

2024/25 ANNUAL REPORT

Nova Scotia Early Childhood Development Intervention Services

NSECDIS

Table of Contents

Message from Board Chair & Executive Director.....3

Program Overview 4

Our Beliefs and Vision

Our Services and Programs 6

Outcomes 8

Intervention Services 9

Who are we Serving.....9

Reaching Children Early.....19

Our Partnerships.....22

Baby Steps.....23

NSECDIS Family Satisfaction.....29

Service Delivery Outcomes.....31

Transitions to Pre-primary and Primary.....41

Positive Solutions for Families 43

Pyramid Model Coaching in Action..... 46

Educator Demographics 49

Pyramid Model Implementation Locations 50

Educator Training 51

Practice-Based Coaching 52

Educator Goals 58

Measuring Our Progress 59

Educator Voice 65

Regional and Program Leadership Teams 66

Provincial Leadership Team 67

Our NSECDIS Team 69

Training 71

Financial Report 73

Funder and Donors 74

Land and Population Acknowledgements 75

References 76

Message from our Board Chair and Executive Director

Message from our Board Chair and Executive Director:

2024-25 has been a year of review and reflection. We participated in a Service and Funding Review carried out by KPMG consultants on behalf of the Department of Education and Early Childhood Development and we look forward to hearing the recommendations in the coming months. We also reviewed and reflected on the positive feedback collected from families through our Intervention Services Family Survey. Service delivery targets for Intervention services were established for 2024-25 and these targets were met across the province as our team worked to continually strengthen and enhance our services this year.

In 2025-25, we also saw the expansion of the Baby Steps program into all eight regions. Additional Developmental Interventionists were trained in the Newborn Behaviour Observation system, and we saw an increase in the range of referral sources connecting families to our supports and services. Overall, there has been a shift in the age of children at referral, with a significant increase in infant and toddler referrals and a reduction in the rate of preschool age referrals. This is a celebration as we strive to reach children earlier in order to maximize growth and development during the critical early years.

Sustainability and scale-up planning was carried out for the Pyramid Model program by the Provincial Leadership Team. The focus in the coming year will be on 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.

We are also excited to celebrate the advancements made towards strengthening the implementation of Pyramid Model within Acadian/francophone communities through the translation of over 250 resources, training modules and presentations and the training of over 150 educators in Pyramid Model modules in French. We also formed enhanced partnerships with GRIT/Connecting Canada, Brookes Publishing and the other Atlantic provinces to support continued collaborative efforts to ensure the equitable delivery of Pyramid Model in both English and French.

Early in 2025, we returned to the bargaining table to renew our Collective Agreement with CUPE Local 5054. We were pleased to be able to offer significant enhancements to salaries and benefits including the addition of a defined benefits pension plan. Thank-you to the Department of Education and Early Childhood Development for their ongoing support and continued commitment to Nova Scotia Early Childhood Development Intervention Services.

We would also like to thank our Board of Directors for their time and commitment during this busy year and our NSECDIS team for their continued hard work over this past year and their dedication to the children, families and educators we serve. 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 2025-26 as we enter our 10th year as a provincial organization!

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

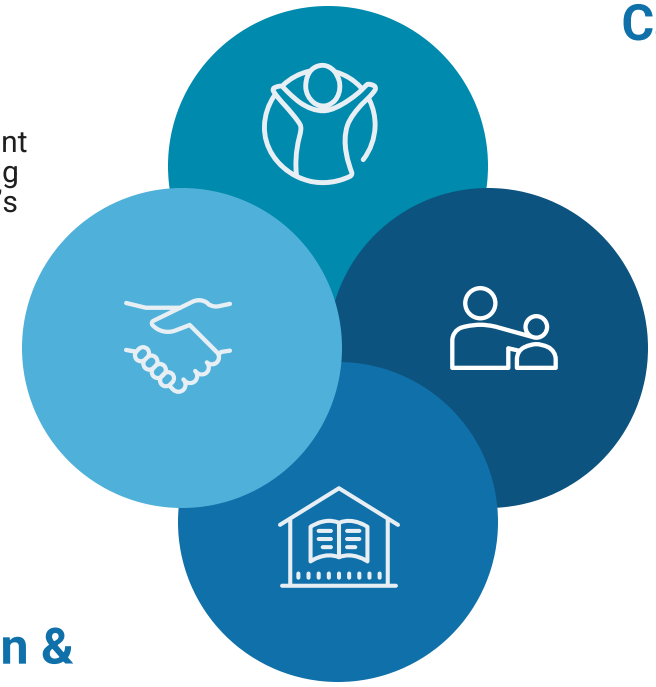
Achieve organized **GROWTH AND INNOVATION** in response to the changing needs of the community

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).

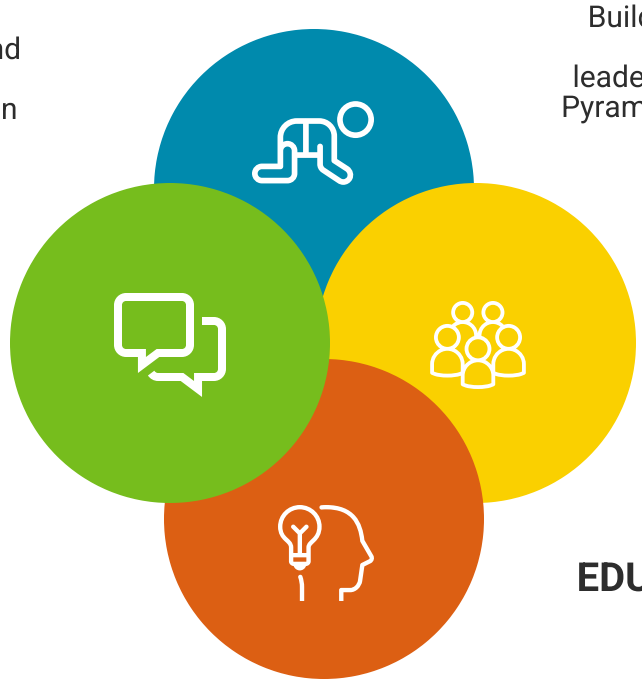
OUR CORE PYRAMID MODEL SERVICES

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





INCLUSIVE PRACTICES SUPPORT

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

EDUCATOR CAPACITY BUILDING

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

OUTCOMES

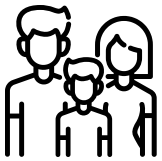


FOR CHILDREN

Increased participation and engagement in current and new environments

Strengthened social relationships

Increased functional and independence skills



FOR FAMILIES

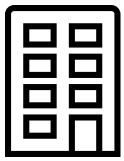
Increased access to and participation in community programs and services

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

*"**The developmental results** that the program delivered will have **benefits for my child and my family but for our community**. I hope that everyone who needs this service is able to freely access it in the same way we were."*

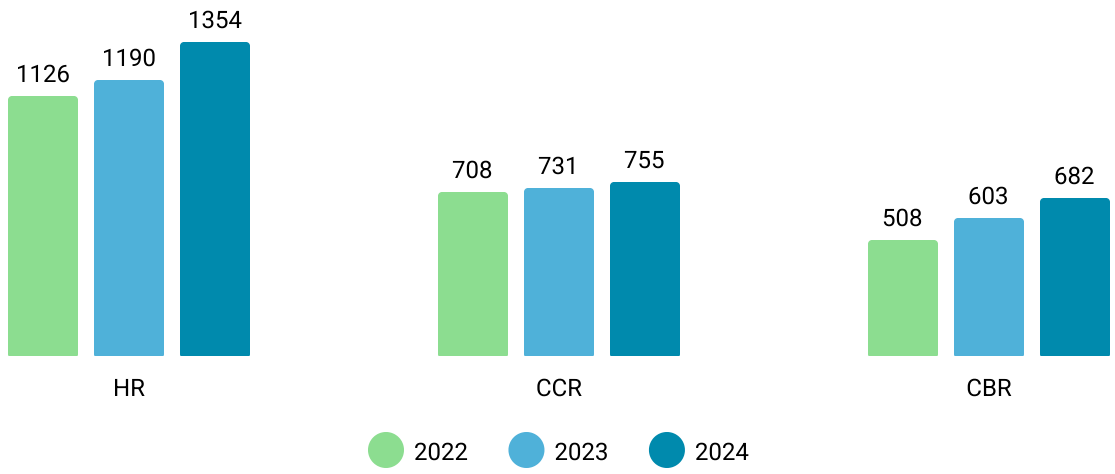
WHO ARE WE SERVING?

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.

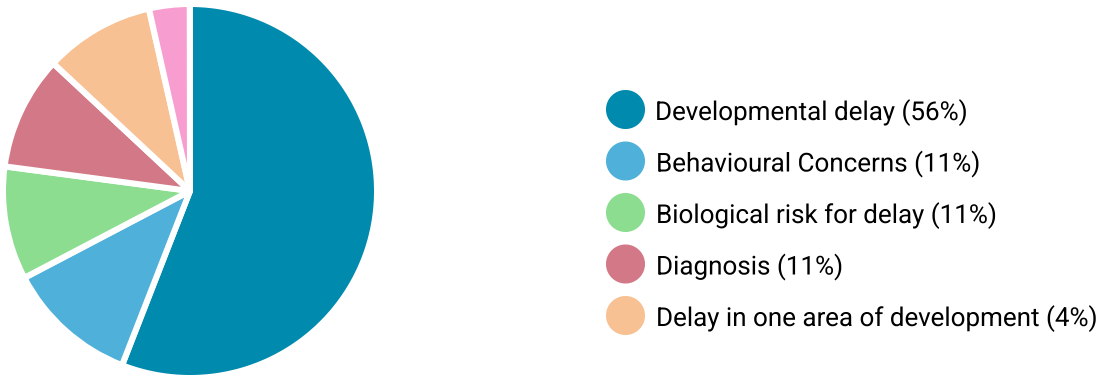
During this fiscal year, NSECDIS **supported 3,990 children and their families—a 0.5% increase from the previous year (3,972).** Below shows the number of families who accessed services in our largest regions representing % of our caseload.

1,460
referrals received

3,990
children served
in 2024-25



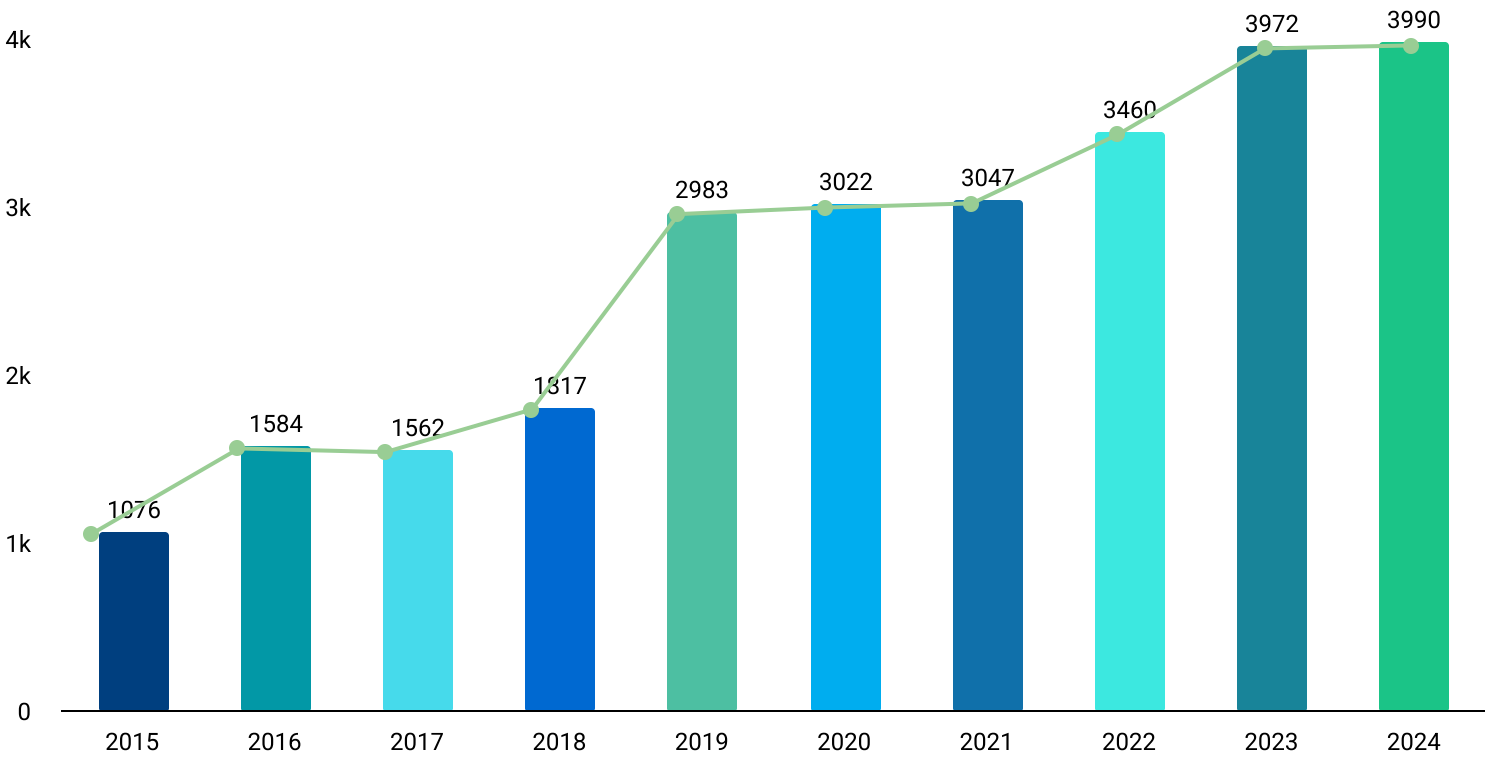
During the past fiscal year, NSECDIS continued to collect data on reasons for referral. This information is critical for understanding community needs and aligning our services accordingly. Of the referrals received:





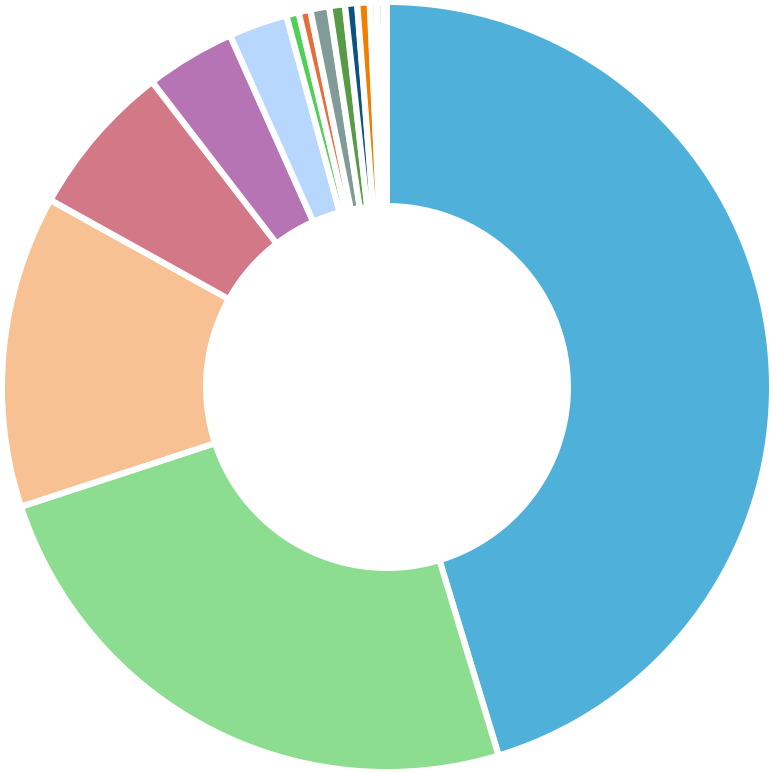
WHO ARE WE SERVING?

Program of Growth since 2015



WHO ARE WE SERVING?

DIAGNOSIS OF CHILDREN SERVED



- Developmental Delay 46% (1,737 children)
- Autism 25% (945 children)
- Suspected ASD 13% (502 children)
- Premature 7% (249 children)
- Genetic Disorder 4% (144 children)
- FASD/Substance Exposure 2% (95 children)
- ADHD 1% (20 children)
- Cerebral Palsy 1% (19 children)
- Acquired Brain Injury/Traumatic Brain Injury 1% (30 children)
- Epilepsy/Seizure Disorder 1% (25 children)
- Neurological Disorder 1% (20 children)
- ADHD 0% (20 children)
- Congenital Heart Condition 0% (11 children)
- Hearing Impairment/Deaf 0% (11 children)
- Visual Impairment/Blind 0% (3 children)
- Spina Bifida 0% (2 children)

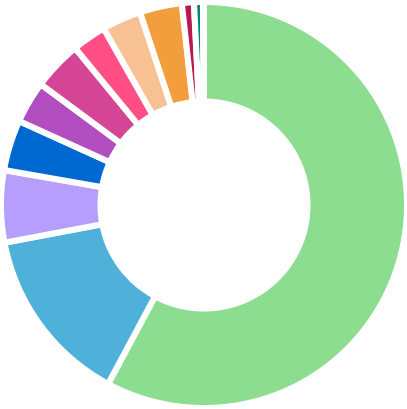


WHO ARE WE SERVING?

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.**

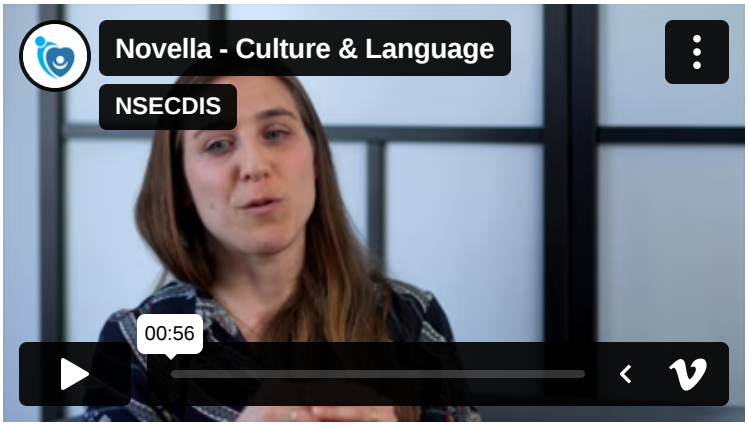
Collecting ethnicity data also allows organizations to monitor and address disparities in access to services and outcomes across different ethnic groups. This data is essential in our efforts to promote equity and inclusivity in our programming. This fiscal year, **NSECDIS served 3,990 children and their families. Of those served, approximately 38% identified as non-European, and 40% of families reported speaking a first language other than English. The top three non-English languages spoken were Arabic, Mi'kmaq, and French.** Below is a breakdown of how families accessing services identified:



- European 60%
- Acadian/Francophone 6%
- West & Central Asian and Middle Eastern 3%
- East/Southeast Asian 3%
- West & Central Asian and Middle Eastern 3%
- Caribbean 1%
- Indigenous Peoples 15%
- African Nova Scotian 4%
- South Asian 4%
- African Origins 3%
- Latin/Central American 1%
- Oceania (0%) (2 families)

40%

of children whose first language is not English



Hear from Novella about the importance of integrating Culture and Language into our services.

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

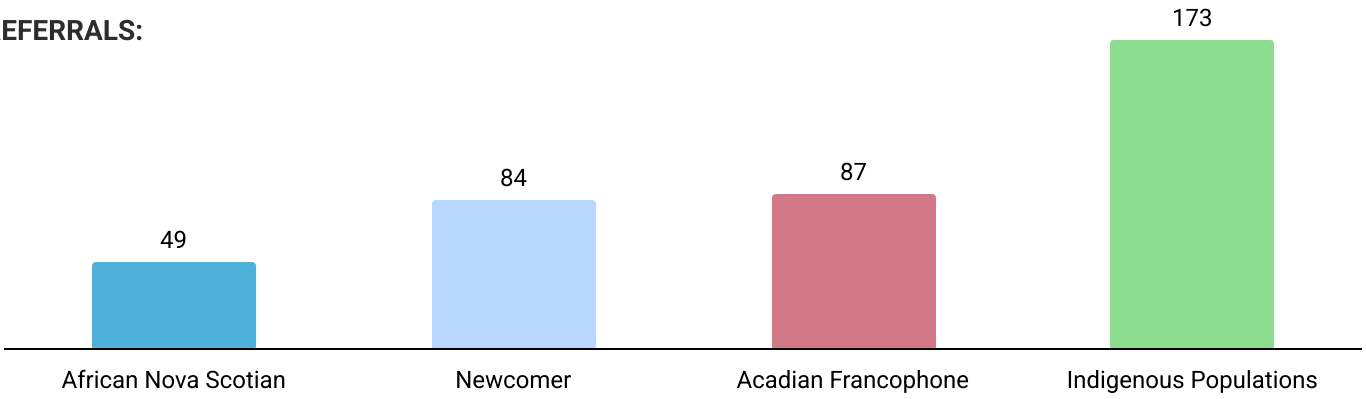
WHO ARE WE SERVING?

VULNERABLE POPULATIONS

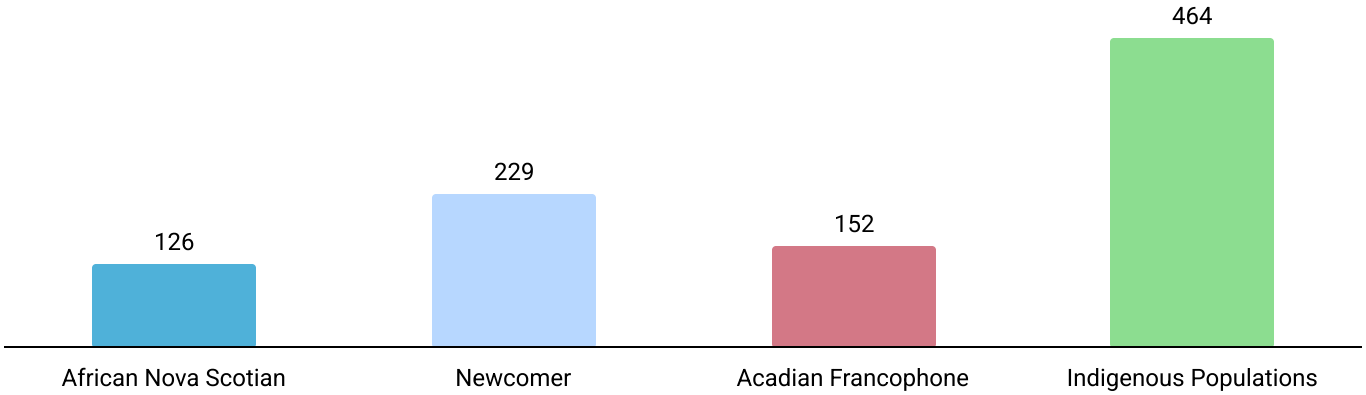
NSECDIS remains committed to **ensuring that vulnerable and underserved populations have equitable access to early intervention services.** Early support plays a critical role in helping children meet developmental milestones and in strengthening families through connection, education, and resources. Recognizing and addressing barriers to access is essential to our mission. These numbers demonstrate the each of our services and the importance of targeted outreach and 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 **393** referrals and **971** families accessing services that identified as a vulnerable population. Of particular note, is the rise of Newcomer referrals and program access compared to last fiscal year (67 referrals and 189 overall newcomer access). Please see a breakdown of referral and accessed services numbers below:

REFERRALS:



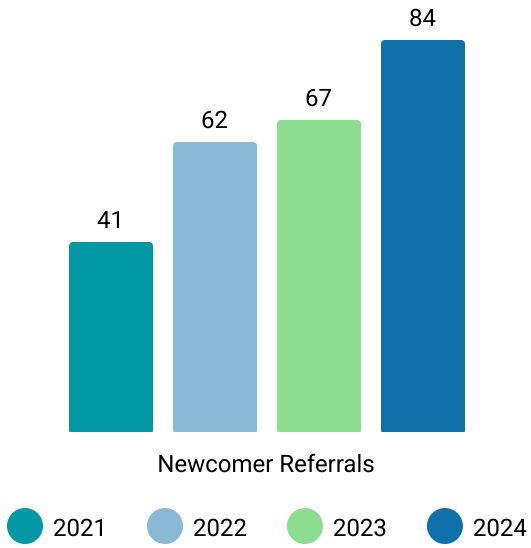
ACCESSED SERVICES:





WHO ARE WE SERVING?

NEWCOMER FAMILIES

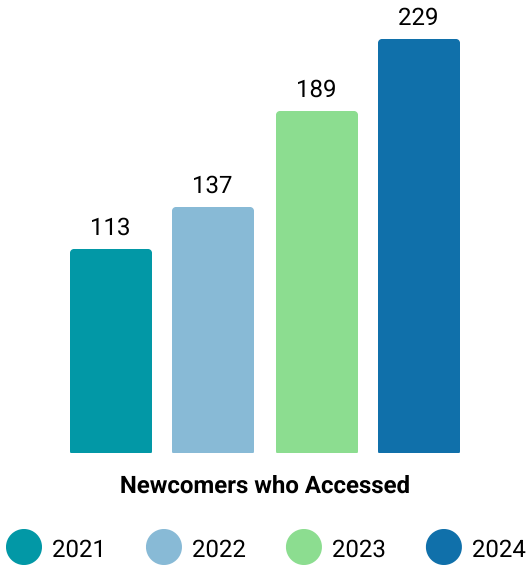


105% increase

in **referrals** from Newcomer families since 2021

103% increase

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

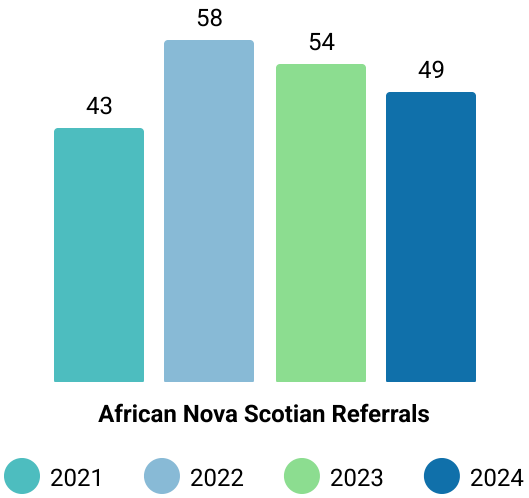




WHO ARE WE SERVING?

AFRICAN NOVA SCOTIAN FAMILIES

Please refer to page 32 for population acknowledgement

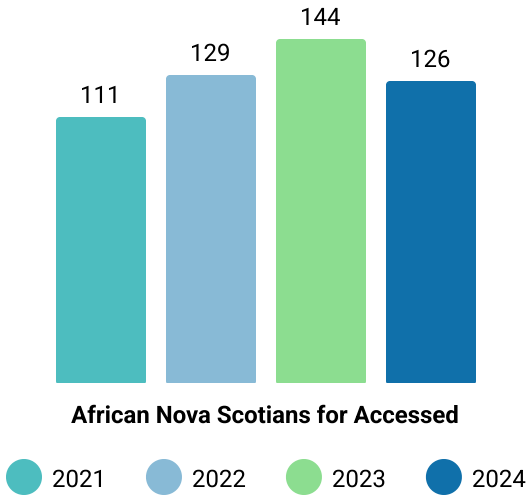


14% increase

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

14% increase

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

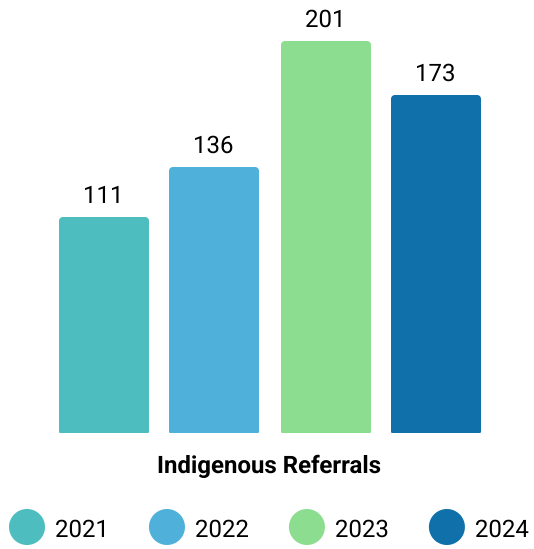




WHO ARE WE SERVING?

INDIGENOUS PEOPLES

Please refer to page 32 for population acknowledgement

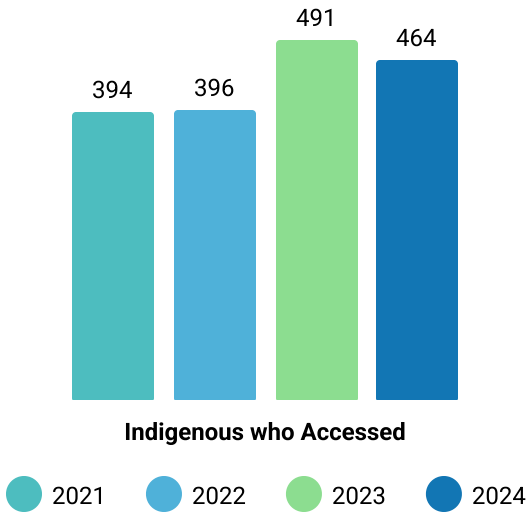


56% increase

in **referrals** from Indigenous families since 2021

18% increase

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

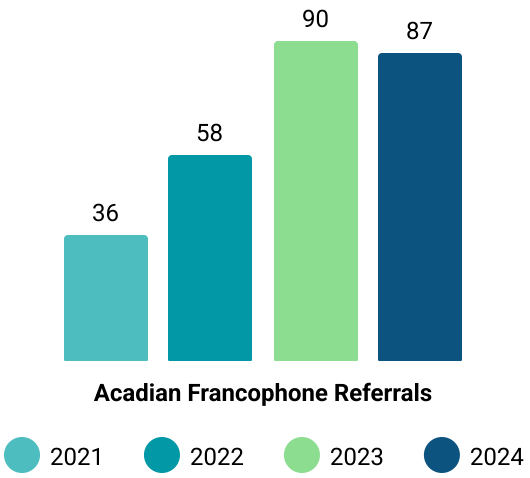




WHO ARE WE SERVING?

ACADIAN FRANCOPHONE FAMILIES

Please refer to page 32 for population acknowledgement

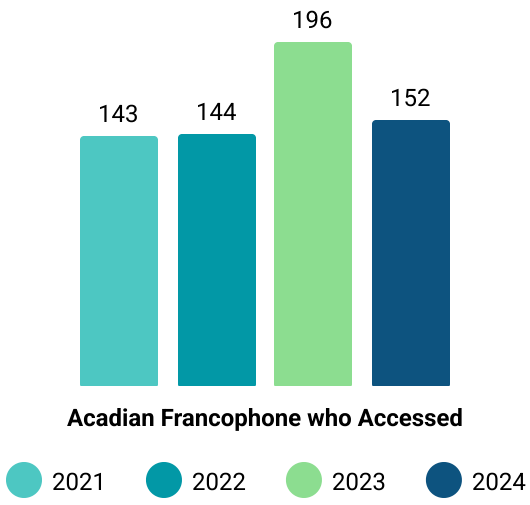


142% increase

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

6% increase

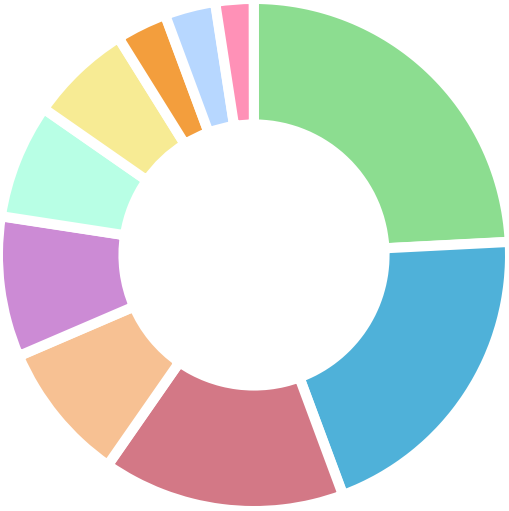
in Acadian Francophone families who have **accessed** services since 2021





ACADIAN FRANCOPHONE FAMILIES

WHERE WERE FAMILIES REFERRED FROM?



- Halifax 24%
- Dartmouth 20%
- Tusket 15%
- Clare 9%
- Sydney 9%
- Sackville 7%
- Cheticamp 7%
- Bedford 3%
- Arichat 3%
- Pomquet 2%

Hear from Diane about the importance of receiving NSECDIS Acadian Francophone services



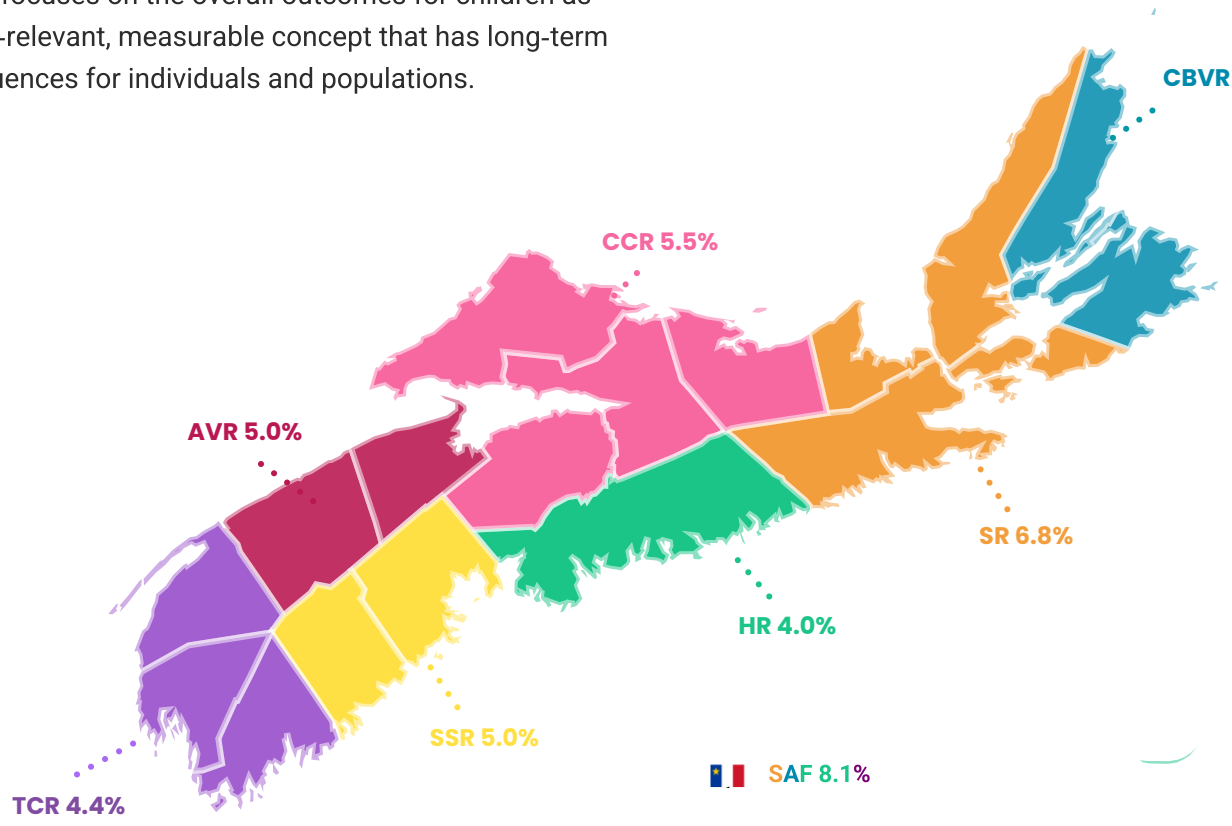
REACHING CHILDREN EARLY

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 5 population which is a slight increase from our previous fiscal year (4%).** As of March 31st, 2025, 325 children were waiting for active service which is an increase from 289 children last year. Our wait list continues to grow throughout the province which limits NSECDIS' capacity to service more children under 6 years of age. **Green stars indicate an increase in services to those under 6 in each respective region on the map below.**

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.**



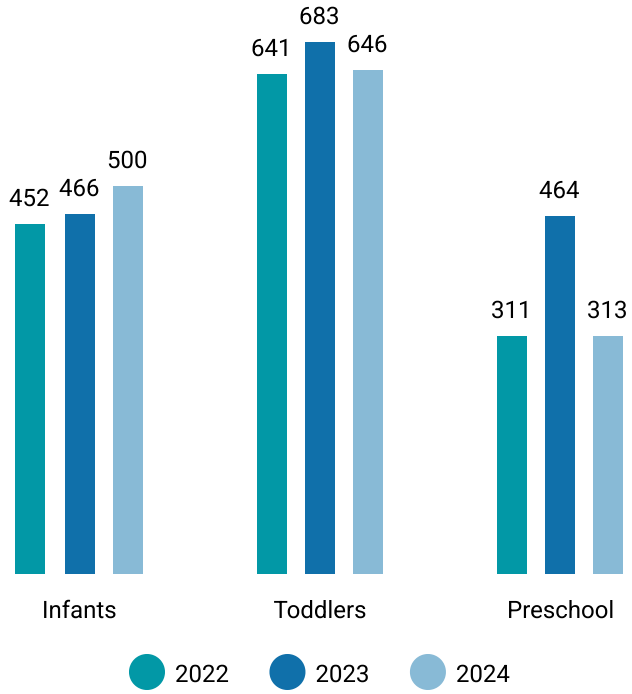
This population data is based on the most recent census in 2021. Current caseload numbers reflect how many children each region was serving as of March 31st 2025

"When my daughter was first born, she was incredibly medically complex. ***NSECDIS was the only community support service offered to us during what was a highly vulnerable time.*** *Knowing that a team member would visit us in our home kept me going in a way I can't describe. To know that we had a good period of time together where a professional could evaluate my baby and answer questions among a sea of medical specialists was so important...[DI]* ***helped me build confidence to move beyond that to really work on a positive relationship with my child in and outside the home.*** *I credit her for introducing me to an infant massage class which* ***was the single biggest positive impact on my ability to bond with my child in a supportive environment."***

REACHING CHILDREN EARLY

Early intervention has been shown to significantly improve developmental outcomes for children with delays or disabilities. By identifying and addressing developmental concerns during the critical early years, interventions can capitalize on the brain's plasticity and maximize the child's potential for growth and learning. While our referral numbers continue to rise, our infant and toddler referrals also continue to rise, signaling that we are reaching children earlier each year.

The following section highlights how NSECDIS reached children earlier in 2024/2025. As is suggested in the column chart to the right, children are continuing to be referred at a much younger age. Below provides an **average** timeline on a family's pathway to service after an initial referral was made. Timelines may vary across regions.



30 DAYS
between Referral to Initial Call

56 DAYS
between Referral to Intake Visit

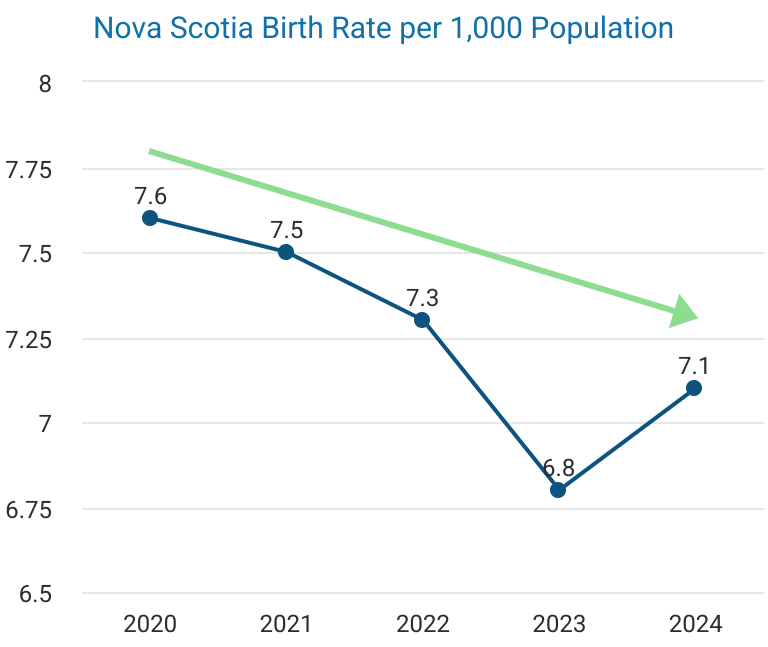
139 DAYS
between Referral to Active Service

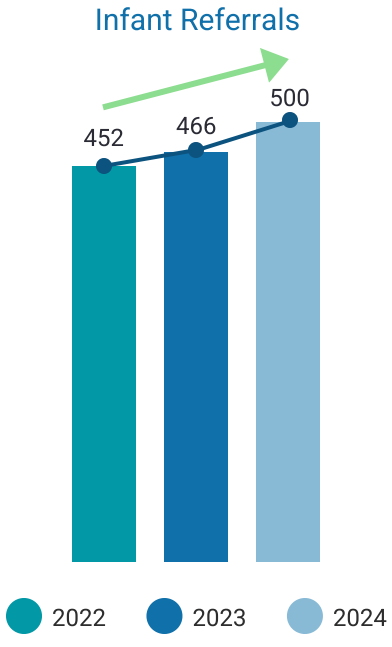
REACHING CHILDREN EARLY

The Government of Nova Scotia releases provincial birth data annually, with one of the primary public metrics being the birth rate—the number of live births per 1,000 population. [2] Following a **steady decline in birth rates** from 2020 to 2023, largely attributed to the effects of the COVID-19 pandemic, Nova Scotia experienced a rebound in 2024. The birth rate rose slightly to 7.1 per 1,000 population, signaling a modest recovery in births across the province.

With a decline in birth rate, one might intuitively expect a corresponding decrease in infant referrals. However, during this same period, the **number of infant referrals has steadily increased.** This apparent contradiction—rising referrals despite lower birth rates—strongly suggests that **NSECDIS is successfully expanding its reach** to families across Nova Scotia. Importantly, this increase in referrals **cannot be explained by population growth**. Instead, it reflects enhanced system engagement, increased awareness, and improved accessibility of services.







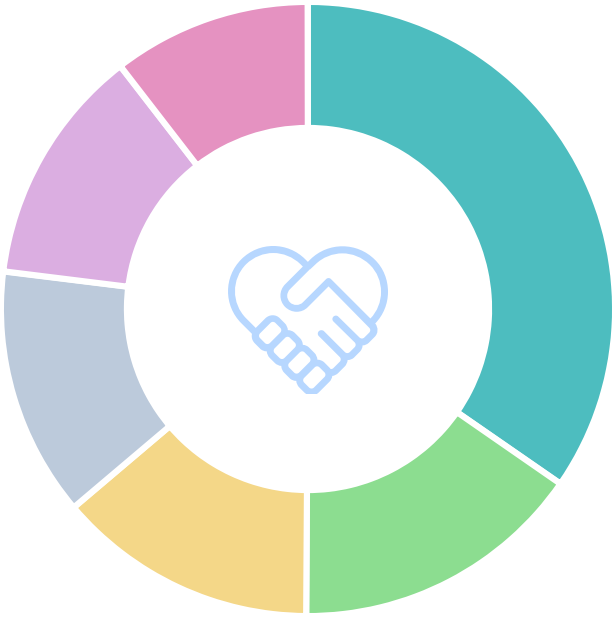
"[DI] was excellent at maintaining information about and for my family. [DI] was available when I needed assistance, aiding as a minute-taker for all of our virtual or in-person meetings with all of my child's specialists. [DI] was at every one, and what [DI] did was so important. My stress and anxiety levels were minimal knowing [DI] would be there to back me up or witness all of the services introduced and/or endured by my family..."

OUR PARTNERSHIPS

TOP REFERRAL SOURCE ORGANIZATIONS THIS YEAR

Case coordination and partnerships is a high priority and core service at NSECDIS. Collecting data on who we receive our referrals from provides insight into how connected we are throughout our communities and how many community partners are aware of our services. The data to the right displays our top referral sources this fiscal year.

Of the families served, 35% (361 families) were referred through self-referral channels, which include parents or guardians, grandparents, foster parents, and other family members. Self-referrals represent the largest single source of referrals. Other key referral sources include Child Care programs (15%, 161 families), Hearing and Speech Nova Scotia (14%, 143 families), and the IWK (13%, 137 families), including various departments and specialists. Additionally, Pre-Primary Programs accounted for 13% (131 families), and Health Centres outside of the IWK referred 10% (109 families).



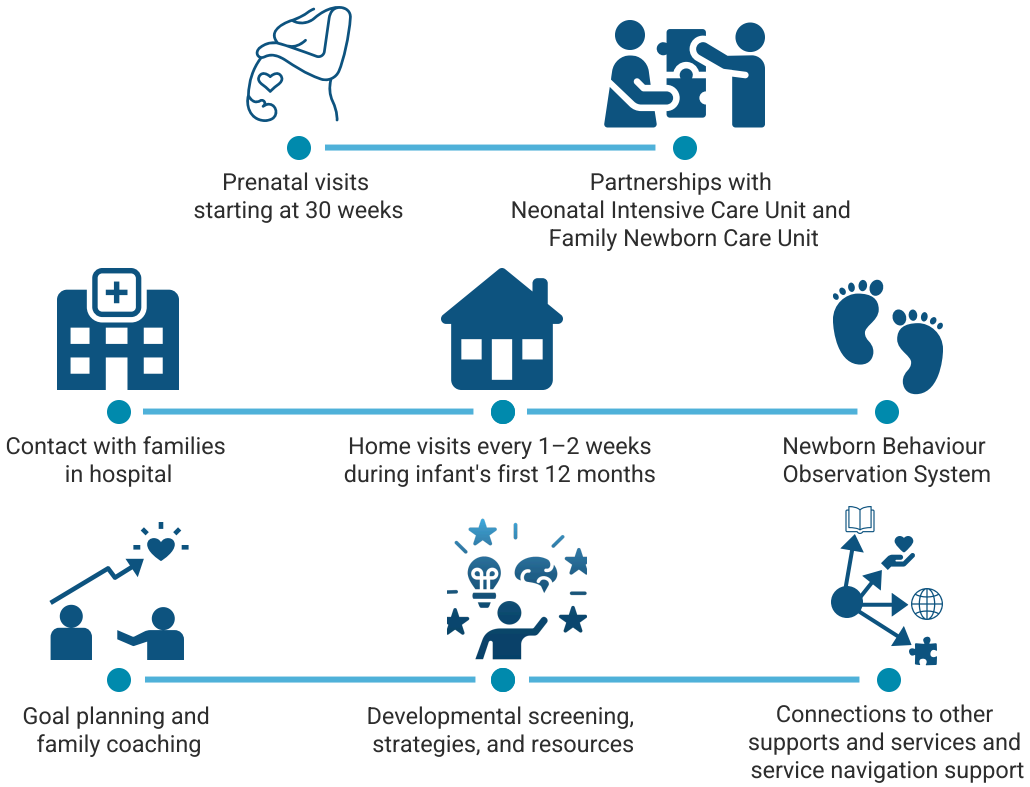
- Self-Referral 35%
- Child Care 15%
- Hearing and Speech 14%
- IWK (various departments and specialists) 13%
- Pre Primary 13%
- Health Centres that are not IWK 10%

BABY STEPS PROGRAM

The Baby Steps Program is likely a contributor to the increase in younger referrals over the past 3 fiscal years. Born on April 1, 2022, the 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.

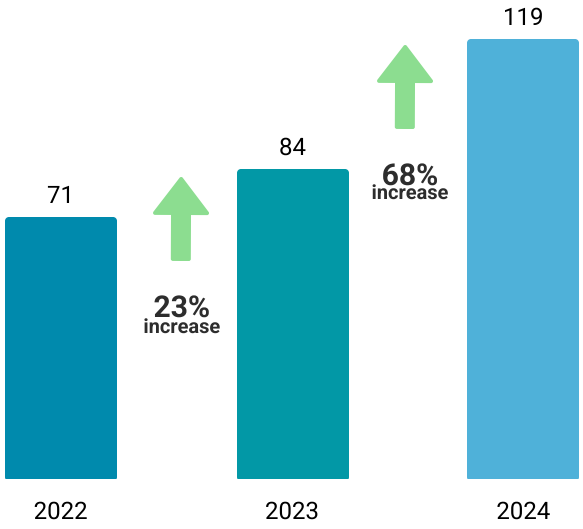
A secondary focus of the program is on enhancing the knowledge, skills, and capacity of NSECDIS' Developmental Interventionist workforce to provide quality programming for infant and family mental health promotion. Recognizing the need to provide specific training geared to the needs of high-risk infants 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

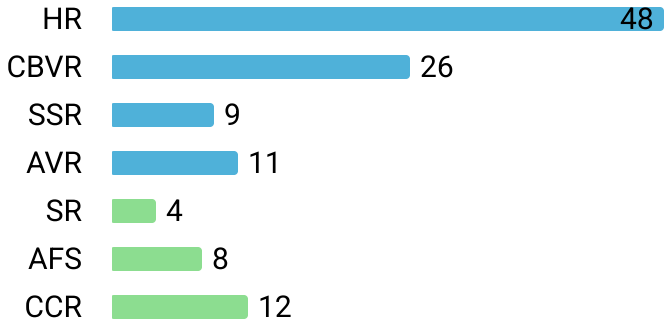


BABY STEPS PROGRAM

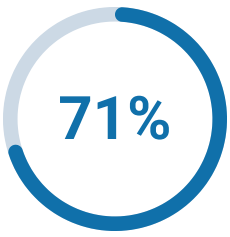
Throughout this fiscal year, NSECDIS received 119 Baby Steps Referrals. Baby Steps referral continuing to rise since the 2022 pilot year. **This illustrates that we are identifying and retaining high risk children earlier to provide critical developmental support.** Please see the graph below that shows referral growth over the past three fiscal years.



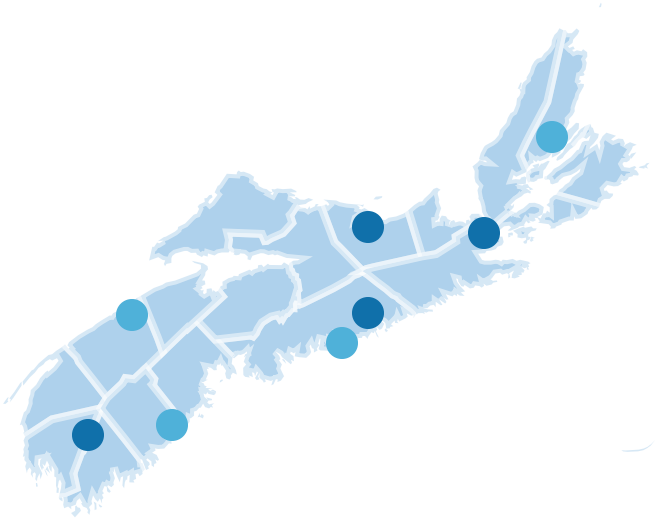
In addition to referral growth, the program has expanded its reach to include three additional regions: Chignecto Central, the Strait Region, and Acadian/Francophone Services. The increase in referrals, combined with broader regional access, highlights the **growing impact and relevance of the Baby Steps program across Nova Scotia.** For Acadian Francophone Services, baby steps referrals can be seen throughout the province: *Clare (1), Halifax (4), and Tusket (3). Please see the chart below that outlines referral expansion.*



119
referrals recevied



of Baby Steps Referrals (84 children) are remaining on an active service level.



Staff spent approximately 96 hours carrying out Hospital and Prenatal Visits with Baby Steps children on caseload and completed approximately 50 Newborn Behaviour Observation System (NBOs)

96
hour spent in Baby Steps Hospital and Prenatal Visits

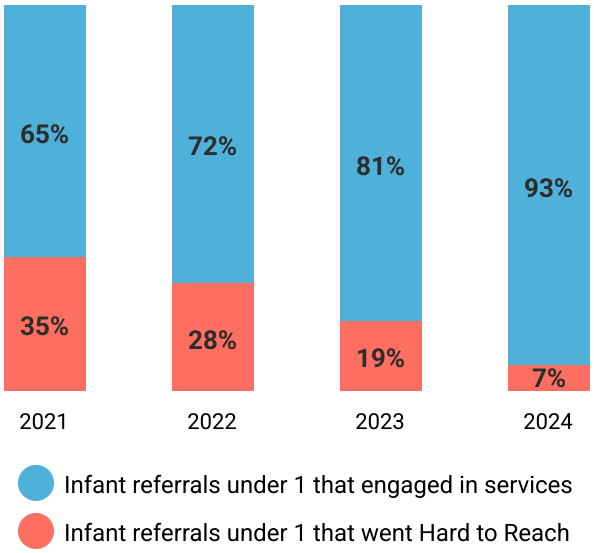
50
Newborn Observation Tools Completed



BABY STEPS PROGRAM

The average age at referral for a child in Baby Steps this past fiscal year was 30 days. In 2020, NSECDIS received referrals for 152 infants under one year of age. Of those 152 infants, 87 of the families referred, engaged in active services. On the other hand, 65 of the families could not be reached after referral. This means 43% of the families of infants referred did not engage in active services. In 2021, 82 child referrals went to Hard to Reach. In 2022, 77 children referrals went to Hard to Reach and in 2023, 45 children under the age of 1 went to a Hard-to-Reach level of service. **This fiscal year, that number dropped significantly to just 14 children, representing a 68.9% decrease compared to the previous year.** This downward trend demonstrates continued progress in successfully connecting families with services earlier and more effectively.

This is an important point to note, signaling that the program is helping to reduce the number of children under 1 year of age who transition to a Hard to Reach level of service by 45% since 2020 and engaging families sooner. *Please note that the jump from 2020 to 2021 and 2022 likely relates to the increase of infant referrals.*



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

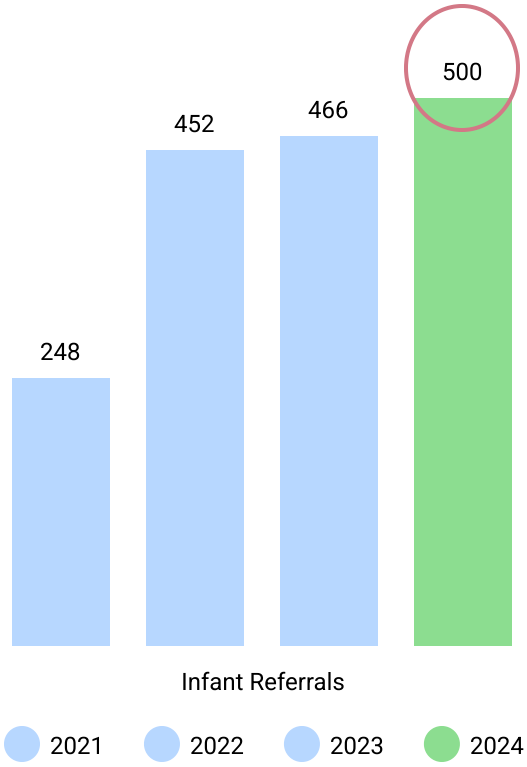
63 DAYS

between Referral to Active Service

BABY STEPS PROGRAM

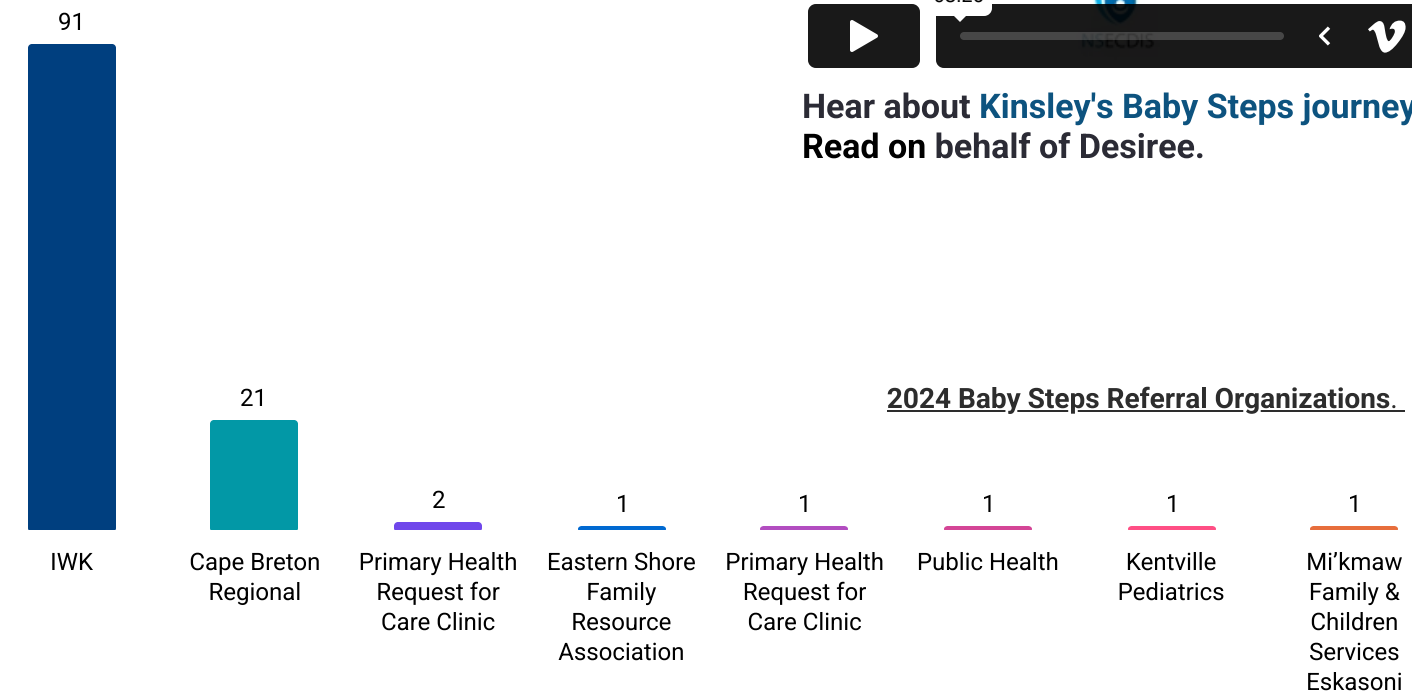
The implementation of the Baby Steps program has yielded promising results in increasing infant referrals and enhancing collaboration with community organizations. Through targeted outreach initiatives and streamlined referral processes, the program has witnessed a notable uptake in the number of infants referred for intervention services. As previously noted, infant referrals continue to rise - representing an astounding 101% increase between 2021 and this 2024/25 fiscal year.

Moreover, by fostering stronger partnerships with community organizations, Baby Steps has expanded its reach, facilitating a greater number of referrals from community organizations other than the IWK and Cape Breton Regional. **Most importantly, the program's evaluation findings, along with our data, support that children with developmental delays are identified and supported earlier, thereby maximizing the effectiveness of interventions and fostering optimal developmental outcomes.**





Hear about Kinsley's Baby Steps journey. Read on behalf of Desiree.



BABY STEPS PROGRAM EVALUATION

Evaluation Summary

An evaluation of the 2022–2023 Baby Steps Pilot assessed the program's effectiveness in four regions prior to a province-wide rollout. Using mixed methods, data was collected from September 2023 to January 2024 through interviews, surveys, and feedback from families, healthcare partners, Developmental Interventionists (DIs), and leadership staff.

Final Evaluation Key Recommendations

The Final Evaluation Report, released in June 2024, offered key recommendations for NSECDIS to build upon program strengths and address emerging challenges. Areas for growth included:

Relationships & Partnerships

- Grow communities of practice and mentorship opportunities to support ongoing professional growth.
- Develop structured strategies for family engagement that are adaptable to cultural and situational contexts.
- Strengthen collaboration among Baby Steps Coordinators, healthcare partners, and Regional Directors.

Communication

- Refresh program materials with clear, visual, and digestible content.
- Develop scripts and talking points to help DIs and healthcare providers explain the program to families.

Training

- Expand training in infant care, mental health, trauma, and context-specific support for home and hospital settings.
- Increase Newborn Behaviour Observation (NBO) refreshers and video-based learning.
- Promote cross-disciplinary workshops with healthcare and community partners.
- Facilitate hospital shadowing and site visits.

Steps Taken to Date

As the Baby Steps program grows, so does the effort to strengthen it, informed by data-driven decision-making and insights from program evaluation. Some of the evaluation's recommendations that have been implemented include:

Relationships & Partnerships

- Continued monthly meetings between Baby Steps Coordinator and IWK NICU Discharge Nurse and FNCU Clinical Nurse Specialist to discuss discharge planning and referrals.
- Implementation of an online mentoring series for the Baby Steps trained DIs, led by Yvette Blanchard, Brazelton Institute, Boston Children's Hospital.
- Three Baby Steps Team (full team) online sessions: May 2024; September 2024; and March 2025. During these sessions, the following was discussed: review of evaluation results and recommendations; goal planning for next steps; discussion of standards and procedures during key program delivery stages and accompanying tools; problem solving discussions around key common issues.
- Baby Steps Coordinator's participation in the collaborative development of the OAT Comprehensive Summary and Clinical Practice Tool Kit for Nova Scotia

Communication

- Revision and re-design of the Baby Steps Brochure.
- Drafting of key messages and scripts to support DIs and Health Care providers in navigating key conversations with families.

Training

- NBO refresher course offered to all NBO trained DIs, facilitated by Yvette Blanchard, Brazelton Institute, Boston Children's Hospital.
- Two NSECDIS leadership staff trained as trainers in Supporting Trauma-Exposed Teams through the TEND Academy.
- Regional training sessions carried out to all staff on Secondary Trauma and Empathetic Strain.
- Baby Steps DIs were invited to attend the February 2025 Brazelton Institute Summit on Substance Use Disorder.
- Planning carried out to support additional trauma informed practice training in 2025-26.

*"Our DI is very **caring, dependable, knowledgeable and encouraging**. There have been many times where I felt a bit lost in what to do for our son, and she is always very **compassionate and ready and willing to find a strategy or support that would work for him and us**. You can tell she cares about her clients and thinks very holistically in best approaches for the families. **She is non-judgmental and always ready to offer support**. We appreciate her." - Parent*



NSECDIS FAMILY SATISFACTION

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. 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). Preliminary results were shared in our 2023–24 Annual Report and at the Annual General Meeting. Since then, a full analysis of the survey data has been completed. Key findings are summarized below.

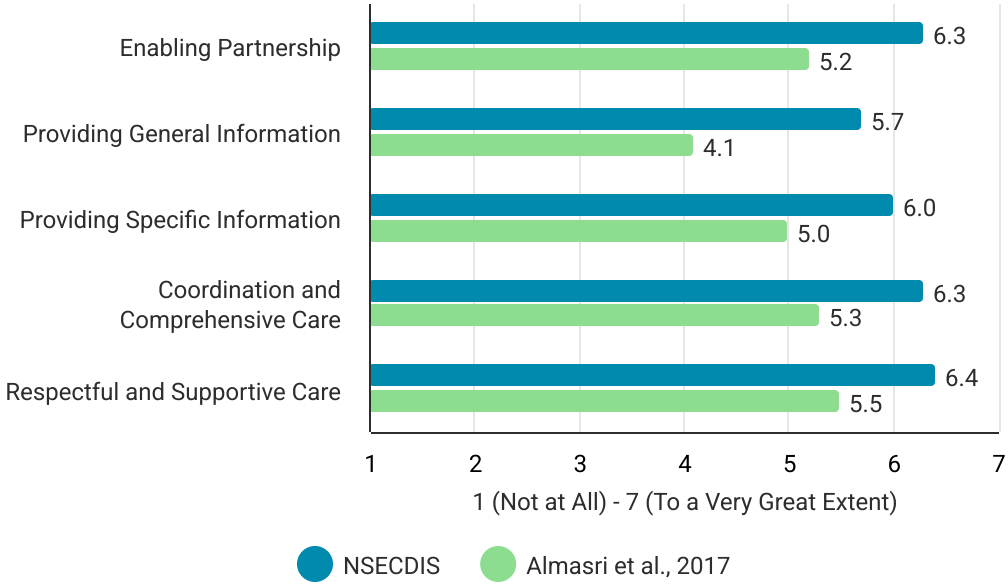
MEASURES

Measure of Processes of Care (MPOC-20)

The MPOC-20 is a 20-item, Canadian-developed questionnaire designed to assess parents' perceptions of how family-centered the services are that they and their children receive from developmental service providers, such as NSECDIS. [3] It also explores how these perceptions relate to overall satisfaction with services.

The questionnaire asks parents about both individual service providers who work directly with their child and the broader organization. The questionnaire comprises five distinct scales, each rated on a 7-point scale ranging from 'Not at All' to 'To a Very Great Extent': Enabling Partnership, Providing General Information, Providing Specific Information, Coordinated and Comprehensive Care, and Respectful and Supportive Care.

Results indicated that average scores across the five MPOC-20 subscales fell within the "Great Extent" (6.0) to "Very Great Extent" (7.0) range, reflecting strong and positive perceptions of family-centered care. When compared to other organizations, these scores appear even more favorable. A 2017 review and meta-analysis by Almasri, An, and Palisano synthesized mean scores across multiple studies that used the MPOC-20, providing a benchmark for interpreting family perceptions of care quality. [4] In comparison, NSECDIS reported higher scores on each MPOC-20 subscale than those documented in similar service agencies, suggesting that families perceive the quality of care from NSECDIS more positively.

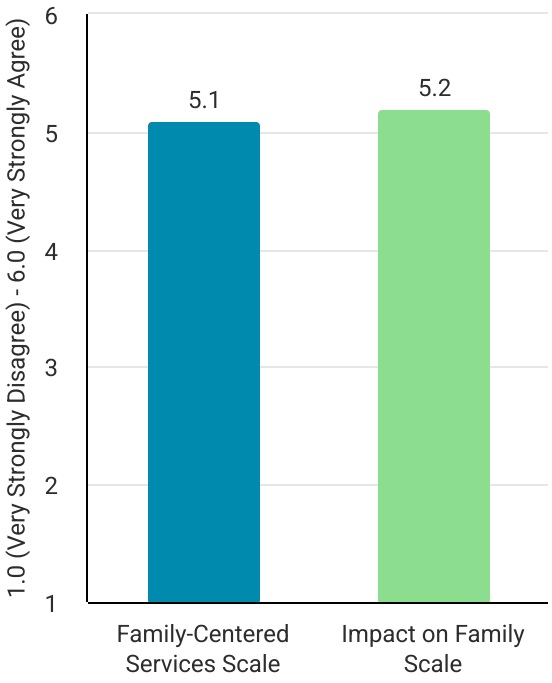


NSECDIS FAMILY SATISFACTION

Family Survey of Early Intervention

The Family Survey of Early Intervention is a 47-item questionnaire developed by the National Center for Special Education Accountability Monitoring in the United States. [5] It was designed to support states in meeting federal reporting requirements under the Individuals with Disabilities Education Act (IDEA) and to help programs gather additional data to guide quality improvement efforts. The survey consists of two scales: Impact on Family and Family-Centered Services. Each is rated on a 6-point scale ranging from '*Very Strongly Disagree*' to '*Very Strongly Agree*'.

Consistent with the MPOC-20 results, **the average scores from the Family Survey of Early Intervention were generally positive, falling within the *'Strongly Agree'* (5.0) to *'Very Strongly Agree'* (6.0) range.**



Given that the Family Survey of Early Intervention is primarily used by individual U.S. states for internal federal reporting purposes, there is limited public or published comparative data available. At this time, it is challenging to benchmark NSECDIS results against those of similar organizations. However, the data collected will serve as a valuable baseline for future comparisons when the survey is re-administered in the coming year.

KEY THEMES

A deeper analysis of the survey data using family demographics and MPOC-20 scores, revealed several key themes.

1. **Regional Differences.** Significant regional differences were found, indicating that **family satisfaction is influenced by geographic context.** By addressing the unique needs of different regions, NSECDIS can provide targeted support for staff and enhance its services for families.
2. **Goals.** For each child, goals are co-created with families, establishing a collaborative framework for identifying priorities and tracking developmental progress. This partnership not only empowers families but also fosters a sense of ownership in the child's development. Notably, overall **family satisfaction was positively correlated with the number of goals set,** suggesting that more defined and measurable objectives contribute to greater satisfaction with services.
3. **Continuity.** Waitlists continue to be a concern, with some families experiencing delays in accessing services. This challenge can be further compounded by staff leaves or turnover. In some cases, **these factors undermine continuity and affect overall family satisfaction.**
4. **Staff Appreciation.** Families consistently expressed high levels of appreciation for our staff, a theme that emerged clearly through both survey responses and open-ended comments. This **positive feedback underscores the strong relationships built between staff and families and reinforces the value of compassionate, knowledgeable care in driving family satisfaction.**

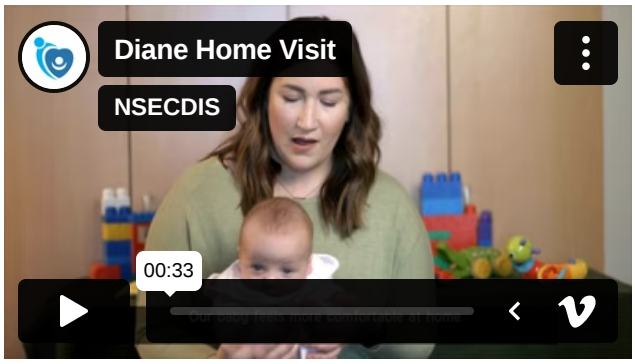


SERVICE DELIVERY OUTCOMES

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 11,977 hours to home visits, supporting children and their families directly in their communities. Home visiting has increased by 8% compared to last fiscal year (11,049). In addition to in-person support, staff completed 5,558 hours of digital communication with families, providing flexible and responsive services that meet the evolving needs of those we serve.

11,977 hours
in home visiting

5,558 hours
in digital communications



Hear from Diane about the importance of Home Visiting.

*"I enjoyed the educational service and at **home based one to one**, it really **helped my child and our family understand the needs my child will have** and how to come at them five steps ahead."*

SERVICE DELIVERY OUTCOMES

GOALS

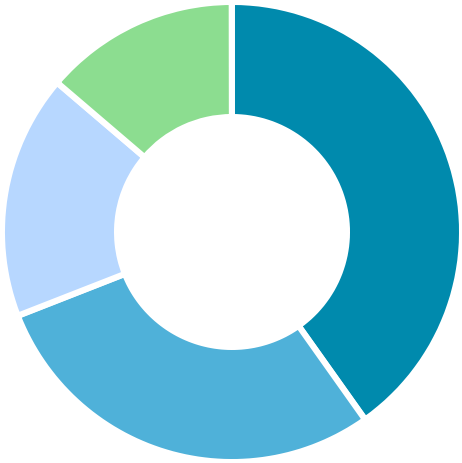
This fiscal year, 11,331 individualized goals were created for children and families engaged with NSECDIS—representing a 104% increase from last year's total of 5,546 goals. This substantial growth reflects our continued emphasis on personalized service planning and meaningful engagement with families. Goal creation is a cornerstone of effective early childhood intervention. It provides a clear, collaborative framework for identifying priorities and tracking developmental progress. Goals are developed in partnership with families, ensuring that they are relevant, culturally responsive, and aligned with each child's unique strengths and needs.

By setting and regularly reviewing goals, DIs can tailor their support strategies, foster stronger relationships with families, and promote more positive developmental outcomes. **The rise in goal creation this year underscores a deeper level of family participation and a strengthening of our commitment to delivering high-quality, child- and family-centered services across Nova Scotia.** Goals are created based on four types, including case coordination goals, child goals, family goals and information gathering task goals which include using validated measures such as the ASQ, ASQ-SE, Newborn Observation Tool (NBO), etc.). See below the percentage of each goal type below for this fiscal year.

11,331
goals were created this fiscal year

9,948
of those goals progressed

88%
of goals progressed



- Child Goals (40%)
- Case Coordination Goals (28.9%)
- Information Gathering (17%)
- Family Goals (13.8%)

"...for my family, this has been an ***extremely positive experience****. I am very satisfied that this program* ***devoted the time and resources that were crucial to my child at the right time.*** *I have nothing but good things to say about the staff and the way they interacted with my child.* ***The results that I see in my home prove to me the efficacy of this program."***



FAMILY GOALS

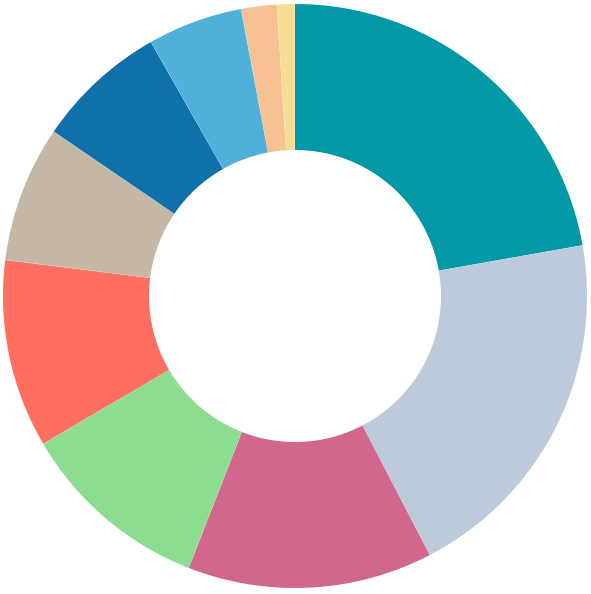
SERVICE DELIVERY OUTCOMES

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, Community Program Participation/Playgroups/Child Care (23%), Parenting/Family Life Managment (19%) and Adapting Home Environment/Routines (20%) are the top 3 goal domains created for families.

1,544
family goals were created

1,376
of those goals progressed

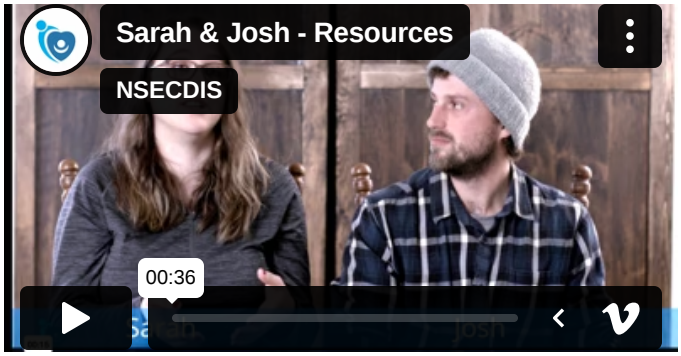
89%
of goals progressed with families



- Community Program Participation 22%
- Adapting Home Environment/Routines 20%
- Parenting/Family Life Managment 13%
- Families' Implementation of Therapy Goals 10%
- Child Development Education 10%
- Accessing Equipment & Resources 7%
- Funding 7%
- Disability/Medical Information 5%
- Respite 2%
- Strengthening Informal Supports 1%



Hear from Sarah and Josh about the importance of receiving support from their Developmental Interventionist.



Hear from Sarah and Josh about accessing developmental resources.



CHILD & FAMILY PARTICIPATION IN COMMUNITY

SERVICE DELIVERY OUTCOMES

180
Play Group Sessions held

225
Unique Families Attended Play Group Sessions

684
Hours of Play Group Facilitation

339
Community Program Participation Goals created

295
Community Program Participation Goals progressed

87%
Community Program Participation Goals worked on

*"**Our interventionist has done a fantastic job making our family aware of supports available**. I know there are a lot of great programs in the province for children and their families living with the joys and difficulties of Autism, **unfortunately when you live in a rural community, many of those services are not equally available.**"*

*"**It is so nice to have someone along with us during the big events in our life.** They can be stressful, and it makes it so much better when we have someone with us. **It's great that our DI not only sees us in a home atmosphere, but out and about as well.** She gets to see the different situations, and how our little one reacts to each one. **She is very attentive to ALL of our needs as a family."***



CHILD & FAMILY PARTICIPATION IN COMMUNITY

SERVICE DELIVERY OUTCOMES

Ensuring seamless integration and comprehensive support in child care and pre - primary programs are essential as on average, 50% of our active caseload access these programs. DI's are frequently embedded within child care and pre-primary settings, actively engaging with children on our caseloads. This close proximity allows DIs to provide targeted interventions that are relevant and immediately applicable to a child's everyday experiences.

By fostering strong partnerships with educators and caregivers in these settings, we promote a collaborative approach. This interconnectedness not only enhances the effectiveness of our interventions but also creates a supportive space for children's development.

*"**Our interventionist has been amazing.** She's always checking in, sharing positive stories about interactions with our child and makes us feel listened to and heard and offers suggestions and different techniques to try in stressful situations with our child. **She's implemented plans with child care staff to help us all be on the same page as well."***

Between April 1 2024 and March 31 2025, a total of 1,060 children accessed pre-primary programs: 669 attended, 351 completed, and 40 began repeating during the fiscal year. In licensed child care, 628 children participated, including approximately 15 who attended through family day home agencies—though this number may be underreported due to tracking limitations

Combined, approximately 1,688 children accessed early learning services this fiscal year, representing 42% of the total 3,990 children eligible for services. Adjusting for 325 children on the waitlist and 119 Baby Steps referrals (who may not have been eligible), the revised access rate is 48% (1,688 out of 3,546). As of today, our current caseload is 2,656, with 636 in pre-primary and 689 in child care representing 50%.



2,899 Hours of Child Care Consultations ***within*** **256** Centers



2,101 Hours of Pre Primary Consultations ***within*** **271** Schools

CHILD & FAMILY PARTICIPATION IN COMMUNITY

SERVICE DELIVERY OUTCOMES

NSECDIS incorporates case coordination goals when providing service to families. These goals are often related to referring children to other community organizations and navigating additional support services. DIs collaborate closely with families to identify supplementary resources and services that can further support their child within their community. This year, a large increase (233% increase) in referrals to community organizations were seen compared to 400 referrals made last fiscal year. This suggests that we are connecting families with community organizations and partners more frequently and are also increasing case coordination goals with families. Within those referrals, an increase in referrals to child mental health services (12% last fiscal) and autism services (16% last fiscal) were noticed upon examining this year's fiscal data.

948

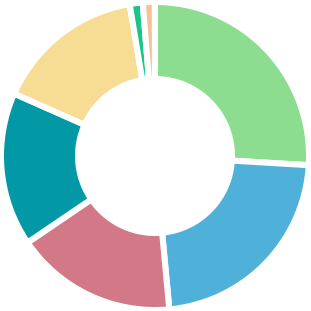
Referrals made to community organizations

By engaging with community organizations and using external resources, we ensure that families have access to the support they need. 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.

4,551 Hours

of phone, video & in-person consultations/clinic appointments with community partners

Referrals to Community Organizations

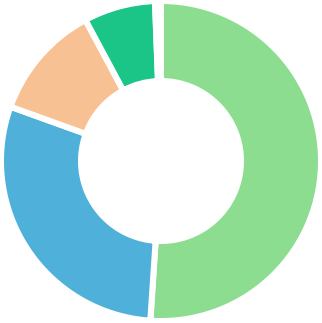


- Speech and Language Services 26%
- Rehabilitation Services 23%
- Autism Services 17%
- Child Mental Health Services 16%
- Other Support Services 16%
- Psychological Services 1%
- Family Mental Health Services 1%

2,215 Hours

Team Meeting Support

Service Navigation



- Education 51%
- Team Coordination 30%
- Health/Mental Health 12%
- Community Services 7%
- Child Protection 1%

CHILD DEVELOPMENTAL GOALS

SERVICE DELIVERY OUTCOMES

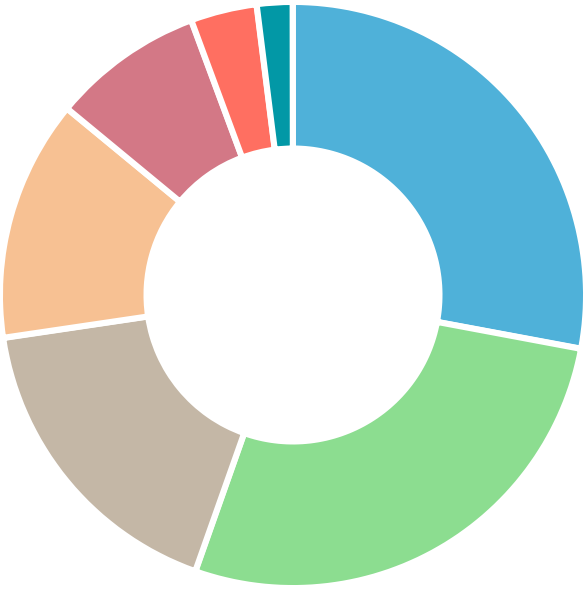
Developmental Interventionists play a pivotal role in early intervention by working closely with children to establish and achieve child-specific goals that directly target their developmental needs. Through comprehensive, functional assessments and ongoing observations, DIs identify areas of strength and areas for growth in each child's development. These findings inform the creation of individualized goals tailored to the unique strengths, challenges, and interests of the child.

This fiscal year goals around cognitive skills increased from 2% last fiscal year and assessment/screening/monitoring goals decreased from 7%, suggesting that goals revolving around cognitive skills for children were more important this fiscal year. This is interesting to note, because the 2022/2023 EDI suggest that vulnerability rates for cognitive skills have been remaining higher compared to other domains (14.7%).

Whether focusing on self-care skills, communication skills, motor skills, social-emotional competencies, or cognitive abilities, DIs support families with evidence-based strategies and interventions to support progress towards these goals. The donut chart to the right provides a visual on which child goals were most likely achieved this year



Hear from Novella about the impact services had on her child's development.



- Adaptive Skills (Routines/Transition, Behaviour) 28%
- Self-Care Skills 27%
- Communication Skills 17%
- Social Skills 13%
- Motor Skills 8%
- Cognitive Skills 4%
- Assessment/Screening/Monitoring 2%

4,514
Child Goals created

4,061
Child Goals Progressed

90%
Child Goals progressed

"Our family really appreciates our interventionist! ***She is outstanding and she communicates so well with us and our son.*** *She really bonds with him and makes us feel like outstanding parents and provides us with great advice and services!* ***Without this program, we wouldn't be as educated and prepared as we are today!"***



TRANSITIONS

PRE-PRIMARY AND PRIMARY

Transition support is a core service within our organization, ensuring continuity of care and support for children as they transition from early years settings to Pre-primary and Primary school environments. The collection and analysis of data on transitions or deferrals to pre-primary and primary school settings provides us with an accurate snapshot of our caseloads, enabling us to effectively allocate resources and plan interventions to meet the evolving needs of children and families.

By leveraging this data, we can proactively engage with families, offering tailored support and guidance to ease the transition process for both the child and their caregivers. By fostering collaboration between early intervention providers, schools, and families, we strive to ensure a seamless transition that sets the stage for continued growth and success.

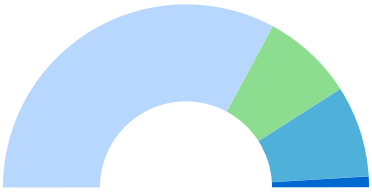
595
Children Transitioned to Pre Primary

638
Children Transitioned to Primary

105
Deferred Pre-Primary

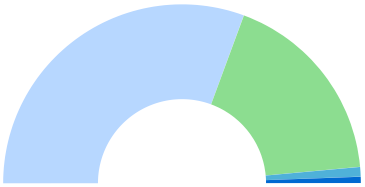
173
Deferred Primary

REASON FOR DEFERRING PRE-PRIMARY



- Parent Request/Developmental Reasons 66%
- Other 16%
- Participating in EIBI 16%
- Recommendation from External Professional 2%

REASON FOR DEFERRING PRIMARY



- Participating in EIBI 61%
- Parent Request/Developmental Reasons 36%
- Recommendation from External Professional 2%
- Recommendation/Request from School or RCE 1%

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

*"**Our time being connected with our Interventionist has been out of this WORLD.** I could not have even began to navigate this without her. From walking me through processes and forms and registrations to helping me get the required information to access programs to help our family (respite etc) she has been the one thing that has allowed me to keep a shred of sanity. My child has high medical needs as well as developmental delays. When the medical side of things came out of the blue I was completely blindsided. I had never been through something similar and didn't know anyone who had. Our interventionist's hard work and knowledge allowed me to navigate the systems promptly and efficiently so that I could focus more on my son rather than fighting the massive amount of paperwork etc that comes with everything. I got through those things quickly and efficiently so that I had more time to focus on my son. Sometimes she was able to make a professional connection on our behalf. That simple phone call that someone else was able to do rather than it being on my plate with 1000 phone calls needing to be made was HUGE. **I've made massive amounts of community connections that I had no idea even existed. I've learned to confidently and successfully navigate therapists and specialists and the school system. She has helped me by asking the right questions that would NEVER have occurred to me to ask and why they are important in meetings with my son's team. Her role is PIVOTAL.** Apart from becoming a great friend over the past years she has been the thing that has allowed me to navigate this world. I do not know how people who are thrown into this navigate it whatsoever without having someone there to help. It was a complete 180. From explaining what specialty does what, to helping us communicate with community connections, to providing us with resources on how to help our child with his specific needs, helping us navigate the school system with allllllll of his needs taken into account, to simply getting a text saying "I was in the classroom (of my son) and got to see your boy while I was there. Such a pleasure to see him..." Things like that are HUGE. My little guy has someone looking out for him and saying hi to him and making him feel loved and part of the community even when it's not directly an appointment for him. I could go on and on and on. **This role has been the most pivotal in our journey over the past few years."***



POSITIVE SOLUTIONS FOR FAMILIES

Overview

From April 2024-March 2025, the Positive Solutions for Families program was offered to 89 families across 8 childcare centres and individual family homes:

- 42 families participated in in-person sessions
- 5 families participated in online facilitated sessions
- 29 families participated in Coffee Chats
- 13 individual families participated in online self-directed sessions

Our Positive Solutions for Families Coffee Chats took off this year! They were offered through Schools Plus (CSAP), Family Resource Centres and other programs working with families and children. We have also been working together with some of our more underserved communities in offering in-person sessions jointly with their centre staff and this has been a wonderful partnership.

It's exciting to see the program grow and evolve!

"I liked learning new ideas and strategies on how to better manage my child's behaviour. It was nice collaborating with other parents; sharing commonalities and knowing I'm not alone."
- Parent, Mi'kmaq Friendship Centre

"Parent engagement has been strong and powerful. There have been great conversations and families have been connecting organically. It has been a pleasure to be a part of it and to facilitate such conversations!"- Facilitator

What did we learn?



Multiple Formats

Families and childcare centres are happy to learn that the PSF program can be offered in such a wide variety of formats; helping best fit the needs of individual families and programs.



Simple strategies acan be so effective

Many families have told us that they have seen a big change in their overall relationships with their children after applying some of the strategies from the PSF program (first-then, quiet corner, etc.)



More interest in facilitation

We trained 10 new facilitators who are looking forward to offering sessions as needed. More facilitator training opportunities will arise for upcoming sessions as well.

More Fun Facts:

Since its beginning in 2019, PSF has been offered to a total of **401** families!

- 87 families participated in in-person facilitated sessions
- 47 families participated in online facilitated sessions
- 34 families participated in Coffee Chats
- 133 individual families participated in online self-directed sessions


Department Identification Number
Department Box Number
Records Schedule Item Number
Records Centre Identification Number
Nova Scotia Records Centre Use Only
Sunny Days
JUMBO Coloring & Activity Book

Pyramid Model Coaching in Action



PYRAMID MODEL COACHING IN ACTION

Pre-primary Program

113
schools implementing

174
classrooms implementing

148
educators coached

1375
coaching visits

"I have learned how to better teach children social emotional skills that they will be able to take with them as they continue their educational journey. I can handle more difficult situation calmer and have many resources and strategies I can now pull from to help me and my students."

-Pyramid Model Pre-primary Early Childhood Educator





"The most valuable thing my coach did to support my practice was challenging me in areas where I already felt confident. She encouraged me to push my boundaries, think differently, and reflect on my approaches, which ultimately helped me improve and grow in my practice."

-Pyramid Model Regulated Childcare Early Childhood Educator

Regulated Childcare

52
locations implementing

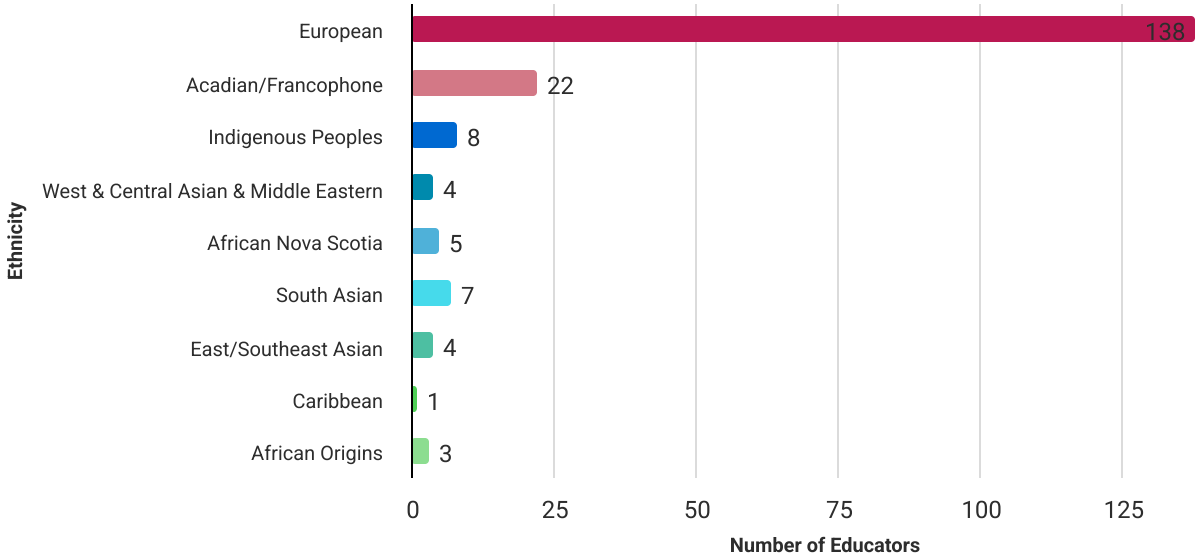
78
classrooms implementing

91
educators coached

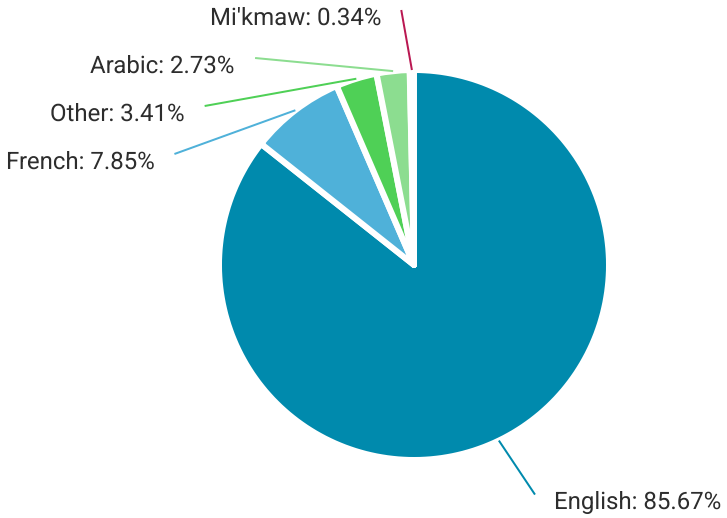
1169
coaching visits

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. 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.



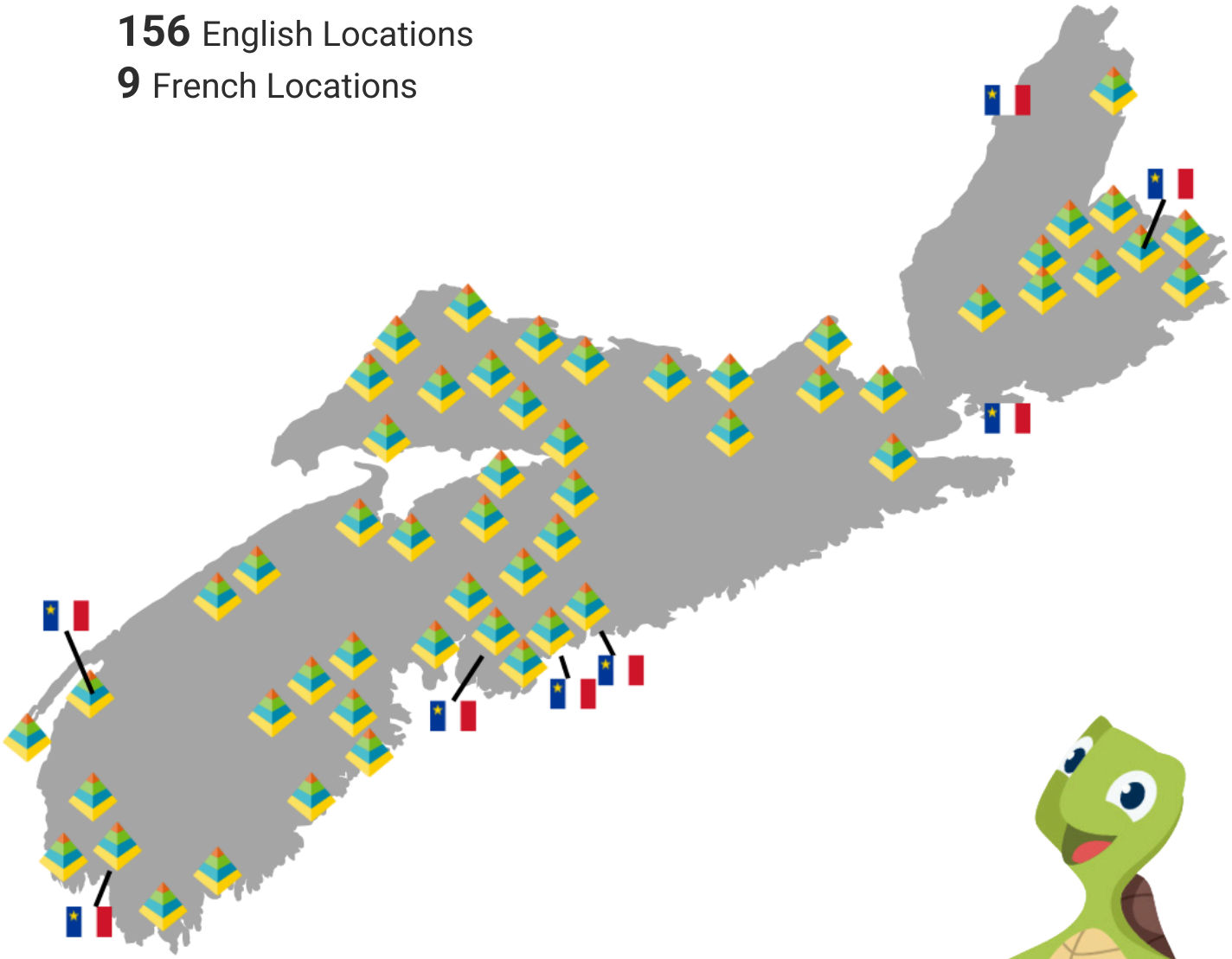
PYRAMID MODEL IMPLEMENTATION LOCATIONS

*Locations are approximate and may represent more than one program

165 Total Implementation Locations

156 English Locations

9 French Locations





EDUCATOR TRAINING

Below is the number of educators who have completed each Pyramid Model training module in 2024/25.

297

Birth to Five Modules

This course introduces the Pyramid Model principles through three modules: Building Relationships & Creating Supportive Environments, Social Emotional Teaching Strategies, and Individualized Intervention: Determining the Meaning of Behaviour and Developing Appropriate Responses.

149

Trauma Informed Care

The Trauma-Informed Care & the Pyramid Model modules support an understanding of the impact of trauma on young children and their families. Adding a Trauma-Informed Care lens to educators existing Pyramid practices helps to implement practices that promote children's social emotional development, healing and resilience.

4

Practice Based Coaching

Practice-Based Coaching (PBC) is a research-based coaching framework for supporting practitioners' use of evidence-informed teaching practices. In these modules, participants will explore why coaching has become a popular professional development support, what exactly PBC is, and how it can be delivered to support implementation of effective practices.

71

Culturally Responsive Practices

This course focuses on the importance of culturally responsive practices in enhancing outcomes for all children, especially those from diverse backgrounds. Implicit bias and how to use the values of the family and community to inform teaching and learning through the lens of the Pyramid Model are discussed.

27

PTR for Young Children

This course explores the Prevent Teach Reinforce 5-step approach for preschool teams. Prevent-Teach-Reinforce for Young Children (PTR-YC) is a research-proven, family-centered approach used in preschool settings nationwide to resolve persistent challenging behaviours.

20

PTR for Families

This course explores the Prevent Teach Reinforce 5-step approach for families. In this course, participants learn how to take on the role of PTR-F facilitator to meet each family's unique needs, and help guide families as they promote their child's positive behaviour.

PRACTICE-BASED COACHING

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



Collaborative Partnerships

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

Shared Goals and Action Planning

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

Focused Observation

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

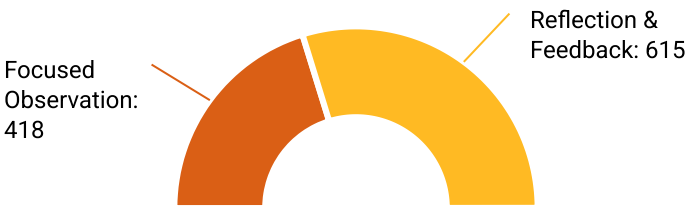
Reflection and Feedback

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

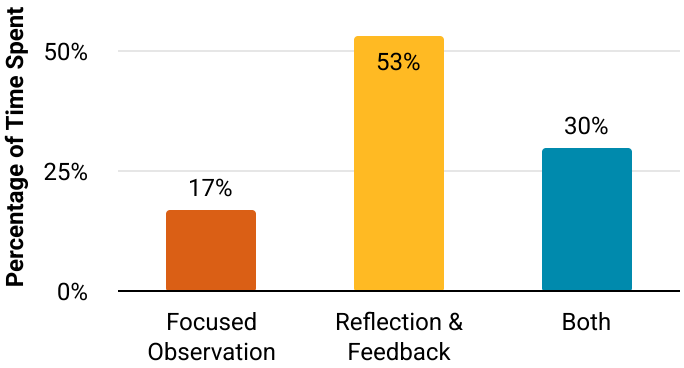
Coaching in Pre-primary Programs

1055 Coaching Cycles Completed!

Hours Spent in Focused Observation vs. Reflection & Feedback



Type of Coaching Visit



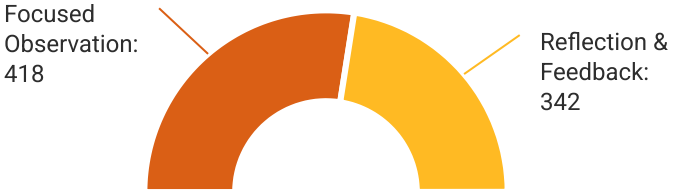




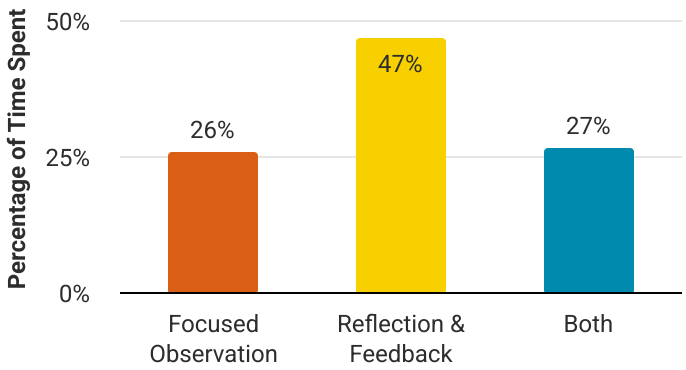
Coaching in Regulated Child Care

644 Coaching Cycles Completed!

Hours Spent in Focused Observation vs. Reflection & Feedback



Type of Coaching Visit



COACHING STRATEGIES

Inclusion 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 Inclusion 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 in Focused Observation and Reflection & Feedback strategies. Refer to the list below for each strategy and it's definition.

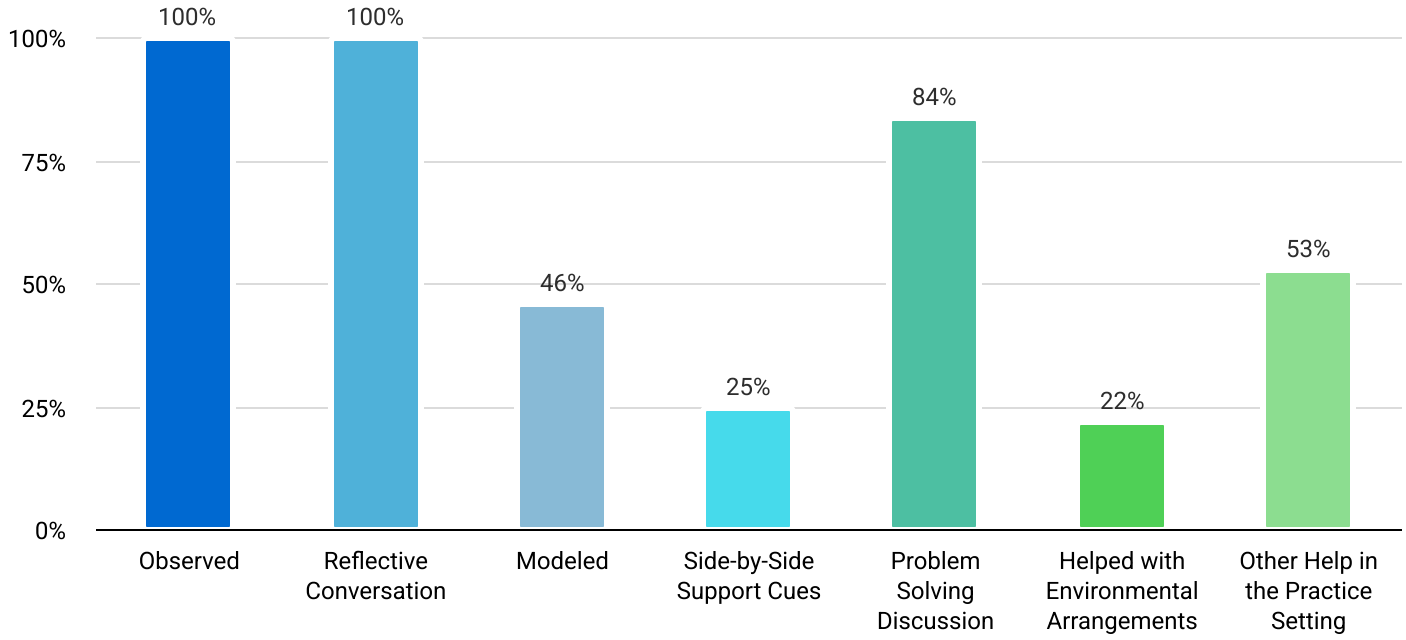
Focused Observation Coaching Strategies

Focused Observation Strategy	Definition
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. [6]

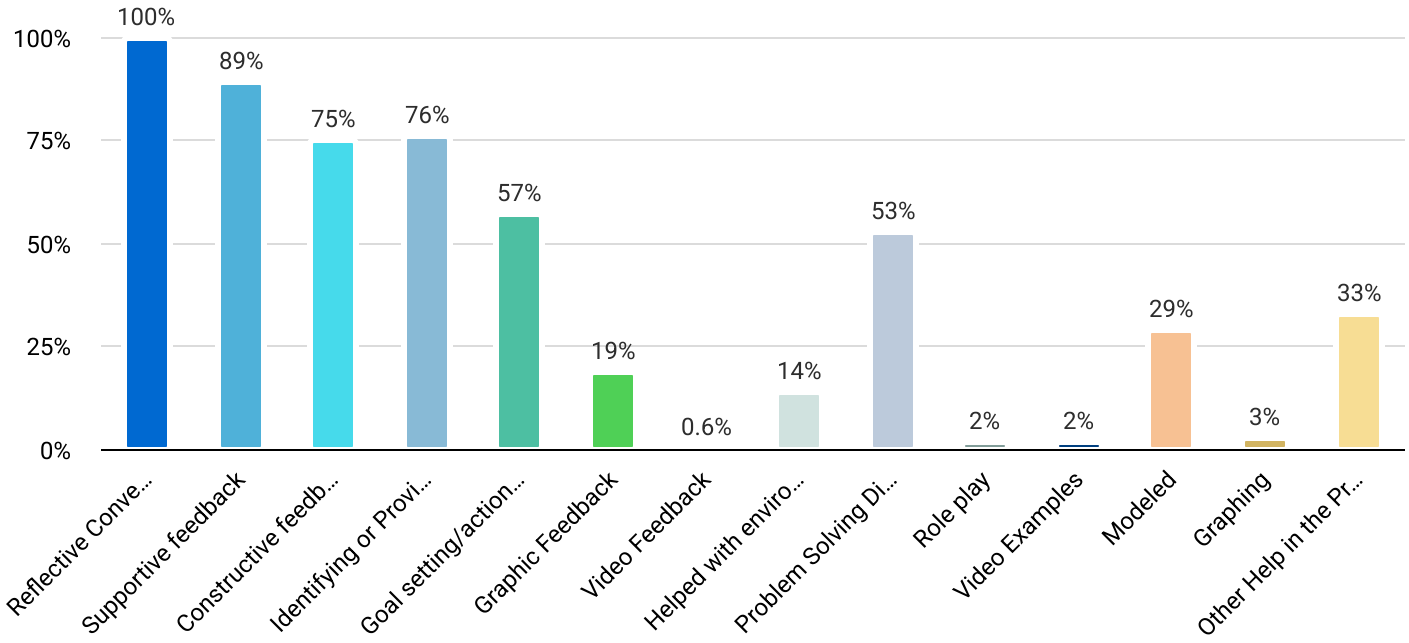
Reflection and Feedback Coaching Strategies

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. [6]

Focused Observation Coaching Strategies Percentage of Use Per Visit



Reflection and Feedback Coaching Strategies Percentage of Use Per Visit





"After 10 years of using varying messaging and PD to try to convey best practice and conflict resolution/social skills to our ECEs, Pyramid Model is the single most unifying training that has brought everyone together to the same level of understanding and methods at the same time. The visuals and training have really made an impact on all staff and we are seeing positive results in the whole centre."

-Program Director

EDUCATOR GOALS

744 goals written → **663** goals completed → **89%** goals completion rate

Goal Type

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

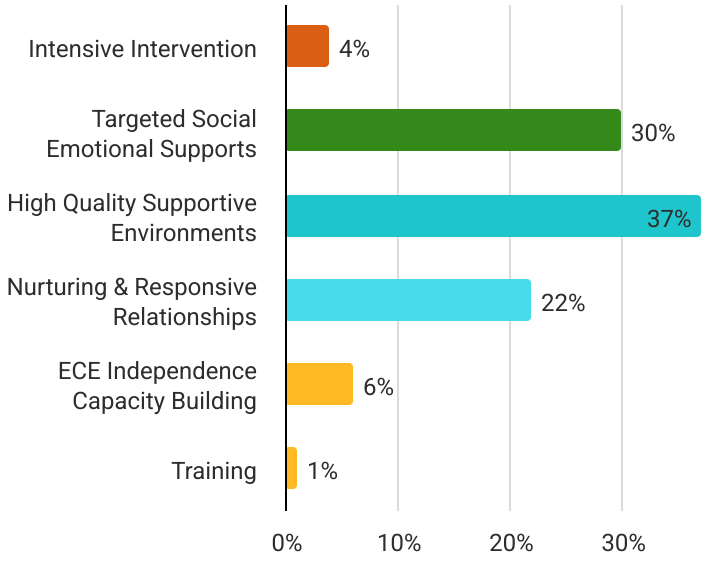
Targeted Social Emotional Supports
Goals related to the second tier of the Pyramid Model, specifically in utilizing targeted strategies to prevent challenging behaviours.

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.

Training
Goals related to training identified by an educator in collaboration with a coach in relation to the training modules or implementation checklist.



MEASURING OUR PROGRESS

Educators being Coached

Educators who are coached through the Pyramid Model program receive one on one support from Inclusion Coaches to implement Pyramid model practices in their classrooms. In 2024-25, **239** educators were coached in varying intensities and lengths of time. Meaning in the 2024- 25 the Pyramid Model Program in Nova Scotia onboarded 66 new educators. To date, 408 educators have been coached in some capacity through the Pyramid Model program.



239
ECEs coached this year

408
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 go through a series of fidelity checks over 1.5 years 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 Inclusion Coach to increase educators independence and capacity building. If educators are successful with their two fidelity checks, a celebration is had and they graduate from the Pyramid Model program.

Teaching Pyramid Observation Tool (TPOT)

251
TPOTs Completed in 2024-25

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 57 educators who had a baseline TPOT completed and 48 educators who had a time 2 completed.

60.7% Baseline Average → **74.7%** Time 2 Average = **+14%** Improvement

5.5% Baseline Red Flag Average → **2.7%** Time 2 Red Flag Average = **-2.8%** Reduction in Red Flags

Teaching Pyramid Infant-Toddler Observation Scale (TPITOS)

50 TPITOS Completed in 2024-25

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 13 educators who had a baseline TPITOS completed and 11 educators who had a time 2 completed.

72.7% Baseline Average → **77.2%** Time 2 Average = **+4.5%** Improvement

2% Baseline Red Flag Average → **0%** Time 2 Red Flag Average = **0%** no change


Congratulations
CERTIFICATE
OF TPOT FIDELITY
NSECDIS
This Certificate is proudly awarded to:
Paula Allan
has reached a milestone in their ongoing Pyramid Model implementation and achieved fidelity on their last TPOT observation.
Date Fidelity was achieved: 5/15/2024
Pyramid Model Data Management Specialist
Expiry: 11/15/2024

308 TPOT and TPITOS observations have met fidelity criteria to date!

In 2024-25, **133** observations met fidelity criteria. This means, **44% of our TPOT and TPITOS observations in 2024-25 have met fidelity criteria**.

In 2024-25, **20** educators graduated from the Pyramid Model program. To date, **53** educators have graduated from the program.

92% Educators maintained their fidelity from first fidelity to fidelity check #1.

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

90% Educators maintained their fidelity for their annual renewal.







Program - Wide Fidelity Definition

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.

Program - Wide Fidelity Data Criteria

Level 0: Exploration	Level 1: Installation	Level 2: Initial Implementation	Level 3: Partial Implementation	Level 4: Full Implementation	Level 5: Mentor Program
New Program	Leadership Team is in place	Leadership Team meets on a regular basis	Leadership Team meets on a regular basis	Leadership Team meets on a regular basis	Leadership Team meets on a regular basis
Exploring Readiness	BoQ <70% in development or achieved	BoQ <70% in development or achieved	BoQ ≥70% in development or achieved	BoQ ≥80% in development or achieved	BoQ ≥90% in development or achieved
No BoQ Completed	Baseline TPOT and TPITOS	<50% of classrooms with an ECE at fidelity	≥50% of classrooms with an ECE at fidelity	≥50% of classrooms with an ECE at fidelity	≥80% of BoQs are achieved
	No ECEs at fidelity	No ECEs have reached full fidelity (fidelity + 2 fidelity checks)	At least 1 ECE has reached full fidelity (fidelity + 2 fidelity checks)	At least 1 ECE has reached full fidelity (fidelity + 2 fidelity checks)	≥50% of classrooms with an ECE at fidelity + 1 fidelity check
					At least 1 ECE has reached full fidelity (fidelity + 2 fidelity checks)

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



Program Wide Fidelity as of March 31st, 2025

57

Program locations reached
level 4: Full Implementation

7

Program locations meeting
level 5: Mentor Program

Educator Voices



Hear from Amber-Lyne, a Pyramid Model Educator in Nova Scotia. As she shares her experience with Pyramid Model implementation in her classroom and her practices.



Hear from Hala, a Pyramid Model Educator in Nova Scotia. As she shares her experience with Pyramid Model implementation in her classroom and her practices.



Hear from Amber-Lyne, a Pyramid Model Educator in Nova Scotia. As she shares her perspective on the importance of the Leadership Team to her program's Pyramid Model Implementation and practices.

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.

7
Regional Leadership Teams

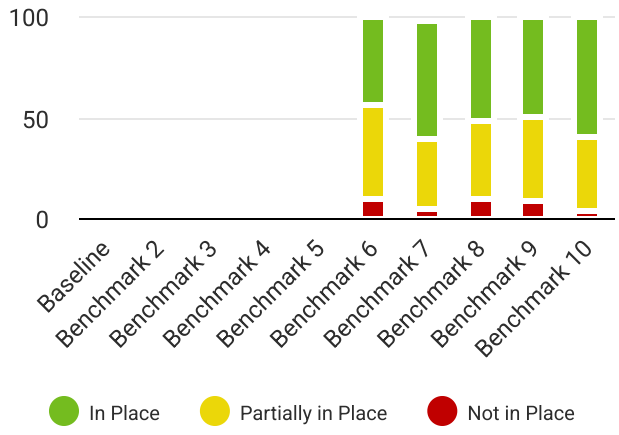
44
Leadership Meetings

28
Program Leadership Teams

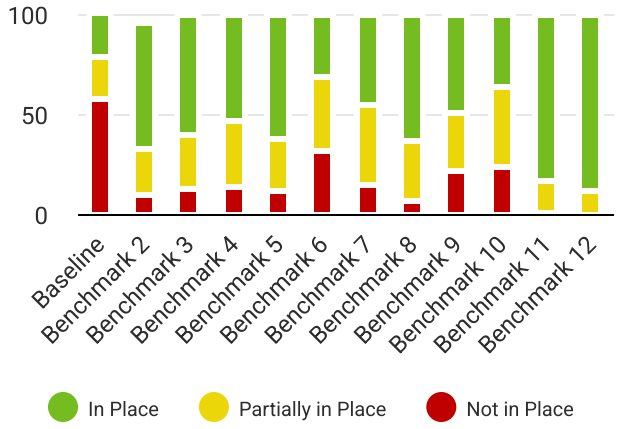
195
Leadership Meetings

The Early Childhood Program-Wide PBS BoQ (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 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). Data below is the summary of BoQs that were completed in 2024/25 by timepoint.

11
Regional BoQs Completed



40
Program BoQs Completed



*The graphs above for Regional and program BOQs, are BOQs completed in the 2024-25 fiscal year.

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 (Province) Benchmarks of Quality is the tool adopted as the guide for implementation. It outlines the necessary elements required to ensure effective implementation of the Pyramid Model Framework.

14
PLT Members

→

83
PLT Meetings

→

14
PLT BoQs Completed

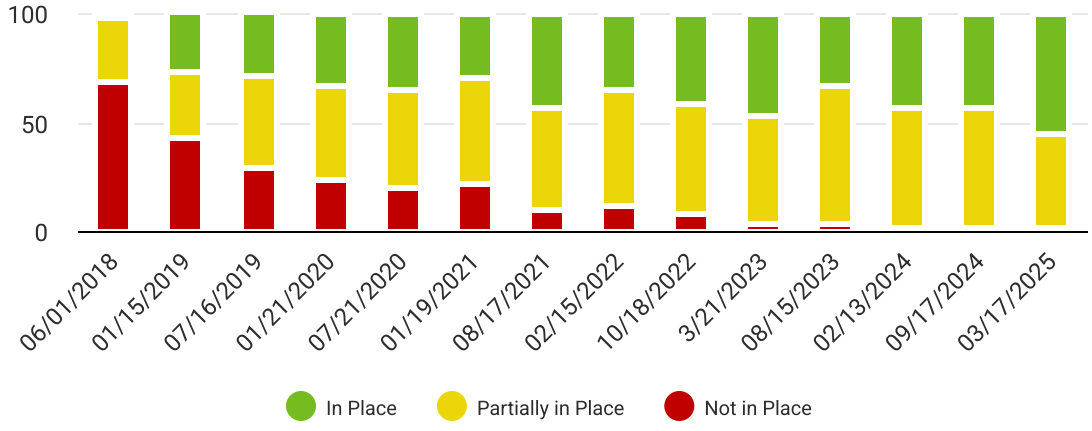
*Above stats are from the PLT's inception on February 8, 2018 to present day.

In 2024-25, the PLT carried out extensive sustainability and scale-up planning to support the implementation of the Pyramid Model in Nova Scotia. Key areas of focus within this planning include:

- Strengthen program coaching system for early learning & child care programs implementing the Pyramid Model
- Build internal coaching capacity within early learning and child care programs in Nova Scotia
- Identify, offer & implement a menu of efficient and effective educator coaching model(s) for programs implementing the Pyramid Model
- Identify & build a standardized system to monitor coaching fidelity (internal and external coaching)
- Enhance current Pyramid Model module training system
- Identify and establish consistent set of data collection tools for Pyramid Model implementation within Nova Scotia
- Build program capacity to support data decision making related to Pyramid Model implementation within their program.
- Enhance Provincial Leadership Team (PLT) capacity to support data decision making related to Pyramid Model implementation within Nova Scotia
- Develop and implement a communication strategy for PLT

With a greater focus on program capacity building the Nova Scotia Pyramid Model will shift in the coming months to a stronger focus on program coaching 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



*The graph above for Provincial Leadership Team (PLT) shows the progression of their BOQs since Pyramid Models inception in Nova Scotia starting in 2018. Two (09/17/2024 and 03/17/2025) were completed in the 2024-25 fiscal year.

PLT Membership

The Provincial Leadership Team (PLT) is a collaborative team of Nova Scotia early years stakeholders who serve in an advisory capacity to NSECDIS to support best practice recommendations for the implementation of the Pyramid Model program in Nova Scotia.

Jill Piers

Co-Chair

Manager,Pre-Primary Operations, Department of Education & Early Childhood Development DEECD

Patricia Monaghan

Co-Chair

Executive Director, NS Early Childhood Development Intervention Services NSECDIS

Stephanie Geldart

PLT Coordinator

Data Management Specialist, NSECDIS

Marla Smith

PLT Coordinator

Data Management Specialist, NSECDIS

Shari Ridgewell

Founding PLT Member

ECE Consultant, Community Member

Barbara Kaiser

PLT Member

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

Kim Reyno-Briscoe

PLT Member

Autism Consultant, Student Services & Equity Branch, DEECD

Jessie-Lee McIsaac

Evaluation Lead

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

Jenna Arsenault

PLT Member

Manager, ELCC Consulting Services, DEECD

Andrea Bullerwell

PLT Member

Director of Childcare Services, BGC Yarmouth

Trina Fraser

PLT Member

Executive Director, East Preston Day Care

Jennifer Cumming

PLT Member

Child and Adolescent Psychiatrist, IWK Health

Angela Fitzgerald

PLT Member

Coach Team Lead, NSECDIS

Jane Williamson

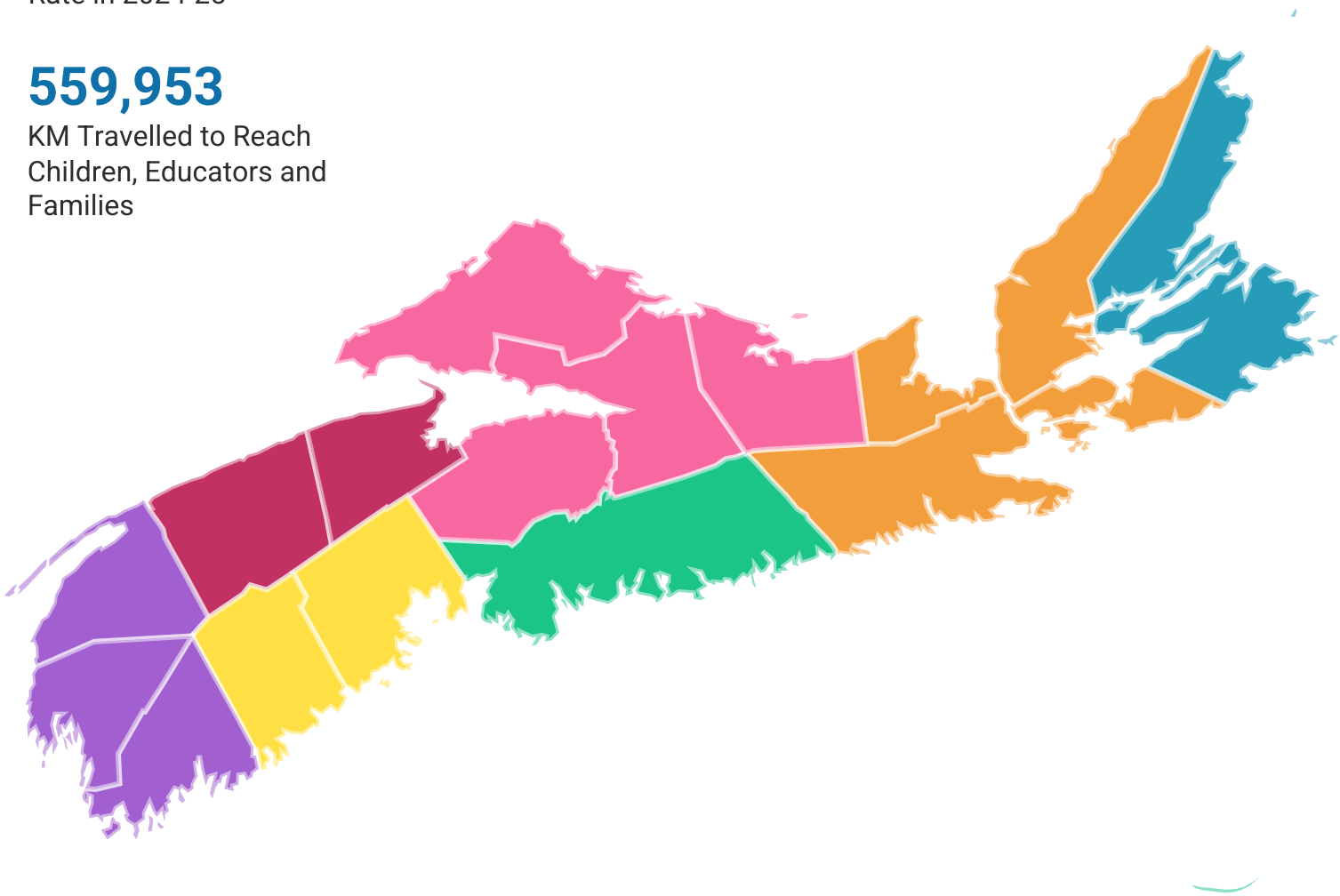
PLT Member

Directrice générale, le petit voilier

OUR NSECDIS TEAM

92%
Staff Retention
Rate in 2024-25

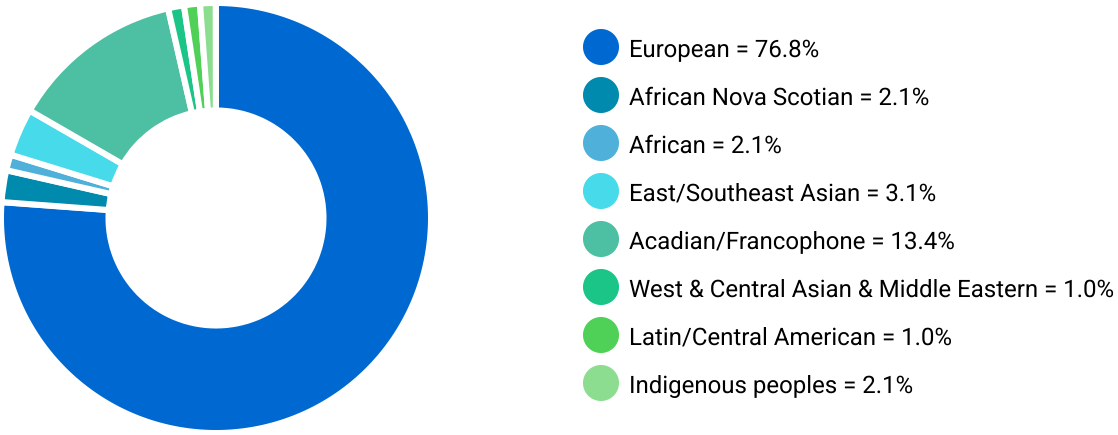
559,953
KM Travelled to Reach
Children, Educators and
Families



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 0.8 AA 0.2	RD 1 CM 3 CTL 1 DI 25.7 IC 7 RAA 1 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 4 RAA 1 AA .8	RD 1 CM 1 CTL 1 DI 5 IC 3 RAA 0.6

OUR NSECDIS TEAM

Staff Ethnicity and Languages Spoken



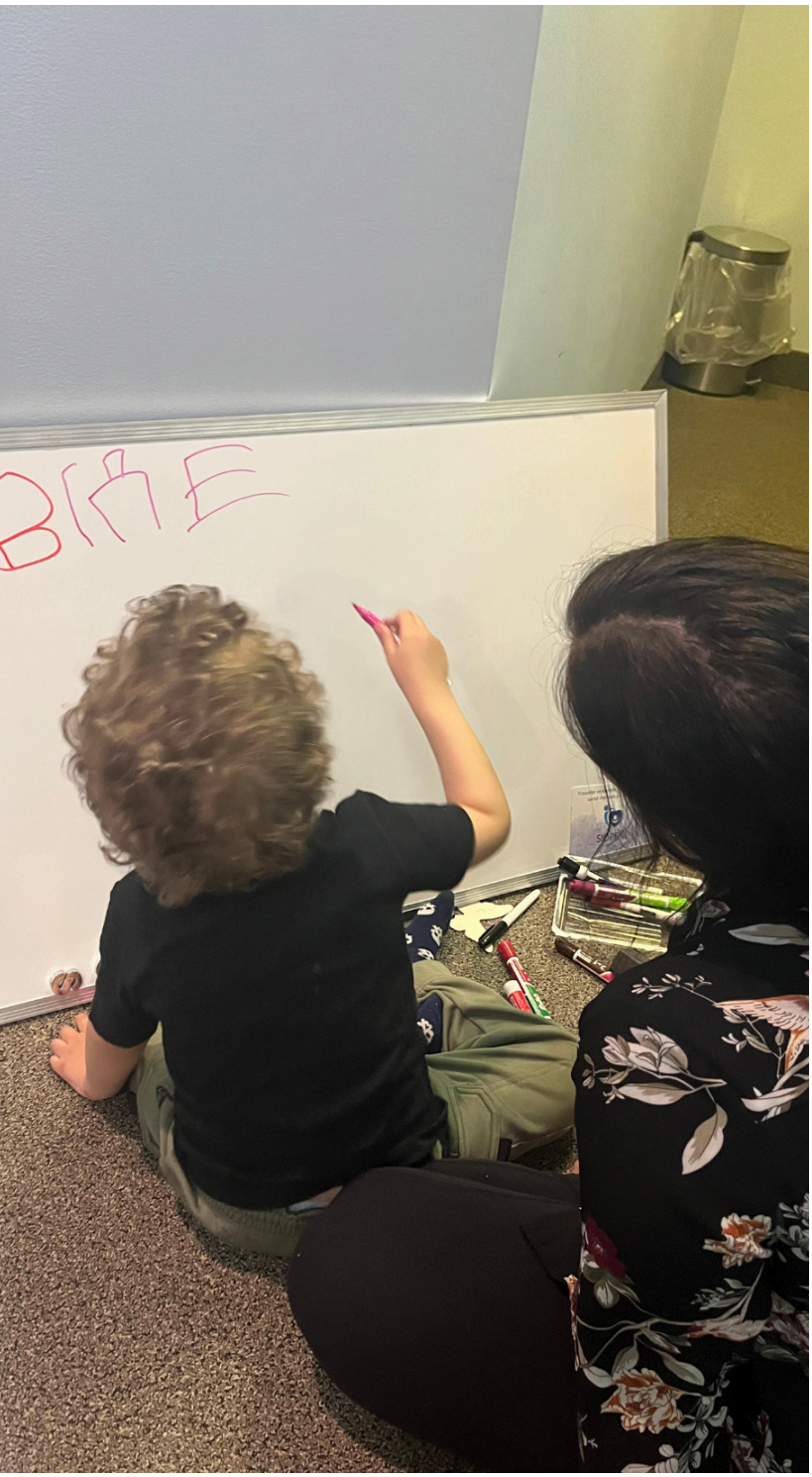
8

staff whose first language is not English

Languages Spoken Other than English:

Afrikaans, Arabic, Bengali, Cantonese, French, Hebrew, Hindi, Mandarin, Mi'kmaq, Russian, and Ukrainian.





COMPLETED STAFF TRAINING

1604
hours of staff professional development

42
staff certified in Newborn Behaviour Observation System

BUILDING COMMUNITY CONNECTIONS

684
hours of playgroup facilitation by staff

333
hours of workshop facilitation by staff

695
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 Cook - Chair

Chignecto Central Region

(Retired – Department of Community Services)

Kirk Schmidt- Vice Chair

Chignecto Central Region

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

Dr. Megan Thomas- Director

Halifax Region

((Developmental Pediatrician, IWK Health Centre)

Krista Thibault – Treasurer

Halifax Region

(Director of Finance, Sisters of Charity)

Debra Sundstrom - Secretary

Annapolis Valley Region

(Retired – Itinerant Teacher APSEA)

Derek Verge – Director

Strait Region

(Retired Chartered Professional Accountant)

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)

Erin Lamond – Director

Halifax Region

(Manager, Hearing & Speech NS)

Chrissi Lynch – Director

Strait Region

(Retired – Coordinator, Student Services, SRCE)

Rayo Owoyomi – Director

Strait Region

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

Mirna Yazji – Director

Chignecto Central Region

(Business Owner, The Spot Pub & Grill)

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)

Jane Cawley – Director

Halifax Region

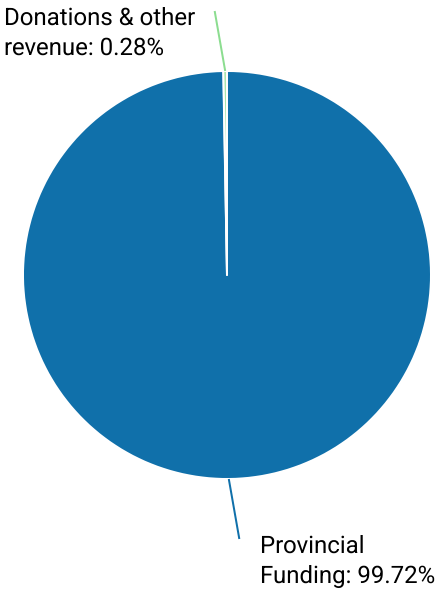
(Education Consultant)

FINANCIAL REPORT

The 2024-25 fiscal year ended in a break-even position after a net operational loss the year before. Rising costs are a constant part of today's world. The Board of Directors and staff are working hard to keep expenses in line with funding levels.

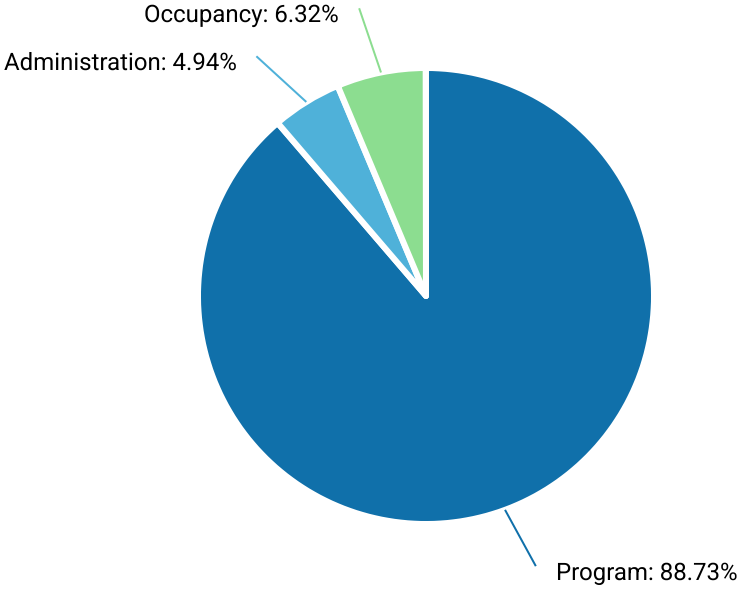
Krista Thibault, Treasurer

REVENUE



Provincial Funding	$11,531,518
Donations & other revenue	$ 32,460
TOTAL	**$11,563,978**

EXPENSES [1]



Program	$10,260,957
Administration	$571,668
Occupancy	$731,353
TOTAL	**$11,563,978**

The 2024-25 fiscal year ended with a balance at $0.

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
Raymond Woodford
Stephen Anthony
Bonvie-MacDonald Rinks to Links
Pictou County Antique Car Club
Truckers Association of Nova Scotia
Crayola Canada- Supplies

On behalf for families:
Campaign for Kids
Children's Trust Fund Society
Masonic Foundation of Nova Scotia
Rotary Club of Windsor

LAND AND POPULATION ACKNOWLEDGEMENTS

Land Acknowledgement:

We would like to acknowledge, Nova Scotia Early Childhood Intervention Services operates in Mi'kma'ki (MEEG-MA-GEE), the traditional and unceded territory of the Mi'kmaq people.

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.