally established partnerships, a pilot project was developed and implemented within four NSECDIS regions in close proximity to NICU hospitals: Halifax Region, Annapolis Valley Region, South Shore Region, Cape Breton Victoria Region. Through collaborative and integrated partnerships, the Baby Steps program aims to provide a strengthened coordinated pathway of wrap around care for families of high-risk infants in Nova Scotia. A secondary focus of the program is on enhancing the knowledge, skills, and capacity of NSECDIS' Developmental Interventionist workforce to provide quality programming for infant and family mental health promotion. Recognizing the need to provide specific training geared to the needs of high-risk infants and their parents around the perinatal period, NSECDIS partnered with a Developmental Consultant from the Brazelton Institute to help the organization increase staff competence around interacting with high-risk infants and supporting parental skill-building.

Core Baby Steps Program Activities

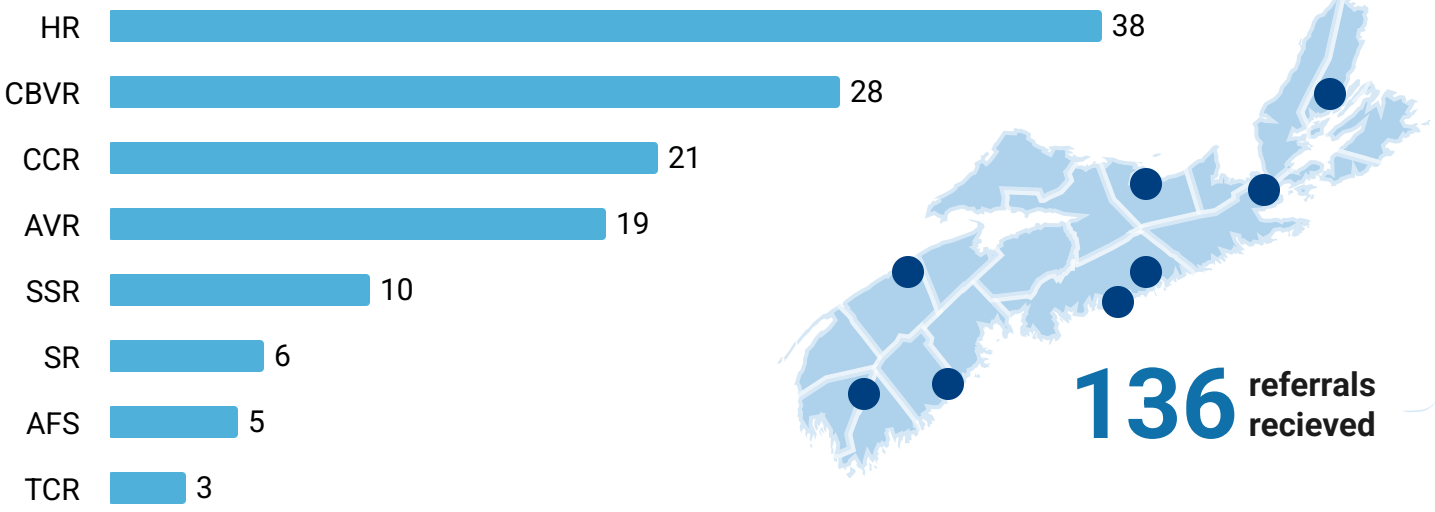


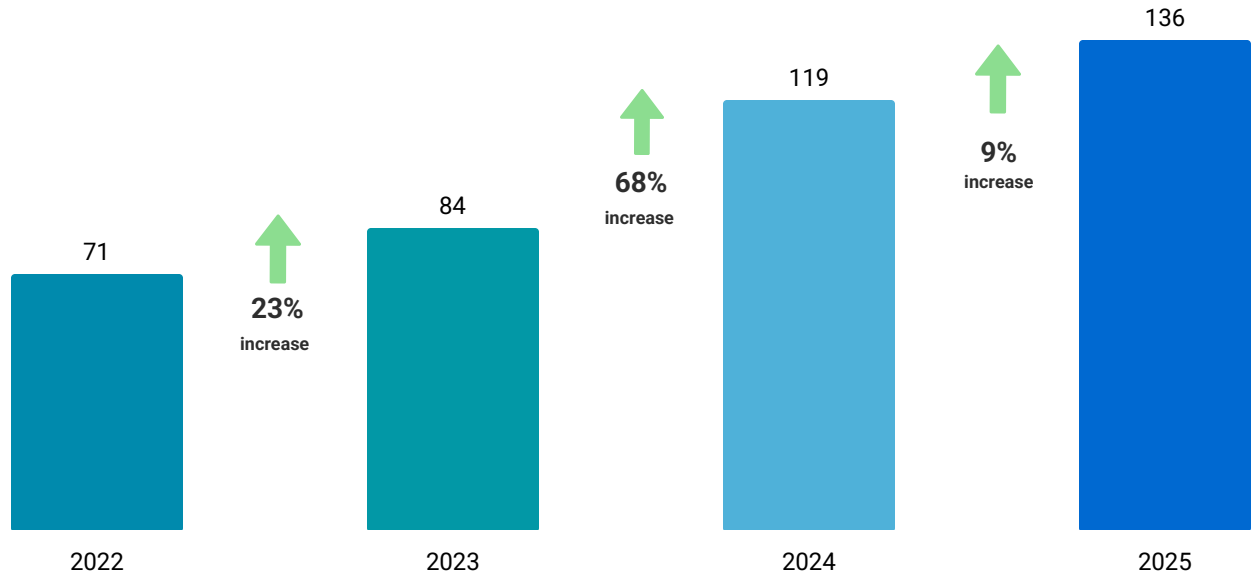
BABY STEPS PROGRAM

The Baby Steps program continues to grow its reach across Nova Scotia, supporting infants and families through early identification and intervention. **Since 2022, referrals have increased from 71 to 136,** reflecting continued awareness of the program and the importance of connecting children to supports as early as possible.

This year, referrals were received from all regions of the province for the first time, highlighting the growing provincial reach and impact of the Baby Steps program. Strong partnerships with hospitals, healthcare providers, and community organizations continue to support earlier referrals and improved access to services for infants and families.

Baby Steps referrals received in each NSECDIS region this fiscal year





BABY STEPS PROGRAM

Baby Steps continues to support infants and families during the earliest stages of development through hospital visits, prenatal outreach, developmental monitoring, and relationship-based intervention services. This year, staff completed approximately 91 hours of hospital and prenatal visits and administered 59 Newborn Behaviour Observation System (NBOS) tools to strengthen early connection, parent engagement, and developmental understanding.

To further strengthen service quality and build provincial capacity in supporting high-risk infants and families, NSECDIS launched the Baby Steps Advanced Mentoring Pathway during the 2025–2027 fiscal period. This advanced training and mentorship initiative supports Developmental Interventionists in deepening their knowledge of infant development, neurobehavioral development, family support, and the use of NBOS within practice. The program includes mentorship sessions, communities of practice, observational learning opportunities, and peer support to enhance consistent, evidence-informed services for families across the province.

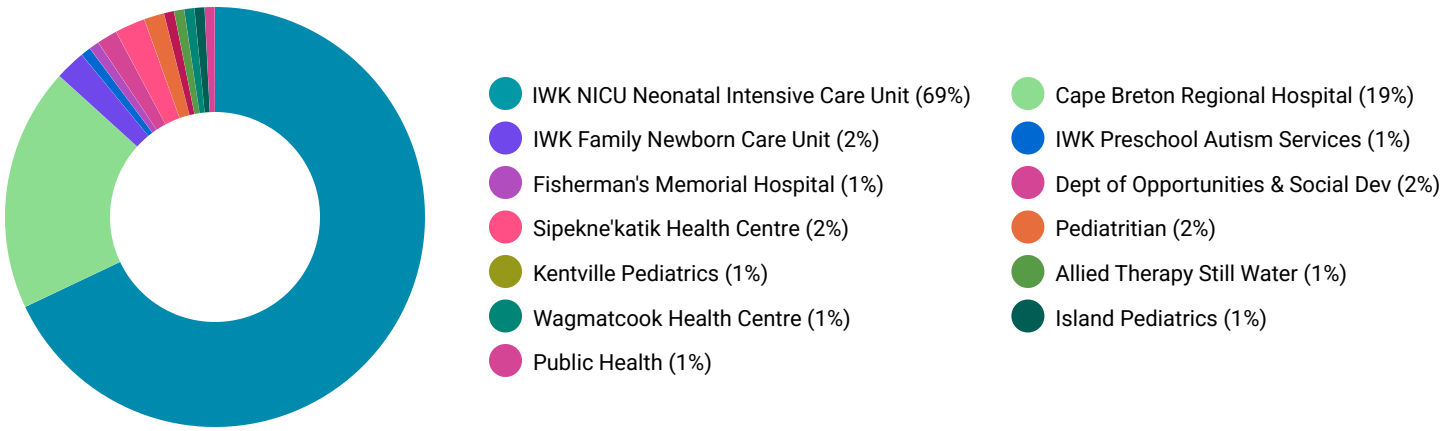
IWK continues to be one of NSECDIS' strongest and most longstanding healthcare partnerships and remains the primary referral source for the Baby Steps program. **This year, the IWK NICU accounted for 69% of all Baby Steps referrals, highlighting the continued importance of early identification and collaboration within neonatal and hospital settings.** Cape Breton Regional Hospital also remained a significant referral partner, contributing 19% of referrals this year.

In addition, referrals from other hospitals, health centres, pediatricians, Public Health, and community-based healthcare providers collectively accounted for approximately 12% of referrals, reflecting the continued growth of the Baby Steps program and strong collaboration with healthcare partners across Nova Scotia.

91
hours spent in Baby Steps Hospital and Prenatal Visits

59
Newborn Behaviour Observation System Tools Completed

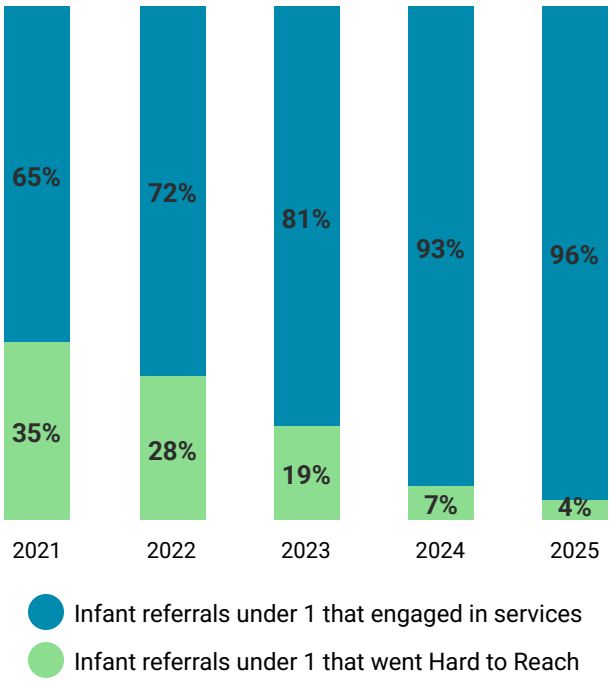
Baby Steps Referral Sources for 2025/2026



ENGAGING FAMILIES

In 2025, NSECDIS received referrals for 152 infants under one year of age. It is important to note that 16 referrals for children under 1 were received outside of the Baby Steps program, explaining why our baby steps program referrals are slightly lower than our total referrals under 1. Of all the infants referred, the majority of families successfully engaged in services, with many connecting to supports without ever reaching a Hard to Reach level of service. As reflected in the chart, only 9 infants (4.2%) were identified as Hard to Reach and never successfully engaged this year, continuing a positive trend and reflecting significant improvement from the program's earlier years. Additionally, 18 infants (8.3%) were initially identified as Hard to Reach but later successfully engaged in services, demonstrating the effectiveness of ongoing outreach and family connection efforts.

While some families remained in referral or intake stages at the time of data collection, overall results continue to reflect strong early connection to services and improved engagement outcomes for infants and families in the earliest of years.



Below provides an approximate pathway for a Baby Steps Family from referral to active service:

16 DAYS
between Referral to Initial Call

42 DAYS
between Referral to Intake Visit

63 DAYS
between Referral to Active Service

"I can't express enough how grateful I am to the Nova Scotia Early Childhood Intervention Service for the incredible support they have given my son and our family. From the very beginning, when I was so concerned about my child's growth due to his premature birth, they stood by us and guided us through every step. For the first six months, [DI] was in charge of my son's sessions, and after that, [DI2] took over. Both of these exceptional and extremely supportive ladies have played a huge role in helping my son reach every single milestone. Every visit with them was filled with knowledge, love, care, and beautiful memories. Today, when I look at my child, I feel confident, proud, and deeply thankful. I truly believe we are blessed to have had [DI] and [DI2] in our lives. **Thank you for making me and my husband feel like we are the best parents for our son and for giving us hope and strength during this journey. We are forever grateful for the outstanding service and the warmth you've given us.** I wish [DI] and [DI2] a very successful life ahead, and may God bless them with happiness, good health, and endless success always." (Baby Steps Parent)

OUR PARTNERSHIPS

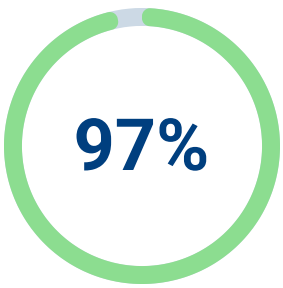
TOP REFERRAL SOURCE ORGANIZATIONS THIS YEAR

Strong partnerships continue to play an important role in helping families connect to NSECDIS services. Referral trends provide valuable insight into how children and families are being identified and supported across Nova Scotia.

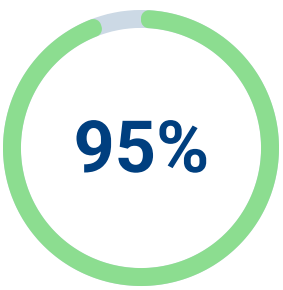
This year, 26% of referrals (346 families) came through self-referral pathways, demonstrating continued awareness of early intervention services among families and caregivers. Community and healthcare partners also remained key referral sources, including Child Care programs (8%), Hearing & Speech Nova Scotia (8%), and IWK departments and specialists (10%). Pre-Primary programs accounted for 13% of referrals, continuing to support the identification of children who may benefit from services prior to school entry. Together, these partnerships help ensure children and families are connected to supports as early as possible.

Please note that the chart to the right does not equal 100%, as it is only showing the top referral sources this past fiscal year rather than the complete list of referral sources.

- Self-Referral 26%
- Child Care 8%
- Hearing and Speech 8%
- IWK (various departments and specialists) 10%
- Pre Primary 13%
- Health Centres that are not IWK 4%



of families said that their family was given information about how to advocate for their child and family (NSECDIS Family Survey)



of families said that early intervention helped to improve their families quality of life (NSECDIS Family Survey)

FAMILY VOICE AND SERVICE EVALUATION

Family Survey

To evaluate the effectiveness of our program strategies and to continue enhancing the services we provide to children and their families across the province, we initiated a focused effort to gather family feedback.

Between December 2023 and January 2024, we invited families who accessed our services during 2023 to complete a brief online survey. A full review of findings from this survey can be found within our 2024-2025 Annual Report available on our NSECDIS website linked here: NSECDIS AGM 2024-2025. The survey collected demographic information, responses to open-ended questions, and feedback through two validated tools: the Measure of Processes of Care (MPOC) and the Family Survey of Early Intervention (FSEI).

MEASURES

The **Measure of Processes of Care (MPOC-20)** is a 20-item, Canadian-developed questionnaire that measures parents' perceptions of how family-centred developmental services are, including interactions with individual service providers and the broader organization. It includes five scales: Enabling Partnership, Providing General Information, Providing Specific Information, Coordinated and Comprehensive Care, and Respectful and Supportive Care. Items are rated on a 7-point scale from "Not at All" to "To a Very Great Extent."

The **Family Survey of Early Intervention (FSEI)** is a 47-item questionnaire developed by the National Center for Special Education Accountability Monitoring to support quality improvement efforts in early intervention programs. It includes two scales: Impact on Family and Family-Centered Services. Items are rated on a 6-point scale from "Very Strongly Disagree" to "Very Strongly Agree." link the previous fiscal report for findings.

FAMILY VOICE AND SERVICE EVALUATION

KEY FINDINGS

The 2023-24 Family Survey findings highlighted regional differences in family satisfaction, the positive impact of collaborative goal setting, and the challenges waitlists and service delays can create for families. **Families also consistently expressed strong appreciation for staff and the quality of support they received.** Additionally, three key areas of improvement were identified including information sharing, community connections, and who to contact if families were dissatisfied with services.

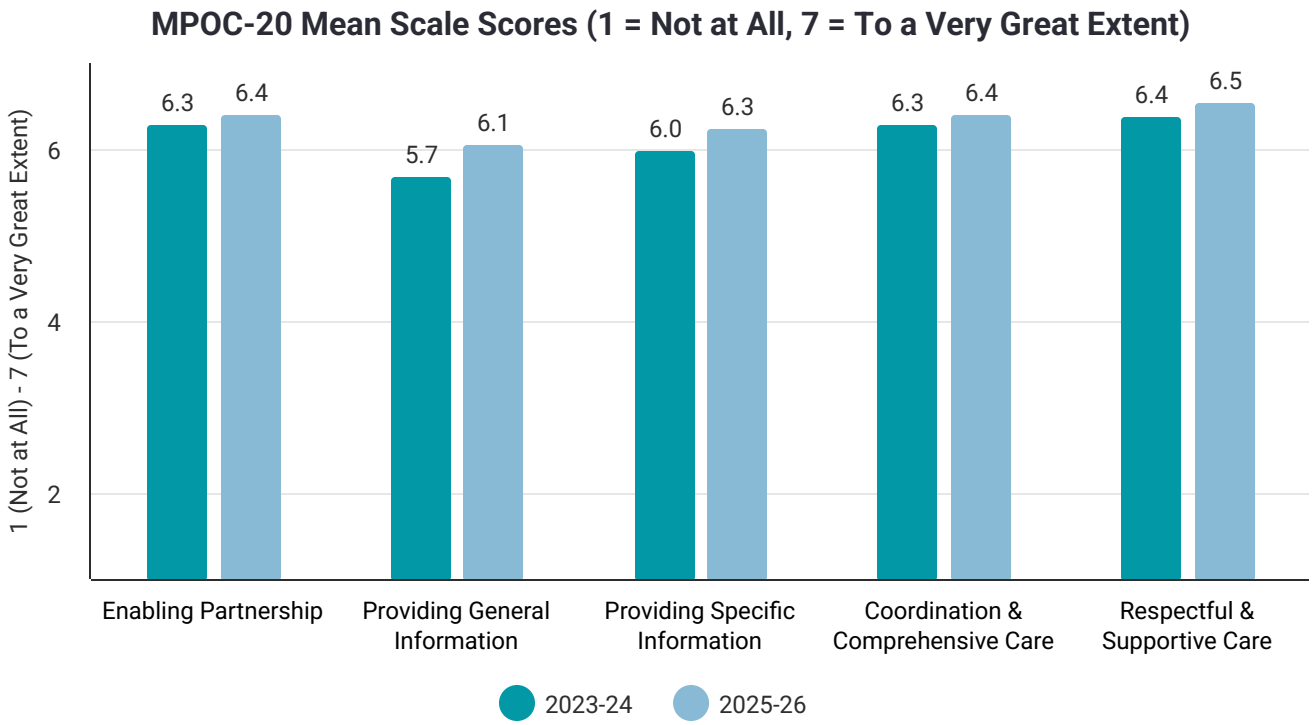
KEY ACTIONS

In response to these findings, NSECDIS implemented several purposeful changes. First, digital and printed information for families was updated and made more accessible. Second, a coordinated effort was undertaken across regions to increase awareness of and access to community connections, activities, and services. Finally, NSECDIS launched two additional surveys — an Exit Survey and an Early Service Survey — to strengthen ongoing evaluation efforts and continue gathering family feedback.

Exit Survey

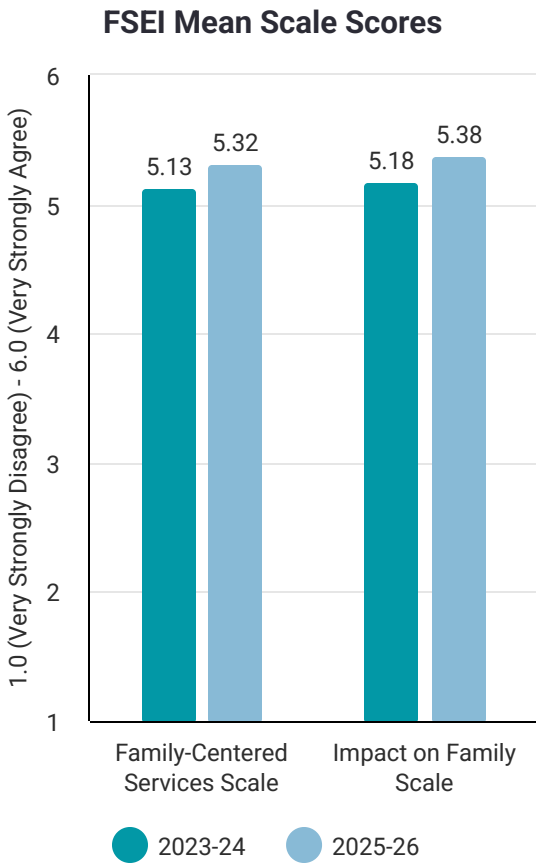
Because the 2023–24 Family Survey provided a strong benchmark for understanding family perceptions of care quality, the survey was adapted for use with families at discharge in 2025-2026. The resulting Exit Survey incorporates both the MPOC-20 and the FSEI.

The graph below compares the mean MPOC-20 scale scores from the 2023–24 Family Survey and the 2025–26 Exit Survey. The MPOC-20 uses a 7-point scale, where 1 represents "Not at All" and 7 represents "To a Very Great Extent." Higher scores indicate a more positive family experience and stronger perceptions of family-centred service delivery. **Mean scores increased across all scales, with the most notable improvement observed in the Providing General Information scale.** This was a targeted area for improvement, reflecting efforts to enhance the availability and accessibility of information for families.



FAMILY VOICE AND SERVICE EVALUATION

The graph below compares the mean FSEI scale scores from the 2023–24 Family Survey and the 2025–26 Exit Survey. **As with the MPOC-20 results, mean scores increased across both FSEI scales, indicating overall improvement in families' reported experiences over time.** These gains suggest strengthened perceptions of both family-centred service delivery and the impact of services on family life.



Early Service Survey

The Early Service Survey was launched in March 2026 to provide an early check-in with families during their service experience. This allows NSECDIS to assess how services are progressing while also offering families an early opportunity to share concerns or contact the program if issues arise. This approach responds directly to key findings from the 2023–24 Family Survey and supports ongoing efforts to strengthen family voice.

The survey is brief and asks families about the type and frequency of contact they have had with NSECDIS and their Developmental Interventionist, the services they have received to date, and whether these services are satisfactory. Families may also choose to discuss their feedback with the Regional Director in their area.

Together, the Early Service Survey and the Exit Survey provide a comprehensive view of family experience, strengthening NSECDIS's ability to consistently gather and respond to family input and feedback.

> [DI] was an exceptional support to us in a very deep time of uncertainty, regarding our daughter and her possible diagnosis. She went above and beyond, not only in her career roles, but in demonstrating due diligence and care, as a human being. Always genuinely interested our well being overall. So very much appreciated. She answered many, many questions we had with a calmness and zero bias or judgment. This soothed our worries and concerns. She was timely, extremely professional and an advocate for us in the school boardroom. Always following up and ensuring we understood everything and felt heard. Although our daughter tested negative for a diagnosis, we felt safe working with [DI], regardless of the outcome. Thank you [DI] ! It was an absolute pleasure to work alongside you. You are a ray of light in this dark and confusing world. A true gem. Our family truly thanks you!" - Parent

SERVICE DELIVERY OUTCOMES

NSECDIS is committed to delivering high-quality, family-centered services across Nova Scotia. A cornerstone of this work is **home visiting,** which ensures staff are meeting families where they are. This fiscal year, staff dedicated a total of 11,937 hours to home visits, supporting children and their families directly in their communities. In addition to in-person support, staff completed 5,441 hours of digital communication with families, providing flexible and responsive services that meet the evolving needs of those we serve.

"NSECDIS is a great service to have when you have a child with developmental delays/disabilities. They listen to your concerns, give recommendations for options that you may not have known about. **My little girl looks forward to the home visits, sensory play time, and showing off her new skills she has learned since the last visit.** I am very grateful to have this service available to us." (Parent)

98% of families said that their DI was responsive to their communication preferences (NSECDIS Family Survey)

98% of families said that their DI worked with them to gather information about their family's needs (NSECDIS Family Survey)

11,937 hours
in home visiting

5,441 hours
in digital communications

"I would want other families to know that the support of our NSECDIS worker has been invaluable. Navigating a system with a child who has developmental delays can be difficult. It's been so helpful and validating to have [DI] as a part of our team. She visits us in home, shares insight into my daughter's development, understanding for our family dynamics, and is always available if I need someone to attend important appointments. **She has helped me to feel seen". (Parent)**

SERVICE DELIVERY OUTCOMES

GOALS

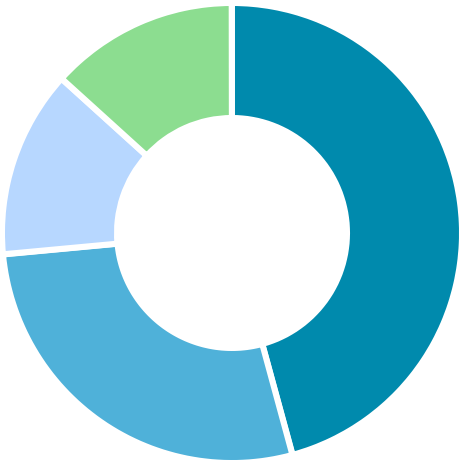
Goal creation across NSECDIS has continued to grow significantly, reflecting the organization's ongoing commitment to individualized, family-centered intervention and collaborative service planning. Since 2021, annual goal creation has increased from 1,151 recorded goals to 10,818 recorded goals this fiscal year, representing an extraordinary **840% increase in goal-focused service delivery across the province.**

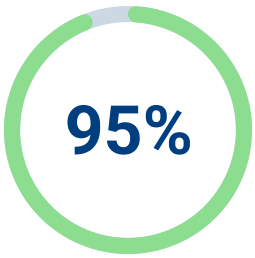
This substantial growth highlights the increasing emphasis placed on meaningful engagement with families, intentional developmental planning, and measurable progress tracking for children receiving services. Goals provide a shared framework for identifying priorities, supporting child development, strengthening family capacity, and coordinating services tailored to each child's unique strengths and needs.

10,818
goals were created this fiscal year

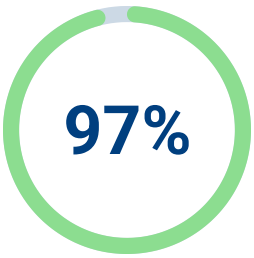
9,542
of those goals progressed

88%
of goals progressed





of families agreed or strongly agreed that early intervention services helped them do things with and for their child that were good for their child's development (NSECDIS Family Survey)



of families agreed or strongly agreed that early intervention services helped them feel more confident in their skills as a parent (NSECDIS Family Survey)

"[DI] could (and should!) be the spokesperson for NSECDIS! **She has such a welcoming and warm way of carrying herself that has helped my family transition through the NSECDIS care without any concerns.** Prior to entering NSECDIS, I considered myself knowledgeable about services and supports available but [DI] was far more knowledgeable. She has a vast array of knowledge about practically any resource or organization available and how we can access it. Her availability was consistent and she made me feel that she was, and always will be, in my son's corner. **Her deep ties to our local community make her such an invaluable asset to any team.** In terms of [DI]'s presence, both my children were immediately drawn to her. She has a natural way of interacting with the children that sparks their curiosity and continues to provide their own autonomy. [DI] could likely bring a potato into my house as a toy and my children would sit and engage with her, and the potato, for hours! In terms of the parenting and family led side of goal setting [DI] always allowed me to express my desires, concerns, and hopes and helped to guide our family toward success. **As our family faced hardship she remained an invaluable and trustworthy person within our circle of supports." (Parent)**

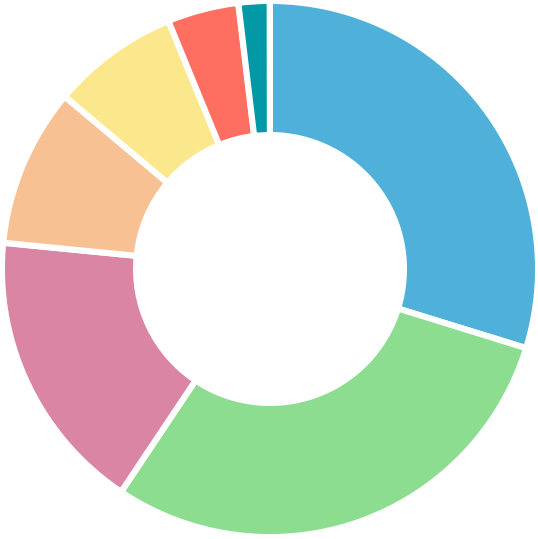
CHILD DEVELOPMENTAL GOALS

SERVICE DELIVERY OUTCOMES

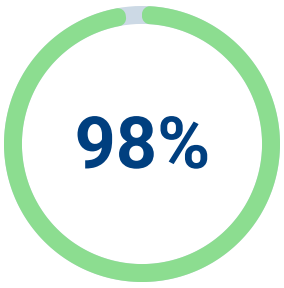
Developmental intervention continues to focus on individualized, goal-based supports that help children build skills across everyday routines, communication, social interaction, and participation in family and community life. Through collaborative planning with families, DIs create goals that reflect each child's unique strengths, needs, and priorities.

This fiscal year, 4,937 Child Goals were created across NSECDIS, with 4,364 goals progressing, representing an overall 88% progression rate. The majority of child goals focused on Adaptive Skills and Self-Care Skills, which each accounted for approximately 30% of all child goals progressed this year. These areas included routines, transitions, behaviour support, toileting, dressing, feeding, and building independence within everyday activities.

These trends reflect the continued emphasis on functional, family-centered intervention that supports children's participation and independence across home, child care, and community environments. Overall, the strong progression rate highlights the meaningful impact of collaborative goal-setting and ongoing developmental support for children and families across the province.



- Self-Care Skills (30%)
- Adaptive Skills (30%)
- Communication Skills (17%)
- Social Skills (10%)
- Motor Skills (8%)
- Cognitive Skills (4%)
- Assessment/Screening/Monitoring (2%)



of families rated that their Developmental Interventionist worked with them to identify goals and priorities for their child's development (NSECDIS Family Survey)

4,937
Child Goals created

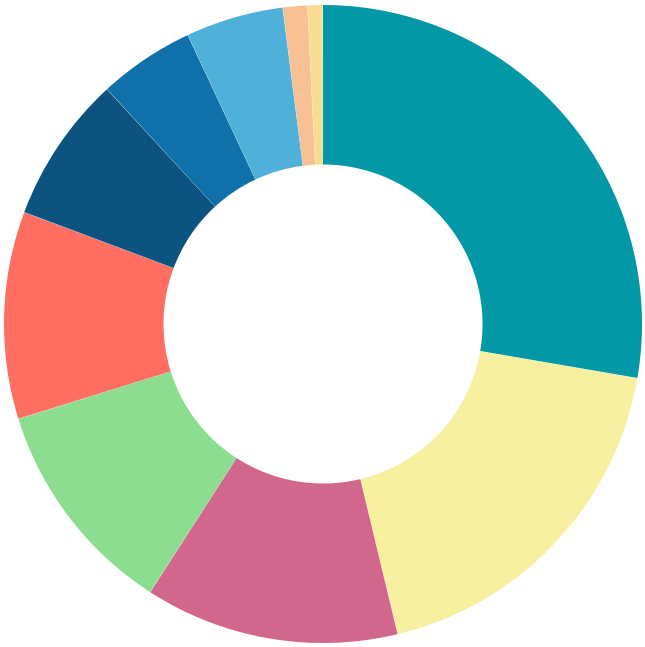
4,364
Child Goals Progressed

88%
Child Goals progressed

FAMILY GOALS

SERVICE DELIVERY OUTCOMES

The donut chart to the right provides a snapshot of the most common family goal domains that were achieved this past fiscal year. As is shown, Adapting Home Environments (28%), Community Program Participation (19%) and Parenting/Family Life Management (13%) are the top 3 goal domains created for families.

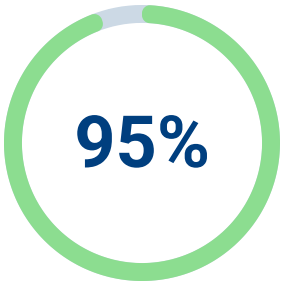


- Adapting Home Environment/Routines (28%)
- Community Program Participation (19%)
- Parenting/Family Life Management (13%)
- Families' Implementation of Therapy Goals (11%)
- Accessing Equipment & Resources (11%)
- Child Development Education (7%)
- Disability/Medical Information (5%)
- Funding (5%)
- Strengthening Informal Supports (1%)
- Respite (1%)

1,448
family goals were created

1,266
of those goals progressed

87%
of goals progressed with families



of families rated that their Developmental Interventionist worked with them to improve their daily routines and activities (NSECDIS Family Survey)

of families rated that their Developmental Interventionist worked with them to identify resources to support their child's development (NSECDIS Family Survey)

"I cannot say enough good things about NSEDIS, especially [DI] . We first met [DI] as scared parents in 2023 with our 3 year old son suspecting an autism diagnosis. **She has been by our side since that first day and truly has helped our family tremendously.** She has been a listening ear on good and bad days. Supporting us every step of the way. **I am sad to have 'lost' her as part of our team but I know she will change the lives of other families who need her.** Thank you [DI] for everything- We will never forget you and your kindness!" (Parent)

CHILD & FAMILY PARTICIPATION IN COMMUNITY

SERVICE DELIVERY OUTCOMES

Connections to external services continued to remain strong this year, reflecting the ongoing complexity of child and family needs and the importance of collaborative, cross-sector supports. **A total of 709 referrals were made to community organizations for children on NSECDIS caseload.** Similar to last year, Speech and Language Services, Rehabilitation Services, and Autism Services remained among the most common referral pathways accessed for children and families engaged with NSECDIS.

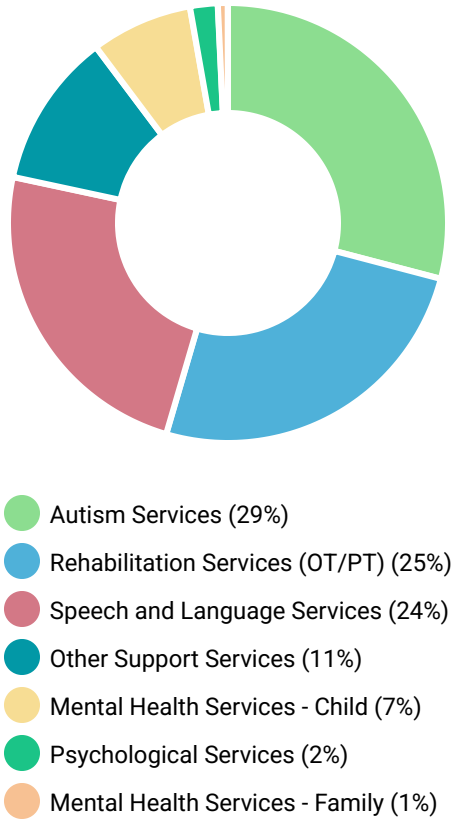
Compared to the previous fiscal year, referrals to Autism Services increased significantly, rising from 161 referrals (17%) to 199 referrals (29%) this year. Referrals to Rehabilitation Services and Speech and Language Services also continued at high levels, accounting for 25% and 24% of referrals respectively. By engaging with community organizations and using external resources, we ensure that families have access to the support they need. The donut charts to the right provide a visual of the most common referrals to other organizations and the most frequent services that required navigation for families on caseload.

709
Referrals made to community organizations

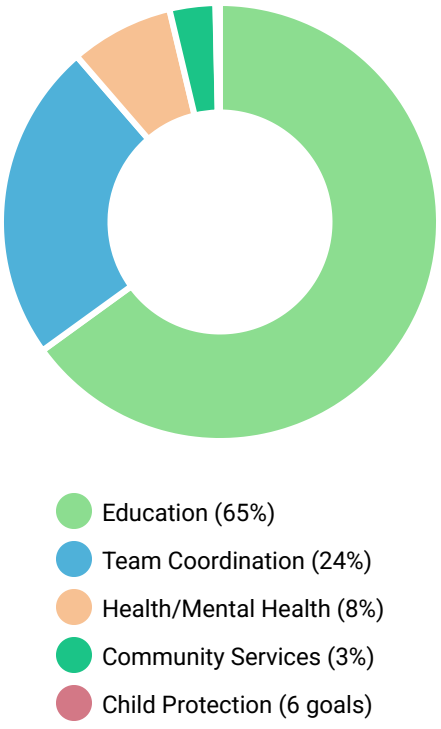
2,653 Hours
spent in team meetings, clinic appointments and consultations with community partners

97%
of families said that their DI treated them as an individual rather than as a "typical" parent of a child with a disability (NSECDIS Family Survey)

Referrals to Community Organizations



Service Navigation Goals



CHILD & FAMILY PARTICIPATION IN COMMUNITY

SERVICE DELIVERY OUTCOMES

Ensuring seamless integration and comprehensive support within child care and pre-primary programs continues to be a key focus of service delivery. Developmental Interventionists are frequently embedded within early learning environments, actively supporting children within their everyday routines and collaborating closely with educators and caregivers to promote inclusive participation and developmental growth.

Between April 1, 2025 and March 31, 2026, a total of 3,891 unique children accessed NSECDIS services. Of these, 818 unique children attended child care only and 1,182 attended pre-primary programs.

Combined, 2,000 unique children accessed an early learning and child care (ELCC) setting during the fiscal year, **representing 51.8% of all children who accessed services.** By fostering strong partnerships within early learning environments, NSECDIS continues to strengthen collaborative, relationship-based intervention approaches that support children's participation, learning, and successful inclusion within community settings.

2,324 Hours of Child Care Consultations ***within*** **243** Centers

2,121 Hours of Pre Primary Consultations ***within*** **266** Schools

CHILD & FAMILY PARTICIPATION IN COMMUNITY

SERVICE DELIVERY OUTCOMES

206
Playgroup Sessions held

421
Children alongside their families Attended Play Group Sessions

688
Hours of Play Group Facilitation provided by NSECDIS staff

267
Community Program Participation Goals created

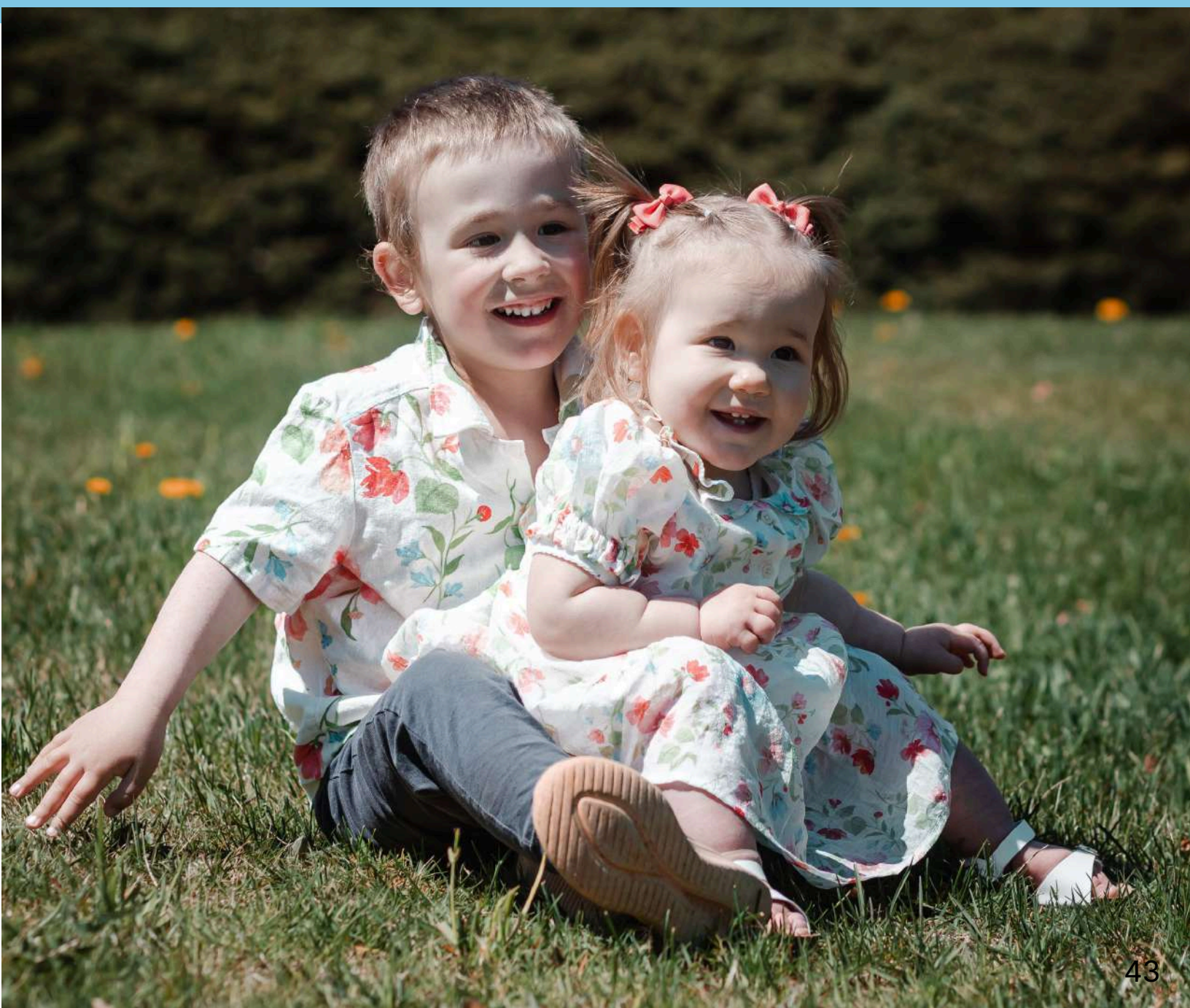
229
Community Program Participation Goals progressed

86%
of Community Program Participation goals progressed

95% of families agreed or strongly agreed that they were given information about opportunities for their child to play with other children (NSECDIS Family Survey)

94% of families said that their DI provided a caring atmosphere rather than just be given information (NSECDIS Family Survey)

"Our Interventionist, [DI] , was instrumental in us obtaining support for our son's Autism assessment. **She was the first person to listen to us, to hear our concerns and our doubts as parents.** She offered pointers to understand our son's behaviour, she offered advice on deescalating him, and she navigated the school and daycare setting effectively and compassionately. She kept in touch regularly via e-mail, and share her notes, observations and suggestions in a calm and kind manner. **She is the kind of person whose work is consistently underrated, yet central to our well-being. We cannot thank her enough." (Parent)**



"We had [DI] as our Developmental Interventionist. **To say that [DI] went above and beyond for our family would be an understatement.** [DI] took on our child when he was having severe difficulties at daycare- daily disruptions and meltdowns. There were times that [DI] came to see me weekly to discuss ways we can help my child. [DI] helped get us in contact with additional professionals when warranted. There were times when she would listen to me while I poured my heart out, and times when she had new strategies for us to try. **There was never a time I did not feel that [DI] was not 100% in our corner.** She showed up for every meeting I had with daycare, then preprimary, continuing to difficulties in primary. All I ever needed to do was tell her when and where and that I needed her there and she made it a priority. **I know that [DI] case load was probably more than it should have been, but she never once made me feel like we were "just another case".** Every single interaction we had with [DI] made me feel like we were the only family she was supporting at that time. I know that we were lucky, as [DI] has been doing this for a living for a while. She has had years of experience, and we were able to benefit from all of that experience through strategies, visual supports, advocacy, and more. **I will never be eloquent enough to truly express how she helped improve things for my child, our family, and how he interacts in the world.** We are not at the end of difficulty for my child, and I mourn that we are at the end of our time with [DI] . We have been blessed to have her as our aide, and our friend. The work she has done on behalf of NSECDIS is second to none. In case she ever sees this... [DI] - thank you. **I don't think you will ever truly know the impact you had on our family, or on me, as a mom who was in the throughs of post-partum depression and a child who needed more support than I could figure out on my own. You saved me from thinking I was not a good mom and that I didn't have what it takes. The love I have for you will never fade. I will be eternally thankful for all that you have done for us. With love"** (Parent)

POSITIVE SOLUTIONS FOR FAMILIES

Overview

From April 2025 to March 2026, **the Positive Solutions for Families program was offered to 62 families** across 3 childcare centres, family resource centres, partnering programs and individual family homes:

- 24 families participated in in-person sessions
- 6 families participated in online facilitated sessions
- 19 families participated in Coffee Chats and 3 participated in Tea Talks.
- 10 individual families participated in online self-directed sessions

Our partnership with external organizations like Family Resource Centres and childcare centres serving underserved populations has been highlighted this year. Coffee Chats and the newly developed Tea Talks for use within First Nations Communities have been very well-received. It has been wonderful to watch the program grow organically and meaningfully both with and for communities.

"I enjoyed the warm and friendly atmosphere the most as well as how knowledgeable and caring the facilitators were. They made the program so very special. Their approach made it easy to connect with the material and feel supported through the sessions. The content was practical and valuable with strategies that made a real difference in managing behaviours and supporting my children." - Parent

"I loved how practical the sessions were. The materials provided are actually very useful." - Parent

"Parents really just enjoyed having time to chat amongst themselves, share their stories and feel heard/seen in their struggles. It was powerful!" - Facilitator

A new format is now available for Positive Solutions for Families called **Tea Talks**!

Indigenous Adaptation

Tea Talks are an informal version of Positive Solutions for Families **created for Indigenous communities** within Nova Scotia

Culturally Relevant

To ensure cultural relevance, Tea Talks incorporate **photos of Indigenous children** from some of our First Nations communities in Nova Scotia

Connection is Key

Tea Talks continue to focus on **social emotional connections** between caregivers and children

More Fun Facts:

Since its beginning in 2019, PSF has been offered to a total of **363** families!

- 111 families participated in in-person facilitated sessions
- 53 families participated in online facilitated sessions
- 56 families participated in Coffee Chats
- 143 individual families participated in online self-directed sessions

Pyramid Model Coaching in Action

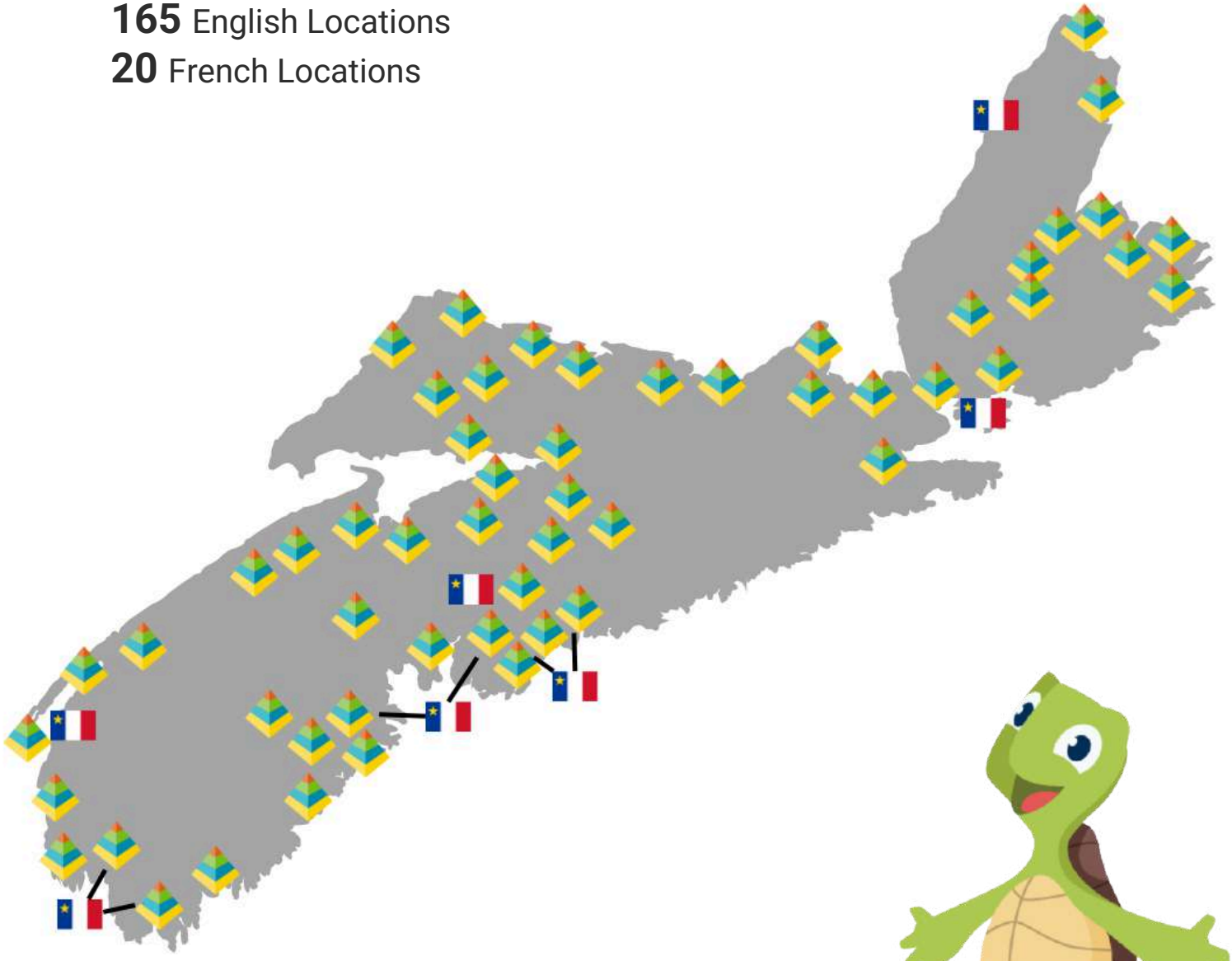
PYRAMID MODEL IMPLEMENTATION LOCATIONS

*Locations are approximate and may represent more than one program

185 Total Implementation Locations

165 English Locations

20 French Locations



PROGRAM COACHING IN ACTION

With the goal of **building program capacity and sustainability**, the Nova Scotia Pyramid Model shifted implementation in Regulated Child Care to a stronger focus on program coaching in 2025-26 which includes:

- Leadership training
- Supporting programs in building the infrastructure needed to implement and sustain Pyramid Model practices long term (e.g. vision, policies, program-wide expectations, procedures to support challenging behaviours, systems of professional development, staff support planning, communication pathways, etc.)
- Maximizing resources to support programs in building their own internal capacity for coaching and coaching programs in gathering, recording and using data to support their decision making and action planning

In 2025-26, there were 74 Regulated Child Care locations participating in program coaching and 52 Internal Coaches identified to support programs in building their own internal capacity for coaching.

Over the last year as implementation shifted and program coaching increased, Coach Team Leads and Inclusion Coaches began their 2 year involvement with Regulated Child Care locations implementing Pyramid Model. The imagine below illustrates the the focus of that 2 year support structure.

."There are multiple data collection tools (BoQ, BIR, TPOT, TPITOS, etc) and the results of the data collected using these tools will help to identify the strengths, as well as the areas that need some work, and will help guide the decision making process around what goals to work on both as a leadership team for program wide implementation, and classroom specific."
-Inclusion Coordinator

"IT WORKS! Everything just merges together. We've seen the results of implementing the pyramid."
-Director

LEADERSHIP TRAINING FACILITATED

Below is the number of individuals who have completed each Leadership training module in 2025-26 along with the total hours of training offered for each module.

15 **NS Pyramid Model Expression of Interest Session = 15 hours**
Offered in English only

87 **Introduction to the Pyramid Model = 174 hours**
Offered in English and French

65 **Implementation Exploration & Readiness Session 1 = 97.5 hours**
Offered in English and French

60 **Implementation Exploration & Readiness Session 2 = 90 hours**
Offered in English and French

82 **Role of the Leadership Team = 164 hours**
Offered in English and French

52 **Setting Your Program Up for Success = 104 hours**
Offered in English and French

84 **Supporting Family Engagement = 168 hours**
Offered in English and French

69 **Data Decision Making = 138 hours**
Offered in English and French

"The training was well rolled out. [Coach Team Lead Name] has been great at explaining everything and opening up the door for questions and extra meetings."
-Director

"Thankful for all the resources, coaching staff and especially the continued support."
-Director

INTERNAL COACH TRAINING FACILITATED

Below is the number of individuals who have completed each Internal Coach training module in 2025-26 along with the total hours of training offered for each module.

102 **Introduction to NS Pyramid Model & The Internal Coach = 306 hours**
Offered in English and French

52 **Birth to 5 Discussion Session = 156 hours**
Offered in English and French

61 **Coaching & Adult Learning Principles = 183 hours**
Offered in English and French

43 **Coaching & Adult Learning Principles Discussion Session = 129 hours**
Offered in English and French

52 **Practice Based Coaching Session 1 = 260 hours**
Offered in English and French

52 **Practice Based Coaching Session 2 = 260 hours**
Offered in English and French

27 **Teaching Pyramid Observation Tool (TPOT) Reliability Training = 324 hours**
Offered in English & French

7 **Teaching Pyramid Infant-Toddler Observation Scale (TPITOS) Reliability Training = 84 hours**
Offered in English and French

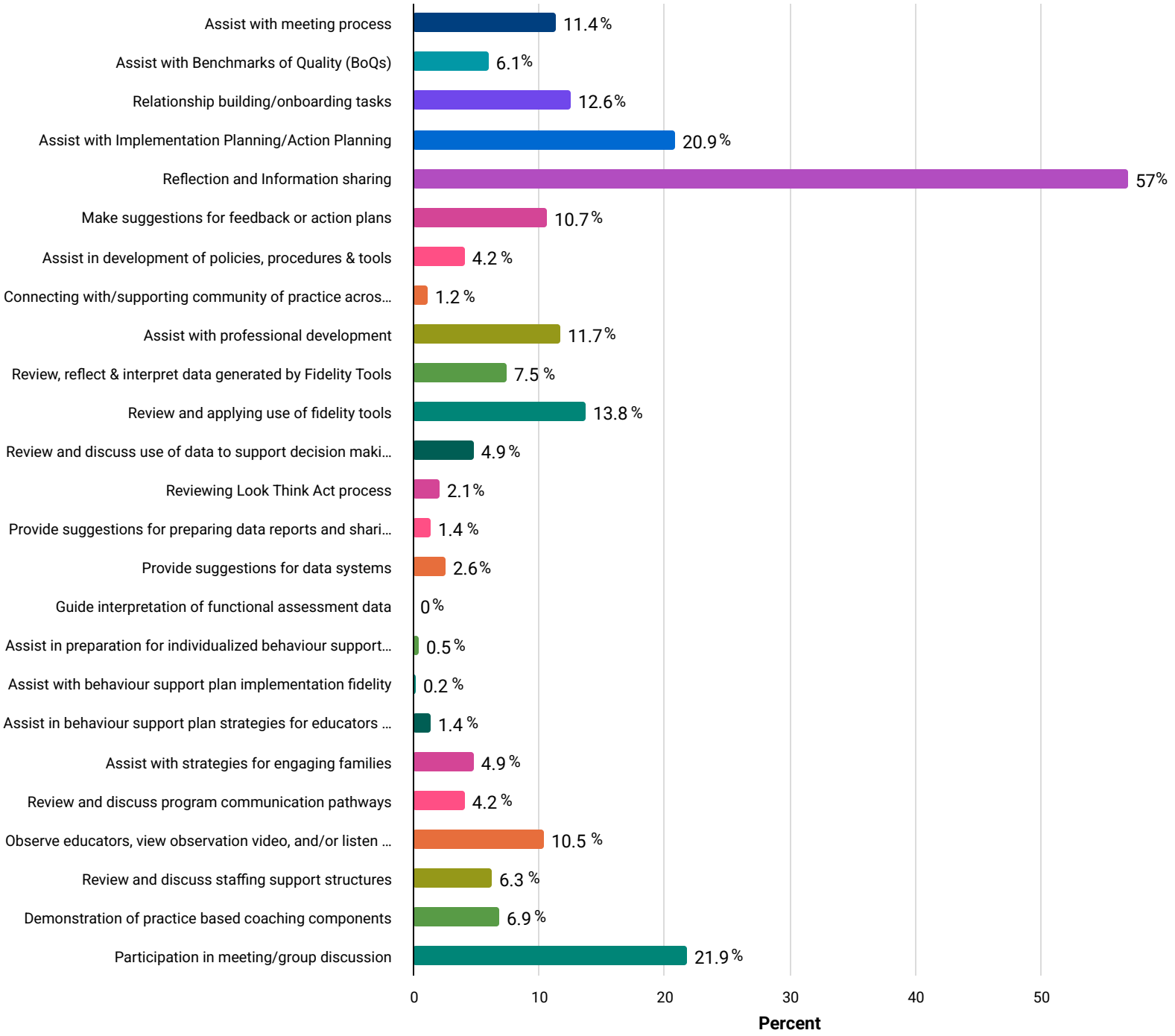
PROGRAM COACHING ACTIVITIES

Every coaching session with a program or internal coach uses at least one program coaching activity. Coaching sessions can look different from visit to visit depending on the programs implementation journey thus far. Inclusion Coaches work with each individual program and Internal Coach to address current goal(s) and meet them where they are at. Below are the program coaching activities used for the 2025-26 fiscal year.

Program Coaching Activity	
Assist with meeting process (e.g., develop agenda, minutes, evaluations, etc.)	Assist with Benchmarks of Quality (BoQs)
Relationship building/onboarding tasks	Assist with implementation planning/action planning
Reflection and information sharing (e.g., Pyramid Model practices, implementation considerations, new resources, updates, etc.)	Make suggestions for feedback or action plans (e.g., coaching conversations, goal setting, action steps, resource sharing)
Assist in development of policies, procedures & tools	Connecting with/supporting community of practice across educators and professional learning discussions
Assist with professional development (e.g., planning, delivering, and/or evaluating)	Review, reflect & interpret data generated by fidelity tools (e.g., BoQs, TPOTs, TPITOS, BIRs, Coaching Logs)
Review and applying use of fidelity tools (e.g., BoQs, TPOTs, TPITOS, BIRs, Coaching Logs)	Review and discuss use of data to support decision making and continuous improvement
Reviewing Look Think Act process	Provide suggestions for preparing data reports and sharing of data to staff, families and other partners
Provide suggestions for data systems	Guide interpretation of functional assessment data
Assist in preparation for individualized behaviour support meeting (e.g., including encouraging family involvement)	Assist with behaviour support plan implementation fidelity
Assist in behaviour support plan strategies for educators and/or family implementation	Assist with strategies for engaging families (e.g., planning meetings, sharing data)
Review and discuss program communication pathways (e.g., bi-directional, information sharing, feedback loops, etc.)	Observe educators, view observation video, and/or listen to debrief session
Review and discuss staffing support structures (e.g., positive engagement, individualized staff support planning, crisis support, practice maintenance)	Demonstration of practice based coaching components
Participation in meeting/group discussion	

441 hours spent in program coaching across **429** visits in 2025-26!

Program Coaching Activity Percentage of Use Per Visit



PROGRAM GOALS

103
goals written

96
goals progressed

93%
of goals progressed

Goal Type

Program Onboarding
These indicators focus on the initial ground work of a program when onboarding to set their program up for success prior to completed a baseline BoQ.

Establish Leadership Team
These indicators emphasize establishing a well-supported, representative leadership team with a clear mission and regular meetings.

Staff Buy-In
These indicators emphasize building strong staff buy-in and ongoing engagement in a program-wide effort to support social-emotional development.

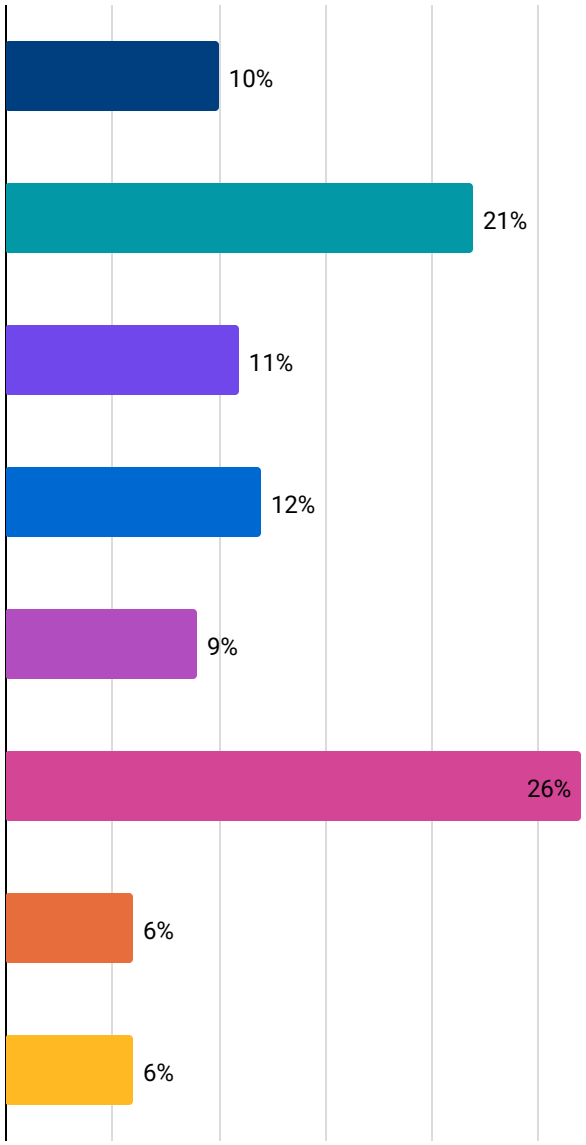
Family Engagement
These indicators emphasize meaningful, ongoing family engagement in program planning, communication, and decision-making.

Program-Wide Expectations
These indicators focus on developing and consistently implementing culturally responsive, developmentally appropriate program-wide expectations.

Professional Development and Staff Support Plan
These indicators emphasize ongoing training, coaching, professional development, and staff support systems.

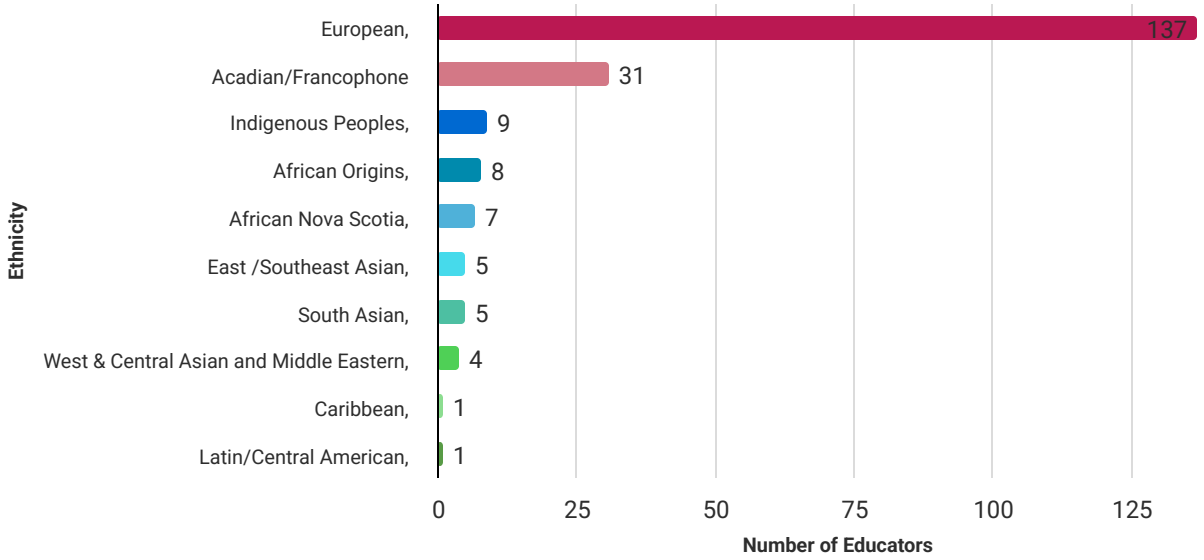
Procedures for Responding to Challenging Behaviour
These indicators focus on using culturally responsive, evidence-based, and collaborative approaches to support children with challenging behaviour.

Monitoring Implementation and Outcomes
These indicators emphasize the regular collection, analysis, and sharing of data to monitor implementation fidelity and guide decision-making.

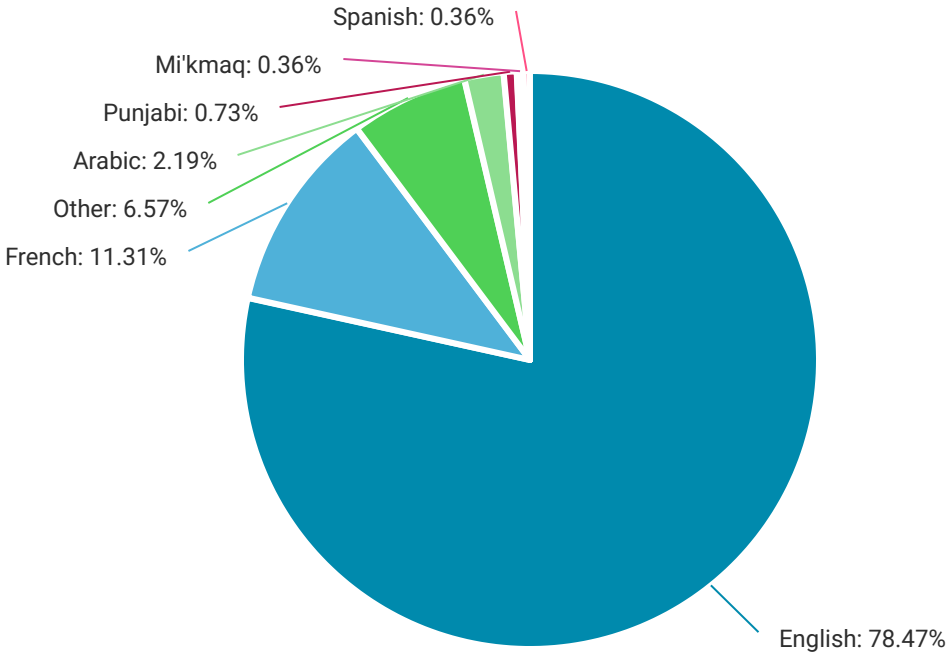


EDUCATOR DEMOGRAPHICS

Nova Scotia is home to an array of diverse populations, ethnicities, and languages. The educators who are coached through the Pyramid Model program represent a variety of groups. Below is a graph outlining the ethnicities that educators identified as. This graph represents all educators that have been coached in The Pyramid Model in 2025-26. Please note that totals may not equal the number of educators being coached as educators can identify with more than one ethnicity or ethnicity was not disclosed.



The graph below indicates the percentage of educators, including Pre-primary and childcare, that have identified as being able to speak the designated languages.



EDUCATOR COACHING IN ACTION

Pre-primary Program

111
schools implementing

140
classrooms implementing

154
educators coached

1048
coaching visits with educators

"[Inclusion Coach Name] has been an awesome PM coach. Any time I reached out with questions or needing help in any way, she was always quick to respond and ready to do whatever she could to help. If she didn't have an immediate answer, she reached out to others to ask and followed up shortly afterwards!

[Inclusion Coach Name] has gone above and beyond in her time coaching! Truly appreciate having her visit our classroom, offering suggestions, and allowing me to do what I felt best for our group of Pre-primaries."

-Pyramid Model Pre-primary ECE

"[Inclusion Coach Name] came in 6 months into my coaching when I was feeling lost and overwhelmed in my classroom. She waited and listened, providing support that helped me regain confidence in my classroom and in pyramid model. Her visits were always the highlight of my week and without her I would not have achieved what I have. Thank you [Inclusion Coach Name]."

-Pyramid Model Regulated Childcare ECE

Regulated Childcare

74
locations implementing

83
classrooms implementing

93
educators coached

777
coaching visits with educators

PYRAMID MODEL EDUCATOR TRAINING FACILITATED

Below is the number of individuals who have completed each Pyramid Model training module in 2025-26 along with the total hours of training offered for each module.

957 **Birth to Five Module 1: Building Relationships and Creating Supportive Environments = 5742 hours**
Offered in English only

609 **Birth to Five Module 2: Social Emotional Teaching Strategies = 3654 hours**
Offered in English only

498 **Birth to Five Module 3: Individualized Intervention: Determining the Meaning of Behavior and Developing Appropriate Responses = 2988 hours**
Offered in English only

4 **Preschool Module 1: Nurturing and Responsive Relationships = 24 hours**
Offered in French only

4 **Preschool Module 2: High-Quality, Supportive Environments = 24 hours**
Offered in French only

31 **Preschool Module 3: Teaching Social-Emotional Skills = 186 hours**
Offered in French only

15 **Preschool Module 4: Individualized Teaching of Social-Emotional Skills = 30 hours**
Offered in French only

141 **Preschool Module 5: Addressing Challenging Behavior = 846 hours**
Offered in French only

PYRAMID MODEL EDUCATOR TRAINING FACILITATED CONT.

Below is the number of individuals who have completed each Pyramid Model training module in 2025-26 along with the total hours of training offered for each module.

639 **Trauma Informed Care & The Pyramid Model = 3195 hours**
Offered in English only

290 **Culturally Responsive Practices to Reduce Implicit Bias, Disproportionality, Suspensions, and Expulsions = 580 hours**
Offered in English only

11 **Wellness: Taking Care of Yourself = 22 hours**
Offered in English only

265 **Prevent-Teach-Reinforce for Young Children = 2120 hours**
Offered in English only

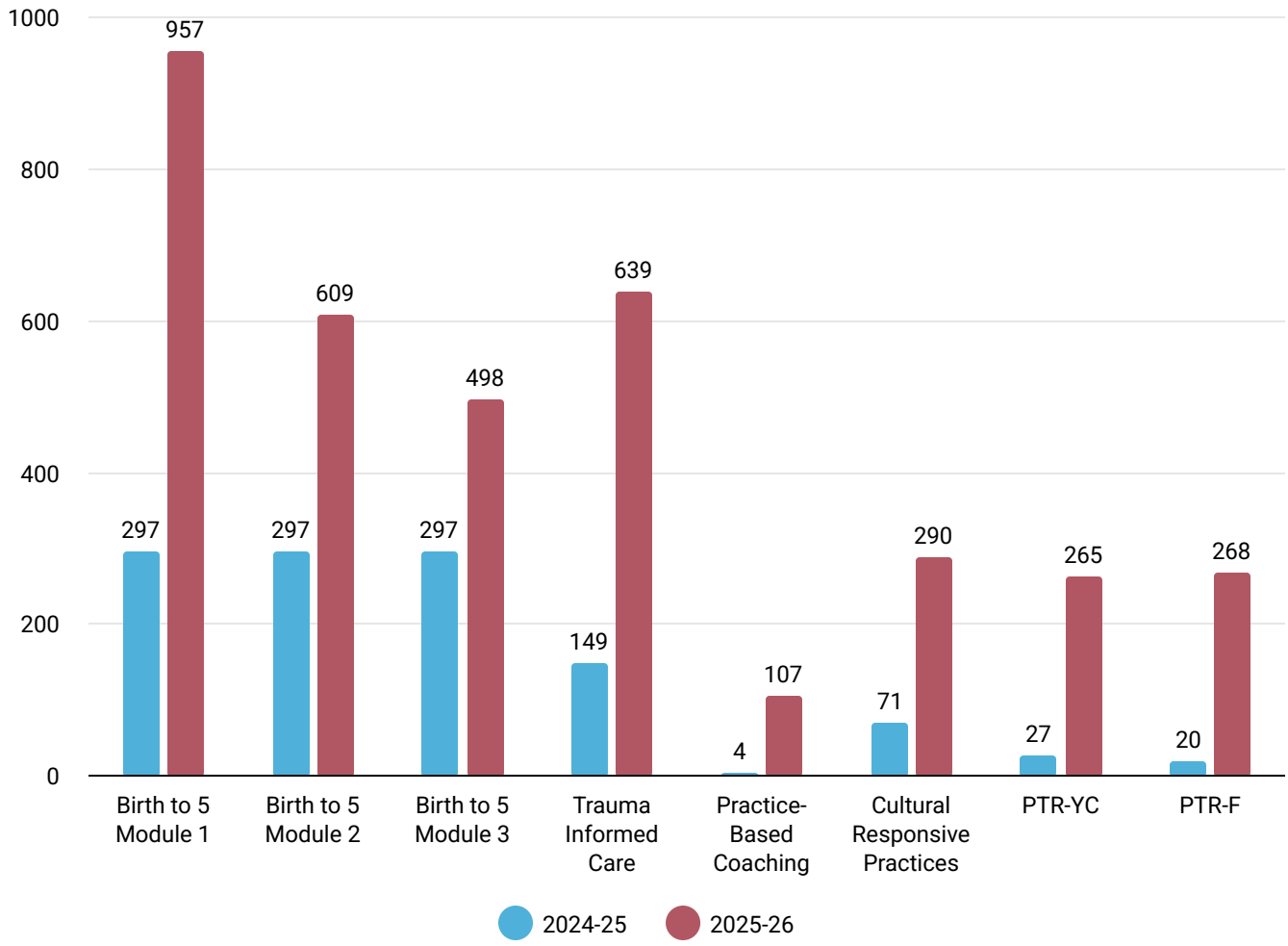
268 **Prevent-Teach-Reinforce for Families = 2144 hours**
Offered in English only

28 **Targeted Strategies for Successful Inclusion of Children with Disabilities = 280 hours**
Offered in English only

189 **Pyramid Model Staff Engagement Session = 283.5 hours**
Offered in English and French

EDUCATOR TRAINING GROWTH

The graph below represents the growth in training attended by individuals for the Pyramid Model modules reported in both the 2024-25 and 2025-26 fiscal years.



GENERAL EARLY LEARNING AND CHILD CARE SECTOR TRAINING (non-NCPMI modules)

Below is the number of individuals in the ELCC sector who have attended trainings offered by NSECDIS staff in 2025-26.

250 **Introduction to NS Pyramid Model = 375 hours**
Offered in English and French

280 **The Five Essentials = 420 hours**
Offered in English and French

13 **Fundamentals of Positive Child Guidance = 39 hours**
Offered in French only

846 **Addressing Challenging Behaviours = 4812 hours**
Offered in English and French

35 **Inclusion Coordinator Community of Practice = 35 hours**
Offered in English only

PRACTICE-BASED COACHING

Following a cyclical process, practice-based coaching is used to support and build the capacity of educators to support all children's social and emotional development. Practice-based coaching involves the follow components:

Collaborative Partnerships

- Educators and Coaches are partners throughout the entire process.
- Coaches support Educators one-on-one to enable a change in practice.

Shared Goals and Action Planning

- Educators and Coaches decided together what goals to work on and when.
- Educators and Coaches draft the steps toward those goals together, step-by-step.

Focused Observation

- Coaches provide a second set of eyes to determine if goals are being met.
- Alongside the Coach, Educators can find ways to step back and look at the whole picture.

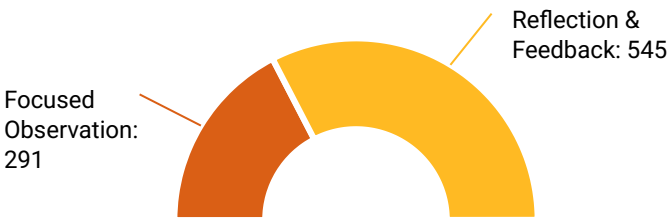
Reflection and Feedback

- Educators and Coaches share feedback together that clarifies and fine-tunes efforts.
- Alternate pathways towards goals, different ways of observing or adjusting coaching are all possibilities.

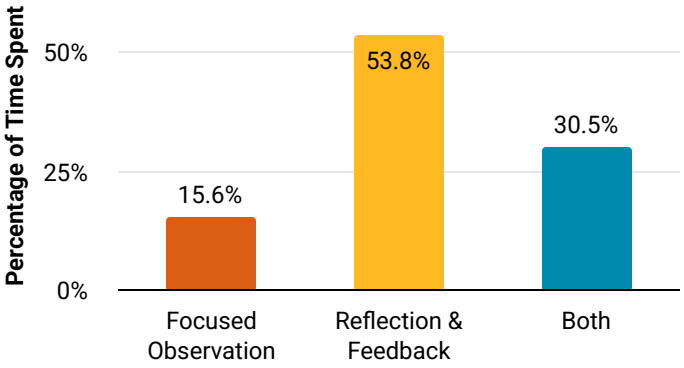
Educator Coaching in Pre-primary Programs

484 Coaching Cycles Completed!

Hours Spent in Focused Observation vs. Reflection & Feedback



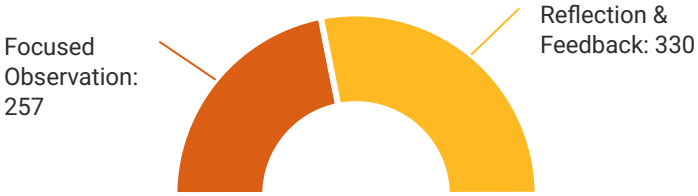
Type of Coaching Visit



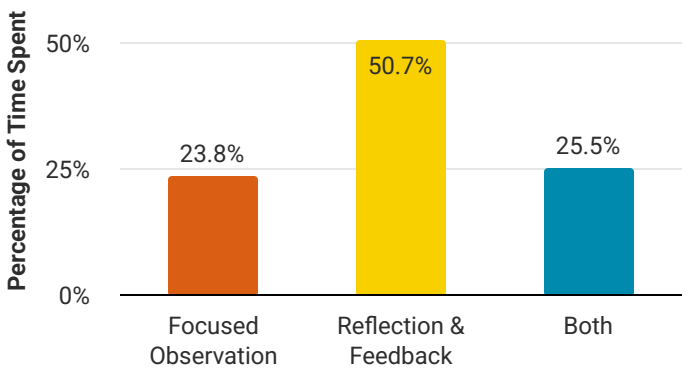
Educator Coaching in Regulated Child Care

383 Coaching Cycles Completed!

Hours Spent in Focused Observation vs. Reflection & Feedback



Type of Coaching Visit



EDUCATOR COACHING STRATEGIES

Coaches engage in at least one component of the practice-based coaching cycle each visit they have with an educator. Coaching sessions can look different from visit to visit depending on the goal(s) that are in progress for an educator. Within the Pyramid Model, there are a number of coaching strategies that Coaches can use with their educators to ensure they are able to support an educators work towards completing their goal(s). Coaching strategies are broken down into Focused Observation and Reflection & Feedback strategies. Refer to the list below for each strategy and it's definition.

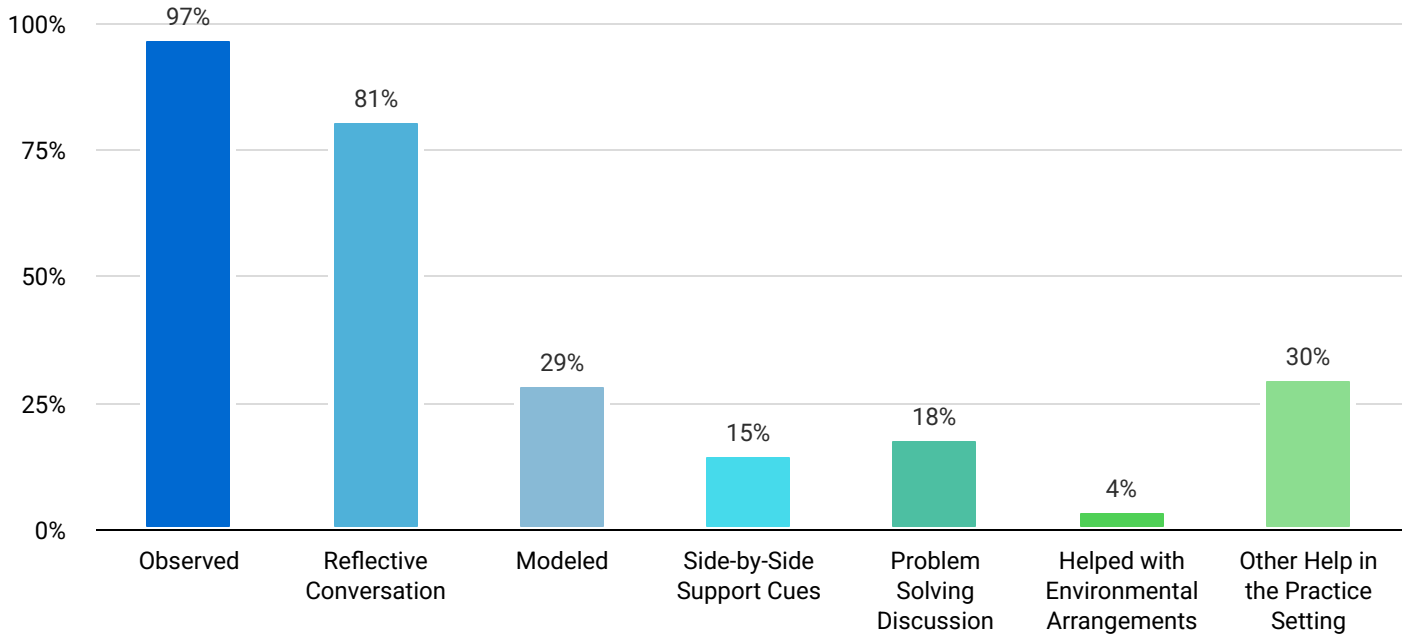
Focused Observation Coaching Strategies

Focused Observation Strategy	Defintion
Observed	Watching, listening, and taking objective notes about the educator's actions or behaviours related to the practice(s) specified in the goal and action plan. [6]
Reflective Conversation	A verbal interaction that includes a brief exchange between the coach and educator and that is focused on reflection. Because this takes place during an observation, the conversation does not need to be lengthy (an initiation and response is sufficient). [7]
Modeled	Modeling is demonstrating or showing the educator how to implement a practice that is the focus of the goal or action plan. [6]
Side-by-Side Support Cues	Side-by-side support is when the coach supports practice implementation in-the-moment verbally, with gestures, with visual cues, or through technology. [6]
Problem Solving Discussion	An Interaction between the educator and coach about solving a practice implementation issue through the four steps. [6]
Helped with Environmental Arrangements	The coach helps the educator to modify or enhance the practice setting or materials in the setting to set the occasion for the educator to implement a practice. [6]
Other Help in the Practice Setting	Doing other things in the practice setting that are not related to the implementation of Pyramid model practices but help to establish the coach/educator relationship. [7]

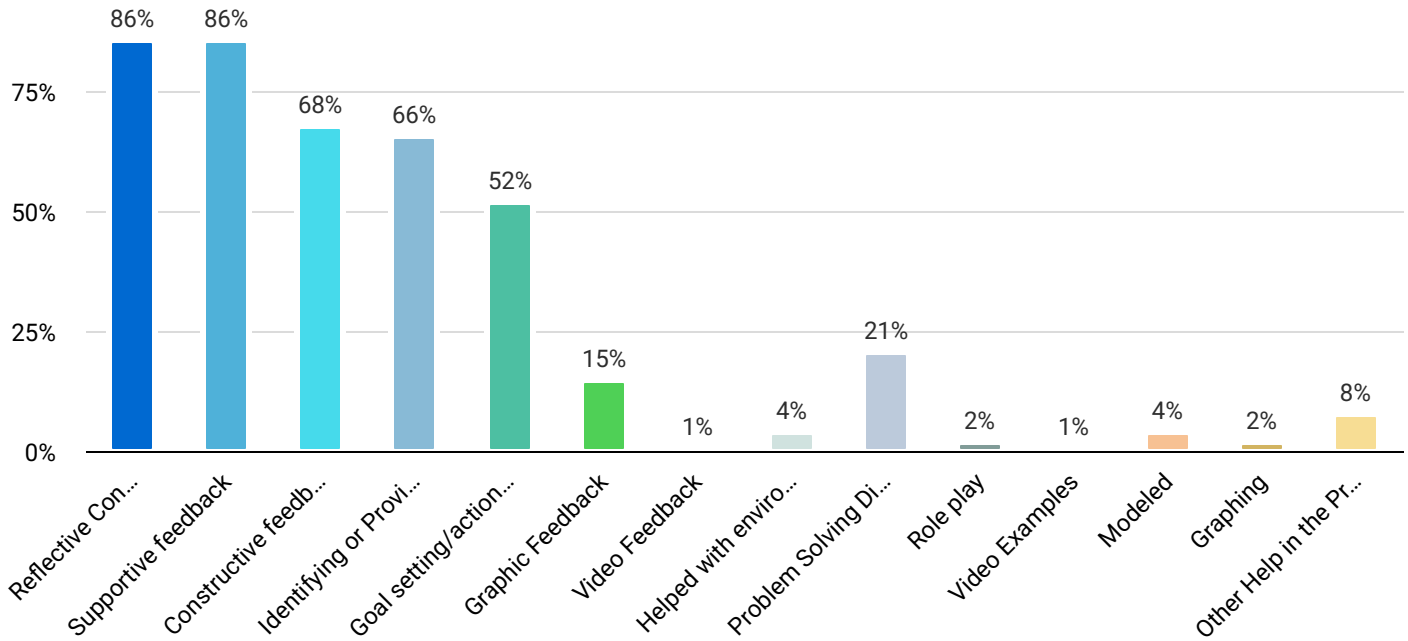
Reflection and Feedback Coaching Strategies

Reflection & Feedback Strategy	Definition
Reflective Conversation	Interaction between the coach and educator to prompt thinking and discussion about practice implementation and how practice affects children or others. [6]
Supportive Feedback	The provision of positive descriptive information about the educator's actions related to practice implementation as specified in the goal and action plan. [6]
Constructive Feedback	The provision of data-informed or performance-based suggestions or supports for enhancing the fidelity of practice implementation as specified in the goal and action plan. [6]
Identifying or Providing Resources or Material	Identifying or providing resources or materials that help the educator learn about or implement the practice(s) that is the focus of a goal or action plan. [6]
Goal Setting/Action Planning	A collaborative process between the educator and coach that includes a discussion of practice-focused strengths and needs and the identification of a coaching priority. [6]
Graphic Feedback	A visual display of educator data and included verbal or written information that is used to provide performance feedback and to analyze and communicate about educator's practice(s) implementation. [6]
Video Feedback	The coach records video of the educator or the educator shares a video they recorded in the practice context and uses the video to provide performance feedback and to analyze and communicate about educator's practice(s) implementation. [6]
Helped with Environmental Arrangements	The coach helps the educator to modify or enhance the practice setting or materials in the setting to set the occasion for the educator to implement a practice. [6]
Problem Solving Discussion	An Interaction between the educator and coach about solving a practice implementation issue through the four steps. [6]
Role Play	The educator and coach take on other roles related to practice implementation. [6]
Video Example	Video examples show how another practitioner uses a practice in a similar implementation setting. They should be brief and well aligned to the goal, action plan, or performance-based feedback.[6]
Modeled	Modeling is demonstrating or showing the educator how to implement a practice that is the focus of the goal or action plan. [6]
Graphing	Coach and educator work together to graph data the educator or coach has collected for educator or child behaviours. [6]
Other Help in the Practice Setting	Doing other things in the practice setting that are not related to the implementation of Pyramid model practices but help to establish the coach/educator relationship. [7]

Focused Observation Educator Coaching Strategies Percentage of Use Per Visit



Reflection and Feedback Educator Coaching Strategies Percentage of Use Per Visit



"As a participant in the Pyramid Model, I have gained a deeper understanding of how to create a positive and supportive learning environment. I've learned the importance of building strong relationships with the children, supporting their social-emotional development, and using evidence-based strategies to guide my practice. I've also gained confidence in my ability to manage behaviors proactively and to provide more intentional teaching. The Pyramid Model has helped me develop a more structured, yet flexible, approach to my work, and it's made me more reflective and purposeful in my teaching."

-Pyramid Model Pre-primary ECE

EDUCATOR GOALS

565 goals written → **530** goals progressed → **94%** of goals progressed

Goal Type

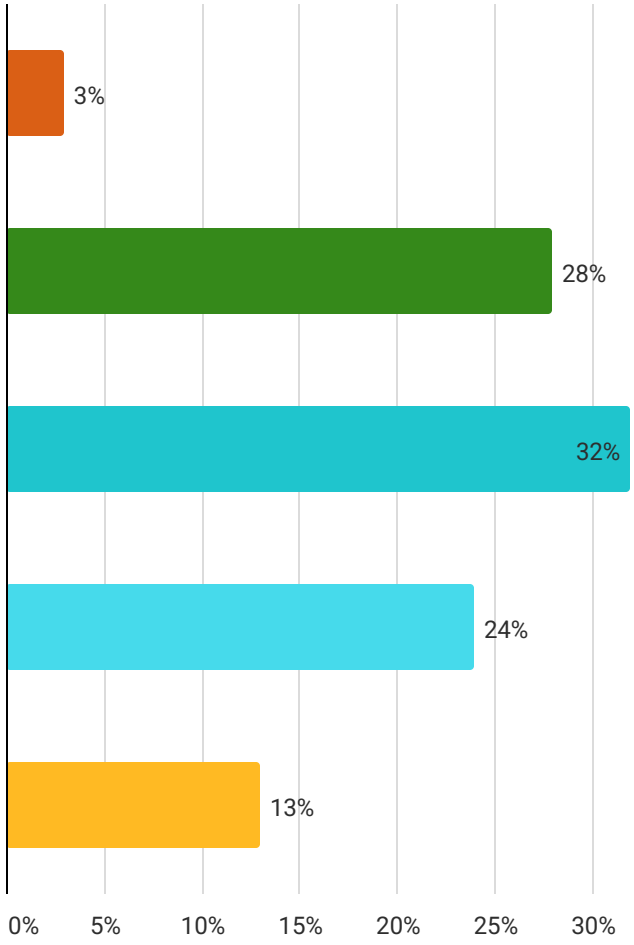
Intensive Intervention
Goals related to the third tier of the Pyramid Model, specifically in supporting individualized intervention plans.

Targeted Social Emotional Supports
Goals related to the second tier of the Pyramid Model, specifically in utilizing targeted strategies to prevent challenging behaviours.

High Quality Supportive Environments
Goals related to the first tier of the Pyramid Model, specifically in creating or maintaining a high quality supportive learning environment.

Nurturing & Responsive Relationships
Goals related to the first tier of the Pyramid Model, specifically in establishing and supporting nurturing & responsive relationships with children.

ECE Independence Capacity Building
Goals related to the capacity building of ECEs in creating their own action plan, tracking data, coaching service transition plans etc.



MEASURING OUR PROGRESS

The Provincial Leadership Team

The Provincial Leadership Team (PLT) is a collaborative team of Nova Scotia early years community partners who serve in a consultation and decision-making capacity to support best practice recommendations for the implementation, scale up and sustainability of the Pyramid Model program in Nova Scotia. The Pyramid Model's State (Provincal) Benchmarks of Quality (BoQ) is the tool adopted as the guide for implementation. It outlines the necessary elements required to ensure effective implementation of the Pyramid Model Framework.

12
PLT Members

→

93
PLT Meetings

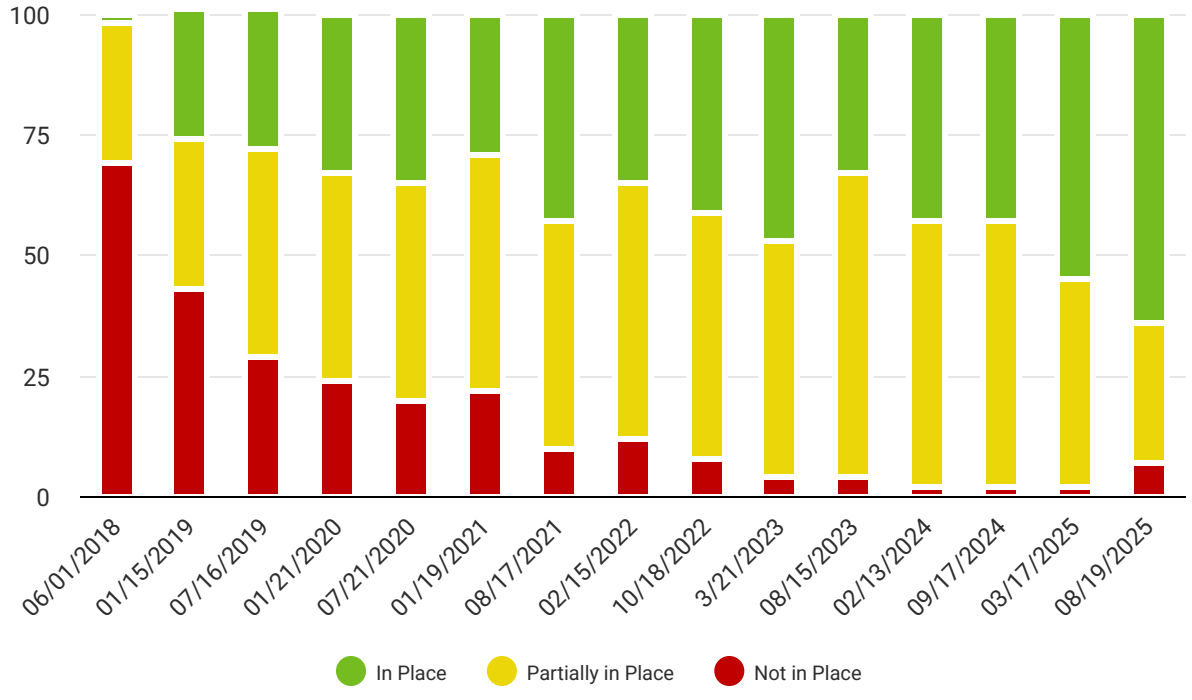
→

15
PLT BoQs Completed

*Above stats are from the PLT's inception on February 8, 2018 to present day.

In 2025-26, the PLT focused their work on sustaining and scaling up Pyramid Model implementation in Regulated Child Care through program coaching. As mentioned above, program coaching involves building the capacity of programs through leadership training, policy and procedural development, support plans and internal coaching.

The graph below shows the progression of the PLT BOQs since Pyramid Models inception in Nova Scotia starting in 2018.



Note: In the 2025-26 fiscal year, the PLT transitioned to completing BoQs annually rather than bi-annualy and new indicators were added to the BoQ tool therefore more indicators were marked not in place.

PLT Membership 2025-26

Jenna Arsenault

Co-Chair

Manager, Sector Development and Partnerships
Department of Education & Early Childhood Development DEECD

Stephanie Geldart

PLT Coordinator

Data Management Specialist
NSECDIS

Jessie-Lee McIsaac

Evaluation Lead

Canada Research Chair in Early Childhood: Diversity and Transitions
Early Childhood Collaborative Research Centre

Shari Ridgewell

PLT Member

ECE Consultant
Community Member

Trina Fraser

PLT Member

Executive Director
East Preston Day Care

Angela Fitzgerald

PLT Member

Coach Team Lead
NSECDIS

Patricia Monaghan

Co-Chair

Executive Director
NS Early Childhood Development Intervention Services NSECDIS

Karen Patterson

PLT Member

Pre-primary Consultant
DEECD

Barbara Kaiser

PLT Member

Co-author Challenging Behavior in Young Children and Addressing Challenging Behavior: The Leader's Role

Andrea Bullerwell

PLT Member

Director of Childcare Services
BGC Yarmouth

Jane Williamson

PLT Member

Directrice générale
le petit voilier

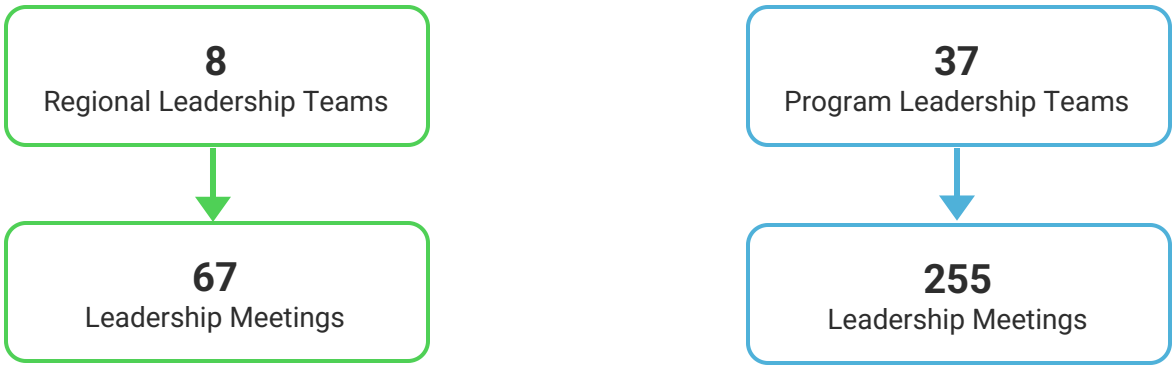
Kim Reyno-Briscoe

PLT Member

Autism Consultant
DEECD

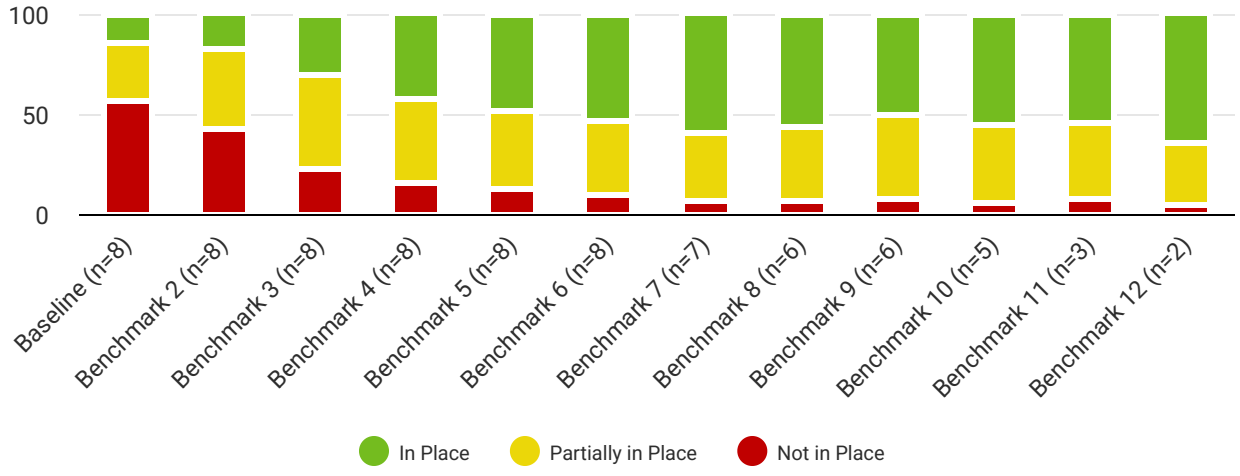
Regional and Program Leadership Teams

Regional and Program Leadership Teams lead the implementation of Pyramid Model in their programs by ensuring practices are implemented program-wide, supports are in place for staff, and data is collected and monitored. These leadership teams are made up of various different members including an administrator, educator, inclusion coach, behavioural specialist, family representative and data coordinator. Leadership teams strive to meet monthly and may have sub-committee meetings throughout the month as well.



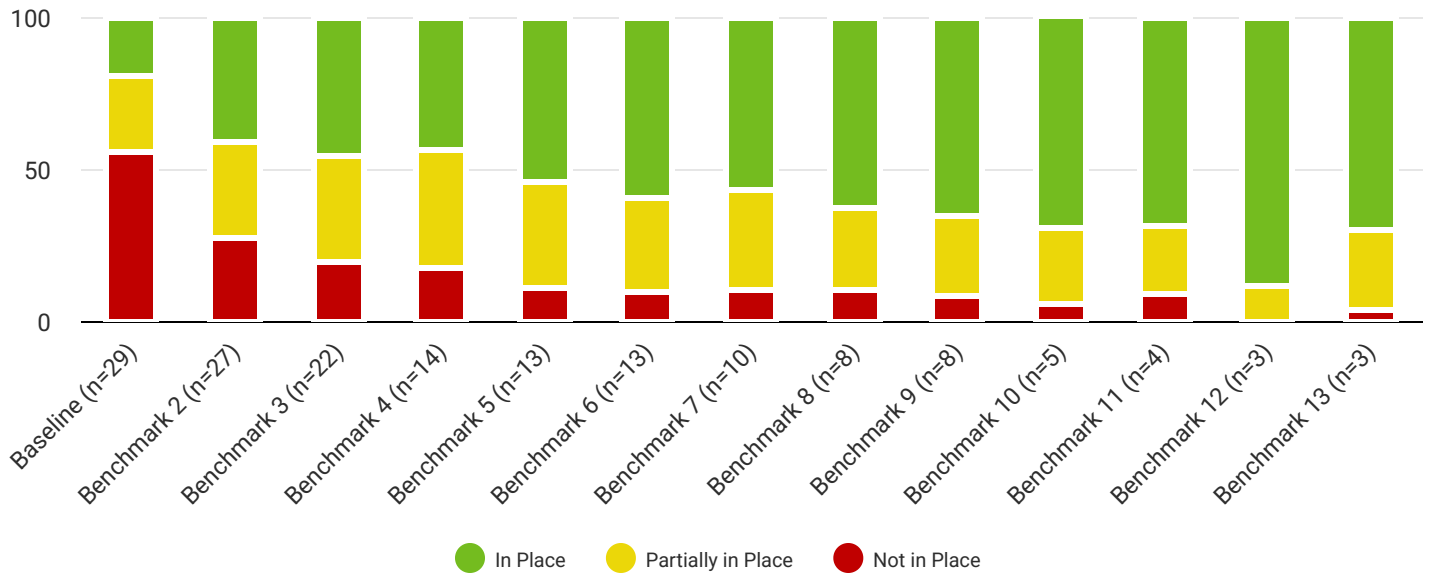
The Early Childhood Program-Wide PBS BoQ is a comprehensive assessment and progress-monitoring tool designed to help programs evaluate their progress toward implementing the Pyramid Model. The BoQ is scored by capturing the consensus opinion of leadership team members about the level of implementation of the benchmarks for program-wide critical elements. Assessments are completed biannually or annually to inform data-based decision making and action planning. Each indicator is scored 0 – 2 (0 = Not in Place, 1 = Partially in Place, 2 = In Place).

There were 10 Regional Leadership Team BoQs completed in 2025-26. To date, there has been 77 BoQs completed. The graph below shows all BoQs to date for Regional Leadership Teams.



Note: All timepoints do not have the same sample size as some programs transitioned to completing BoQs annually rather than bi-annually.

There were 42 Program Leadership Team BoQs completed in 2025-26. To date, there has been 159 BoQs completed for programs that were active in 2025-26 and all are illustrated in the graph below.



Note: All timepoints do not have the same sample size as some programs transitioned to completing BoQs annually rather than bi-annually and each program has a different start date.

Educators being Coached

Educators who are coached through the Pyramid Model program receive one on one support from Coaches to implement Pyramid Model practices in their classrooms. **In 2025-26, 246 educators were coached in varying intensities and lengths of time, with 66 new educators being onboarded.** To date, 466 educators have been coached in some capacity through the Pyramid Model program.

246
ECEs coached this year

466
ECEs coached to date

Educator Fidelity

In **Nova Scotia, educators reach first fidelity** when they have had a TPOT or TPITOS observation meeting the below criteria:

- Overall score of ≥80% on key practices
- No red flags
- Score ≥70% in each key practice (TPOT items 1-14; TPITOS items 1-13)
- All essential strategies are used to respond to challenging behaviours if present (TPOT item 32 only)

Once educators have reached their first fidelity, they receive fidelity checks to ensure practices are being maintained with decreased amounts of coaching over time. During this period, educators work on transitional action plans in collaboration with their Coach to increase educators independence and capacity building. If educators are successful with their fidelity checks, a celebration is had and they graduate from the Pyramid Model program.

Teaching Pyramid Observation Tool (TPOT)

256
TPOTs Completed in 2025-26

The Teaching Pyramid Observation Tool (TPOT) is an assessment instrument designed to measure the fidelity of implementation of practices associated with the Pyramid Model in preschool settings. The purpose of the TPOT is to identify whether practices in all three tiers of the Pyramid Model are consistently occurring [8]. TPOT observations are conducted for roughly two-hours and must include teacher-directed activities (e.g., circle time), child-directed activities (e.g., free play), and a transition between activities. Following the observation period, educators are interviewed to gather further information about their strategies to support children's social-emotional development. These interviews typically last for 15 – 20 minutes.

One way to measure change in practice due to coaching and Pyramid Model implementation, is to explore educators baseline observation, where they had no prior coaching and limited Pyramid Model knowledge, and their time 2 observations, which occurs roughly 6 months into coaching. This past year, there were 41 educators who had a baseline TPOT completed and 38 educators who had a time 2 completed.

62.9% Baseline Average → **74.1%** Time 2 Average = **+11.2%** Improvement

3.2% Baseline Red Flag Average → **1.4%** Time 2 Red Flag Average = **-1.8%** Reduction in Red Flags

Teaching Pyramid Infant-Toddler Observation Scale (TPITOS)

41 TPITOS Completed in 2025-26

The Teaching Pyramid Infant-Toddler Observation Scale (TPITOS) is used to assess fidelity of implementation of practices associated with the Pyramid Model in infant and toddler settings. The purpose of the TPITOS is to provide a snapshot of educators behaviours and environmental factors that are associated with the first tier of the Pyramid Model [9].

Observations are conducted for roughly two-hours and must include observations from three of four routines: free play, structured group, personal care, and gross motor. Following the observation period, educators are interviewed to gather further information about their strategies to support children's social-emotional development. These interviews typically last between 15 – 20 minutes.

When looking at the change in practices being implemented, this past year, there were 9 educators who had a baseline TPITOS completed and 11 educators who had a time 2 completed.

77.3% Baseline Average → **81.8%** Time 2 Average = **+4.5%** Improvement

4.0% Baseline Red Flag Average → **0.0%** Time 2 Red Flag Average = **-4.0%** Reduction in Red Flags

How do we know that implementing Pyramid Model is changing ECEs practices?

In 2025-26, **152** observations met fidelity criteria which accounts for **51%** of our TPOT and TPITOS observation this year.

To date, **515** TPOTs and TPITOS observations have met fidelity criteria!

How do we know that ECEs are sustaining their implementation of evidence-based practices?

90% Educators maintained their fidelity from first fidelity to fidelity check #1.

95% Educators maintained their fidelity from fidelity check #1 to fidelity check #2.

In 2025-26, **47** educators graduated from the Pyramid Model program. To date, **102** educators have graduated from the Pyramid Model program.

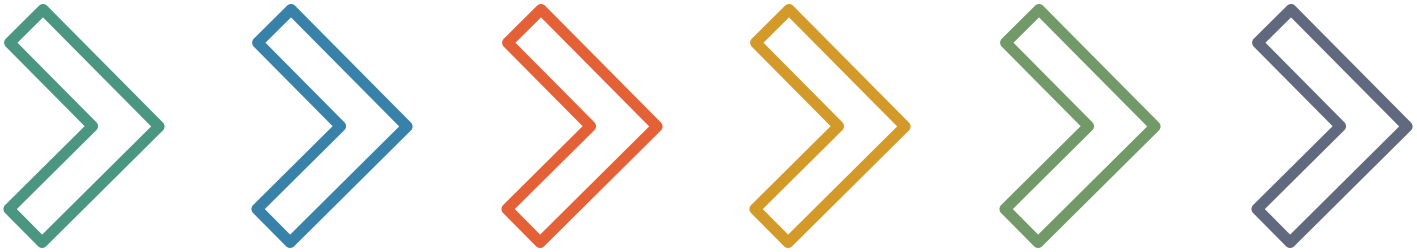
91% Educators maintained their fidelity for their annual renewal.

Program Wide Fidelity Definition & Criteria for 2025-26

Program-wide implementation of the Pyramid Model refers to **a systemic effort within a program** towards Pyramid Model implementation.

The Leadership Team, with representation from program administrators and practitioners, is focused on the ongoing process of supporting the implementation of the Pyramid Model and using data-based decision-making to guide implementation efforts and monitor outcomes.

The program-wide implementation model ensures that programs are **attending to both the implementation of evidence-based practices and the development of the infrastructure to support the durable implementation of those practices.** Below are the six levels of implementation that programs progress through in their Pyramid Model implementation journey.



Level 0: Exploration | **Level 1: Installation** | **Level 2: Initial Implementation** | **Level 3: Partial Implementation** | **Level 4: Full Implementation** | **Level 5: Mentor Program**

Through their implementation, programs are working towards meeting Level 4 or Level 5 program-wide criteria. In 2025-26, the criteria for Level 4 included having a leadership team that regularly met, having a BoQ with ≥70% of indicators in development or achieved, ≥50% of classrooms with an ECE at fidelity and at least one ECE who had reached full fidelity. In addition to Level 4 criteria, Level 5 criteria also included having a BoQ with ≥80% of indicators achieved and having ≥50% of classrooms with an ECE at fidelity + 1 fidelity check. Below are the number of programs that met each level of criteria in 2025-26.

25

Program locations reached **Level 4: Full Implementation** in 2025-26.

To date, 116 program locations have reached Level 4: Full Implementation.

1

Program locations reached **Level 5: Mentor Program** in 2025-26.

To date, 11 program locations have reached Level 5: Mentor Program.

Program Wide Fidelity Sustainability Criteria

In order for programs to reach full implementation or mentor program levels, a plan to sustain Pyramid Model practices program-wide must be in place. Below are the elements addressed in a leadership team's implementation plan, in addition to their BoQ related actions, to promote sustainability:

Staff Training
- Plan to support Pyramid Model training modules for new staff
- Support staff connections to SEL resources, webinars and materials

Staff Coaching
- Plan to support ongoing coaching of new staff
- Provide opportunities for community of practice
- Plan to track & schedule TPOT/TPITOS renewals

Family Engagement
- Build a plan to include family voice in planning SEL within the program
- Plan to support family engagement and use of Pyramid Model practices at home

Data Decision Making
- Plan for ongoing data collection (TPOT/TPITOS, coaching log, goals, BoQ, etc) and storage
- Plan for ongoing data sharing, reviewing and using data in decision making (Look Think Act)

Leadership
- Annual completion of BoQ and sharing data with NSECDIS
- Annual review and update of sustainability goals within implementation plan
- Identify a plan to integrate implementation plan with Quality Matters initiative

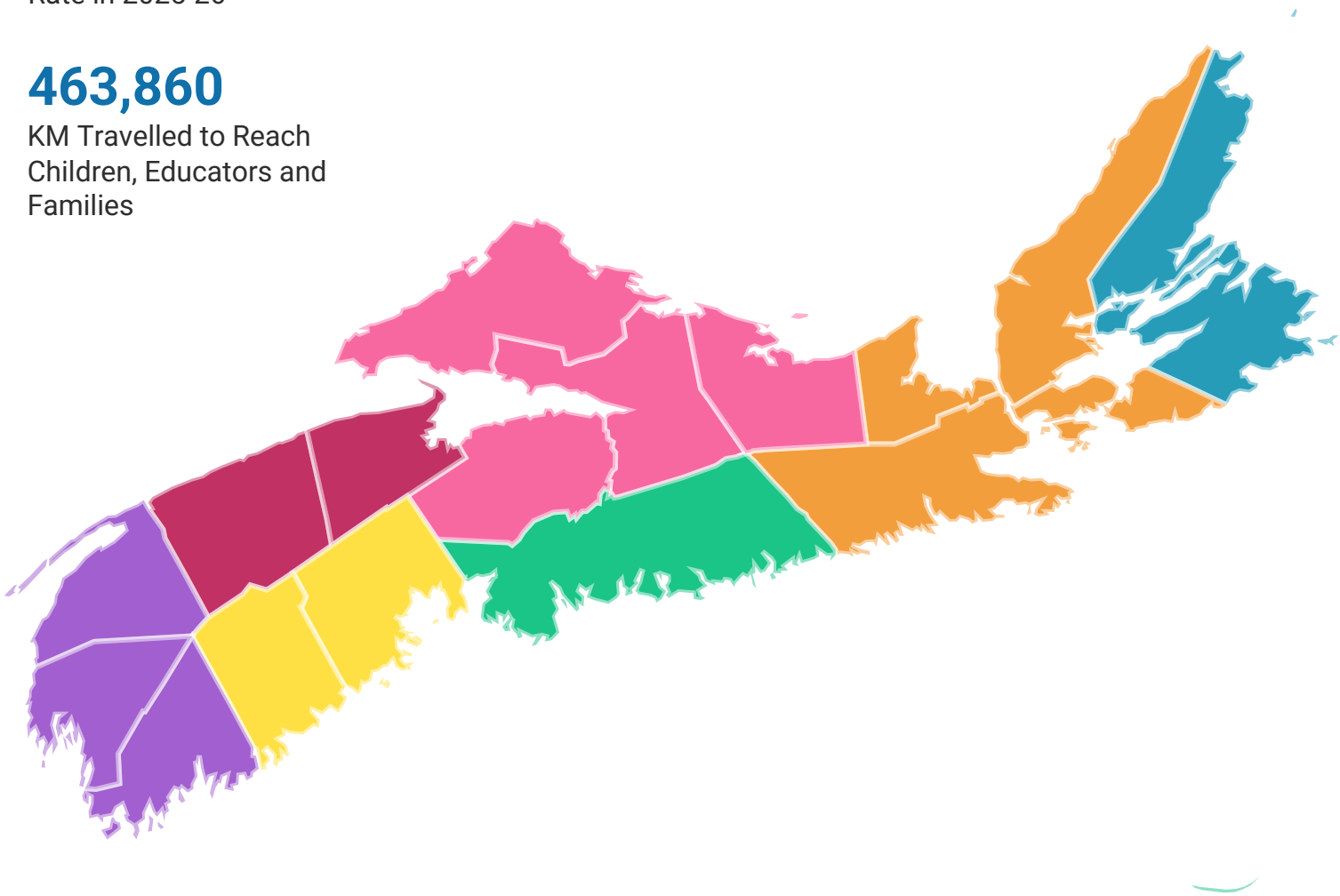
"... the pyramid structure is foundational in creating change from the way policies and procedures are written and shared to how children's behaviour is guided by intentional educators... the framework is truly program-wide, and counts on the participation and dedication of everyone to make it work... the expectations we hold for the children to demonstrate for each other are exactly the ones that we want to see the adults in the centre using with one another as well."

-Inclusion Coordinator

OUR NSECDIS TEAM

96%
Staff Retention Rate in 2025-26

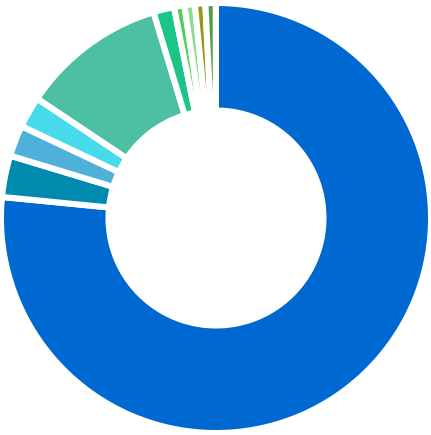
463,860
KM Travelled to Reach Children, Educators and Families



Tri-County	South Shore	Annapolis Valley	Halifax	Chignecto Central	Strait	Cape Breton Victoia	Acadian Francophone
RD 1 DI 3 IC 2 RAA 0.8	RD 1 CTL 1 DI 4 IC 2 RAA 1	RD 1 DI 6.6 IC 2 RAA 1	RD 1 CM 3 CTL 1 DI 25.7 IC 8 RAA 1.0 AA 1.4	RD 1 CM 2 CTL 1 DI 14 IC 5 RAA 1 AA 1	RD 1 DI 6 IC 1 RAA 1	RD 1 CM 2 CTL 1 DI 12.7 IC 3 RAA 1.0 AA 0.8	RD 1 CM 1 CTL 1 DI 5 IC 3 RAA 0.6

OUR NSECDIS TEAM

Staff Ethnicity and Languages Spoken



- Acadian/Francophone = 10.9%
- African = 2.3%
- African Nova Scotian = 0.8%
- Caribbean = 0.8%
- East/Southeast Asian = 3.1%
- European = 76.6%
- Indigenous peoples = 2.3%
- Latin/Central American = 0.8%
- South Asian = 0.8%
- West and Central Asian and Middle Eastern = 1.6%

12

staff whose first language is not English

Languages Spoken Other than English:

Arabic, Bengali, Cantonese, French, German, Hebrew, Hindi, Kinyarwanda, Mandarin, Polish, Russian, Spanish, and Ukrainian

COMPLETED STAFF TRAINING

2058
hours of staff professional development

14
staff trained in Newborn Behaviour Observation System

To date, 39 staff have been trained and 19 have become certified in Newborn Behaviour Observation System.

BUILDING COMMUNITY CONNECTIONS

684
hours of playgroup facilitation by staff

913
hours of workshop facilitation by staff

607
hours of public relations events

Our Board of Directors

Nova Scotia Early Childhood Development Intervention Services is governed by a dedicated volunteer Board of Directors. Our Board of Directors provide the administrative and financial framework to guide the program and ensure accountability for quality services to families and early learning and child care providers.

Bev Cooke – Chair

Chignecto Central Region

(Retired – Department of Community Services)

Kirk Schmidt – Vice Chair

Chignecto Central Region

(Vice President, AL-PRO
Wind Energy Consulting Canada)

Jane Cawley – Secretary

Halifax Region

(Education Consultant)

Krista Thibault – Treasurer

Halifax Region

(Director of Finance, Sisters of Charity)

Debra Sundstrom – Director

Annapolis Valley Region

(Retired – Itinerant Teacher APSEA)

Sharon Walker – Director

Halifax Region

(Director, Hearing & Speech NS)

Dr. Normand Carrey – Director

Halifax Region

(Child Psychiatrist, IWK Health Centre)

Lyse Anne LeBlanc – Director

SAF Region

(Early Childhood Education Consultant, Conseil Scolaire Acadien Provincial)

Mirna Yazji – Director

Chignecto Central Region

(Business Owner, The Spot Pub & Grill)

Chrissi Lynch – Director

Strait Region

(Retired – Coordinator, Student Services, SRCE)

Rayo Owoyomi – Director

Strait Region

(Assistant Manager, Pre-primary and Early Years Programs)

Janean Marshall – Director

Cape Breton Victoria Region

(Director of Academic Services – Mi'kmaw Kina'matnewey)

Cornelia Melville – Director

Tri-County Region

(Child Psychologist, NSHA)

Shirley Shot – Director

South Shore Region

(Retired – Nurse and Facilitator of Community Development)

Dr. Erin Quigley – Director

Halifax Region

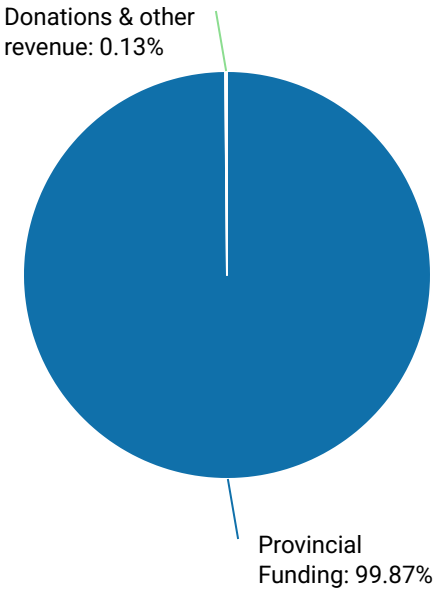
(Developmental Pediatrician, IWK Health Centre)

FINANCIAL REPORT

The revenue and expenses below show a break-even position for 2025-26. However, there was $459,330 of provincial funding that was unused due to staff vacancies and associated reduced travel expenses as well as efficiencies over the past couple of years. As services are expanded, the Board of Directors and staff are working hard to keep expenses in line with funding levels. The surplus will reduce provincial funding for the coming year.

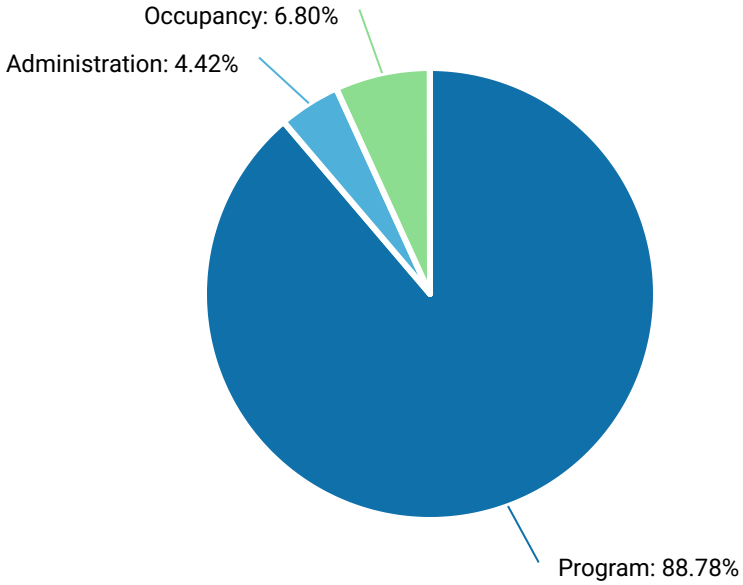
Krista Thibault, Treasurer

REVENUE



Provincial Funding	$12,958,433
Donations & other revenue	$17,429
TOTAL	**$12,975,862**

EXPENSES [1]



Program	$11,520,383
Administration	$573,404
Occupancy	$882,075
TOTAL	**$12,975,862**

1. Program Expenses include Staff salaries; Program Materials & Resources; Travel; IT/CRM system; PD; Furniture & Equipment; Office supplies Administration: Operation Salaries; Financial; Advertising/Promotion; Bank fees; Board expenses; legal, liability insurance; subscriptions/fees. Occupancy: Rent & Maintenance; Utilities; Tenant Insurance

THANK YOU TO OUR FUNDER

Department of Education & Early Childhood Development, Province of Nova Scotia

THANK YOU TO OUR DONORS

Paul G. Madison
Ren Yu Kuo
Stephen Anthony
Bonvie-MacDonald Rinks to Links
Pictou County Antique Car Club
Truckers Association of Nova Scotia

On behalf for families:
Masonic Foundation of Nova Scotia
Rotary Club of Windsor
Windsor & District Lions Club

LAND AND POPULATION ACKNOWLEDGEMENTS

We commit to learning from the history of all the peoples of Nova Scotia, honouring the unique cultures, identities and contributions of each community, and building respectful relationships through ongoing engagement and partnership. We value and recognize and seek to support communities who have historically been marginalized.

Land Acknowledgement:

We would like to acknowledge that we are in Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq People, governed by the Treaties of Peace and Friendship adopted in the 1700's. As a province wide organization, we are committed to work in partnership with Indigenous populations to offer respectful, culturally safe, and accessible services.

Indigenous Populations in Nova Scotia: [15]

About 5.5% of the provincial population identify as Indigenous, with 1.4% identifying their ethnic background as First Nations, and 2.2% identifying as Mi'kmaw. [10] The Mi'kmaq are the original people of this part of Mi'kma'ki that is called Nova Scotia, with 13 First Nations communities across the province. [11] The well-being of Mi'kmaw children and youth is highly prioritized by communities through ensuring access to culturally safe services and care across areas of education, health and wellness. [12]

Acadian Francophone Population in Nova Scotia:

Acadians have a long history in Nova Scotia beginning more than 400 years ago. As the first permanent settlement from France in Canada, the Acadian community in Nova Scotia have a rich and important history to preserve. Approximately 5.1% of the Nova Scotia population identifies as Acadian, with others identifying as French (11.9%), French Canadian (0.6%), or Québécois (0.2%). [10] The Constitution of Canada, and in particular the Canadian Charter of Rights and Freedoms, recognizes French as one of Canada's two official languages. Through the NS French Language Services Act, Nova Scotia is committed to promoting the development of its Acadian and francophone community and maintaining for future generations the French language, which contributes to the enhancement of life in Nova Scotia.

African Nova Scotia Population: [15]

Additionally, Nova Scotia is home to the largest indigenous Black population arriving more than 400 years ago. [13] African Nova Scotians (ANS) are descendants of Black Loyalists, Jamaican Maroons, Black Refugees and Caribbean workers. [13] ANS individuals account for 2.3% of the total provincial population. [14]

REFERENCES

[1] Offord Centre for Child Studies. (2024). Summary Report: Primary Students in Nova Scotia. https://www.ednet.ns.ca/sites/default/files/docs/nova_scotia_edi_summary_report_2023.pdf

[2] Government of Nova Scotia. (2025). NS Births and Deaths with Rates and Natural Increase [Data set]. Service Nova Scotia. Retrieved May 5, 2025, from https://data.novascotia.ca/Population-and-Demographics/NS-Births-and-Deaths-with-Rates-and-Natural-Increa/r794-fttm

[3] King, S., Rosenbaum, P., & King, G. (2004). Parents' perceptions of caregiving: Development and validation of the Measure of Processes of Care (MPOC-20). CanChild Centre for Childhood Disability Research, McMaster University.

[4] Almasri, N. A., An, M., & Palisano, R. J. (2018). Parents' perception of receiving family-centered care for their children with physical disabilities: A meta-analysis. Physical & Occupational Therapy in Pediatrics, 38(4), 427–443. https://doi.org/10.1080/01942638.2017.1337664

[5] National Center for Special Education Accountability Monitoring. (n.d.). Part C Family Survey: Family-Centered Services items [Measurement instrument]. U.S. Department of Education.

[6] Snyder, P., Hemmeter, M. L., & Fox, L. (2022). *Essentials of Practice-Based Coaching: Supporting Effective Practices in Early Childhood.* Paul H. Brookes Publishing Co.

[7] National Centre for Pyramid Model Innovations. (2023). *Practitioner Coaching Log.*

[8] Hemmeter, M. L., Fox, L., & Snyder, P. (2014). Teaching pyramid observation tool for preschool classrooms, Research Edition. Brookes Publishing Co.

[9] Bigelow, K. M., Carta, J., J., Irvin, D. W., & Hemmeter, M. L. (2019). Teaching Pyramid Infant-Toddler Observation Scale for Infant-Toddler Classrooms, Research Edition. Brookes Publishing Co.

[10] Statistics Canada. 2023. (table). Census Profile. 2021 Census of Population. Statistics Canada Catalogue no. 98-316-X2021001. Ottawa. Released November 15, 2023.

[11] Office of L'nu Affairs. (n.d.). *Aboriginal People in Nova Scotia*. Province of Nova Scotia. https://novascotia.ca/abor/aboriginal-people/

[12] Department of Pediatrics and Healthy Populations Institute (2022). *One Chance to Be a Child: A data profile to inform a better future for child and youth well-being in Nova Scotia.* Full Report. Available from: www.onechancens.ca.

[13] Black Cultural Centre. (2021). *Our History*. Black Cultural Centre. https://bccns.com/our-history/

[14] Crystal Watson, Emma Stirling Cameron, Nicholas Hickens, Milena Pimentel, Barb Hamilton-Hinch & Jessie-Lee D. McIsaac (2024) Early Childhood leisure experiences of African Nova Scotian children: the privilege of risky outdoor play, Leisure/Loisir, 48:2, 211-229, DOI: 10.1080/14927713.2023.2291023

[15] McIsaac, JLD., Ashley, R., Cosman, H., Cummings R., Larson, E. J., Pimentel, M. (2024). Nova Scotia Pyramid Model Annual Report 2022-2023. Halifax, NS: Early Childhood Collaborative Research Centre, Mount Saint Vincent University.