NSECDIS

2023/24 ANNUAL REPORT

Nova Scotia Early Childhood Development Intervention Services



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Message from our Board Chair and Executive Director

2023 -2024 has been an impactful year for our organization. We have continued to grow as our reach to families and educators has increased this past year across the province. We experienced a 14.8% increase in the number of children served through our Intervention Services.

In 2023, we returned to the bargaining table to negotiate salary adjustments with CUPE Local 5054 and were pleased to be able to make significant adjustments to our Intervention Services and Pyramid Model service team salaries, thanks to additional funding provided by the Province of Nova Scotia Department of Education & Early Childhood Development. We thank the 83% of our team who rallied patiently for the agreement. Unfortunately leading up to our agreement, we did see a 17% turnover rate of our staffing, the highest rate of turnover our organization has historically experienced. This had an impact on services this past year for both families and educators, resulting in service interruptions and longer wait times for services.

We were pleased to launch our new website this year and we carried out a successful social media campaign that brought in a record number of referrals through our website. We also increased our reach within our communities this year with many family events, playgroups and community developmental screening events carried out across the province. We were also excited to see 34 early learning and child care programs reach program wide implementation of Pyramid Model practices in 2023-24!

Nova Scotia Early Childhood Development Intervention Services has been carrying out comprehensive reviews and evaluations this past year, with the completion of the Baby Steps pilot year evaluation, the Pyramid Model annual evaluation and an Intervention Services Family Survey. The results of the program evaluations have been very positive. Summaries of the results are shared throughout this document and accompanying evaluation report documents. Recommendations from the evaluations are shaping our next steps as we move into the next exciting phase of our organization's continual growth and development.

We would like to thank our Board of Directors for their time and commitment during this busy year and the Department of Education and Early Childhood Development for their ongoing support. We would also like to thank our NSECDIS team for their hard work over this past year and their continued 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 important work in 2024-25!

NSECDIS

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



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

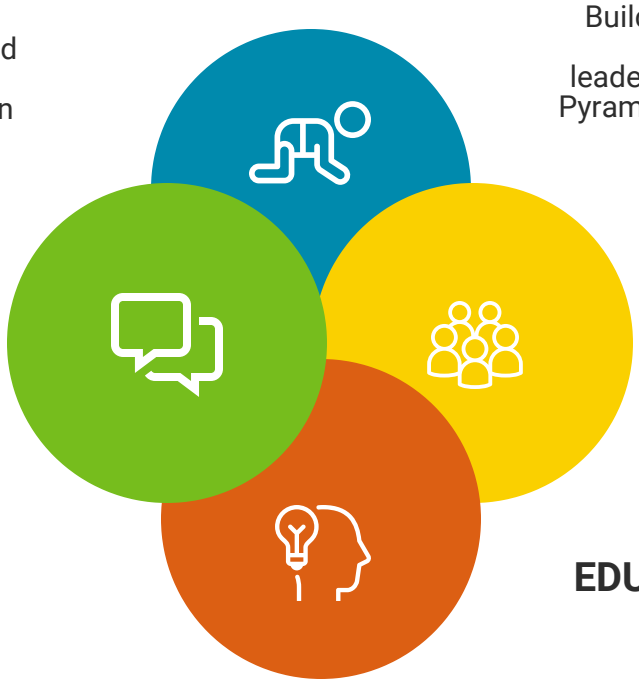


COMPETENCY BUILDING IN YOUNG CHILDREN

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

Our time being connected with our Interventionist has been *out of this WORLD*. I could not have even began to navigate this without her. 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...*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...*her role is PIVOTAL...* 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 all of his needs taken into account... ***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...My mental health would not have been able to withstand the tidal wave of demands that flew at us through diagnosing and appointments. ***I would NOT have been able to navigate this without having someone there*** to translate this into something that made sense and was always looking out for the best for my little guy. -Parent

WHO ARE WE SERVING?

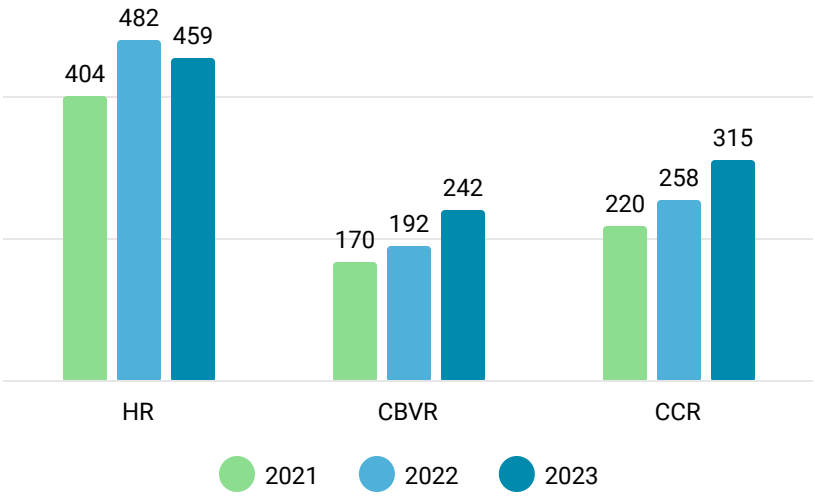
NSECDIS receives referrals and provides services to families across the province, with the majority of referrals being received in our larger regions such as Halifax Region, Chignecto Central Region and Cape Breton Victoria Region.

3,972
children served

Throughout this fiscal year, NSECDIS served 3,972 children and their families. This represents a 14.8% increase from the prior fiscal year (3,460).

1,613
referrals received

NSECDIS received 1,613 referrals, reflecting a 14.8% increase from our previous fiscal year referrals (1,404). Below provides referral numbers for our three largest regions representing 62% of our referrals

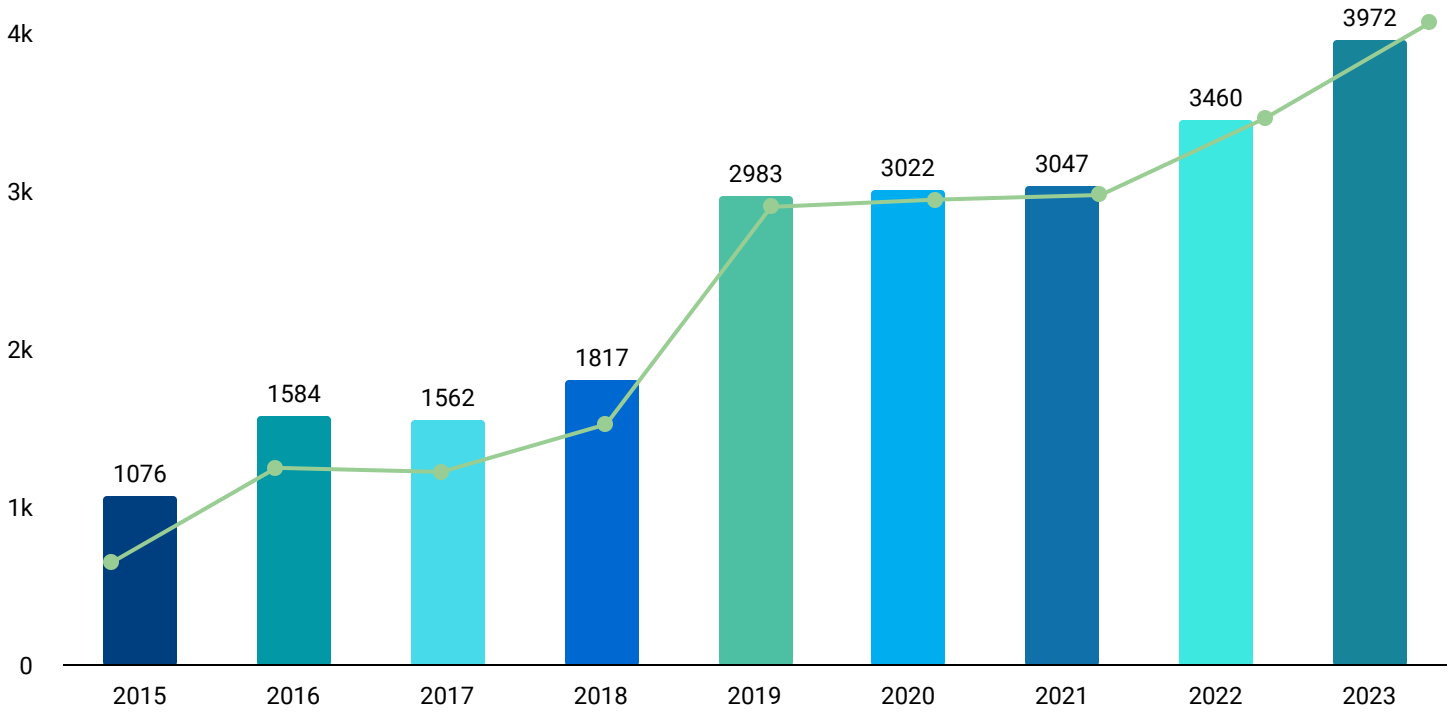






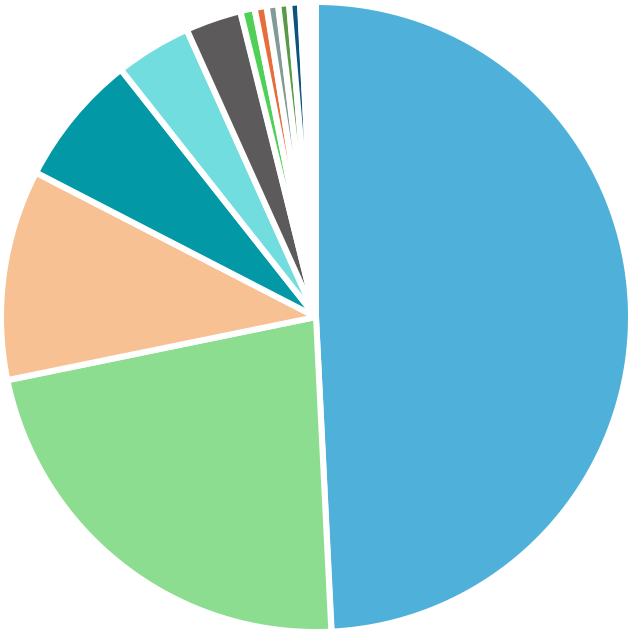
WHO ARE WE SERVING?

Program of Growth since 2015

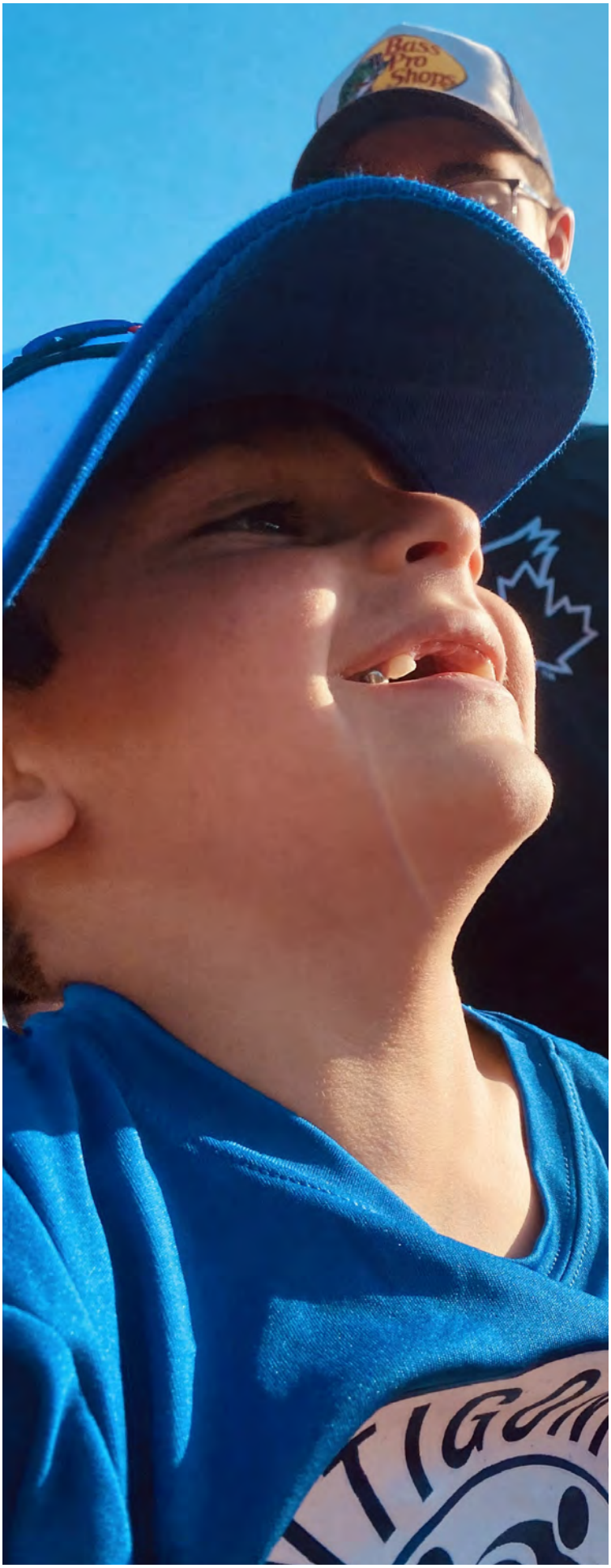


WHO ARE WE SERVING?

Diagnosis of Children Served



- Developmental Delay 49%
- Autism 23%
- Suspected ASD 11%
- Premature 7%
- Genetic Disorder 4%
- FASD/Substance Exposure 3%
- ADHD 1%
- Cerebral Palsy 1%
- Acquired Brain Injury/Traumatic Brain Injury 1%
- Epilepsy/Seizure Disorder 1%
- Neurological Disorder 1%
- Congenital Heart Condition 0% (8 children)
- Hearing Impairment/Deaf 0% (8 children)
- Visual Impairment/Blind 0% (3 children)
- Spina Bifida 0% (2 children)
- Muscular Dystrophy 0% (1 child)

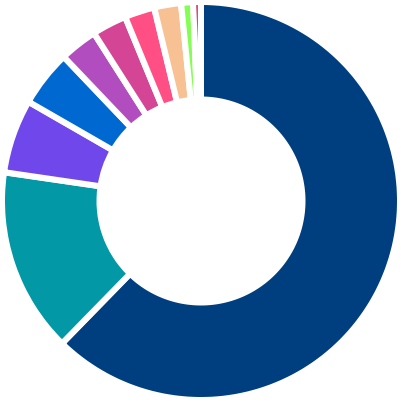


WHO ARE WE SERVING?

PROVINCIAL ETHNICITY AND LANGUAGES SPOKEN

Understanding a family's ethnicity provides important insights into their **cultural background and beliefs.** This knowledge helps NSECDIS tailor services that are **culturally sensitive and respectful, fostering trust and engagement among families.** A families ethnicity can influence various aspects of child development, including language acquisition, socialization patterns, and parenting practices. By recognizing these differences, services can be family-centered to better meet the unique needs of each family, thereby **enhancing the effectiveness of early childhood interventions.**

Collecting ethnicity data helps organizations monitor and address disparities in access to services and outcomes among different ethnic groups. By identifying and addressing these disparities, organizations can work towards **promoting equity and inclusivity in our programming.** NSECDIS served 3,972 children and their families this fiscal year. Among families served, **approximately 38 percent** of families identified **as non-European and 400 families that accessed NSECDIS services speak a first language that is not English.** See a breakdown below of how families who accessed services this year identified.



- European 62%
- Acadian/Francophone 6%
- West & Central Asian and Middle Eastern 3%
- East/Southeast Asian 2%
- Latin/Central American 1%
- Indigenous Peoples 15%
- African Nova Scotian 5%
- South Asian 3%
- African Origins 2%
- Caribbean 1%

400
children whose first language is not English

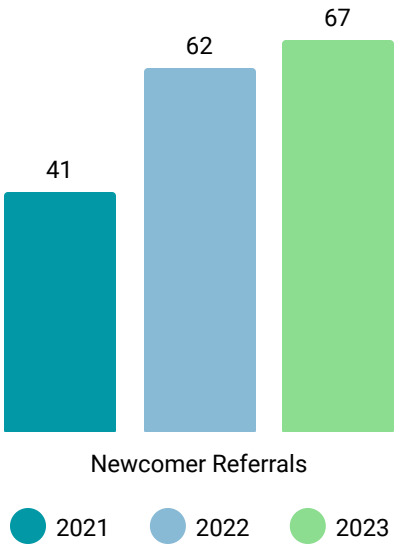
Languages Spoken Other than English:

Afrikaans, Amharic, Arabic, Assamese, Bengali, Cantonese, Farsi, French, German, Gujarati, Hebrew, Hindi, Kannada, Kinyarwanda, Konkani, Korean, Kurdish, Malayalam, 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?

NEWCOMER FAMILIES

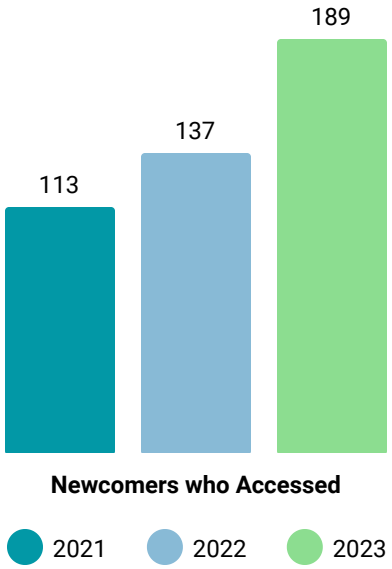


63% increase

in **referrals** from newcomer families since 2021

67% increase

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

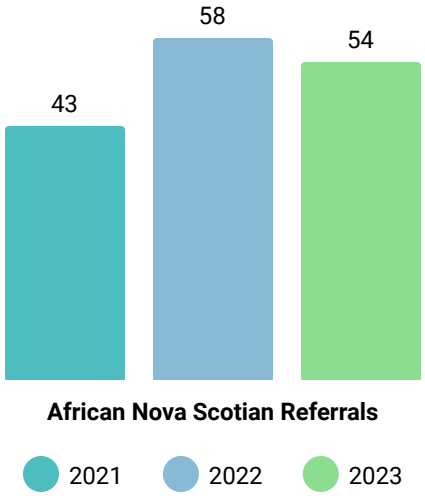




WHO ARE WE SERVING?

AFRICAN NOVA SCOTIAN FAMILIES

Please refer to page 32 for population acknowledgement

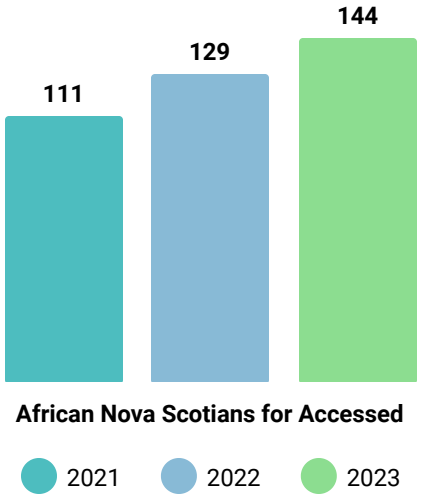


26% increase

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

30% increase

in African Nova Scotian families who **accessed** services since 2021





WHO ARE WE SERVING?

INDIGENOUS PEOPLES

Please refer to page 32 for population acknowledgement

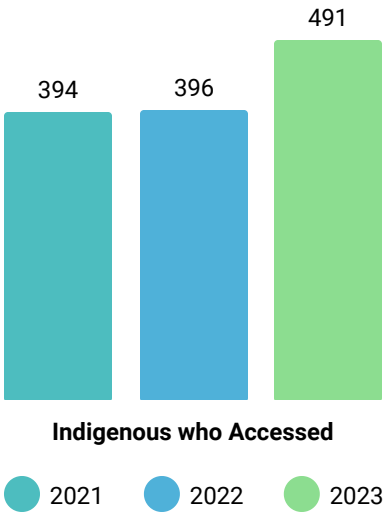


81% increase

in **referrals** from Indigenous families since 2021

25% increase

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

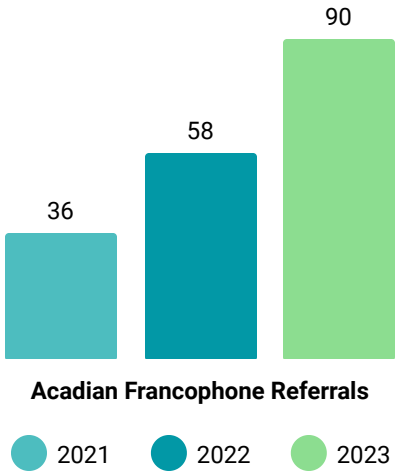




WHO ARE WE SERVING?

ACADIAN FRANCOPHONE FAMILIES

Please refer to page 32 for population acknowledgement

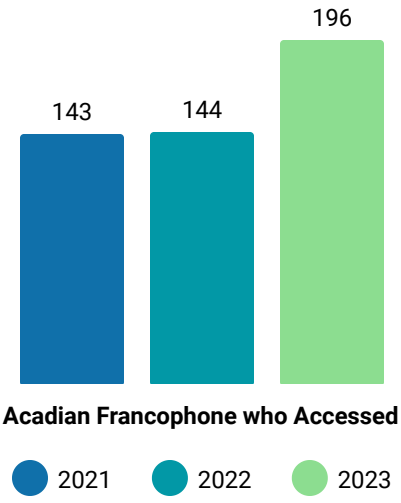


150% increase

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

37% increase

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





WHO ARE WE SERVING?

WHERE ACADIAN FRANCOPHONE FAMILIES
ACCESS OUR SERVICES



Tusket 20%
Bedford 13%
Dartmouth 13%
Cheticamp 11%
Clare 10%
Halifax 10%
Pomquet 9%
Arichat 4%
Sackville 4%
Sydney 3%
Greenwood 1%
Porters Lake 1%

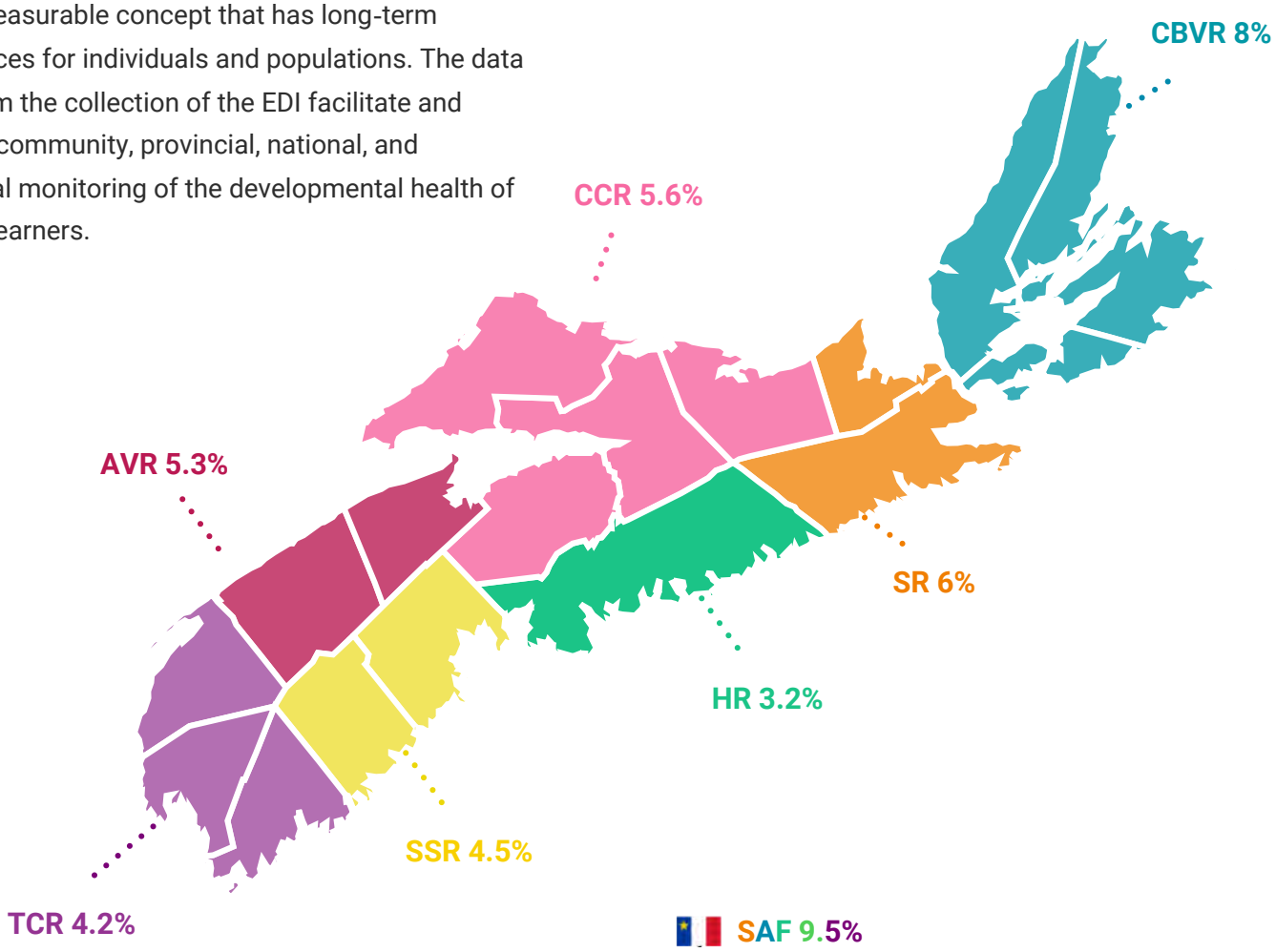
REACHING CHILDREN EARLY

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 4% of the under 5 population.** As of March 31st, 2024, **289 children are waiting for active service** through NSECDIS due to limited capacity to serve more.

While discussing our reach, it is important to mention the 2024 EDI results. 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.

28.5% of children entering school are vulnerable on 1 or more domains in Nova Scotia and **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 4% of children prior to school transition.**

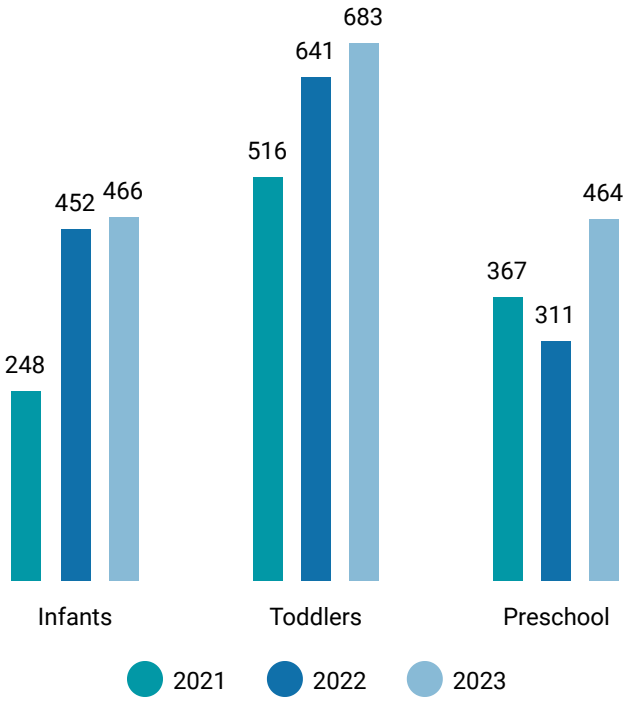




REACHING CHILDREN EARLY

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 2022/2023 and provides an approximate timeline on a families pathway to service after an initial referral was made.



22 DAYS
between Referral to Initial Call

45 DAYS
between Referral to Intake Visit

114 DAYS
between Referral to Active Service

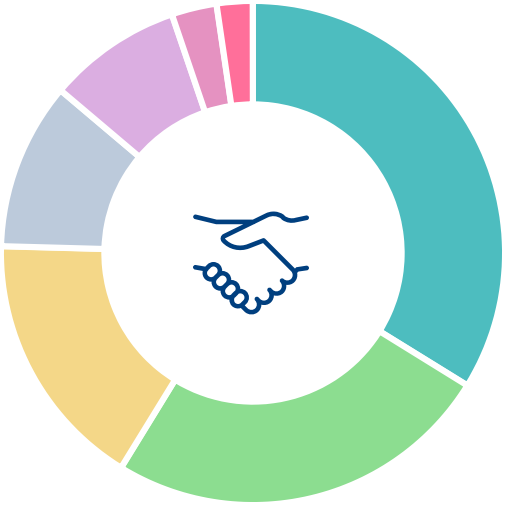


OUR PARTNERSHIPS

TOP REFERRAL SOURCE ORGANIZATIONS THIS YEAR

Case coordination and partnerships is a top priority and core competency 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.

With 34% originating from self-referral channels, these referrals stem from parents/guardians, grandparents, foster parents, or other family members. Self-referrals are followed by the IWK, Pre-primary Programs, Licensed Child Care Centres, Mi'kmaq Community Organizations, Hearing and Speach Nova Scotia and Unlicensed Child Care Centres. Other popular referral sources that did not make the top 7 includes *Health Centres (65), Hospitals other than the IWK (52), Department of Community Services (34), Kentville Pediatrics (34),*



- Self-Referral 34%
- IWK 25% (various departments and specialists)
- Pre Primary 17%
- Licened Child Care 11%
- Mi'kmaq Community Organizations 9%
- Hearing and Speech 3%
- Unlicensed Child Care 2%



BABY STEPS PROGRAM

The Baby Steps Program is likely a contributor to the increase in younger referrals over the past 2 fiscal years.

The Baby Steps program was born on April 1, 2022. Infants at risk for developmental delays due to factors such as prematurity, in utero substance exposure, and complex medical needs qualify for services from NSECDIS. To engage families earlier, NSECDIS consulted with community partners, including IWK Health Centre, Brazelton Institute in the 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 within the province with, close proximity to NICU hospitals: Halifax Region, Annapolis Valley Region, South Shore Region, Cape Breton Victoria Region. The purpose of the Baby Steps program is to provide a strengthened coordinated pathway of wrap around care for families of high-risk infants in Nova Scotia. Collaborative, coordinated partnerships across existing services to support families' early transitions.

Core program components include:

(1) A family centered, strengths-based model of intervention and care provided in the family's home and community

(2) Family capacity building through parent coaching and service navigation

(3) Weekly communication between the FNCU/NICU and the Baby Steps Program Coordinator and

(4) Referral planning and information sharing to support referral process.

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 staff responsibilities include:

(1) Attending Prenatal visits to introduce our program and build relationships prior to delivery

(2) Conduct visits at the FNCU/NICU when the family is ready, to introduce our services, foster connections, and assist with transition planning for discharge

(3) Carry out weekly home visits to support new parents

(4) Monitor infant development and connect families to supports and services within their community

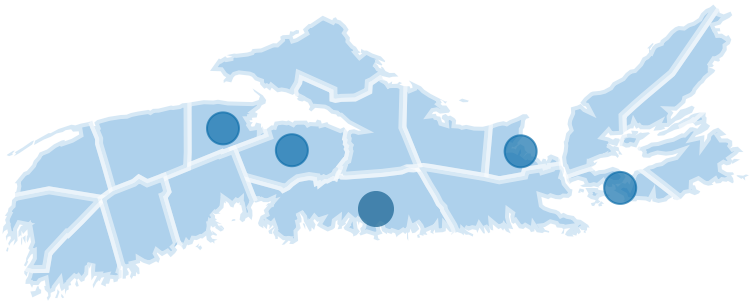
(5) Use the Newborn Behaviour Observation System (NBO) to contribute to the development of positive parent-infant relationships and

(6) Establish goals with the family and together build a support plan for the child and family.

BABY STEPS PROGRAM

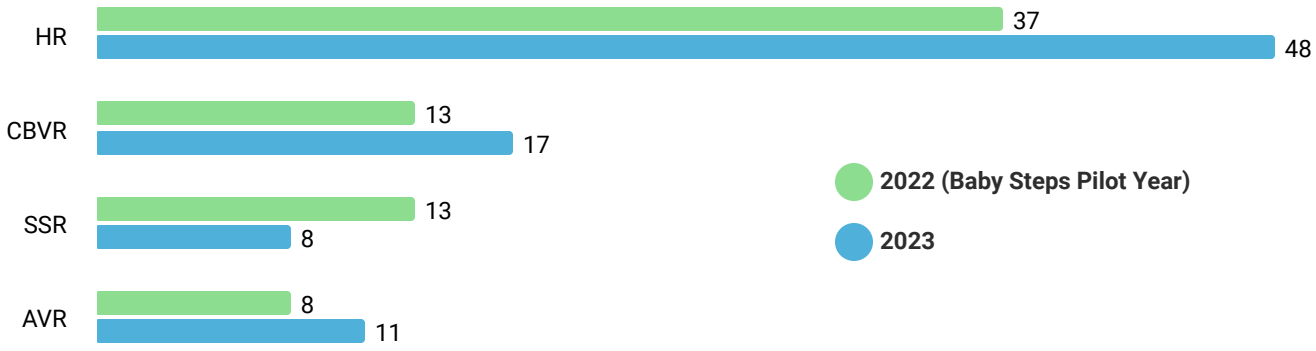
Throughout this fiscal year, NSECDIS received 97 Baby Steps Referrals. This represents a 14.8% increase from the prior Baby Steps Program pilot year (71). Of the 97 Baby Steps Referrals, 77% (75) participated in Active Baby Steps Service and 39% (38) transitioned into NSECDIS intervention services. **This illustrates that we are identifying children earlier (at birth) rather than later on in a child's life.**

It is important to note that birth rates are on the decline in the province and throughout Canada since the 2020 COVID-19 pandemic. [2] A birth rate is known as the number of live births per 1,000 individuals of all ages in a given year. The birth rate for Nova Scotia in 2023 was 6.8 (previously 7.3 in 2022). Kings, Halifax, Richmond, Antigonish and Hants County are those with the highest birth rates ranging from 7 to 7.8. [2]



97
referrals recevied

38
of Baby Steps Referrals transitioned into Intervention services.



Staff spent approximately 280 hours carrying out Hospital and Prenatal Visits with Baby Steps children on caseload and completed approximately 41 Newborn Behaviour Observation System (NBOs)

280
spent in Baby Steps Hospital and Prenatal Visits

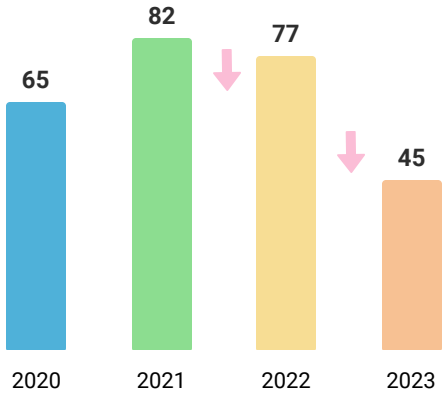
41
NBOs Completed



BABY STEPS PROGRAM

The average age at referral for a child in Baby Steps is 27 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 this fiscal year, 2023, only **45 children under the age of 1 went to a Hard-to-Reach level of service.**

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:

15 DAYS
between Referral to Initial Call

31 DAYS
between Referral to Intake Visit

32 DAYS
between Referral to Active Service

BABY STEPS PROGRAM

An evaluation was conducted for the 2022-2023 pilot year of the Baby Steps Program, involving families, healthcare partners, and Developmental Interventionists. Using a developmental evaluation approach, the following fundamental questions served to guide data collection and synthesis of findings: How are we engaging with families and healthcare partners? What are we learning from families, healthcare partners, and staff in the delivery of Baby Steps? What emerging patterns of ideas and changing practices are we seeing among our staff? How do we best move forward in the next phase of Baby Steps?

The evaluation was intended to investigate the effectiveness of Baby Steps program strategies in the four pilot regions before a province-wide rollout. Additionally, the evaluation sought to determine how NSECDIS can evolve and expand to sustainably support high-risk infants and their families. To accomplish these two goals, the evaluation used a mix of qualitative and quantitative methods. Data was collected between September 2023 and January 2024 with families who had been part of the Baby Steps program, healthcare partners representing IWK and Cape Breton Regional Hospital, DIs who had completed NBO training and had at least one Baby Steps family on their caseload, and Leadership Staff trained in the NBO. Qualitative data included semi-structured interviews with six families, five healthcare partners, and six DIs as well as open-ended survey responses from DIs and Leadership Staff. Quantitative data included a survey of 11 DIs who completed NBO training.

The evaluation findings affirm that the program strategies adopted by NSECDIS to support the pilot of the Baby Steps program have been effective. Investments in trained DIs, a Baby Steps Coordinator, training in infant development and using the NBO, mentoring through the Brazelton Institute have helped to lay a solid foundation for the program's implementation. **This foundation positioned NSECDIS to service seventy-one high-risk infants referred from six different healthcare partners during its pilot year.**

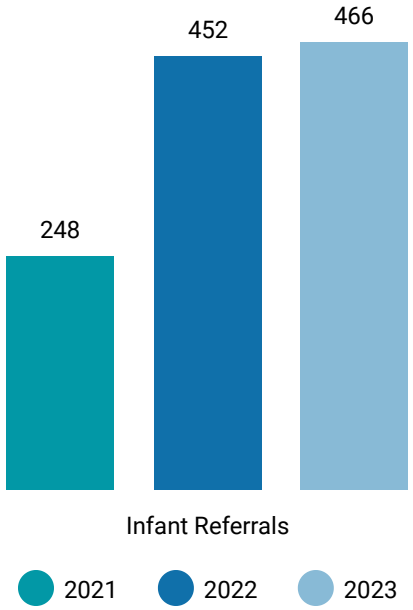
Program components, including partnerships with NICU/FNCU and hospital family visits, are highly regarded by families and healthcare partners. Other aspects, such as home visits, goal setting and family coaching, and use of NBO, are seen as reassuring and essential by families. The DIs are recognized as crucial to the program's success. Healthcare partners appreciate their dedication and adaptability, and families see them as indispensable allies.

NSECDIS' commitment to collaborative partnerships has nurtured a mutual understanding and offered a platform for various stakeholders to familiarize themselves with Baby Steps. Moving forward, NSECDIS is prepared to sustain and expand these relationships. For a more in-depth read regarding our Baby Steps evaluation and to review our findings, please see our full Baby Steps Report linked here:

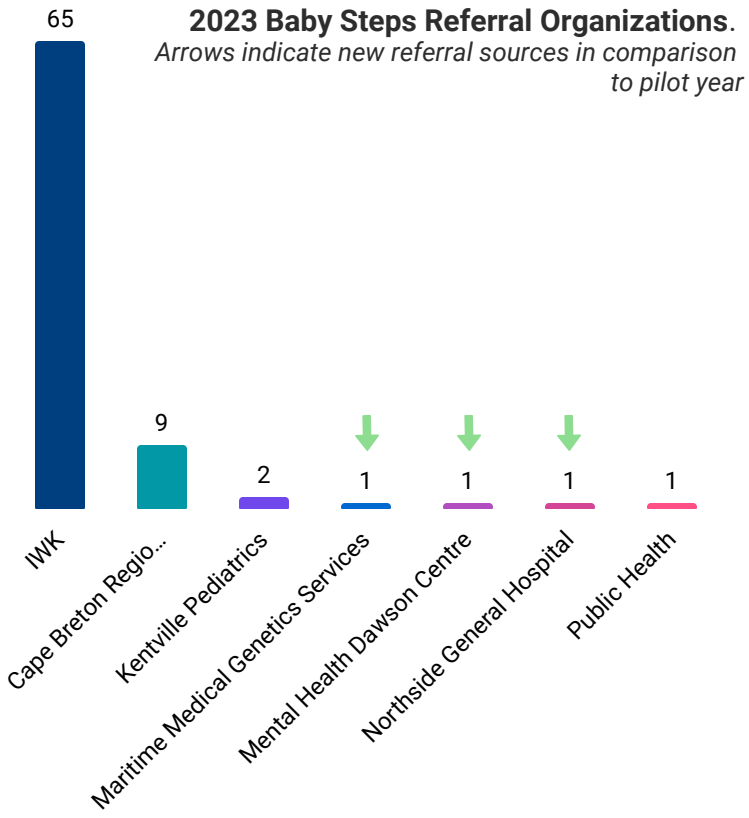
> ***"Take a deep breath and be open to things not being the way that you thought they were going to be.*** *And when you're able to take that deep breath and remember that you have other people who are in your corner who can help you move resources, be a sounding board, whatever it is that you as an individual need. You might see something really beautiful that you didn't expect to see, and* ***when you focus on those beautiful moments, it makes those really hard moments a little bit better*** *because there are going to be hard moments. That's just true of being, A) a human and B) being a parent in general, regardless of whether your child has complications or not. If you're able to take a deep breath sometimes, hopefully you're able to find the beauty in in those hard moments and the hard moments will pass eventually." -Parent*

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. 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 support that children with developmental delays are identified and supported earlier, thereby maximizing the effectiveness of interventions and fostering optimal developmental outcomes.**



"If you have a preemie - or even a baby, even if it's your first, even if it's been five years since you had a child - things have changed. It's so beneficial just to have someone with the experience, with knowledge to come in and just be there with you. Not be there against you, not be there telling you what to do or anything. Like, just watching and having play and seeing the development and making sure that ducks are in a row, if that makes sense. ***I wouldn't say consider it, just do it."*** *- Parent*



"There are not enough [of them] in the world. We have been blessed with 2 of your best [DI's]....I wish I could've had this when my son was younger. I hope this program never goes away. It's helped so many other families Ive spoke to over the years. Happy New Year...we go into the new year with new skills and education to help our little girl succeed.. ***she's ready for the world...but is the world ready for her!"*** *- Parent*



NSECDIS FAMILY SATISFACTION

In 2023, NSECDIS distributed a family survey to 1,877 eligible families to hear feedback on our services. The survey included two validated measures (MPOC-20 and the FCSS) along with open-ended questions for further comments. Surveys were distributed by email and regular mail in late December and early January. Out of the 1,877 eligible families, 273 families responded providing us with a 14.5% response rate.

Below describes the two validated measures that were used in detail. Pieces of the family survey findings will be distributed throughout the remainder of this report. *Please note that when the term "agree" is used, this refers to parents who agreed to some extent with the FCSS items (agree, strongly agree, etc.).*

MPOC-20

The Measure of Processes of Care (MPOC) is a self-report measure of parents' perceptions of the extent to which the health services they and their child(ren) receive are family-centered. The MPOC-20 has 20 items – it has been shortened from the original 56-item version. MPOC-20 is a validated, reliable measure that has been used internationally in many evaluations of family-centered service.

20 items measure 5 outcomes: Enabling and Partnership, Providing General Information, Providing Specific Information, Coordinated and Comprehensive Care, Respectful and Supportive Care. Items were ranked on a 7-point scale from not at all to a very great extent.

FCSS

The 25-item Family-Centered Services Scale (FCSS) measures the quality of family-centered services provided to families. This is an optional scale that is often administered in conjunction with the Impact on Family Scale in order to obtain additional data to guide program improvement. In total there was a 47-item measure with both scales previously stated. The Family-Centered Services Scale (FCSS) and the Impact on Family Scale (IFS) (22 items) on a from 6-point scale Very Strongly Disagree to Very Strongly Agree. Minor wording modifications were done on both the MPOC- 20 and the FCSS to reflect language and setting of NSECDIS.



SERVICE DELIVERY OUTCOMES

NSECDIS aims to provide quality direct service delivery to all families. Home visiting and meeting families where they are is a core part of NSECDIS. Staff across province spent 11,409 hours in home visiting supporting children and their families this fiscal year. Staff additionally completed 6.131 hours in Digitial communications with families.

11,049 hours
in home visiting

6,131 hours
in digital communications

97%

of families agreed that their DI was easy to talk to about their child and family

87%

of families agreed that their DI asked whether services were meeting their needs

98%

of families agreed that their DI was good at working with their family



SERVICE DELIVERY OUTCOMES

GOALS

Goal setting is important for facilitating effective support for all children. By establishing clear and measurable objectives, early intervention can customize services to suit the unique needs of each child and family, maximizing their progress and potential. These goals serve as benchmarks for monitoring and evaluating a child's development over time, allowing for adjustments to strategies or interventions as necessary.

Additionally, goal setting empowers families to actively participate in their child's intervention process, fostering collaboration between caregivers and other formal and informal supports. Ultimately, goal setting in early intervention not only promotes individualized support but also lays the foundation for long-term success and positive outcomes in a child's developmental journey.

91%
of goals progressed

5,546
goals were created this fiscal year

5,035
of those goals progressed

"Our DI has become a ***valuable part of our team*** of professionals that have played a huge role in the overall development of my children. She celebrates every new milestone and achievement with us. My children love the days that we have early intervention and look forward to seeing what she is going to be bringing. She has played a huge role of helping with my children being able to access other developmental supports. She is engaged with our ECEs, SLP, OT and even Quickstart. ***We will be forever grateful for her coming into our children's lives!" -*** *Parent*



SERVICE DELIVERY OUTCOMES

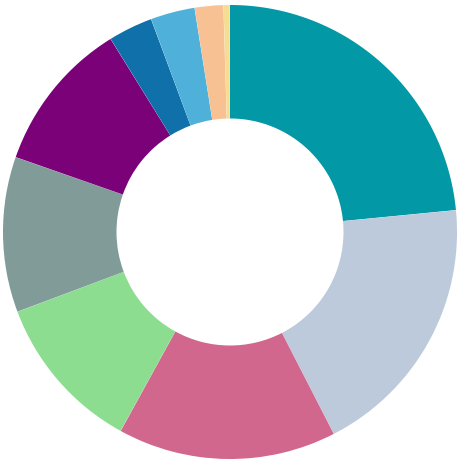
FAMILY GOALS

The donut chart below 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 Funding (16%) are the top 3 goal domains created for families.

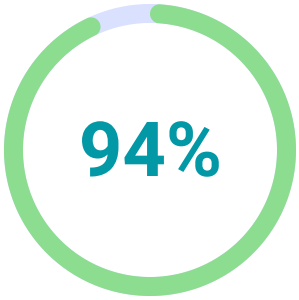
88%
of goals progressed with families

831
family goals were created

735
of those goals progressed



- Community Program Participation 23%
- Parenting/Family Life Managment 19%
- Funding 16%
- Adapting Home Environment/Routines 11%
- Child Development Education 11%
- Accessing Equipment & Resources 11%
- Disability/Medical Information 3%
- Families' Implementation of Therapy Goals 3%
- Respite 2%
- Strengthening Informal Supports 0%



of parents agreed that services helped them feel more confident in their skills as a parent

"We had such a great experience with NSECDIS. Our DIs were so knowledgeable, patient, kind, and supportive. ***I gained invaluable skills as a parent*** *and I could tell my son was more calm and confident after learning communication skills and successful routines (visual schedules, exposure and practice with challenging situations/behaviours, and how to appropriately communicate with peers).* ***I would recommend this program to any parent*** *with a new diagnosis or those who are having challenges and would like education and support." - Parent*



SERVICE DELIVERY OUTCOMES

CHILD & FAMILY PARTICIPATION IN COMMUNITY

122
Play Group Sessions held

90
Unique Families Attended Play Group Sessions

499
Hours of Play Group Facilitation

183
Community Program Participation Goals created

171
Community Program Participation Goals progressed

93%
Community Program Participation Goals worked on

82%
of families agreed that services helped them know about other services in the community

92%
of families agreed that their DI helped them feel that their child will be accepted and welcomed in their community

"I was very nervous and skeptical at first when starting the program. I was afraid that I would be judged as a mother and caretaker to my son. ***The first time we met with our DI I felt at ease.*** *She has helped me to feel better as a parent to a child who needs a little extra assistance and has helped me when I was very nervous and stressed with starting a new transition.* ***Now I'm not sure where I would be without her.*** *She and this program have not only helped our son but our whole family. Thank you!" - Parent*





SERVICE DELIVERY OUTCOMES

CHILD & FAMILY PARTICIPATION IN COMMUNITY

With 54% of our children accessing regulated and unregulated child care and Pre-Primary, our services weave into a child's early learning environment, ensuring seamless integration and comprehensive support. 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.

3,012 Hours of Child Care Consultations ***within*** **262** Centers

93% of families agreed that early intervention helped their family feel that they can get the service and supports their child and family need.

2,034 Hours of Pre Primary Consultations ***within*** **253** Schools

SERVICE DELIVERY OUTCOMES

CHILD & FAMILY PARTICIPATION IN COMMUNITY

400

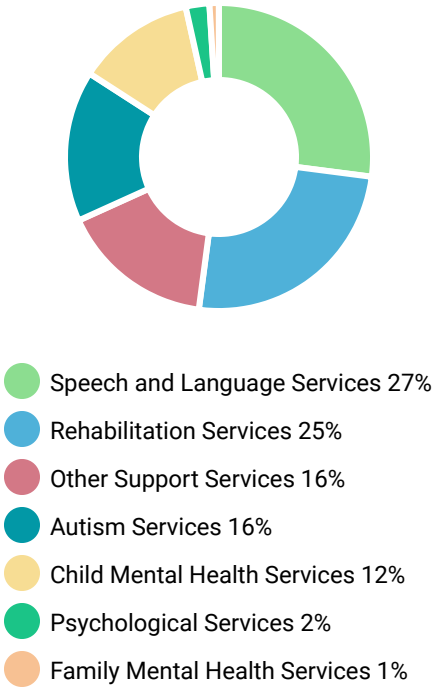
Referrals made to community organizations

NSECDIS incorporates case coordination goals when providing service to familes. 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.

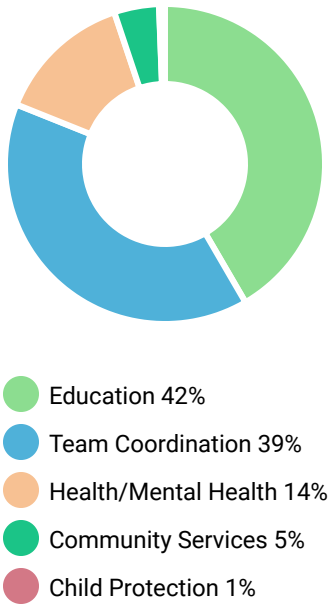
Whether it's connecting families with specialized therapy providers, accessing educational programs, or facilitating access to social services, our DIs prioritize support networks tailored to each family's unique needs. By engaging with community organizations and using external resources, we ensure 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.

Referrals to Community Organizations



Service Navigation



1,757 Hours

Team Meeting Support

4,264 Hours

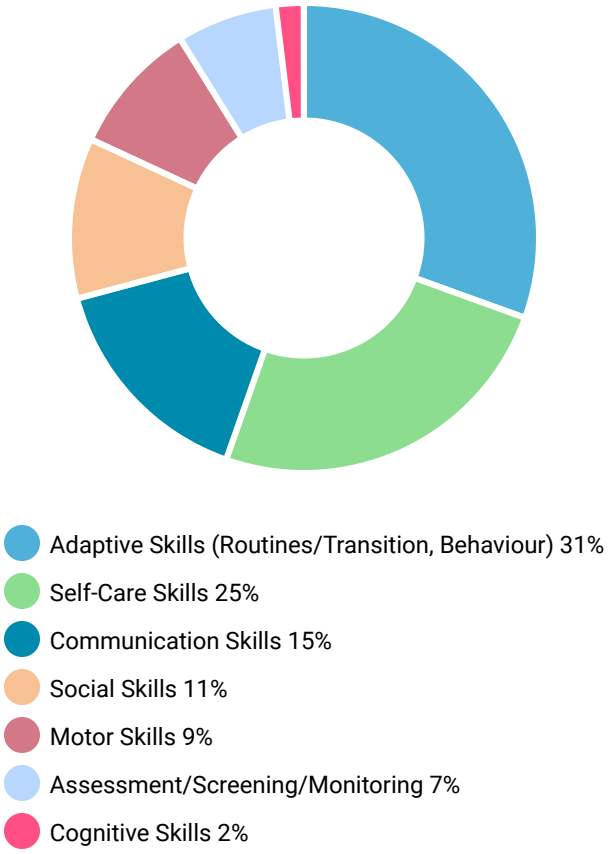
of phone, video & in-person consultations/clinic appointments with community partners

SERVICE DELIVERY OUTCOMES

Child Goals

DIs 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.

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



90%
Child Goals progressed

2,517
Child Goals created

2,270
Child Goals Progressed

92%
of families agreed that staff were able to evaluate how much progress their child was making

97%
of families agreed that staff did things with and for their child that were good for their child's development

*"**We felt instantly comfortable with our DI and she has really helped me feel heard and understood** when the diagnosing professionals don't. She has provided so much information and tools that work with the whole family and has offered many ideas and suggestions for the future." -Parent*



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 intervention settings to pre-primary and primary school environments. Central to this process is the collection and analysis of data on which children transition or defer to pre-primary and primary school settings. This data 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.



539

Children Transitioned to Pre Primary



638

Children Transitioned to Primary



95

Deferred Primary



127

Deferred Primary

"We had an exceptional DI! ***She helped us with transitions from daycare to Pre primary.*** *Made sure all supports are in place before going to Pre primary. Attended all our meetings with our daycare, SLP and OT meetings, even the monthly EIBI meetings!* ***I wish we could have her forever!*** *She is very knowledgeable with all the supports and services we could have." - Parent*

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. She didn't have all the answers nor did I expect her too but I felt she was willing to help me formulate my thoughts, and to ensure I knew how to get my questions answered. Having a medically complex baby is such a different kind of pressure that can be hard for people who haven't lived it to understand.* ***Sure, there is a chance any parent can face challenges, but when you're told probabilities of certain things are high, it can be easy for that to become the focus. Our 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. Because of Covid (or otherwise), we received no visit or call from public health at discharge, no offers of post-partum support from our network of physicans and* ***for me NSECDIS filled that void. Without them I'd have spent much more time clogging up the offices of doctors with small questions, or would have lived in fear of getting out of the house, uncertain to the world around us with a fragile baby."*** *-Parent*



POSITIVE SOLUTIONS FOR FAMILIES

Overview

From March 2023-March 2024, the Positive solutions for Families program was offered to 36 families across 3 childcare centres and individual family homes:

- 18 families participated in in-person sessions
- 8 families participated in online facilitated sessions
- 5 families participated in Coffee Chats
- 5 individual families participated in online self-directed sessions

This was the first year that a centre has participated in the Coffee Chats and also the first time we returned to a centre to offer PSF for a second time. 2024 was also the first year we began offering self-directed video modules to individual registrants.

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

"As an Indigenous woman, presenting in an Indigenous community, I took pride in what I was presenting. I felt as if we had a lot of great conversations with our families. I felt as if they took us seriously and learned and/or related to the materials."

"I really enjoyed the workshops, especially how they were broken down into smaller segments that allowed me to try things out before moving on to something new. I also really enjoyed that real-life examples were given so that I could better visualize how to try/implement something in my own life with my child."

What did we learn?



Increased Confidence

Families felt that they could relate easily to our adapted materials and their **confidence** in their children's social & emotional learning increased overall from 60% to 85% from pre- to post-survey



Coffee Chats are a hit!

Coffee Chats were offered within one of our French communities for the first time and were extremely well-received. Looking forward to next steps!



Facilitation is fun & Easy!

We trained 6 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 **212** families!

- 45 families participated in in-person facilitated sessions
- 42 families participated in online facilitated sessions
- 5 families participated in Coffee Chats
- 120 individual families participated in online self-directed sessions


Scared
Stressed
Worried
Jolly
Tired
Tense
Serious
Sensitive
Strong
Sad
Jolly
Tired
Tense
Serious
Sensitive
Strong
Sad
Jolly
Tired
Tense
Serious
Sensitive
Strong

Pyramid Model Coaching in Action



PYRAMID MODEL COACHING IN ACTION

Pre-primary Program

114
schools implementing

144
classrooms implementing

161
educators coached

1748
coaching visits

"This site, it's very important to have visuals because the nature of the site, 70 percent of our children, families, English is their second language. So, sharing Pyramid Model specifics is very challenging because the language is not there for the families but the visuals are very important because for example the classroom schedule, when you start with the children not speaking any English that's very important to have visuals. So Pyramid Model at a site like this is very important."
-Pre-primary Program [3]





"We were struggling with how to deal with some of these things that are going on, and it took us a couple months together to figure out. So she went back to those Pyramid basics, the essentials in the room, the visuals the feelings, building the relationships again with the children...And it was only when we realized, "oh, wait, just stop, take a breath, start again," and that's when the magic happened. And then things started to evolve and things started to get better. It was a beautiful moment for us to realize. "Wow, like. Pyramid works."
-Pre-primary Program [3]

Regulated Childcare

38
locations implementing

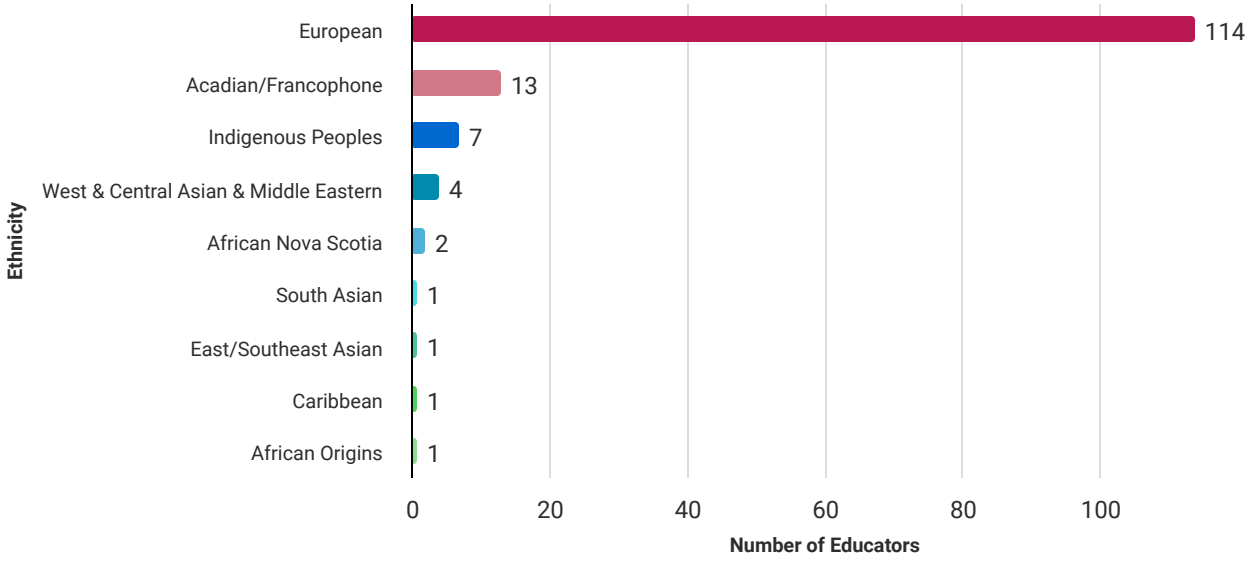
63
classrooms implementing

71
educators coached

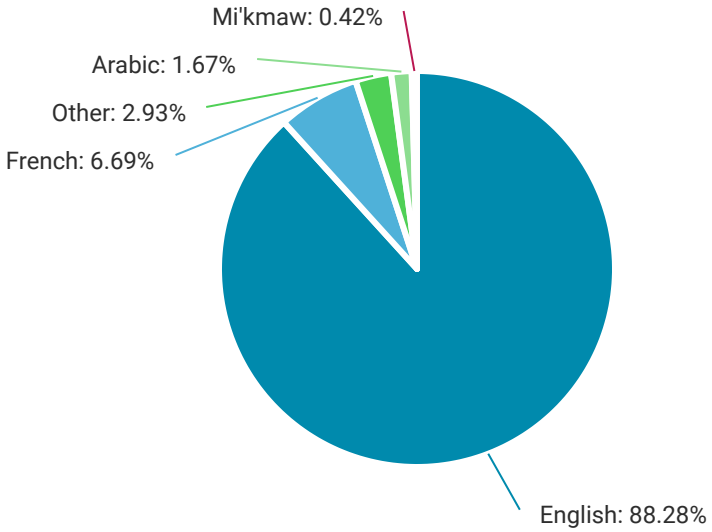
875
coaching visits

EDUCATOR DEMOGRAPHICS

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



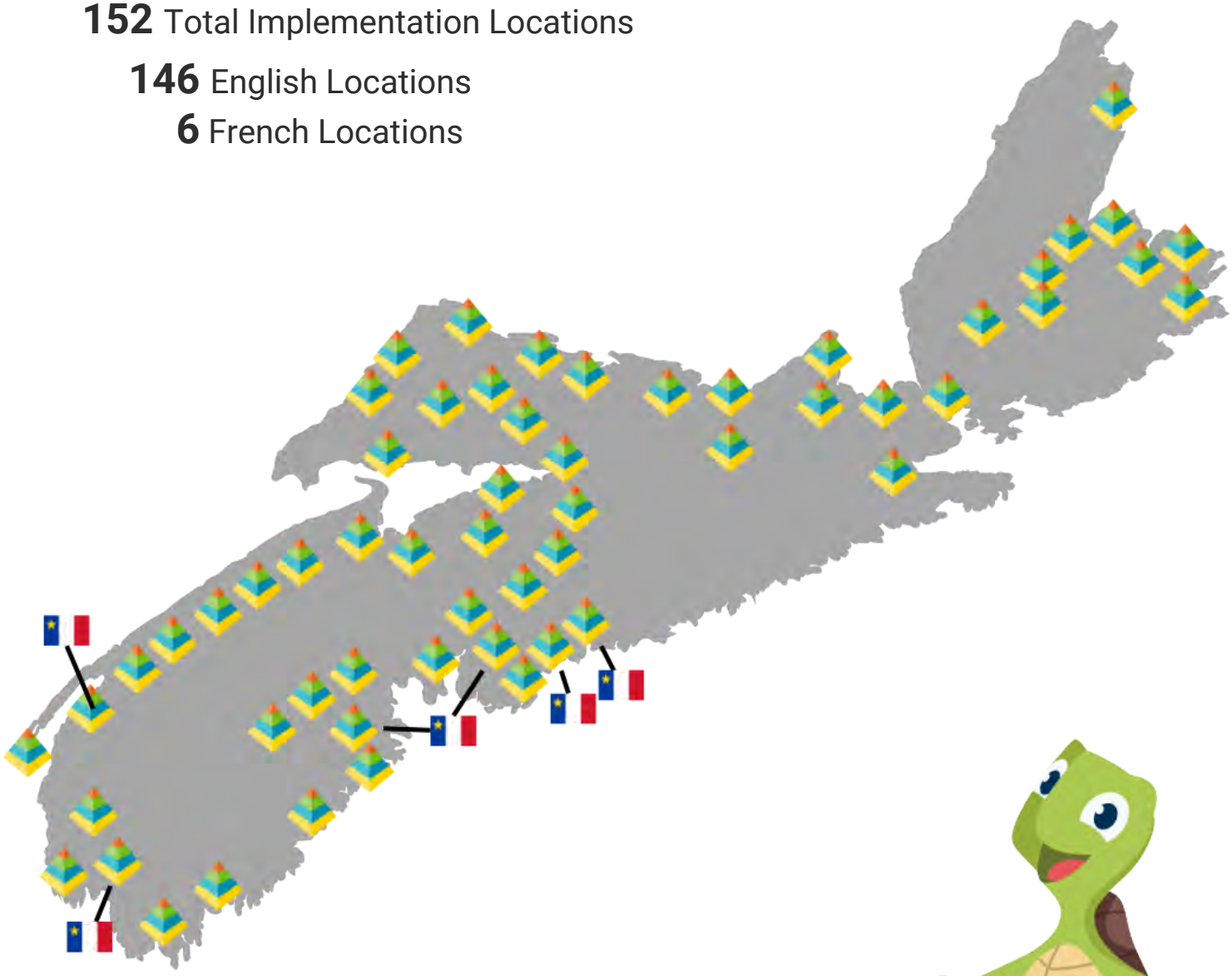
PYRAMID MODEL IMPLEMENTATION LOCATIONS

*Locations are approximate and may represent more than one program

152 Total Implementation Locations

146 English Locations

6 French Locations







"I have found by being a part of the Pyramid Model is we have more support, it's easier to know who to go and see, like if you need that support like we're looking for some strategies about this or you know this isn't working or we're not quite seeing it—you know you have that support in your leadership team and your Inclusion Coach that you can go and talk to about things."

-Regulated Childcare [3]

EDUCATOR TRAINING

Below is the number of educators who have completed each Pyramid Model training module in 2023/24.

263

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.

43

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.

34

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.

30

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.

12

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.

1

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 supports 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.

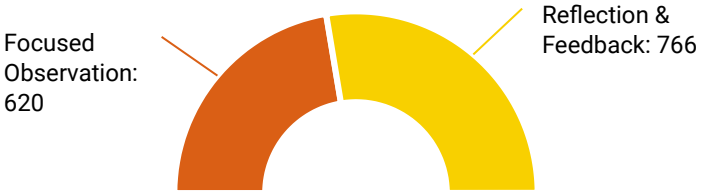
Reflection and Feedback

- 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.

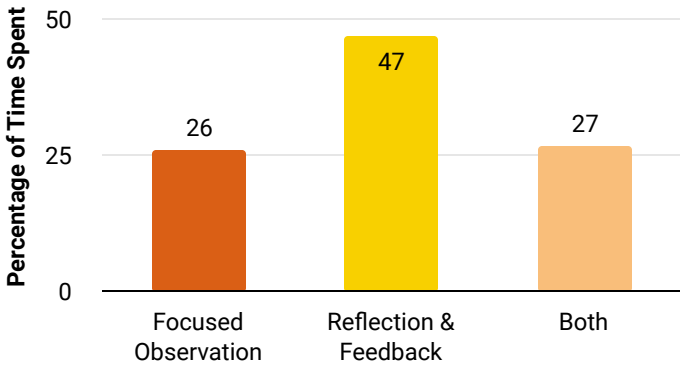
Coaching in Pre-primary Programs

1169 Coaching Cycles Completed!

Hours Spent in Focused Observation vs. Reflection & Feedback



Type of Coaching Visit







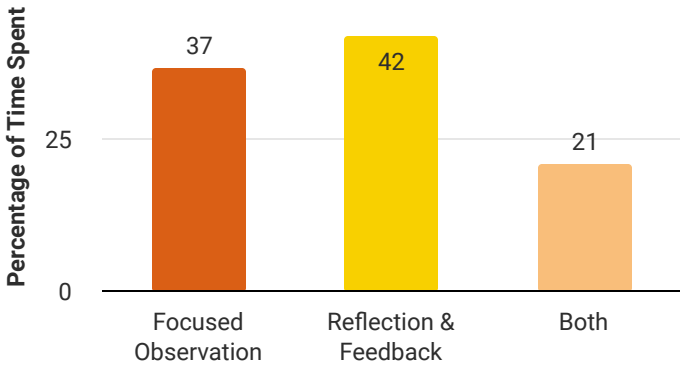
Coaching in Regulated Childcare

474 Coaching Cycles Completed!

Hours Spent in Focused Observation vs. Reflection & Feedback



Type of Coaching Visit





"...meeting them where they are at and I think that's Pyramid to a tee. We're coming together with the children, we're asking them their interests- it's interest based, it's nothing they have to do, it's something they want to do. And I think that makes a huge difference in them being interested in expectations"

-Pre-primary Program [3]

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.

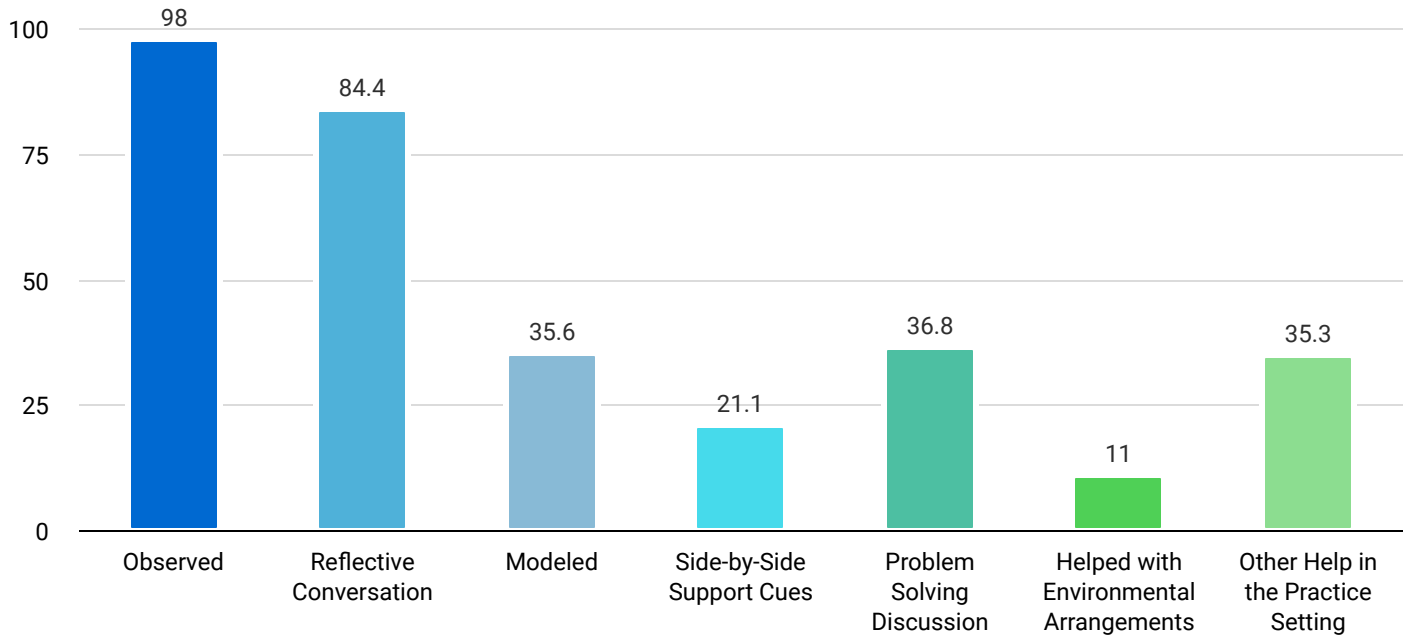
Focused Observation Coaching Strategies

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. [4]
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). [5]
Modeled	Modeling is demonstrating or showing the educator how to implement a practice that is the focus of the goal or action plan. [4]
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. [4]
Problem Solving Discussion	An Interaction between the educator and coach about solving a practice implementation issue through the four steps. [4]
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. [4]
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. [5]

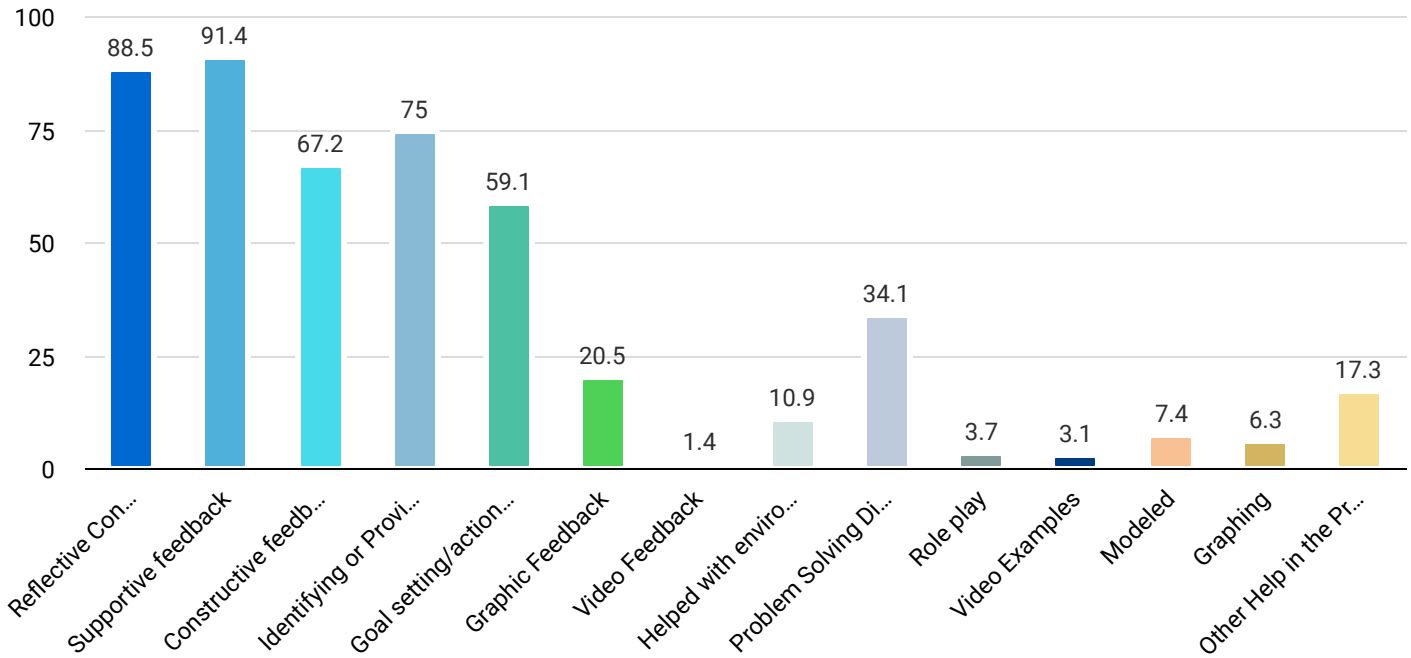
Reflection and Feedback Coaching Strategies

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. [4]
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. [4]
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. [4]
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. [4]
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. [4]
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. [4]
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. [4]
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. [4]
Problem Solving Discussion	An Interaction between the educator and coach about solving a practice implementation issue through the four steps. [4]
Role Play	The educator and coach take on other roles related to practice implementation. [4]
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. [4]
Modeled	Modeling is demonstrating or showing the educator how to implement a practice that is the focus of the goal or action plan. [4]
Graphing	Coach and educator work together to graph data the educator or coach has collected for educator or child behaviours. [4]
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. [5]

Focused Observation Coaching Strategies Percentage of Use Per Visit



Reflection and Feedback Coaching Strategies Percentage of Use Per Visit





EDUCATOR GOALS

770 goals written → **653** goals completed → **85%** goals completion rate

Goal Type

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.

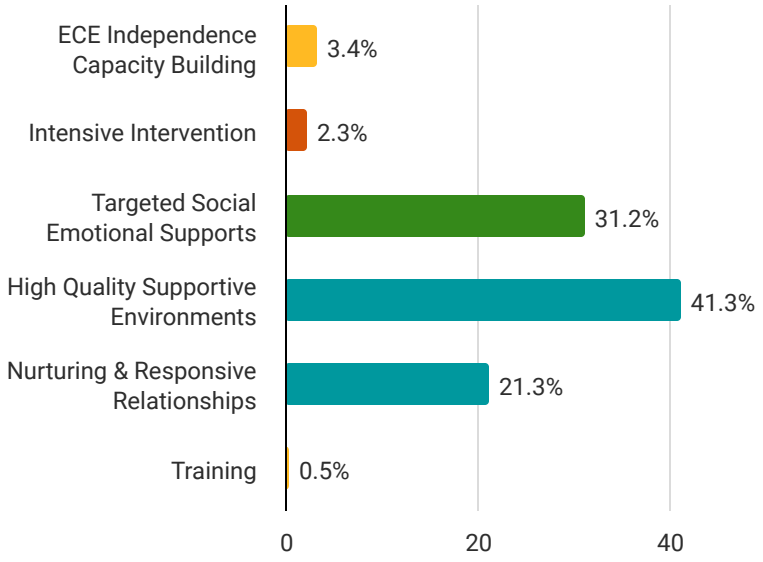
Intensive Intervention
Goals related to the third tier of the Pyramid Model, specifically in supporting individualized intervention plans.

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.

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 2023-24, **232** educators were coached in varying intensities and lengths of time. To date, **342** educators have been coached in some capacity through the Pyramid Model program.

232
ECEs coached this year

342
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)

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 [6]. 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.

220
TPOTs
in 2023-24

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 54 educators who had a baseline TPOT completed and 55 educators who had a time 2 completed.

57.1% Baseline Average → **75.3%** Time 2 Average = **+18.2%** Improvement

5.5% Baseline Red Flag Average → **1.2%** Time 2 Red Flag Average = **-4.3%** Reduction in Red Flags

Teaching Pyramid Infant-Toddler Observation Scale (TPITOS)

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 [7].

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.

39 TPITOS in 2023-24

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

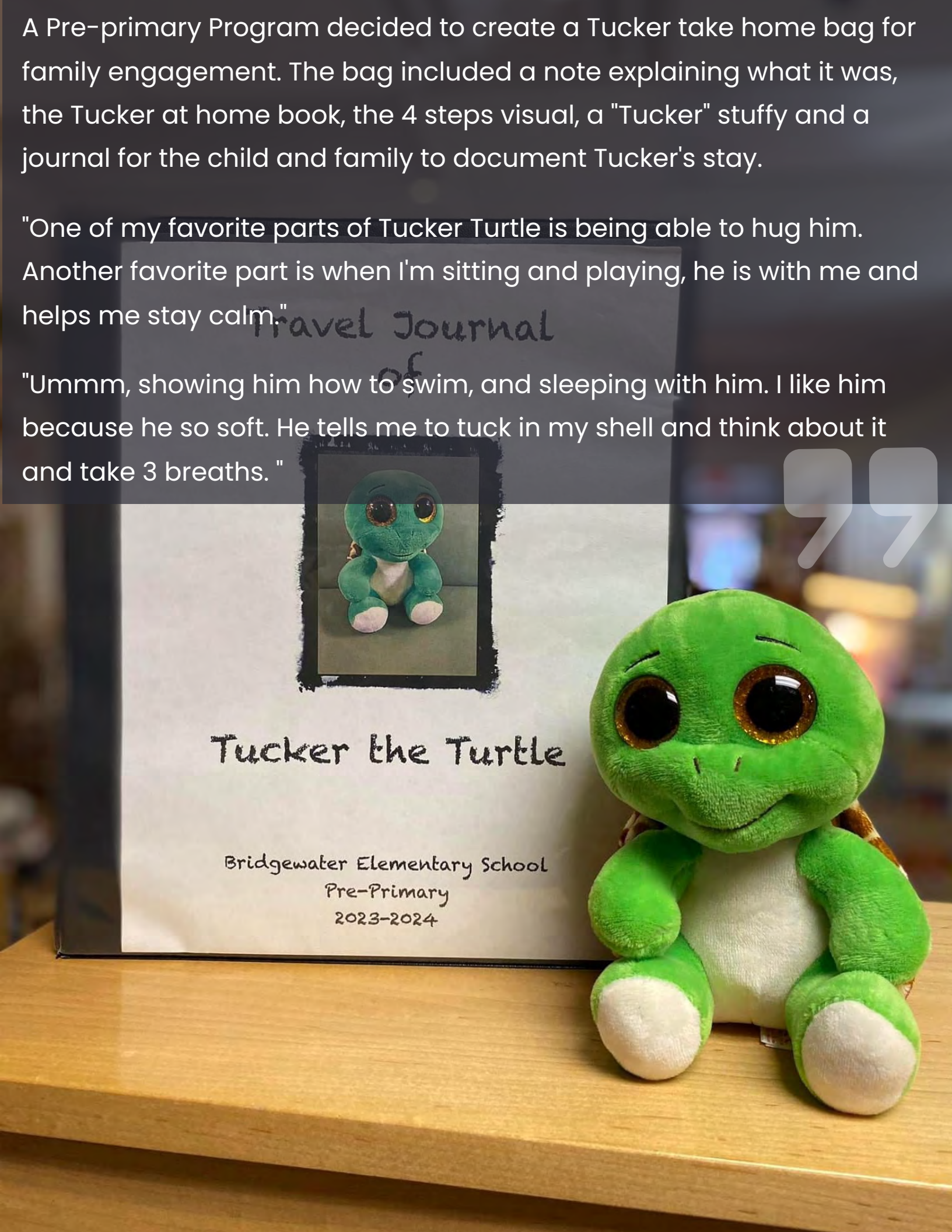
68.6% Baseline Average → **76.9%** Time 2 Average = **+8.3%** Improvement

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

A Pre-primary Program decided to create a Tucker take home bag for family engagement. The bag included a note explaining what it was, the Tucker at home book, the 4 steps visual, a "Tucker" stuffy and a journal for the child and family to document Tucker's stay.

"One of my favorite parts of Tucker Turtle is being able to hug him. Another favorite part is when I'm sitting and playing, he is with me and helps me stay calm."

"Ummm, showing him how to swim, and sleeping with him. I like him because he so soft. He tells me to tuck in my shell and think about it and take 3 breaths. "



In 2023-24, **94** observations met fidelity criteria. To date, there have been **223** observations that have met fidelity criteria**.**

In 2023-24, **24** educators graduated from the Pyramid Model program. To date, **33** educators have graduated from the program.

93% Educators maintained their fidelity from first fidelity to fidelity check #1

97% Educators maintained their fidelity from fidelity check #1 to fidelity check #2

88% 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:

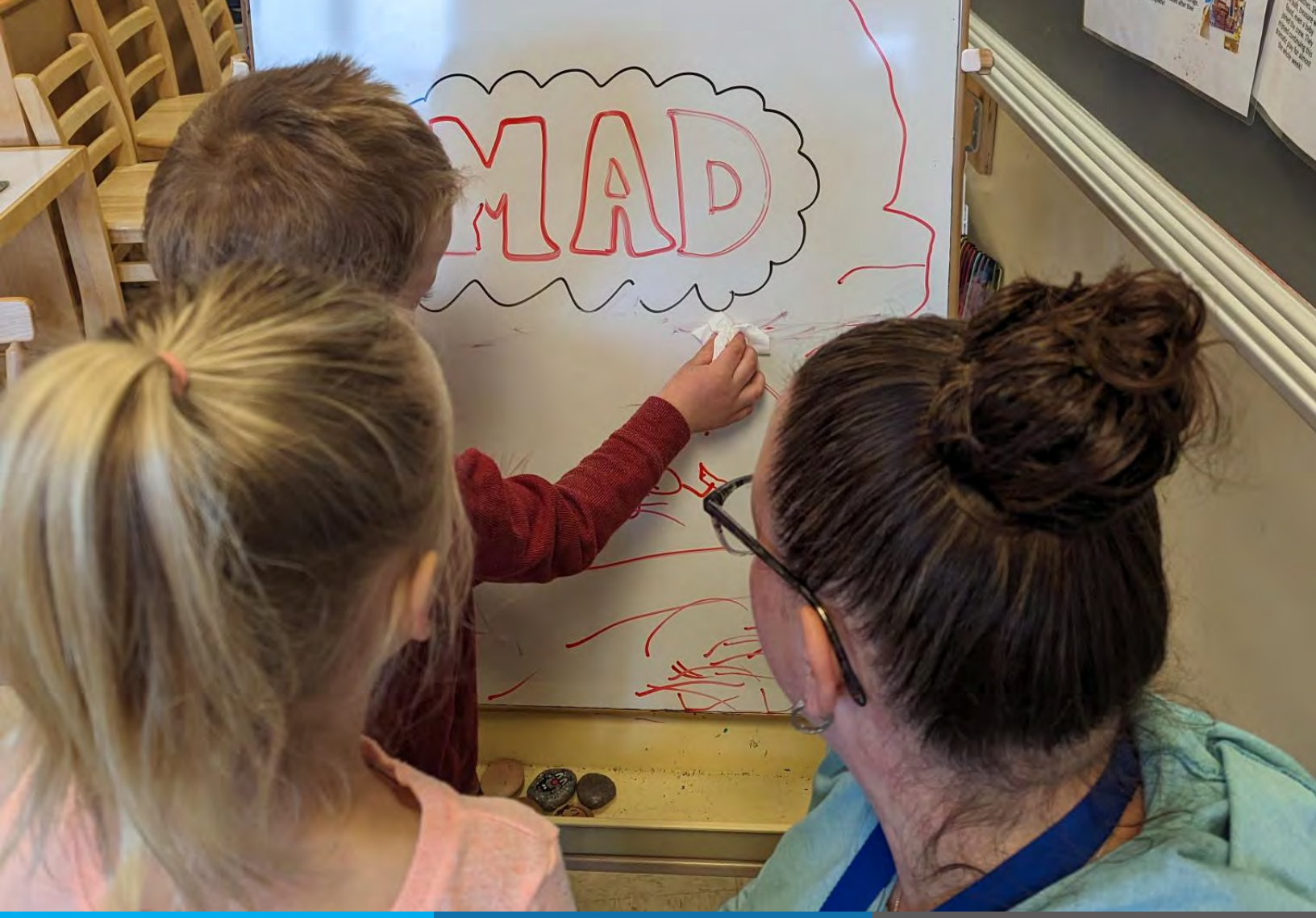
Staff Training
- Plan to support Pyramid Model training modules for new staff
- Support staff connections to SEL resources, webinars and materials

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 in 2023/24

34

Program locations reached
level 4: Full Implementation

6

Program locations reached
level 5: Mentor Program

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

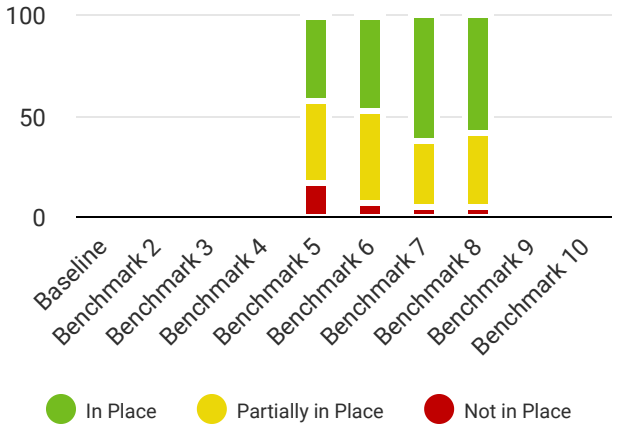
76
Leadership Meetings

32
Program Leadership Teams

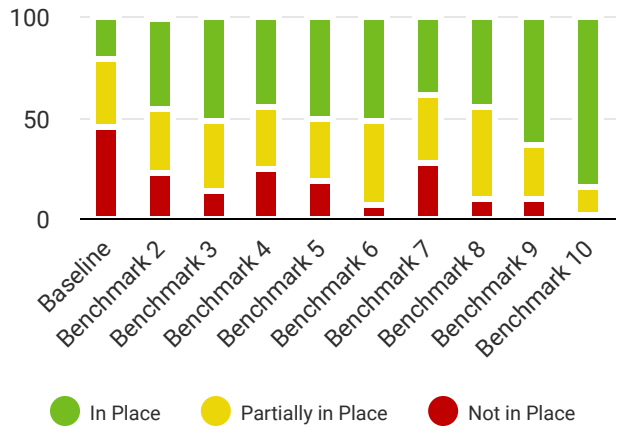
190
Leadership Meetings

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 2023/24 by timepoint.

11
Regional BoQs Completed



32
Program BoQs Completed



A Child was getting upset and knowing a peer wanted a turn, they vocalized to themselves "I can take three deep breathes."

On hearing this the peer said, "I can wait until you are done." The child gave her peer a hug and said "When I'm finished it's your turn."

The educator shared with their Inclusion Coach that they shared this celebration with the child's family and stated they have moved from a place of I don't know what to do about challenging behaviour to creating a plan based on individualizing supports they have in the classroom.

"I know what to do. I have the tools now and I feel more confident."
-Educator



MOVING FORWARD WITH PYRAMID MODEL

The evaluation of the Pyramid Model implementation was conducted by the Early Childhood Collaborative Research Centre at Mount Saint Vincent University. In their evaluation report, there were three key areas identified as important to establish to guide future Pyramid Model implementation; alignment of Pyramid Model to Nova Scotia Early Learning and Childcare, Relationships and Communication, and structural support [3].

Alignment of Pyramid Model to Nova Scotia Early Learning and Childcare

- Communicate the alignment and long-term vision of Pyramid Model within the Nova Scotia Early Learning and Childcare context.
- Long-term success of Pyramid Model is dependent on the successful integration with the Nova Scotia Early Learning Curriculum Framework and the provincial inclusion strategy.
- Recommendation of a comprehensive review of Pyramid Model materials and observation tools to demonstrate alignment.

Relationships and Communication

- Fostering positive and transparent communication between and within organizations involved with implementation.
- Clarity needed for existing roles in implementation and the need to broaden representation on the provincial leadership team (e.g., mental health, ECE associations) to support province-wide implementation and decisions.
- Clarify a provincial vision across organizations involved in Pyramid Model.

Structural Support

- Pyramid Model is a professional development model that currently is offered through workshops, implementation supports, and practice-based coaching.
- Further evaluation is needed to assess the module trainings (i.e., who is accessing, knowledge gained). Recommendation to create communities of practice to support those who have taken module trainings.
- Flexible strategic investment and solutions are needed to support programs implementation of Pyramid Model and ensure programs have the capacity to be fully involved. Addressing the language inequities is a key priority.
- Clarify process for building and sustaining program-wide implementation for current programs and recruitment of new programs.
- Shifting the focus from educator coaching to enabling the leadership teams and engaging in program coaching may be needed.

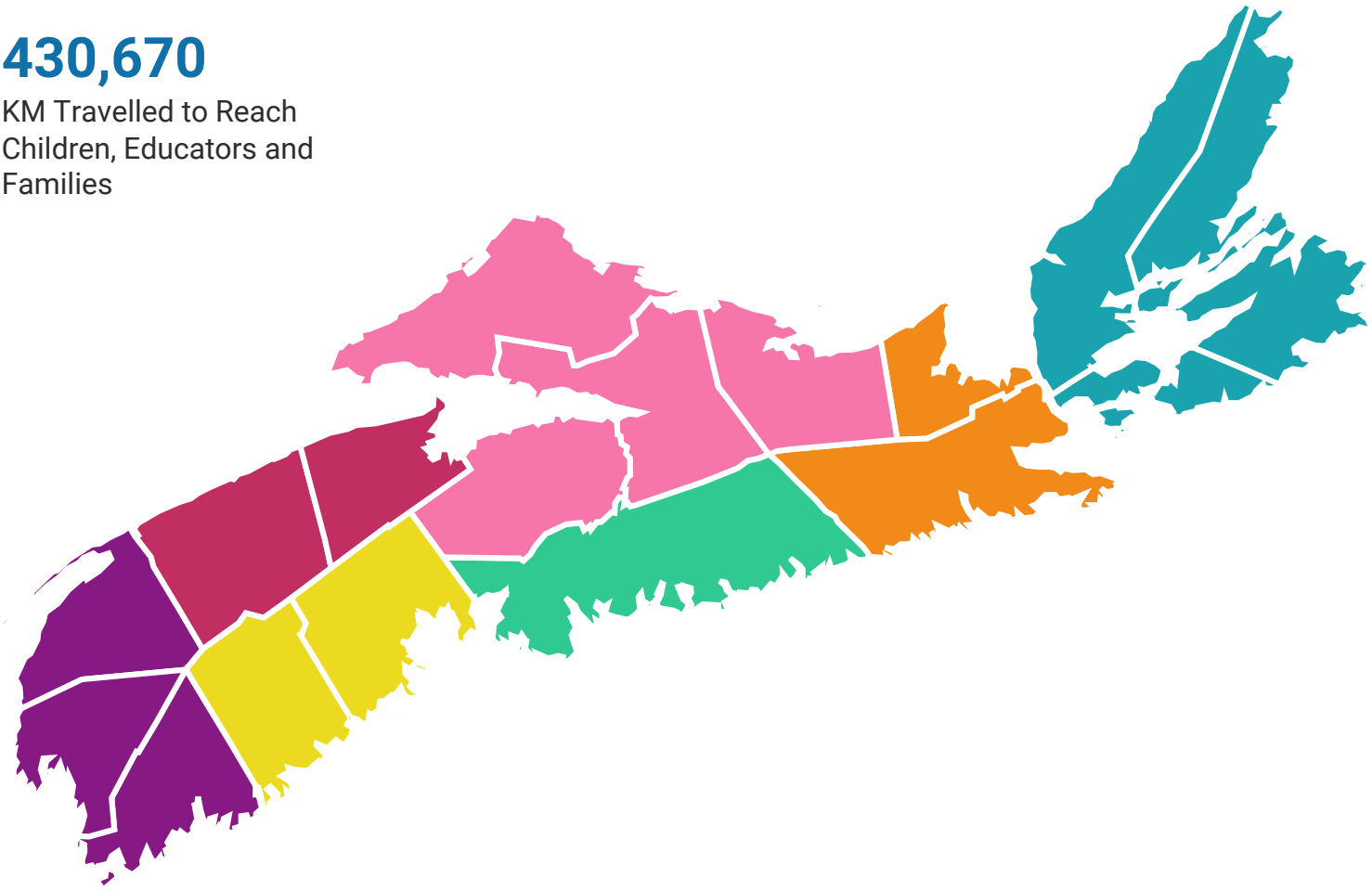





OUR NSECDIS TEAM

83%
Staff Retention Rate in 2023-24

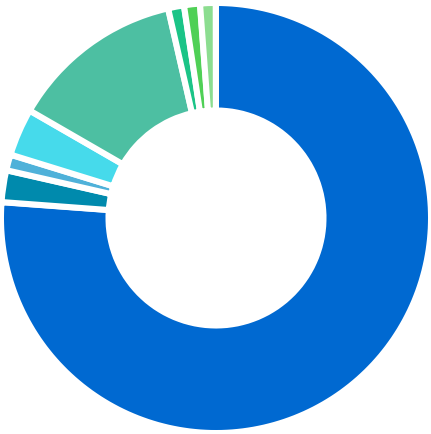
430,670
KM Travelled to Reach Children, Educators and Families



Tri-County	South Shore	Annapolis Valley	Halifax	Chignecto Central	Strait	Cape Breton Victoia	Acadian Francophone
RD 1 CTL 1 DI 3 IC 2 RAA 0.8	RD 1 DI 4.7 IC 2 RAA 1	RD 1 DI 6.6 IC 2 RAA 1	RD 1 CM 3 CTL 1 DI 26.7 IC 7 RAA 2.4	RD 1 CM 2 CTL 1 DI 15 IC 5 RAA 2	RD 1 DI 6 IC 1 RAA 1	RD 1 CM 2 CTL 1 DI 13.8 IC 4 RAA 1.8	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

3,272
hours of staff professional development

39
staff certified in Newborn Behaviour Observation System

BUILDING COMMUNITY CONNECTIONS

499
hours of playgroup facilitation by staff

407
hours of workshop facilitation by staff

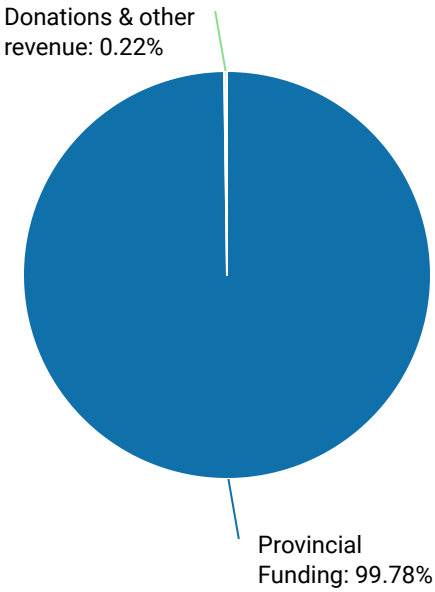
1,020
hours of public relations events

FINANCIAL REPORT

The 2023-24 fiscal year is the first year that NSECDIS has reported a net operational loss since its formation in 2015. While this loss represents only 0.2% of ECDIS's annual operating budget, we know that 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. We were able to complete a few projects, such as a website update, promotional videos and intervention evaluation, which we knew we had internally restricted funds on hand to cover. Those funds have been transferred to offset corresponding project costs.

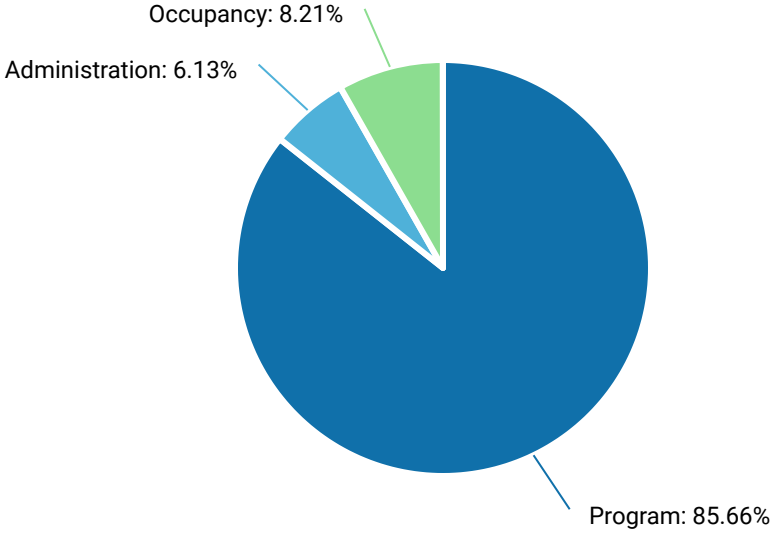
Krista Thibault, Board Treasurer

REVENUE



Provincial Funding	$11,495,861
Donations & other revenue	$ 25,397
TOTAL	**$11,521,258**

EXPENSES [1]



Program	$9,889,947
Administration	$707,347
Occupancy	$948,374
TOTAL	**$11,545,668**

The 2023-24 fiscal year ended with a $24,409 loss. This was covered using restricted funds to balance the year at 0.

1. *Program Expenses include Program Staff salaries, Travel, PD, CRM, Office expenses, Program supplies, Ad & Promo (Job postings & forms), furniture & equip, evaluation.*
Administration expenses include: Operations staff salaries, Finance, Bank fees, Directors insurance, Board expenses, legal, Ad & Promo (website, etc), IT support.

THANK YOU TO OUR FUNDER

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

THANK YOU TO OUR DONORS

Mary Smiley
Paul G. Madison
Sheri Lambourne
Stephen Anthony
Bonvie-MacDonald Rinks to Links
Lawtons Drugs Lower Sackville Staff
Pictou County Antique Car Club
Truckers Association of Nova Scotia
Jordan's Principle Funding, Union of Nova Scotia Mi'kmaq
Recreation Nova Scotia, Equipment Loan Program Grant

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: [3]

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. [8] 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. [9] 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. [10]

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%). [8] 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: [3]

Additionally, Nova Scotia is home to the largest indigenous Black population arriving more than 400 years ago. [11] African Nova Scotians (ANS) are descendants of Black Loyalists, Jamaican Maroons, Black Refugees and Caribbean workers. [11] ANS individuals account for 2.3% of the total provincial population. [12]

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