







TABLE OF CONTENTS

PROGRAM OVERVIEW	1-6
PROGRAM HISTORY	1
PROGRAM NEED	2
PROGRAM PHILOSOPHY	2-3
PROGRAM DESCRIPTION	3-5
STAFFING COMPOSITION	6
PROGRAM OUTCOMES	7-15
SUMMARY OF PROGRAM'S SUCCESS	7
INTAKE INFORMATION BREAKDOWN	9
DEMOGRAPHICS	10
GOAL ATTAINMENT	12
PARENTS' SKILLS & GROWTH	12-13
СОРМ	14
MPOC	14
ONLINE DELIVERY OF QUICKSTART NS	15
ANNUAL ACHEIVEMENTS	16-20
SUMMARY OF ANNUAL SUCCESS	17
STAFF TRAINING STATUS & DETAILS	19-20
ENHANCED SUPPORTS	21-26
PROGRAM HISTORY	21
PROGRAM NEED	21
PROGRAM PHILOSOPHY	21
EARLY START DENVER MODEL SERVICE	22
TARGETED INTERVENTION SUPPORTS	23-24
EXPLORING PLAY TOGETHER	25-26
APPENDICES	27-33
REFERENCES	34

IN PARTNERSHIP WITH



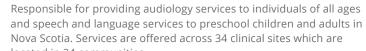






KEY TERMS, ACRONYMS, AND DEFINITIONS

KEY TERM	ACRONYM	DEFINITION
Applied Behaviour Analysis	ABA	The science of learning used in behavioural interventions to produce a measurable behaviour change and/or promote skill development.
Autism Nova Scotia	ANS	A community-based, not-for-profit, organization in Halifax, NS, providing autism-specific services for families, individuals, and the community.
Autism Spectrum Disorder	ASD	Is a medical term. A person's brain processes information, including information about their environment, in another way. The Autistic person's brain has physically developed differently than a neurotypical brain. Autism can give a person both strengths and challenges. Autism is considered an example of neurodiversity. The terms autism or Autistic are used more often in the community.
Board Certified Behaviour Analyst	BCBA	A specialized professional holding a graduate-level certification in behavior analysis. The individual completed required courses and supervised training in theory and techniques of ABA and has passed a standardized examination administered by the Behaviour Analyst Certification Board. This professional designs and supervises behaviour analytic interventions, and effectively develops and implements appropriate assessment and intervention methods.
Central Zone		One of the Nova Scotia Health geographic management zones in which QuickStart NS is providing service. This zone covers Halifax area, Eastern Shore and West Hants.
Community Service/ Service Provider		An organization that provides support to families and individuals.
Early Start Denver Model	ESDM	A play-based intervention for young children with suspected or confirmed diagnoses of autism which brings together developmental and behavioural approaches. This intervention can be carried out by a number of individuals including trained therapists and parents.
Eastern Zone		One of the Nova Scotia Health geographic management zones in which QuickStart NS is providing service. This zone covers Cape Breton, Guysborough and Antigonish areas.
ESDM Introductory Coursework		An introductory program which requires an individual to read Early Start Denver Model for Young Children with Autism by Sally Rogers and Geraldine Dawson and then complete online modules which focus on the theoretical framework and curriculum of the ESDM.
ESDM Advanced		After completing the introductory coursework, staff complete in-person training with a Certified ESDM staff member.
ESDM Certification		Individuals who have completed both the introductory and advanced



coursework may proceed to work under a certified ESDM trainer who will provide the necessary supervision for the individual to complete the Action Plan as laid out by UC Davis MIND Institute to be certified.

located in 24 communities.



HSNS

Hearing and Speech

Nova Scotia

KEY TERMS, ACRONYMS, AND DEFINITIONS

KEY TERM	ACRONYM	DEFINITION
IWK Health Centre	IWK	A health centre in Halifax, Nova Scotia that provides care to women, children, youth and families from the Atlantic provinces.
Modified Checklist for Autism in Toddlers	M-CHAT-R/F	Screening tool of autism characteristics for toddlers.
Northern Zone		One of the Nova Scotia Health geographic management zones in which QuickStart NS is providing service. This zone covers Colchester-East Hants, Cumberland and Pictou areas.
Nova Scotia Early Childhood Development Intervention Services	NSECDIS	A provincial organization that provides specialized services to Nova Scotian families of young children between birth and school entry, who either have a biological risk for or a diagnosis of a developmental delay. Services are provided province-wide through 27 program locations.
Parent Coach	PC	May be an Early Childhood Educators (ECE), Behavioural Interventionists, and/or paraprofessionals trained in the ESDM model. They directly implement QuickStart NS program. They are responsible for working directly with families to support the implementation of the QuickStart NS curriculum and individualized goal setting and programming.
Pediatric Occupational Therapist		A specialized professional holding an undergraduate or graduate-level certification in Occupational Therapy. This individual is registered with the College of Occupational Therapists at the provincial level and has expertise in sensory and motor development in early childhood.
Pivotal Response Treatment	PRT	An evidence-based intervention for individuals with autism. It is a naturalistic intervention model rooted in ABA principles that targets pivotal areas of development promoting widespread collateral improvements in social, communication and behaviour domains.
Provincial Preschool Autism Services	PPAS	In April 2022, the Nova Scotia Government announced a new model for preschool autism services in Nova Scotia. It was developed in partnership with Autism Nova Scotia, Hearing and Speech Nova Scotia, Nova Scotia Health Authority, IWK Health, and the Department of Education and Early Childhood Development, and a representative of families with Autistic children. The new and enhanced services will include a greater number and range of interventions and supports available for children and families.
Provisional Diagnosis		Diagnosis usually made from the age of about 18 months onwards where characteristics of autism are present but further testing is required to confirm diagnosis. Sometimes a provisional diagnosis is made when the child is very young, and the child is reassessed at a later date.
QuickStart - Early Intervention Program	QEIP	A one-on-one parent-coaching program, incorporating an interdisciplinary team and utilizing the evidence-based treatment intervention, Early Start Denver Model (ESDM). Derived from Emerging Minds and QuickStart in Ottawa, Ontario.

KEY TERMS, ACRONYMS, AND DEFINITIONS

KEY TERM	ACRONYM	DEFINITION
QuickStart Nova Scotia	QuickStart NS	Nova Scotia's model of the QEIP one-on-one parent coaching program. A parent-mediated coaching program designed to empower caregivers of toddlers with a suspected, provisional, or confirmed diagnosis of autism to teach and support their child's development.
QuickStart NS Director		Oversees the implementation of the QuickStart NS model.
QuickStart NS Manager		Supervises the entire team across province and provides support in the implementation of ESDM. Oversees day-to-day operations of the program.
QuickStart NS Supervisor		Supervises the Parent Coaches implementation of the intervention.
Speech Language Pathologist	SLP	A Speech Language Pathologist is a specialized professional trained at the masters or doctorate level to assess, diagnose, and manage speech, language, voice, and swallowing disorders.
Suspected Diagnosis		A child who is suspected of meeting autism diagnostic criteria as determined by a relevant professional.
Western Zone		One of the Nova Scotia Health geographic management zones in which QuickStart NS is providing service. This zone covers Annapolis Valley, South Shore and South West.

As an act of reconciliation and gratitude to those whose territory we reside on or are visiting, we begin by acknowledging that *QuickStart Nova Scotia Annual Outcomes* was created here in Mi'kma'ki, the ancestral and traditional lands of the Mi'kmaq people. We wish to recognize and pay respect to elders, past and present, for stewarding the land, water and the life of this region. We acknowledge the legacy and harms of colonization and seek to move forward together to make things better and to be intentional about equity, inclusiveness and learning from the past.

Within this document, child with autism, autism, Autistic and Autistic child will be used interchangeably. The use of this language is intentional, as there is ongoing conversation within the autism community around preferences for identity-first vs person-first language use. By interchanging these terms throughout the document, it is our intent to respect everyone's perspective.





Program History

In 2016, the province of Nova Scotia announced a \$500,000 investment for a parent mediated early intervention program for toddlers (age range 12-36 months) with suspected, provisional, or confirmed diagnosis of autism for a one-year pilot serving families within the Halifax Regional Municipality. QuickStart Nova Scotia model was selected as the early intervention parent mediated coaching program to be piloted. This funding was later extended to a four-year agreement, totaling a \$2M commitment to the program.

On November 21, 2018, Autism Nova Scotia was given the opportunity to begin the start-up phase and implementation of the parent mediated coaching program in the pilot phase. It was designed for children aged 12 months to 36 months in Nova Scotia as part of an integrated service delivery approach to autism early intervention for children under six years of age. In November 2019 and May 2019, the initial start-up phase begun and the first cohort of children started in May 2019 across the Halifax Regional Municipality.

Two committees supported the Program in the implementation processes: the Advisory Committee and the Evaluation Committee.

The Advisory Committee initiated their work in 2016 at the beginning of the project roll-out. This committee was a collaborative partnership who guided this innovative program within the existing system of services as identified within the terms of reference for the committee. This committee will continue to support integration of services with an updated terms of reference.

The Evaluation Committee commenced their work in September of 2019. Members of the Evaluation Committee have supported the program in development of a logical model, Theory of Change, a draft evaluation framework and involved in selecting the evaluator.

The program became part of the Provincial Preschool Autism Services on April 2022, as one of the many services to the new enhanced model for preschool autism services in Nova Scotia. QuickStart Nova Scotia is now offered provincial wide in all four Nova Scotia Health management zones, Central zone, Eastern zone, Northern zone and Western zone.

Program Need

Prior to the original investment, parents and caregivers in the province who were concerned about the development of their toddlers could wait up to three years before they could access diagnostic services. If they received a diagnosis of autism, the average age of children entering an autism specific intervention was 4.8 years. This lost time and the growing need for parent mediated coaching programs for autism is what built the case for support for the pilot.

Prior to the expansion of QuickStart NS, the program was only accessible to families within the Halifax Regional Municipality geographical location. With increase referrals and increasing prevalence rates of preschool Autistic children, the need for a provincial expansion was evident to ensure equitable access and support in the new enhanced PPAS model.

Program Philosophy

QuickStart NS is built on the intention that the program will empower parents¹ of toddlers with a suspected, provisional, or confirmed diagnosis of autism to teach and support their child's development. The program incorporates key aspects of an autism-focused intervention which includes an individualized approach; family involvement; provides a naturalistic teaching framework; and an approach that is flexible, accessible, collaborative and supportive. The philosophy of intervention is based on the belief that parents are the true experts on their children and professional people, teachers,

pediatricians, psychologists and others must learn to be consultants to parents (Nicholas Hobbs, 1978).

QuickStart NS is based on the following principles that contribute to this philosophy:

- Parental goals are an important consideration in creating learning objectives for child skill development
- Parents involved in the intervention process have reported greater feelings of self-efficacy and children maintain gains for a longer period
- Parental training in the Early Start Denver Model (ESDM) program delivery allows for continued practice of objectives in natural environments, maximizing intervention delivery
- Involvement helps parents become better advocates for their children

The QuickStart NS model aims to support parental capacity right from the moment signs of autism are observed or confirmed. It is a model designed to be applicable and adaptable to operational needs based on family priorities and community shifts, while maintaining fidelity of the procedures and processes from the QuickStart Early Intervention Program (QEIP) model and Early Start Denver Model (ESDM) intervention. These features intend to create accessibility to supports at a vulnerable time for the parent and child. It uses the best available evidence within research on autism interventions and aims to bridge the research to practice gap by applying the intervention model in a community-based setting.

QuickStart NS is intended to integrate within the system of services for children suspected of having or who have a provisional or confirmed autism diagnosis. Based on their goals, families



 $^{^{}m 1}$ Use of parents will assume parents/caregivers/family throughout the report.



may choose to access a combination of services throughout their participation in the QuickStart NS program to support them in meeting their identified needs provided that they do not exceed 10 hours of outside services per week.

Program Description

QuickStart Nova Scotia Parent Mediated Coaching for Autism is based on the QEIP model developed by QuickStart and Emerging Minds in Ottawa, Ontario. It is modeled after the parent mediated, low intensity, ESDM for Toddlers (P-ESDM: Rogers, 2012) and incorporates an interdisciplinary team. ESDM is an evidence-based intervention, which incorporates practices from the original Denver Model (Rogers, Herbison, Lewis, Pantone, & Reis, 1986), developmental and relationship-based intervention, and Pivotal Response Treatment (PRT), based on principles of Applied Behaviour Analysis (ABA). Adaptations such as offering the program in the community as well as in the family home and the order of sessions were made to ensure the program is appropriate for the Nova Scotia context.

Parents are taught to use this intervention to target developmentally appropriate domains through routine-based activities with their child.

The uniqueness of this model is the involvement of the interdisciplinary team to support families in gaining access to strategies, within all developmental domains, that they can put into practice immediately upon initiating the program.

The QuickStart NS interdisciplinary team may consist of:

- **Speech Language Pathologist** (SLP) provides suggestions and recommendations to the families and the team on an ongoing basis.
- Occupational Therapist (OT) provides suggestions and recommendations to the families and the team on an ongoing basis.
- Board Certified Behaviour Analyst (BCBA) provides program and clinical oversight as well as suggestions and recommendations to the team on an ongoing basis.
- Parent Coaches provides direct implementation of the parent coaching phase of the program with the families.

Another key element of the program is the individualization of the pace of the program. At their own pace, parents are given the opportunity to learn different strategies from the ESDM intervention that are the most relevant to their family. As well, parents have a chance to directly develop and focus on targeted objectives for their child within all developmental domains.

Please see Appendix C for the Logic Model and Appendix D for the program's Theory of Change.



Within the parent mediated coaching sessions, parents have an opportunity to learn the following strategies over the course of the program:

- Supporting their child in paying attention to both them and the toys or materials
- Providing clear and frequent teaching opportunities for their child
- Teaching their child new skills
- Supporting their child in managing their emotional state and/or activity level
- Managing unwanted behaviour
- Using turn-taking and creating back-and-forth engagement
- Optimizing their child's motivation
- Creating positive affect
- Tuning into their child's states, motivation, and feelings
- Providing opportunities for child communication
- Using appropriate language for the child's stage of development
- Setting up activities which allow for multiple teaching opportunities and variations within the activity
- Setting up transitions between activities

QuickStart NS takes place across 19 sessions - 17 weekly sessions and a one and two month follow up. The program includes four consultation sessions - two with an Occupational Therapist (OT) and two with a Speech Language Pathologist (SLP), with a duration of 1.5 hours each, as well as 15 parent mediated coaching sessions at 1 hour per week, from a trained Parent Coach, supervised by a Board Certified Behaviour Analyst. Parent mediated coaching sessions are individualized for the family's wants and needs with the ESDM teaching topics guiding the sessions. Please see Appendix A for a detailed breakdown of the structure of the sessions.





ESDM TEACHING TOPICS

Social Attention and Motivation for Learning
Antecedent-Behaviour-Consequence Relationship
(ABCs of Learning)

Non-verbal Communication Speech Development Sensory Social Routines

The ESDM curricular checklist is completed by the OT, SLP, Parent Coach, and parents/caregivers to develop individualized goals for the child. The topics and strategies learned during the sessions are used to teach to the individualized goals with the intention that families are able to incorporate the strategies within their everyday routines to further teach and support their child. The aim for the program is to support the family in learning the strategies of ESDM to teach their child across everyday routines and a variety of goals.

PROGRAM ACCESSIBILITY & ELIGIBILITY

QuickStart NS is offered in-person, at the family's home or community-based setting, and online. The family chooses the location that works best for them and the program does its best to honour that decision, based on availability of resources.

Eligibility:

- Child has a suspected, provisional, or confirmed diagnosis of autism
- · Child is between the ages of 12 and 31 months at the start of the program
- Resides in Nova Scotia
- One immediate caregiver can commit to attending all sessions
- Not enrolled in more than 10 hours per week of services elsewhere

Staffing Composition

QuickStart NS includes staff from Autism Nova Scotia (QuickStart Director, Manager and Supervisor(s), Parent Coaches, and OT(s)), from HSNS (SLP), and from the IWK (OT). As an interdisciplinary team we enrich each others' professional practices to support families in an all-round approach throughout all phases of the program.



QuickStart Director and Management for all zones

Central Zone

- 2 SLP's
- 2 OT's
- 1 Supervisor
- 6 Parent Coaches

Eastern Zone

- 1 SLP
- 1 OT
- 1 Supervisor
- **2** Parent Coaches

Northern Zone

- 1 SLP
- 1 OT
- 1 Supervisor
- **2** Parent Coaches

Western Zone

- 1 SLP
- 1 OT
- 1 Supervisor
- **3** Parent Coaches



PROGRAM OUTCOMES

Now in its fourth year of operation, QuickStart NS has expanded across Nova Scotia. It is offered in all four zones, Central, Eastern, Northern and Western. In the last four years, the program has enrolled 296 children and exceeded targeted outcomes of 225. This year 21 new staff were added to the team across the province and actively started to see children as of January 2023. Since January 2023, 32 children were seen in Eastern, Northern and Western.

The team is excited to continue to increase numbers this coming 2023-2024 year. With the completion of the startup phase of the provincial expansion, the program is expected to support 150 children annually across the province.

Summary of Program's Success (from May 21, 2019 - March, 2023)







referrals



Average wait time from initial contact





supported & developed

AGE AT ONSET OF PROGRAM

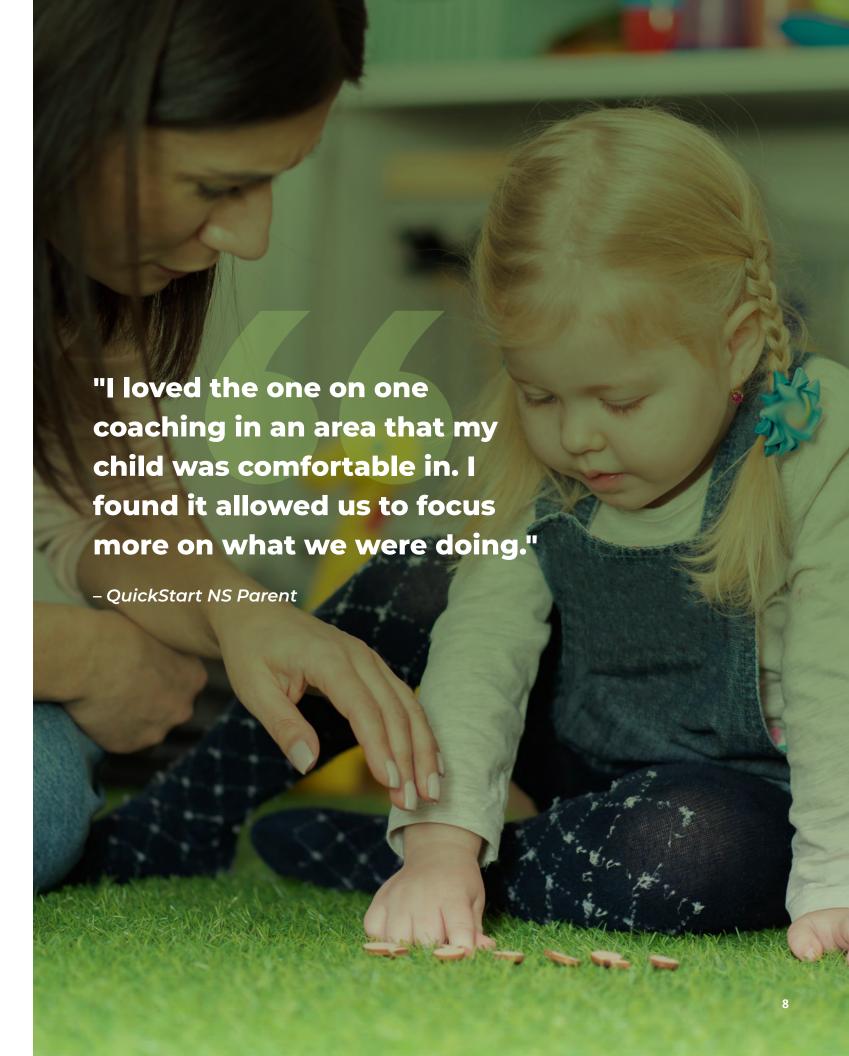
Overall





STATUS OF INTERDISCIPLINARY **TEAM VISITS**

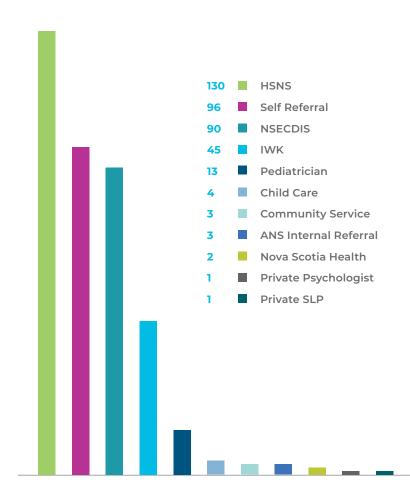




Intake Information Breakdown

*All information in this section is the total from all provincial zones, unless specified

REFERRAL SOURCES TO QUICKSTART NS - All Zones



IDENTIFY GENDER OF CHILDREN IN PROGRAM - All Zones





DIAGNOSTIC STATUS WITHIN PROVINCIAL ZONE REFERRALS









Demographics

ETHNICITY OF FAMILIES



Central Zone









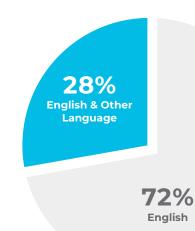












LANGUAGE SPOKEN – All Zones

Other Languages Spoken: Albanian, Amharic, Arabic, ASL, Bengali, Bisaya, Cantonese, Dinka, Dutch, Farsi, Filipino, French, German, Hindi, Hungarian, Kanada, Konkani, Korean, Malayalam, Mandarin, Mende, Nepali, Oromo, Pasto, Patois, Polish, Portuguese, Punjabi, Shona, Spanish, Tagalog, Tamil, Telugu, Tigrina, Ukrainian, Urdu, Uzbek, Vietnamese, Yoruba.

















Goal Attainment

Parent Coaches would collect observable and measurable data on each of the child's goals during the program. From the 2,230 developed for the parent coaching sessions, 86% of the goals that families set progressed during the parent coaching phase for the families who completed phase since commencement of the program to the end of March 2023.

At the end of the program, 5 additional goals are commonly given to families that they can continue to focus on after the program; 68% of families reported that they saw progression on most of these goals set at the end of the program.



2,411

goals were coached



of families reported that they have seen progression on the 5 additional goals they selected with their team at the end of the program. These goals are not coached on by the Parent Coach.



of the goals that families set progressed during the parent coaching phase



Parents' Skills & Growth

Parent fidelity demonstrates a parent's ability to implement the strategies to teach their child.

During the 10 weeks of parent-coaching, parents are coached on core skills to teach their child and maximize learning opportunities within their everyday routines. One would say a parent is implementing the strategies to the point of effectiveness if they score a total of 80% across the skills assessed using the fidelity measure.

10%



At the beginning of the program, 30% of families achieved above 80% on the fidelity measure with an average of 73%

82%



At the end of the program, 82% of families achieved above 80% on the fidelity measure with an average of 87%



78%



of families continued to maintain their skills after the program

*All information in this section is the total from all provincial zones, unless specified





Parents' Skills & Growth

During the parent coaching phase of the program, parents recorded the number of hours per day that they used the strategies from the program. They also recorded the type of activities and routines they used the strategies in during their everyday routines. The graphs capture the average number of hours per day parents report using the strategies and the activities in which they are using them with their child.

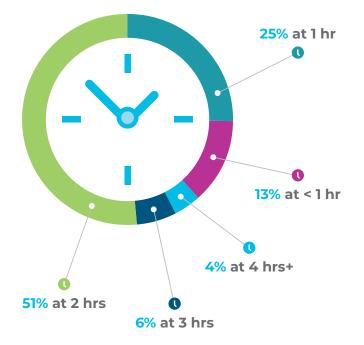
ACTIVITIES PARENTS REPORTED USING THE STRATEGIES WITHIN THEIR EVERYDAY ROUTINES





Generalized Outside of Home Household Chores

AVERAGE NUMBER OF HOURS PARENTS REPORT PRACTICING EACH DAY

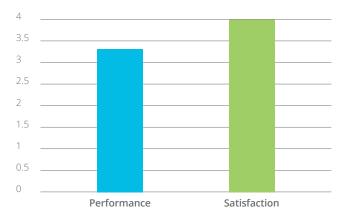


COPM

The Canadian Occupational Performance Measure (COPM) was completed with parents during intake and after the parent-coaching phase. It measures one's perception of performance and satisfaction in areas identified as priorities. The parents rated their priorities for their child on a scale of 1 to 10 on how well their child performs the identified skill and how satisfied the parent is with the child's performance. For performance, a score of 1 would be "not able to do it at all" and a score of 10 would be "able to do it extremely well". For satisfaction, a score of I would be "not satisfied at all" and a score of 10 would be "extremely satisfied". Research on this tool has shown that a change of 2 is significant.

For the children who completed the parent coaching phase at this point, common themes parents reported on within this tool were around their child's communication, feeding, play, challenging behaviours, mobility, accepting denial, responding to routine instructions and sleeping. Some of the identified areas for each individual child may not have been directly targeted within the scope of the program, however changes were reported within the overall results. With those considerations, the program saw a total average change in performance of 3.3 and a total average change in satisfaction of 4.

Average change in satisfaction and performance as reported by parents on COPM

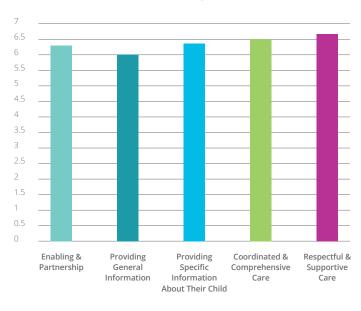




MPOC

The Measure of Processes of Care is a validated and reliable self-report tool that evaluates parent's perceptions of the service they and their child received as family centred. It supports in understanding how parents perceive the interpersonal and informational elements of the program. Parents answer the questions on a score scale range of 1 (Not at All) to 7 (To a Very Great Extent). There are five domains that are measured: Enabling & Partnership, Providing General Information, Providing Specific Information About Their Child, Coordinated & Comprehensive Care, and Respectful & Supportive Care. From these domains, a subscale score can be calculated to determine the mean score for each domain. At the time of reporting, 104 parents had a chance to complete this tool from the Central zone.

MPOC-20 Average Scores





Online Delivery of QuickStart Nova Scotia

The online delivery of QuickStart NS was developed from the need to continue service with the unprecedented times of Covid-19.

This year, 135 families utilized the online format. The team has seen additional trends and benefits of the online format which include an increase in goal sharing meetings with community partners, a method of minimizing the need to reschedule sessions, and a way for families to maintain their family needs like vacations while still accessing weekly sessions.

Overall, the online sessions have not become the main service for families throughout this year but it has been an effective tool in creating flexibility and reliability of the QuickStart NS service, when needed.





families utilized online delivery

Please note: this is cumulative since the start of program. 226 families have accessed at least one online session

Please refer to Appendix B for outline of online session and online session plan.



and a hybrid of both services based on the family wants and location.

A major accomplishment this year was the completion of expansion of the program – families across the province were able to access service starting January 2023. Since then, the program is now actively seeing families in all four provincial zones. The program has seen 87 families in Central zone and an additional 32 families across the province. Next year, the program will see 150 families across the province!

Enhanced supports have continued with a main focus on ESDM families to support staff training needs for the expansion of the program. This year alone the program has supported 56 families with enhanced supports such as the ESDM service, targeted sleep and behaviour support. The program has launched 'Exploring Play Together' again this year, providing play guides and boxes to 400 families across the province!



Summary of Annual Success (from December 1, 2021 - March 31, 2023)

Central Zone







213
program referrals

87
eligible children enrolled

1,691
visits with parents and their children

AGE AT ONSET OF PROGRAM (Annual) - YEAR 4

0 12-17 months 5 18-20 months 40 21-27 months 41 28-33 months

Eastern Zone







AGE AT ONSET OF PROGRAM (Annual) - YEAR 1

Northern Zone







AGE AT ONSET OF PROGRAM (Annual) - YEAR 1

12-17 months 18-20 months 7 21-27 months 28-33 months

Western Zone

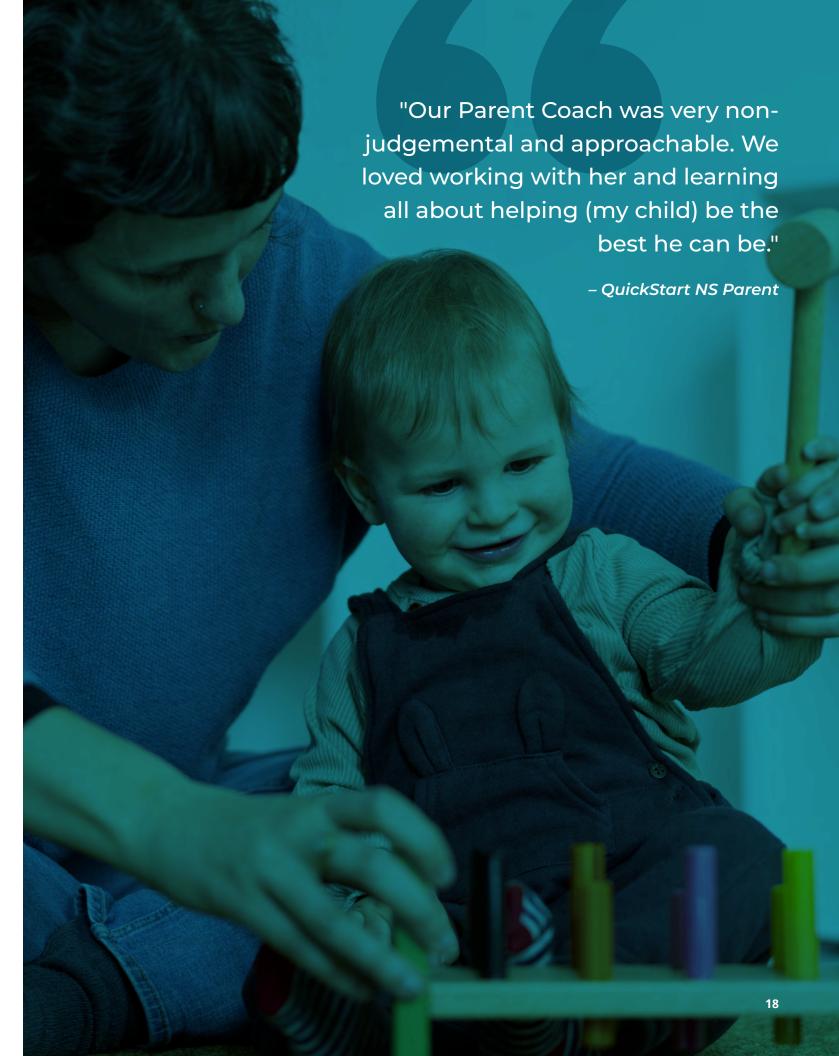






AGE AT ONSET OF PROGRAM (Annual) – YEAR 1

12-17 months 2 18-20 months 5 21-27 months 5 28-33 months



Staff Training Status & Details

Prior to the expansion, QuickStart NS had 9 positions in management, administrative and SLP, OT, and Parent Coach roles. With expansion, QuickStart NS currently has 30 positions.









ESDM FIDELITY

ESDM fidelity is assessed regularly to ensure that implementation of direct delivery is consistent and at a high quality. 80% accuracy on the ESDM fidelity checklist indicates that fidelity was met.

The Supervisor meets with each of the Parent Coaches, reviews a video wherein the Parent Coach is engaging in direct delivery of Early Start Denver Model with a child and they rate fidelity together. The Supervisor and the Parent Coach work together to determine areas in need of further development which become a focus in future supervision meetings.



ESDM TRAINING

19

The certification process has allowed for QuickStart NS to develop internal training processes to continue to support the increased demand of ESDM trained staff. They have trained 25 additional staff, within this new ESDM internal training model.



ESDM Certification supports the expansion of the model to allow for staff to be trained under the ESDM certified Supervisor. As of January 2022, 3 team members completed ESDM certification and this coming year there are 4 new team members completing certification.

new staff trained in ESDM this year

Central Zone	Eastern Zone	Northern Zone	Western Zone
# ESDM Trained	# ESDM Trained	# ESDM Trained	# ESDM Trained
1 SLP	1 SLP	1 SLP 1 OT	1 SLP 1 OT
9 Parent Coaches	3 Parent Coaches	2 Parent Coaches	3 Parent Coaches

*All tables above includes all staff training due to role replacement, leave coverage, and new hires. New Supervisors did not require training due to previously ESDM trained.

OUICKSTART NS TRAINING

Along with the ESDM training, all staff are required to be trained in the QuickStart NS model and specific items to their role. This year on-boarding checklists were completed for each role allowing for training to be streamlined. Training of new staff is ongoing with the initial requirements occurring in the first 3 months. Fidelity for all roles are completed regularly to ensure program effectiveness.



Central Zone	Eastern Zone	Northern Zone	Western Zone
# QuickStart NS Trained	# QuickStart NS Trained	# QuickStart NS Trained	# QuickStart NS Trained
 Supervisor SLP OT Parent Coaches 	 Supervisor *covers Northern Zone SLP OT Parent Coaches 	1 SLP 1 OT 2 Parent Coaches	 Supervisor SLP OT Parent Coaches

OUICKSTART PARENT COACHING FIDELITY

QuickStart NS Parent Coaching Fidelity assesses a Parent Coach's ability to implement the elements of parent mediated coaching. During this year, the parent coaching fidelity has been updated to reflect the most recent changes in the parent intervention. 80% accuracy on the fidelity checklist indicates fidelity has been achieved. It is assessed for each of the Parent Coaches at least twice per month at which time the Supervisor directly observes the session, completes a fidelity rating, and meets with the Parent Coach to review. All Parent Coaches have met fidelity.





The Parent Coaches have an average of 85% on their Parent Coaching Fidelity

SLP AND OT FIDELITY

This fidelity measure was a new addition this year to allow for consistency across team members with the expansion across the province. SLP and OT fidelity assesses their ability to implement the elements of their role within the QuickStart NS program. 80% accuracy on the fidelity checklist indicates fidelity has been achieved. This tool is being used to train new staff and final outcomes for SLP and OT fidelity will be available next year.





Program History

In December 2021, additional limited funding was provided for enhanced services within QuickStart NS for a pilot period from December 1st 2021 to March 31st 2022. These included an ESDM program, sleep support, behaviour that challenges support and Exploring Play Together: Play Guide and Box. From the success of the pilot, these enhanced supports were embedded within the expansion of QuickStart NS parent coaching as time-limited supports. They are not the primary service but continue to be needed for families to gain success in the main parent coaching service.

Program Need

Enhanced supports were needed for children who were not age eligible for parent coaching or needed additional supports to access parent coaching. Also, it was identified that a continuous ESDM service was required to support the QuickStart NS team in applying ESDM and maintaining fidelity. It was also required to further support the training needs of the program throughout the expansion. Other common themes of support were; minimal services for children aged 3-5, sleep concerns, behaviours that challenge and families not always having access to tangible resources. In some cases, families were not able to continue within the Parent Coaching program due to these concerns.

Program Philosophy

The enhanced supports builds on to QuickStart NS parent coaching. Its main purpose is to continue to support the families by recognizing the individual needs of each family and child are evolving. These supports continue to build team capacity, evidence informed practices to the Autistic community, and support a small portion of those who are not eligible for the parent coaching service and other intensive Autistic intervention services. They continue to follow the philosophy of parent coaching and the aspects of an autism-focused intervention which includes an individualized approach; family involvement; provides a naturalistic teaching framework; and an approach that is flexible, accessible, collaborative and supportive.

Early Start Denver Model Service

This year the Early Start Denver Model (ESDM) training family program was delivered to children up to 48 months and not eligible for parent coaching. It supported in training staff in ESDM and maintaining ESDM fidelity for the parent coaching service. This is a limited service to support the learning of QuickStart NS staff.

The program takes place for two, I hour sessions per week across a period of 4 months. QuickStart NS team members work directly with the child to teach skills across developmental areas through play-based activities for a 3 month period using the ESDM intervention. A modified version of Parent coaching is the main focus for the last month of service.

Annually the ESDM training family services aim was to enroll 24 children across the province. This year 32 children were enrolled in total across the province.

CENTRAL ZONE

EASTERN ZONE

NORTHERN ZONE

WESTERN ZONE



TOTAL IN ALL ZONES





children enrolled in ESDM training family program

completion rate



PARENT FIDELITY

30% ■ First Session

of parents meeting fidelity at the beginning of the one month coaching compared to the end

Parental Experience

Parent Report

What did you like about the **ESDM** program?



"Being able to watch and learn about what the team members were doing within the session without having the direct expectation and pressure at that earlier point of stepping in and practicing the **strategies."** - ESDM Parent

"I've noticed a huge difference in him. With playing and knowing his colors and shapes. He is way more vocal and saying a few words, but still not a lot. It's coming though! I can see light at the end of the tunnel." - ESDM Parent

"We have been seeing so much growth in XXX since he started the ESDM program and we could not be happier with his progress. I want to extend my most heartfelt thanks. XXX has really bonded with staff and looks forward to all our sessions. We look forward to the sessions to come and continue to express our gratitude for this opportunity." - ESDM Parent

"This program was amazing for my little one, she made so much progress. She still asks to go see the program lead. She loved spending time with her." - ESDM Parent





Targeted Intervention Supports

Sleep Support

This enhanced service supported caregivers with sleep related concerns that were becoming a major barrier to their child's quality of life. The child must be enrolled in parent coaching or ESDM service, as this support is aimed to enhanced the participation of those services. A sleep assessment and plan are completed in the first weeks of service, followed by regular check-ins on progress and support for caregivers. The service is on average 6 weeks, based on the needs and progress of the child.

The training and pilot phase of this service started in December 2021. In December 2022, the support developed a sleep webinar to support tertiary of support to families. The families complete the webinar with trained staff prior to enrolling in the second phase of the program, allowing for the flexible need for the families in accessing the level of sleep support they need at that time.

Behaviour Support

This enhanced service supported caregivers with a specific behaviour that is of concern and is becoming a major barrier to their child's quality of life. In some cases, these behaviours that challenge impacted parent coaching or ESDM sessions directly and required additional sessions.

At times, a Functional Behaviour Assessment was used to support in developing a plan to guide caregivers in understanding and building skills for themselves and the child.

Annually both of these enhanced supports were aimed to see 12 children. With the addition of the pilot children, 24 children were provided these targeted intervention supports.







children accessed targeted intervention supports







children accessed sleep support

children accessed behaviour support

TYPES OF BEHAVIOURS THAT CHALLENGE

Screaming Crying **Banging head**

Biting

Throwing Pushing

Flopping Perseverating

Kicking Hitting Grabbing



COMMON THEMES WHEN BEHAVIOURS THAT CHALLENGE OCCUR

Transitioning Changes in routine Hearing "no" or "wait" **New expectations or locations**



children learned a new skill in the program



of children behaviours that challenge were reduced



months

Goals were attained within an average of 3 months







contacts on average with a professional to achieve their goals *1 hour average contact



extra sessions were needed on average to support children and their family *To complete the ESDM or Parent Coaching program

TYPES OF SLEEP CHALLENGES

Falling asleep

Waking up during the night

Sleep schedules

Sleeping dependency that the family wanted to fade

(i.e seeping with adult, soother, feeding in the night)

Behaviours that challenge were occurring around bedtime

Nap-time





of sleep goals were attained in the program

months

Goals were attained within an average of 3 months







contacts on average with a professional to achieve their goals *1 hour average contact



Parental Experience

Reported Benefits of Behaviour Support

- Loved the fact that the intervention plan was relatively easy and realistic to implement within home and family's typical daily routines.
- The "my way" gesture has been the first instance where XXX has clearly caught on to the power of expressing what he wants. Have seen significant decrease in his overall frustration as well as their frustration in trying to understand his wants/needs, as a result.
- Increased knowledge of behaviour and why it occurs and the tools to support appropriate behaviours and skills for parent.
- Reduced intensity and frequency of behaviours that challenge for child.

Reported Benefits of Sleep Support

- Increased understanding of what are typical expectations for toddlers around sleep habits and how long children at that age typically sleep.
- Better overall sleep for other family members and individuals residing in the household.
- Less behaviours that challenge or crankiness/upset during the day, as their child is more well rested.
- Better ability to follow a more workable daily routine both for the child and the family; prior to sleep support, variability in time and duration of sleep from day-to-day was often very disruptive on the family's overall ability to have a consistent daily routine.

23 24



Exploring Play Together

The Exploring Play Together: Play Box and Guide are an initiative of the QuickStart NS program through Autism Nova Scotia. The idea for a play box and guide came from the identified need for play resources and family activities due to Covid-19 restrictions and circumstances. It is a free resource that aims to provide useful ideas, information and next steps in play to families. It includes a play guide and an assortment of toys for families with a child with suspected, provisional, or confirmed autism diagnosis aged 12 months to 5 years, to explore together with their child.

This resource was piloted in March 2022 with a limited number of 150 to provide to families. This March 2023, 400 play boxes and guides are being given out across the province.



Play Boxes and Guides given across the province!



Parental Experience

The play box allowed us to explore new activities and the idea/instruction cards made it really easy to engage my child.

The toys were all interesting to my little guy. Very versatile so I could incorporate lots of different social games for each toy.

the guide
to find new
creative
ways to
play that
may not
have been
thought of
previously.

We used

I was pleasantly surprised by the inclusion of the balloons. It's a great reminder that we can have a lot of fun and engagement outside of traditional toys. It improves the way we play, he was happy playing with the bubbles and balloon. He always wants to play with it.

My favorite part was the guides. They were very helpful and provided a lot of great tips and strategies.

I enjoyed how there are different ways explained on how to use the same toy.

The ball drop opened up a new form of play interest for my child, and he was extremely engaged and communicative during the play.

I was surprised by how much was included in the box and how much great information was provided in the guides.

It gave us a variety of items to stimulate play – (my child) loves the ball drop – he doesn't use the hammer yet, but enjoys pushing the balls down to watch them fall! The guide was great for ideas.

It was very well put together! A great range of toys. I love the spin again toy from the program and was so happy it was in the box. Even the box it was put in is great for toy rotation and the child independently cleaning up. We have chosen the same boxes to organize our toys. Thank you so much! Well done.



Appendix A - Sample Timeline of QuickStart NS Sessions

Time Period	Team Members Present and Roles	Purpose of Session	What Might it Look Like?
Introductory meeting	Parent, QuickStart NS Supervisor Child may or may not be present	Initial discussion about the program, screening to be completed and completion of intake forms.	QuickStart NS Supervisor will provide information and answer parents' questions. Information gathered to support program evaluation and goal development.
Session 1 & Session 2	Child, Parent, Occupational Therapist (OT) or Speech Language Pathologist (SLP) SLP and OT alternate for the first 4 weeks	Initial OT or SLP consultation.	OT or SLP will play with your child to begin to assess current skill level and ask if you have questions related to their role. OT or SLP will consult with you on your concerns and provide strategies and recommendations. A 'Parent Manual', called An Early Start for Your Child with Autism, will be given to you. This manual is yours to keep and can be used as a resource. The strategic topics in the manual will be reviewed during Parent Coaching sessions in weeks 7 to 16.
Session 3	Child, Parent, SLP or OT	OT or SLP consultation and the beginning of direct assessment.	OT or SLP continue to provide strategies and recommendations and answer parent questions. OT or SLP and parent play with child to assess current skill level. OT or SLP may ask questions related to items not observed in session.

Appendix A - Sample Timeline of QuickStart NS Sessions

Time Period	Team Members Present and Roles	Purpose of Session	What Might it Look Like?
Session 4	Child, Parent, OT or SLP, and Parent Coach	OT or SLP consultation, beginning of direct assessment, and first introduction to Parent Coach.	OT or SLP continue to provide strategies and recommendations and answer parent questions. OT or SLP and Parent play with child to assess current skill level. OT or SLP may ask questions related to items not observed in session. Parent Coach will observe majority of the session and may play with child to begin building a relationship.
Session 5	Child, Parent, Parent Coach	Completion of direct assessment.	Duration: 1 to 1.5 hours Parent and Parent Coach will play with child to assess current skill level. Parent Coach may ask questions related to items not observed.
Session 6	Parent, Parent Coach, family invited Service Providers	Share individualized goals.	Duration: 30 minutes to 1 hour Discussion of individualized goals. Introduction of the learning steps for the individualized goals and review of parent binder. Family is welcome to invite Service Providers.
Session7 to Session 16	Child, Parent, Parent Coach SLP, OT, and QuickStart NS Supervisor continue to support Parent Coach and may attend session if direct consultation is needed or for ongoing training purposes	QuickStart NS strategic topics.	Parent provides updates to Parent Coach. Parents will be asked to play with their child, discuss progress, and practice the strategies with their child. Parent Coach will review and introduce new strategies from the 'Parent Manual'. Sessions may be video recorded for ongoing training and supervision requirements of Parent Coach.



Appendix A - Sample Timeline of QuickStart NS Sessions

Time Period	Team Members Present and Roles	Purpose of Session	What Might it Look Like?
Session 17	Child, Parent, Parent Coach	Completion of direct assessment.	Parent and Parent Coach will play with child to assess current skill level. Parent Coach may ask questions related to items not observed in the moment. This direct assessment will support the development of follow-up goals and completion of a report which will be sent to you later via email.
1 Month After	Child, Parent, Parent Coach	In person follow-up and refresher session.	Parent Coach will check-in with parent. Parent will be asked to play with their child and share updates of their child's progress, their progress with using the strategies they learned throughout the coaching sessions and share any concerns. Concerns will be addressed.
2 Months After	Child, Parent, Parent Coach	Follow-up via phone or refresher session or a collaborative Service Provider meeting. Parent Coach will check-in via phone or email with parent prior to this follow up to determine parent's preference.	Duration: 1 hour This check-in may be a discussion on the phone, an additional refresher session or a service provider meeting. If family would like, service providers who are engaging with the family may be invited by the family to attend a meeting to share the follow-up goals and future supports from these providers.

Appendix B - Outline of Sessions - Online Delivery

*This document is for internal use only to guide staff in the delivery of the online sessions

	Attendees	Purpose	Considerations
Initial pho	ne call to introduce self, pr	ogram, structure and suppor	rt parents in preparing materials- to
take place	e 48 hours ahead of schedu	uled meeting- 30 minutes	
1	SLP/OT, parent, and	SLP/OT consultation with	Consultation through video
	child	family- focus on areas of	conferencing. All
		concern and make	recommendations and relevant
		recommendations to	documents should be emailed to
		address them	the family following the meeting.
		Duration: 60 minutes	
Initial pho	ne call to introduce self, pr	ogram, structure and suppor	rt parents in preparing materials- to
	e 48 hours ahead of schedu		T -
2	SLP/OT, parent, and	SLP/OT consultation with	Consultation through video
	child	family- focus on areas of	conferencing. All
		concern and make	recommendations and relevant
		recommendations to	documents should be emailed to
		address them	the family following the meeting.
		Duration: 60 minutes	
			vities for session, check in on
		n, gather information for ass	essment which can be collected by
	port- 30 minutes		
3	SLP/OT, parent, and	SLP/OT consultation-	Consultation through video
	child	follow up on previous	conferencing. All
		recommendations and	recommendations and relevant
		initiation of curricular	documents should be emailed to
		checklist	the family following the meeting.
		Duration: 60 minutes	
		call following session 3 to de	
			vities for session, check in on
		n, gather information for ass	essment which can be collected by
	port- 30 minutes		
4	SLP/OT and Parent	SLP/OT consultation-	Consultation through video
	Coach, parent, and child	follow up on previous	conferencing. All
	SLP/OT to set up Zoom	recommendations and	recommendations and relevant
	link- send to parents	initiation of curricular	documents should be emailed to
	and PC	checklist. Parent Coach	the family following the meeting.
		to participate as well.	0-5 mins- Introductions
		Duration: 60 minutes	6-39 mins- SLP/OT takes lead
01.0/0=			40-50 mins- PC takes lead
		call following session 4 to de	
		rance of session to prepare a	
		e scored by parent report, re	ecommendations from OT/SLP -
30 minut	es		



Appendix B - Outline of Sessions - Online Delivery

	Parent Coach, parent, and child	Parent Coach to complete curricular checklist, confirm priorities for individualized goals to be drafted Duration: 1 hour	Parent Coaches can refer to OT/SLP SOAP notes to support knowledge of toys available in the home. PCs to complete curricular checklist, SOAP note, & attendance tracker following session.
		in between session 5 and 6,	to allow time to complete the
6	Parent Coach, parent, community clinicians wherever possible	Sharing of individualized goals and breakdown of structure for upcoming parent coaching sessions Duration: 1 hour	Provide parents with digital binder through Sharepoint- email link to family ahead of meeting. Include schedule for upcoming sessions in digital binder. Discuss completion of documents with parents and ensure access.
week 7-1 support p	16 to offer choice for topics to preparation of items for upcorent report on current progre	to be addressed, debrief on looming session by providing l	ce of each session scheduled from how previous week went, and ist of toys to prepare ahead of call log entry, start SOAP note –
7-16	Parent Coach, parent, and child	Parent coaching sessions Duration: 40 minutes (this includes up to 5 mins for warm up activity, 5 mins for debrief, 10 mins for explanation of chapter, 5 min practice activity, 5 min feedback, 5 mins for another activity if possible and then 5 for feedback and wrap up/	Review activity log, ABC data in the call ahead of time with the parent- can share screen to look at document together. Consider use of video models, real life model to support understanding. Ensure that any resources and recommendations are uploaded to Sharepoint following the
		alternatively 10 for wrap up, discussion around generalization, etc.)	meeting. Documentation- attendance tracker, fidelity and child data sheet, SOAP note, update parent binder with recommendations and resources.
		discussion around	Documentation- attendance tracker, fidelity and child data sheet, SOAP note, update parent binder with recommendations and resources. activities for session, gather

Appendix B - Outline of Sessions - Online Delivery

18	Parent Coach, parent, and child	Parent coaching session and check in Duration: 40 minutes	Consider use of video models, real life model to support understanding. Documentation- SOAP note, attendance tracker, parent fidelity and child data.
19	Parent Coach, parent, and child	Parent coaching session and check in, team meeting, or telephonic check in Duration: TBD by parent	See session 18 if this is a parent coaching session. Documentation- SOAP note, attendance tracker, call log (as needed).



Appendix C - Logic Model

Program logic models are intended to show the plausible linkages among the elements of a program and to highlight the underlying logic or causal reasoning.

The program logic model describes the five main components of the QuickStart NS program – Program Development, Recruitment/Intake, Parent Coaching Services, Assessment and Partnerships – along with the outputs and outcomes for each component.

MAIN COMPONENTS	Program Development	Recruitment/ Intake	Parent Coaching Services	Assessment	Partnerships
	\downarrow	\	\downarrow	\downarrow	\
IMPLEMENTATION OBJECTIVES	To expand the model across N.S. To support and maintain staff/team competency and performance To train staff to fidelity on the program	To create awareness of program To confirm eligibility and commitment To identify family priorities To provide early access to service providers	To create an environment where parents can learn strategies to implement with their children	To confirm eligibility for program To determine parents' skills and priorities for the child at start and end of program To make data-based decisions throughout program	To involve, and collaborate with, partners in the program To promote integrated service delivery To provide choice of location for sessions
	\downarrow	\	\	\	\
OUTPUTS	# and types of adaptations made # of staff trained to fidelity # of hours spent on staff training # formats of training # staff certified # of staff maintaining competency # of Clinical Meeting Minutes # of Individual Supervision and Group Meetings	# referrals to/from program # of referral sources # of eligible/not eligible # children and age range assessed # spots confirmed Wait time between intake and start date # and type of locations	# of sessions scheduled/attended Info in session plans # of hrs parents practice outside of scheduled sessions # of different daily routines practiced # of parents trained	# families with completed intake # results from parent feedback forms # and type of goals achieved # curricular checklists completed # children completing program	# of partners Location of partners # meetings with partners # of community spaces utilized for sessions # of families seen in community spaces # of community referrals
	\downarrow	\downarrow	\downarrow	\downarrow	\downarrow
KNOWLEDGE/ CAPACITY OUTCOMES	†staff understanding of local context †staff understanding and appreciation of parent coaching model Staff acquires knowledge of performance expectations	†knowledge of program by parents and partners †knowledge of community based programs by parents and partners †knowledge of admission criteria by parents and partners	Parents gain foundational skills in supporting their children †knowledge of developmental expectations and milestones	1knowledge around target developmental domains for childas a result of parent training (pre and post results)	†knowledge about QuickStart NS program in the community †accessibility to community-based programming
	\downarrow	\	\downarrow	\downarrow	\downarrow
BEHAVIOUR CHANGE OUTCOMES	The team implements the strategies	1 number of appropriate referrals 1 number of referral sources Families are accessing the program	Parents are confident to teach their children Parents reach fidelity Parents use skills across various settings	Parents feel confident to teach their children Parents show competence in teaching their children Children show improvement in developmental domains	Referrals to QuickStart NS from community-based programs and services †collaboration among partners Partners support the program.
	\	\	\	\	\

SOCIAL OUTCOMES Parents are empowered to provide ongoing support of their child's development

Appendix D - Theory of Change

A Theory of Change was developed to support the evaluation process by clearly outlining what the QuickStart NS program is intended to accomplish, mapping out the change process, making clear the expected processes and outcomes, providing a clear theory behind the intervention, making clear the assumptions on which the intervention is based, and allowing the program to be communicated to internal and external partners.

Children and their families experience their best lives.

EXTERNAL FACTORS

Stigma

Culture

Socio-economic status

Geographical location

Illness

Opposition to approach

UNANTICIPATED RESULTS

Increased wait list across other services

Shift in practices and procedures of other services

Clarification of roles of other service providers

Parents not accessing other services because they feel confident

Children do not receive diagnosis

Parents feel empowered to teach and support their child's development. Children show improvement in developmental domains.

Parents are using the strategies

equitable access to the program and support transitions between services.

Parents and partners gain knowledge

Families of children with suspected or

Parents gain capacity to teach

about the program.

diagnosed autism.

children.

Referrals

Staff trained

Families served

Parent training
Assessment
Partnerships

Locations

Staff who reach fidelity

Program Development Recruitment/Intake

across multiple environments.

Partners collaborate to ensure

WELL-BEING CHANGE

Parents are better equipped to support their children.

There is an integrated service delivery system.

ASSUMPTIONS

Parents implement strategies.

Parents complete the program.

Parents and partners understand the program.

The program is properly resourced.

Parents want to participate in the program.

Parents and partners accept the importance of an early intervention approach.

Parents and partners are aware of the program.

AutismNS is understood and respected for its best practices approach.





References

Hobbs, N. (1978a). Classification Options. A conversation with Nicholas Hobbs on Exceptional Child Education. Exceptional Children, 44, 494–497.

King, S., Rosenbaum, P., & King, G. (1995). The Measure of Processes of Care: A Means to Assess Family-Centred Behaviours of Health Care Providers. Hamilton, ON: McMaster University, Neurodevelopmental Clinical Research Unit.

Law, M., Baptiste, S., Carswell, A., McColl, M. A., Polatajko, H. J., & Pollock, N. (2005). Canadian Occupational Performance Measure (4th ed.). Ottawa, ON: CAOT Publications ACE.

Robins DL, Casagrande K, Barton M, et al. Validation of the Modified Checklist for Autism in Toddlers, Revised With Follow-up (M-CHAT-R/F) Pediatrics. 2014;133:37–45.

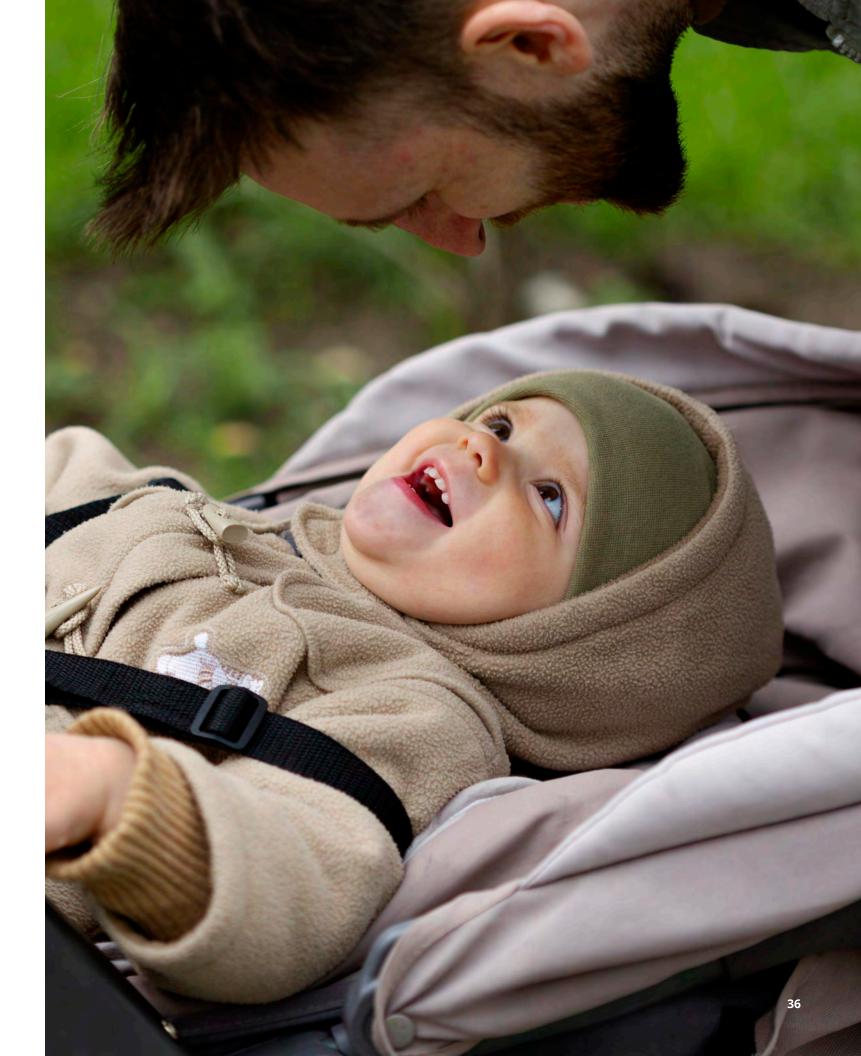
Rogers, S.J., Herbison, J.M., Lewis, H.C., Pantone, J., & Reis, K. (1986). An Approach for Enhancing the Symbolic, Communicative, and Interpersonal Functioning of Young Children with Autism or Severe Emotional Handicaps. Journal of the Division of Early Childhood, 10(2), 135-148.

Rogers, S. J., & Dawson, G. (2010). Early Start Denver Model for Young Children with Autism: Promoting Language, Learning, and Engagement. New York: Guilford Press.

Rogers, S. J., Dawson, G., & Vismara, L. A. (2012). An Early Start for Your Child with Autism. The Guilford Press.

Rogers, Sally J. et al (2012), Effects of a Brief Early Start Denver Model (ESDM)–Based Parent Intervention on Toddlers at Risk for Autism Spectrum Disorders: A Randomized Controlled Trial, J Am Acad Child Adolesc Psychiatry. 2012 October; 51(10): 1052–1065. doi:10.1016/j.jaac. 2012.08.003.

Rogers, S. J., Vismara, L.A, & Dawson, G. (2021). Coaching Parents of Young Children with Autism: Promoting Connection, Communication, and Learning. New York: Guilford Press.











Inclusion & Respect & Collaboration & Courage & Acceptance



QuickStart Nova Scotia is made possible with support by the Government of Nova Scotia