

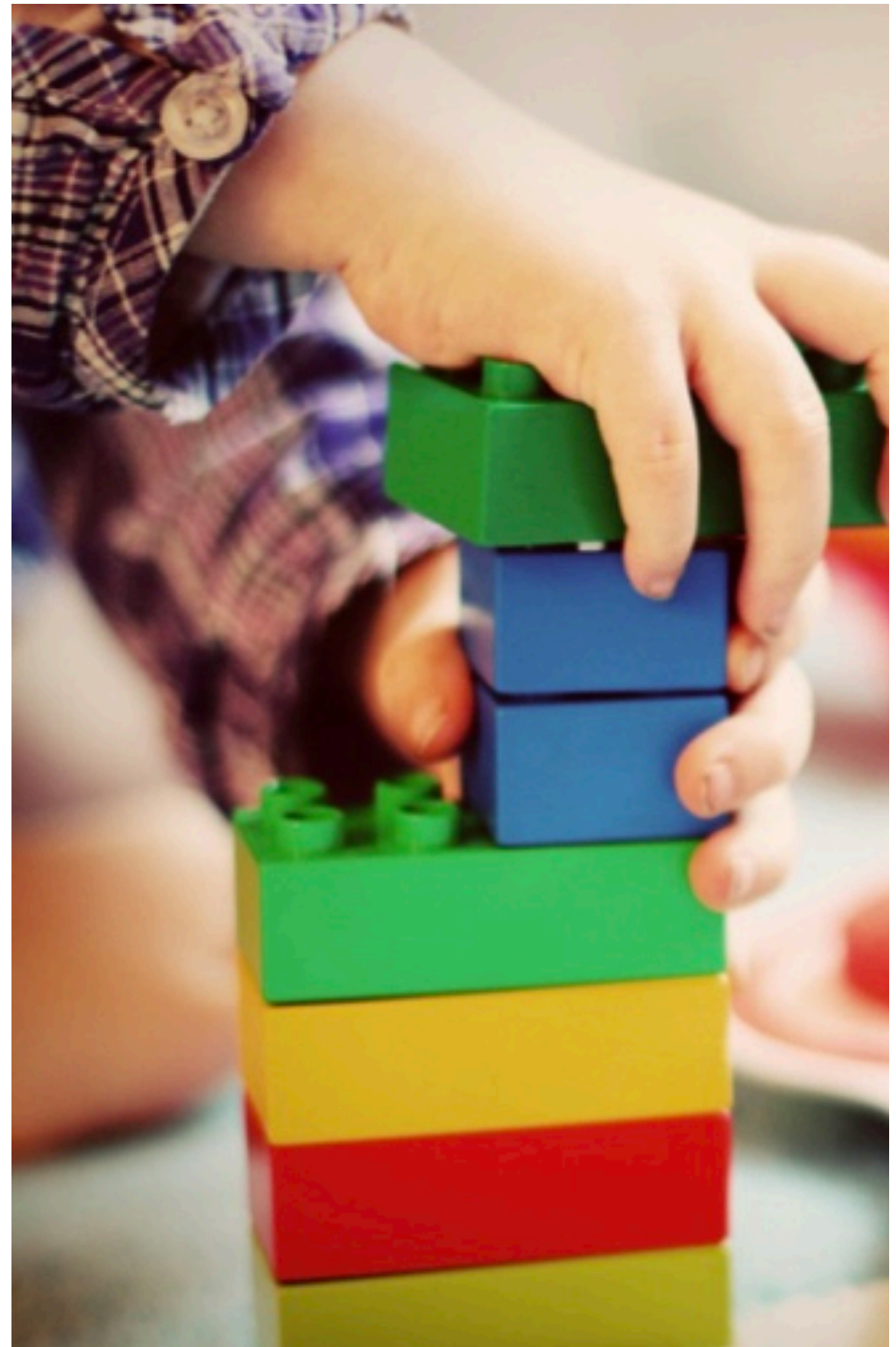


NSECDIS

STORIES

In the late fall of 2016 I had made a phone call to an NSECDIS office and spoke to M. about needs that a child we were working to adopt may have. All my questions were answered professionally, enthusiastically and with a very positive attitude. We officially became involved with NSECDIS and in particular M. in February 2017 when we adopted our two sons. One of our sons has some developmental needs that prompted us to contact NSECDIS and M.. Right from the first meeting we knew M. was the person for us. Over the past year and a half both myself and my partner have said "Thankfully, we have M." **She has been an advocate, an avid listener and a great source for advice. M. has been able to open several doors for us that without her help would have remain closed.** "M. days" in our house are good days for our 4 yr old son L. , because he absolutely loves her. We have attended a couple of family events that M. has organized and the way she interacts with the children and other parents is really amazing. All too often we are very quick to complain about services and people, so I just wanted to take the time today to recognize what a wonderful job M. does for children and families that use your service.

KEN C., PARENT





Our little guy has made progress in leaps and bounds, much, MUCH to the credit of our Interventionist, J. We have been followed by DI since May of 2018 and it has been a godsend for us. We have only just been taken on by OT and the Autism Team Speech, if it weren't for our DI, our son would have had no regular therapy at all. If anything, **we would love to have more contact with her and the program as it offers him, not only bonded relationships and social interactions, coping skills, etc.... outside of our family, but continuity, which exists with no other services we are/aren't receiving.** The toy lending library has been great as well, as we have been able to try out toys for a period before purchasing and many have

been integral in his speech therapy and behaviour challenges. For us, our DI is an absolute essential service we couldn't go without.

NICOLE W., PARENT

This service was what I needed. **It didn't feel like another appointment for my child - this appointment was for me** - it was what I needed for myself as a parent.

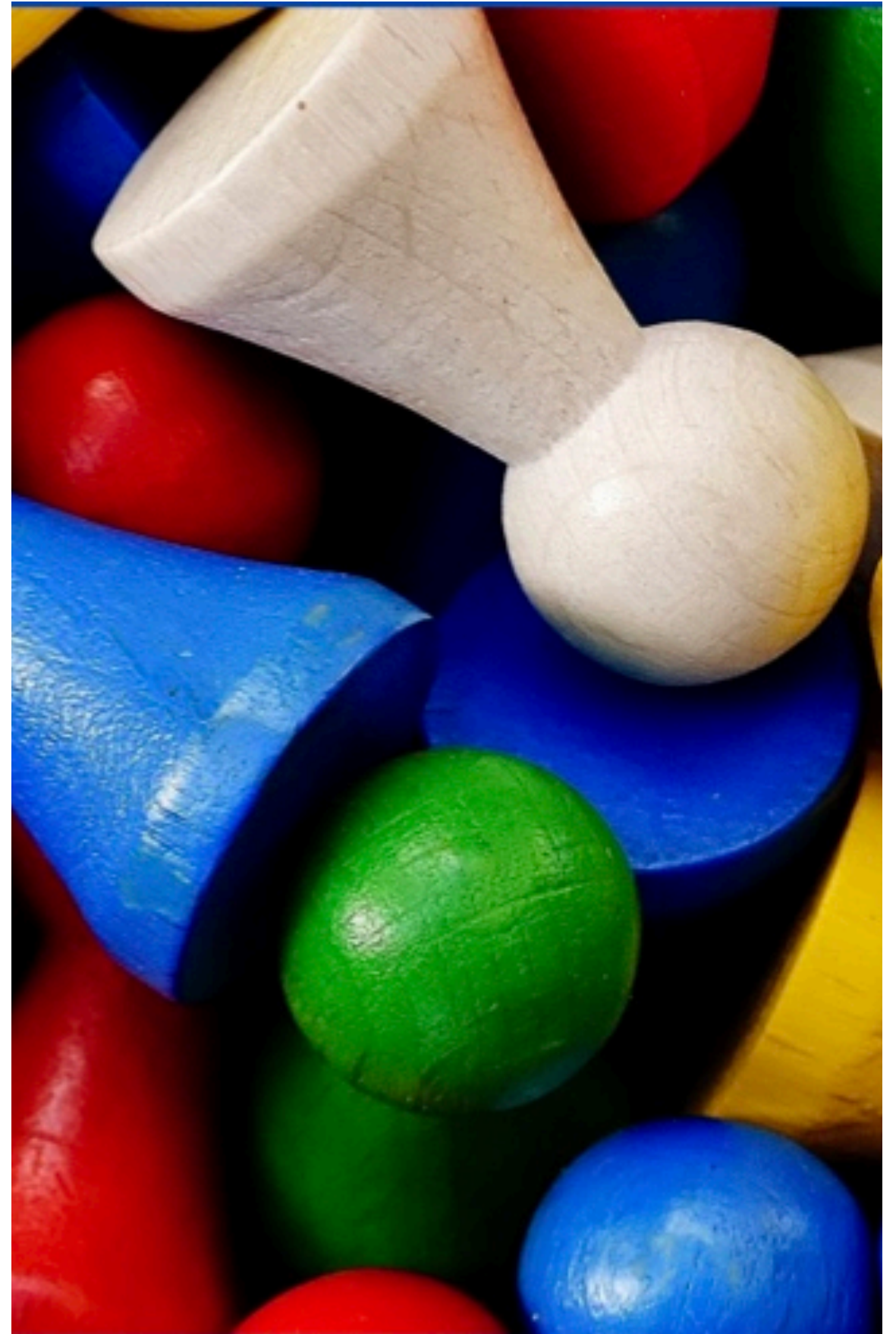
PARENT

It is not just someone coming in to tell you what your child has and what you have to do - **they are on the same team and when its hard you know they would be there and even give you a hug if you needed it - it's not like any other program - very different** - family centred rather than task centered - listening to me and not telling me what to do.

PARENT

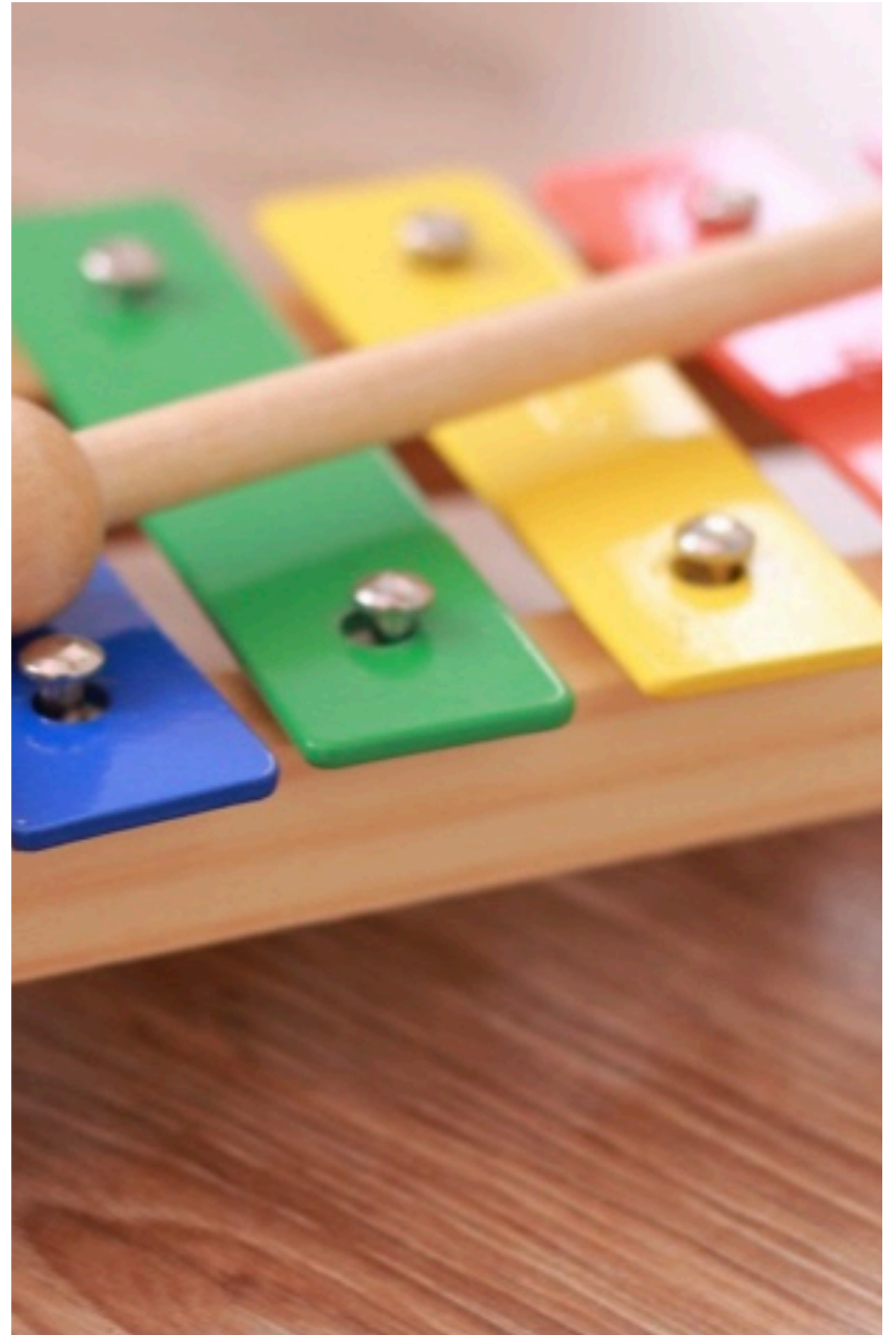
Keep on keeping on! **Your hard work is what builds stronger families.** I will always be grateful for your support over the years.

PARENT



He is close to talking we just know it. The waiting game is a tough one for a Mom who has an older child with Autism. P. was nonverbal for many years, B. didn't talk until he was 2 and a half and here we are again waiting on this little guy. I have lots of tools in my back pocket after our village of speech experts and R. is really starting to respond to them. Soon I know he will be talking a mile a minute, but for now I am enjoying getting these little words out out of him one at a time. **I am very thankful for our time with NSECDIS & EIBI, this is proof we can carry what they teach us forever... not just to that one child, but to all our children. No education in my life will ever be equivalent to what they have taught me as a mom.** Love you, my team.

KAIT, PARENT





NSECDIS and our DI have made it possible for us to search out and find funding for us to do necessary renovations to our home. Our middle daughter is very delayed and is medically fragile. the help we have received from VON was invaluable - personal care 2 hours per day. A few months ago this stopped as the workers were not allowed to lift her anymore. We were told we needed lifts and a barrier free shower. We had no idea where to turn. T. has helped us find funding, contractors, equipment quotes and filled out enormous

amounts of paperwork. To summarize, **we had no idea where or who to turn to until T. came into our home, explained the process and coordinated the many parts to this project.** We are very thankful.

SUBY & GERRY, PARENTS

His speech is doing better and he's expressing himself more than he had been. **What are little things to some become big things to us.**

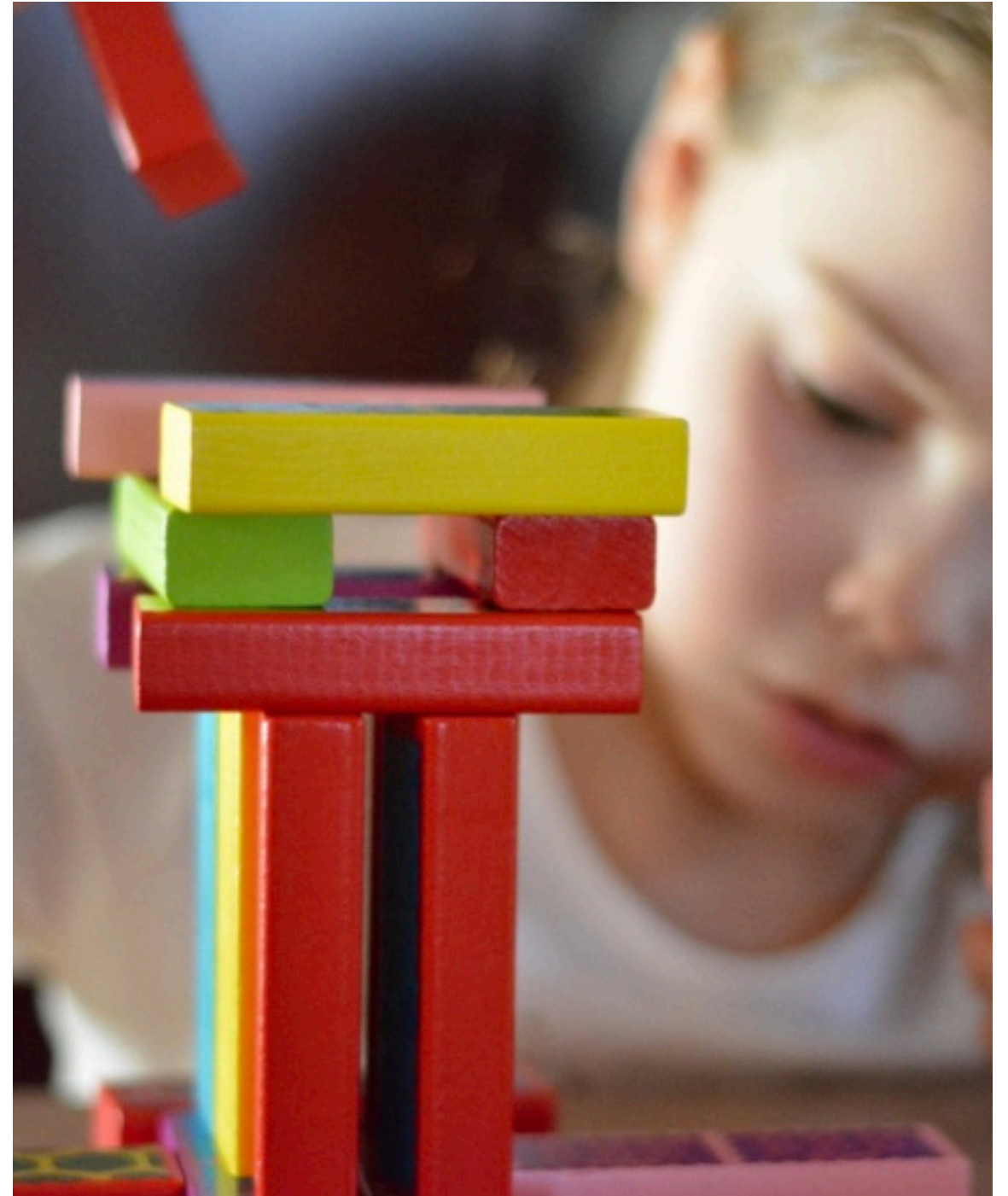
PARENT

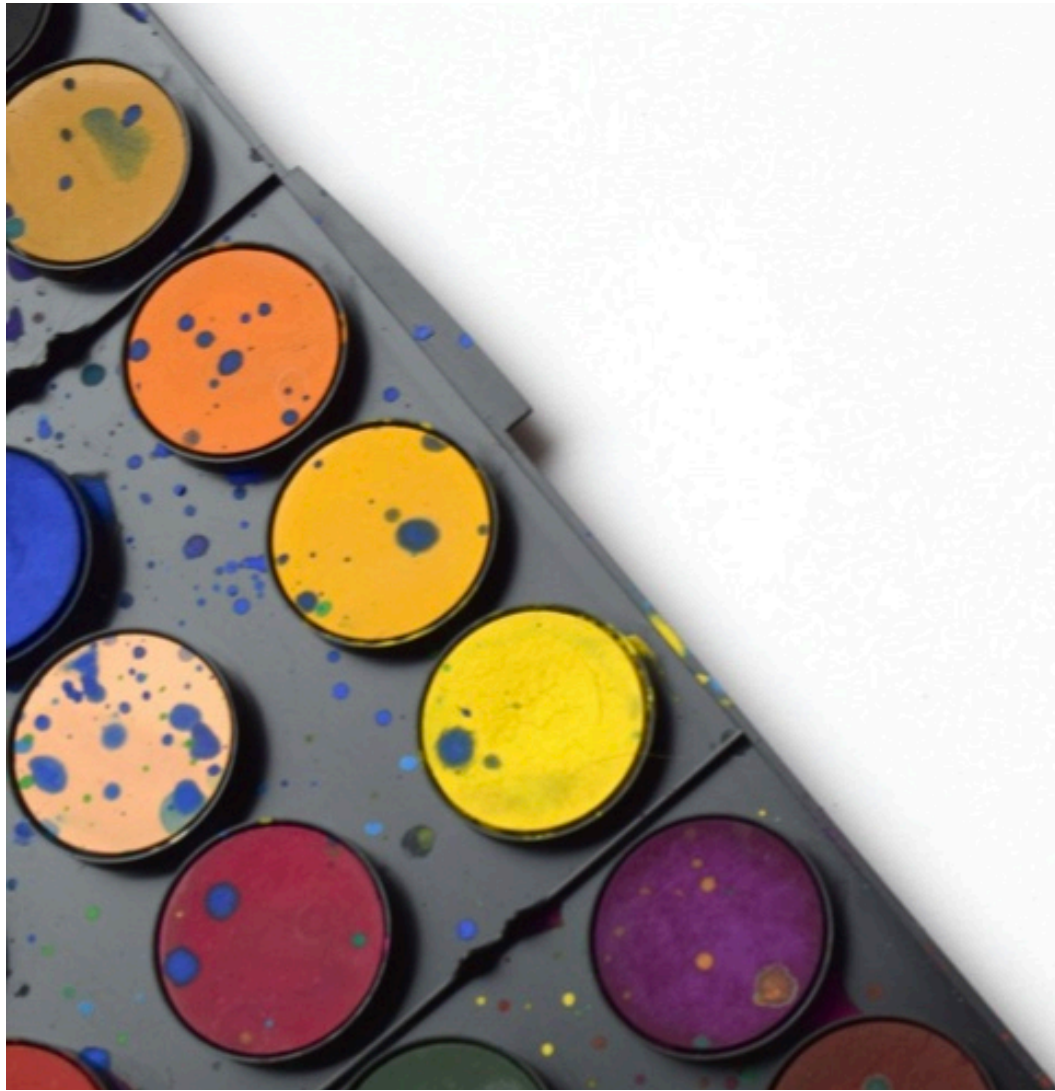
You believed in my girl when I didn't and you believed in my ability to parent her when no one else did. You communicated with her at a level that she could understand and made her feel heard and understood

PARENT

My family noted that they were grateful to have NSECDIS working with their family helping navigate the world of a potential ASD diagnosis. **The referrals, the Choice Appointment and what that entails, the calls, the paperwork, we helped them get through this overwhelming time. They felt supported and heard,** that was their positive experience.

B.P., DEVELOPMENTAL INTERVENTIONIST





I am working with a young single mom whose child was in foster care due to her substance abuse and trauma history. I was doing visits at the foster home, but mom was really interested in having them when she had her access time. At the beginning of service, mom was very quiet, reserved and understandably, having a lot of difficulty with trusting others. She was overwhelmed with anxiety and guilt and felt that she was to blame for the child's delays. She was not able to trust herself and looked for advice on every detail of parenting. We developed a relationship and gradually she began to trust me and then other community members and services. **One of her goals became to trust herself and her instincts with her daughter. Mom worked so very hard to be the parent she wanted her daughter to have and ended up**

getting sole custody. We worked through involvement in other services, daycare transition and reaching out to people more often. Mom is now working full time and she is trusting a childcare center for full time care. She has made calls to specialists, had two interviews, asked for community support for her resume etc. Most importantly, she went from calling or texting me everyday to a couple of times per month. She trusts herself and her instincts. Child protection is no longer in her life and has zero concerns. Her child's development has come leaps and bounds and recently I heard this mom say **"I think I can finally make decisions and feel confident about it."**

L.H., DEVELOPMENTAL INTERVENTIONIST

This wasn't what I had hoped for his last few months of preschool but kids are resilient and I'm home to support him as best I can. **Super lucky to have you here with us.**

PARENT
(REFERRING TO SUPPORT DURING COVID 19)

I have been working with a little 3 year old girl and her parents. She had a really hard time with transitions and would have a complete screaming meltdown when I would leave. I found out that the same thing was happening at Speech appointments too and it was really hard on her and Dad. **I implemented a visual schedule (in addition to suggesting this to speech, which they implemented also) and now she is able to follow it every time and wave "bye bye" and leaves with no screaming or meltdowns.**

M.FR., DEVELOPMENTAL INTERVENTIONIST

I did an Intake for a 3 1/2 year old little girl who is non-verbal and not walking. I came back to the office and put in a referral to NSHSC and Physiotherapy. Within a month the family has been seen by Physio, and is now set up with a walker. **Family said they are so happy they finally have this service,** and that I referred them to Physiotherapy.

R. C. DEVELOPMENTAL INTERVENTIONIST



A family was wanting to purchase a stander to support the long term goal of their child learning to walk. The family did not yet have any type of insurance to help cover the cost of a stander (\$2500) so I sought out a funding opportunity by calling and emailing different resources. I assisted the family by acting as a liaison between the funding resource and the parents, as well as, helping family complete application forms and submit them. I also assisted the family with requesting and gathering relevant letters of support from other professionals such as Physiotherapist indicating why the stander is necessary and how it will help. **Once funding was granted, I assisted with follow-up for the delivery of stander to their home and attended clinic appointments with the family to learn how use the stander at home.**

B.T, DEVELOPMENTAL INTERVENTIONIST

Upon Intake with a family who has a little one born very premature and twin to twin transfusion syndrome so her twin passed away. They spent most of the pregnancy in and out of the hospital and spent several months after the birth in the hospital. Mom and baby returned home just as COVID-19 began. Mom is at home with baby and due to COVID-19 and baby's health, Dad is off work as well. They both applied for maternity benefits, but had not received any financial support. **The DI sourced formula (specific kind to enhance weight gain) and diapers through 3 different community partners.** These items were delivered to family's door on 3 occasions.

B.C., REGIONAL DIRECTOR
(describing supports during COVID 19)





A. was referred to NSECDIS at 11 months of age by his pediatrician who cited delayed motor skills and hypotonia at the time of referral. A. lives at home with his mother L., father M. and his 10 year old brother. who resides part time with his maternal grandparents and part time in their home. At the time of intake L. shared that she had been on medication during her pregnancy to treat anxiety and depression that was changed to a safer medication when she learned that she was pregnant. A.s father had a history of developmental delays as a child and L. also had struggled throughout her time in school.

NSECDIS Intake staff also discovered that A. was born with club feet which required ongoing trips to the IWK from Cape Breton, at times on a weekly basis for months at a time. A. was unable to hold up his

head and was not using any words or gestures to communicate. He did not respond to familiar faces or his name or use any familiar gestures such as waving or clapping.

Active service was offered to the family within 6 weeks of intake. The family was not consistent in following through with scheduled visits at that time. Child Welfare investigated the family due to a report from the community. L. shared this at a home visit and I supported her through this very stressful time. She explained that she was ready to share more of her story. L. explained that she had a history of drug abuse and had recently relapsed. She was struggling with her depression, which had worsened, leading to my difficulty in reaching her and frequent last minute cancellations. She had been unable to get out of bed and was relying on M., who also worked full time doing back shifts, to care for everyone. She was afraid to share just how much she had been struggling and was ashamed of her relapse. I thanked her for sharing her story and together we developed a plan to address the family's current crisis. I connected L. with the Ally centre where a physician would be available to address her mental health and substance use history in a safe and non-judgmental manner. L. began suboxone treatment and her medication for depression and anxiety were adjusted. A. was able to remain in his home with his mother and father while Child Welfare monitors at this time.

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As A.'s mother began to feel improvements in her ability to function every day, I, as well as family and friends noted a significant shift in A. as well. A. began to make eye contact with others as was less irritable. He started to smile and show interest in other people. He began to roll over and lift his head while laying on the floor, playing with his mother. I worked with the family to find ways of integrating play and strategies that encourage communication into their everyday routines.

A.'s mom was able to be engaged and responsive to her son and was encouraged by the changes she witnessed. She expressed guilt in knowing that her struggles had affected her son, but also a sense of hope now that they had the right supports in place. I attend important medical appoints such as a recent neurology consult, in order to assist the family in developing a list of questions and in interpreting information they receive from other professionals.

L. and I recently discussed the introduction of foods appropriate to A.'s skill level as L. had been very reticent to offer anything other than purees due to her previously unmanaged anxiety. As the conversation progressed, I realized a lot of education around nutrition as well as how to prepare nutritious foods would be necessary in order to move forward. The family requested support with choosing, preparing, cooking and then consuming a variety of foods as a current area of focus. L. & I started with setting up a high chair, and learning how to safely position A. in the seat to compensate for his low tone. **L. reported feeling a sense of relief and described that she felt safe sharing her fears and questions with me as I supported her without judgement throughout this very difficult year.**

S.M-P., DEVELOPMENTAL INTERVENTIONIST





Two year old Ja. was referred to our program in May 2019 by his mother due to a loss of skills. Ja. lives with his twin sister J. and mother S. in their home. The children have never met their father. Their maternal grandparents A. and R. live a 10 minute drive away and play a very important role in their lives. At the time of Intake I met with S. and her parents in S's home. S expressed a great deal of concern about her son's development. He didn't sleep at night, spoke no words and didn't play like other children his age. He didn't look at her or respond to his name and would often make repetitive sounds and gestures. She was concerned her son had autism. A. and R. were concerned too Although J. hadn't been referred to NSECDIS, she also had limited language and was not using any words to communicate her wants or needs. She would wake many times a

night and would stay up for hours at a time. She displayed extremely fearful behaviour when near adults other than her 3 primary caregivers, even those she had met many times. The children were not in any childcare program or receiving any services.

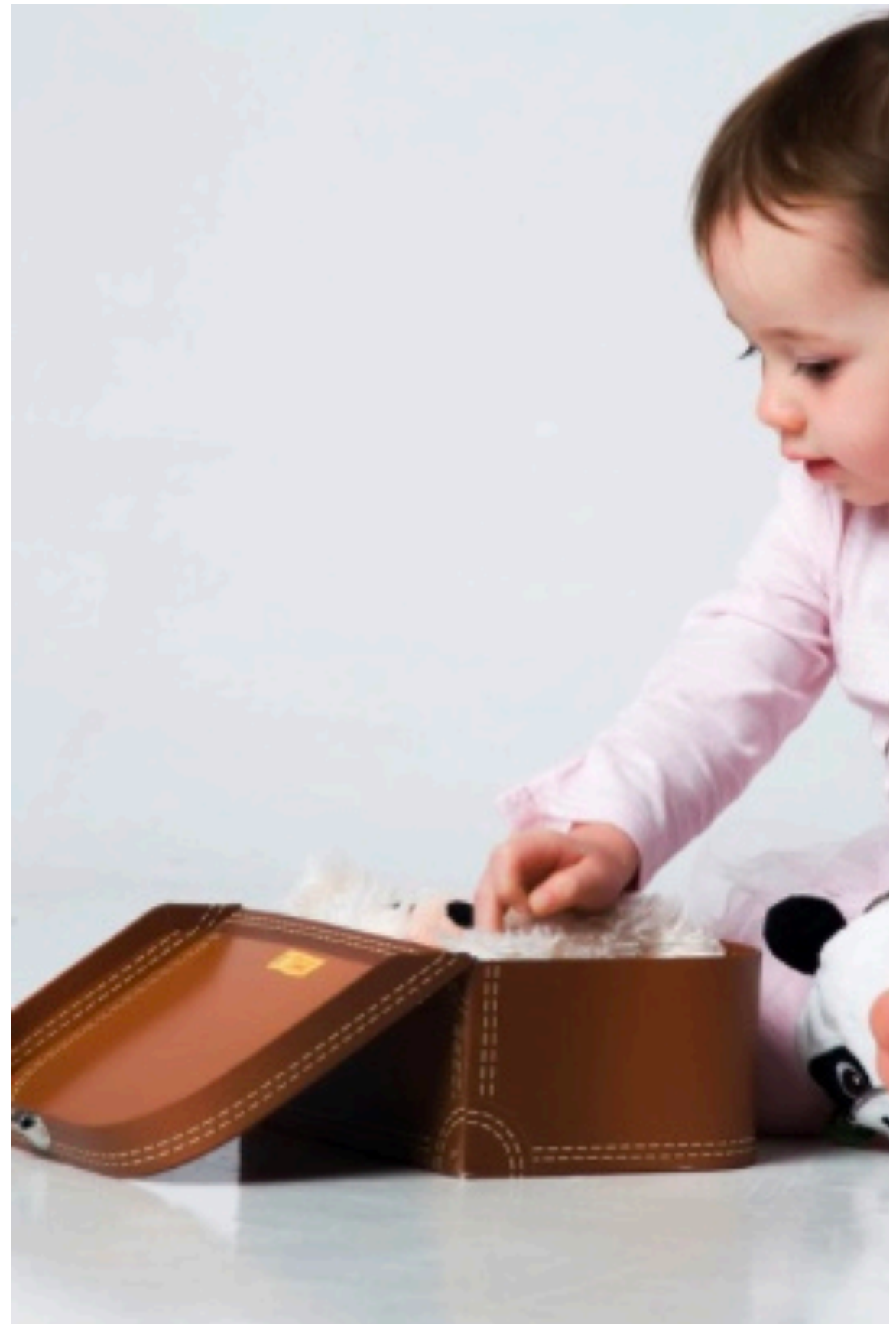
S. worked full time in a very high stress job doing 12 hour shifts alternating between day and night shift. She would be up and out the door before the children would wake for the day and she would get home after bedtime. As a result, the children lived with their grandparents in A. and R.'s home 5 days and nights per week and would return home to their mother on her days off. During this time A.s mother (the children's great grandmother) had to move into a nursing home. A., R. and S. were feeling overwhelmed with their current stress and couldn't imagine how things might get better, but they knew they were unable to go on like this. The twins' grandparents wanted to be grandparents, and their mother wanted to be able to be her children's primary caregiver. This stress was affecting their physical and mental health. Within 1 month of intake the family was involved in active service with NSECDIS. Together we came up with a plan to have the children begin attending a local daycare two days a week for just 2 hours each day to begin. I provided consultation to the daycare and the transition went well. After a few weeks both of the children were able to stay for a full day, including nap time. **Using consistent strategies at home, in public and in the childcare setting, J. slowly began to feel more comfortable with others and showed less and less anxiety, while Ja. was able to learn to adapt to a new place and follow the routine.**

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In the meantime S. saw her doctor who told her he was putting her off of work on a medical leave of absence due to the overwhelming stress she was facing. S. and I discussed the need for a sustainable schedule that could balance her individual needs, the needs of her parents and children and her work. S. and I decided to advocate for an accommodation to her work schedule due to Family Status which is protected under the Human Rights Act. I wrote a letter detailing the situation as it applied to Family Status which was provided to HR as well as a note from her doctor. Within a month S. was offered a job within the same organization that meant her schedule would run Monday to Friday 9-4 which would even allow for her to take her children to school in the future, alleviating future barriers for this single mother.

After now having developed a relationship, the family and I came together again to discuss the needs of Ja's twin J. and at this time Ja and J. are both involved with NSECDIS. Ja and J.'s grandparents have expressed their relief in being able to enjoy their time with their grandchildren without feeling overburdened and have been able to successfully transition A.'s mother into a nursing home. **S. is enjoying her new job and now has been able to take on the role of primary caregiver that she so wished she could be for her children as she works together with her support system to achieve continued progress in her children's development and their quality of life.**

S.M-P., DEVELOPMENTAL INTERVENTIONIST



2020

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