



The Champion Centre  
TAMARIKI TOIORA

# Investigating the Value of the Early Intervention Programme



## A Programme Differentiation Analysis

January 2016



Research First

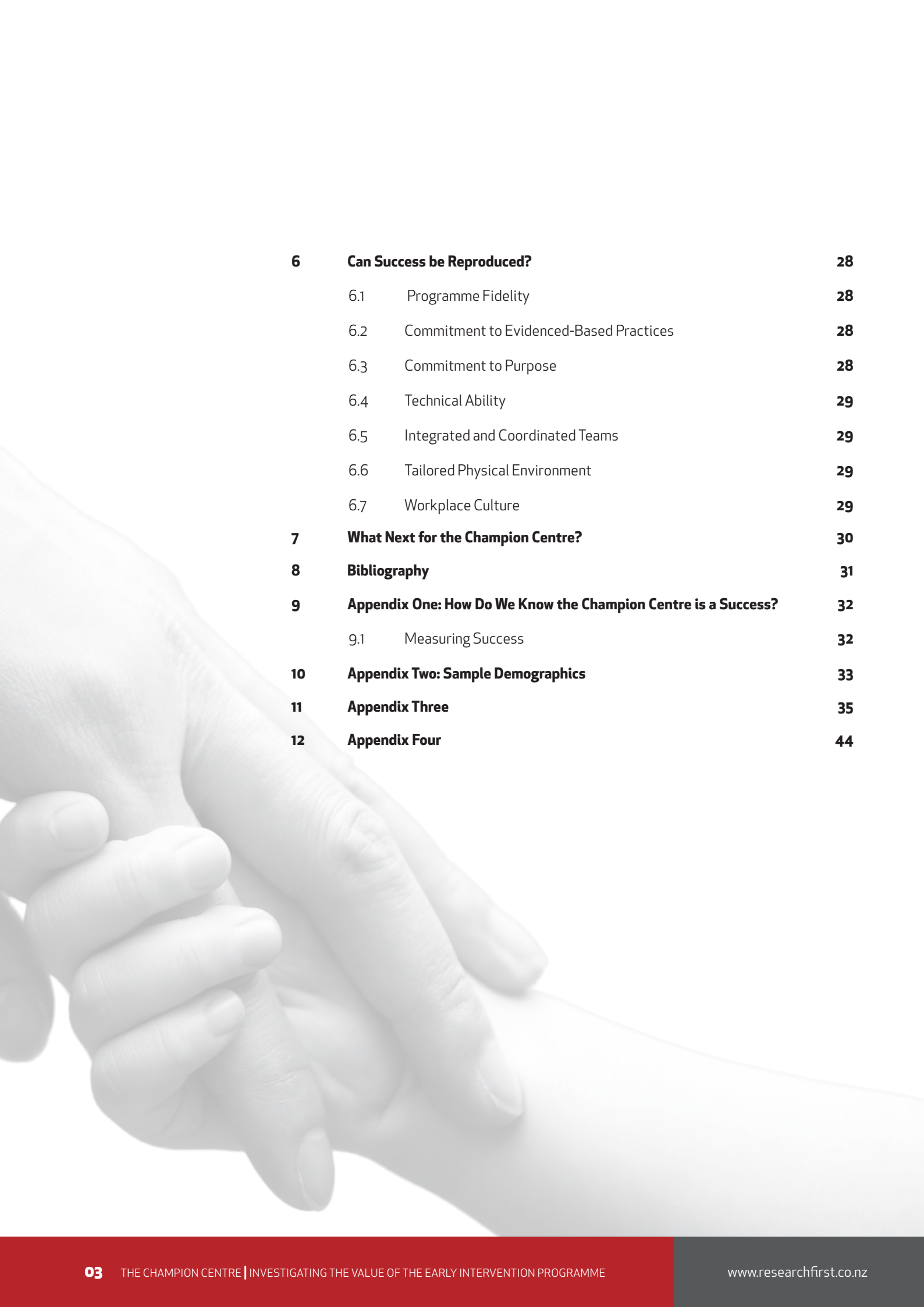
# Contents

## Investigating the Value of the Champion Centre Early Intervention Programme

## Disclaimer

Research First notes that the views presented in the report do not necessarily represent the views of The Champion Centre. In addition, the information in this report is accurate to the best of the knowledge and belief of Research First Ltd. While Research First Ltd has exercised all reasonable skill and care in the preparation of information in this report, Research First Ltd accepts no liability in contract, tort, or otherwise for any loss, damage, injury or expense, whether direct, indirect, or consequential, arising out of the provision of information in this report.

<b>1</b>	<b>Key Messages</b>	<b>04</b>
1.1	Purpose	04
1.2	Compelling Evidenced of Success	04
1.3	A Strong Commitment to Evidence-Based Best Practice	05
1.4	Success is Reproducible	05
1.5	What Works?	05
1.6	Where to Next?	06
<b>2</b>	<b>Introduction</b>	<b>07</b>
2.1	About the Champion Centre	07
2.2	Purpose of this Evaluation	09
<b>3</b>	<b>Research Design</b>	<b>10</b>
3.1	Refining the Research Question	10
3.2	Collecting and Making Sense of the Data	10
<b>4</b>	<b>Achievements and Outcomes</b>	<b>11</b>
4.1	An Inspiring Reputation	11
4.2	Evidence of Gains to Children's Development	12
4.3	Parents Report Outstanding Outcomes	13
4.4	Official Standards of Service Exceeded	21
<b>5</b>	<b>What Makes the Champion Centre a Success?</b>	<b>22</b>
5.1	A Strong Commitment to Evidence-Based Best Practice	22
5.2	Integrated and Coordinated Multi-disciplinary Teams	25
5.3	Cultural Competency	25
5.4	Professional and Committed Staff	25
5.5	Organisation Infrastructure	26
5.6	Transition to School and Community Links	27
5.7	Can the Champion Centre be Reproduced?	27



<b>6</b>	<b>Can Success be Reproduced?</b>	<b>28</b>
6.1	Programme Fidelity	28
6.2	Commitment to Evidenced-Based Practices	28
6.3	Commitment to Purpose	28
6.4	Technical Ability	29
6.5	Integrated and Coordinated Teams	29
6.6	Tailored Physical Environment	29
6.7	Workplace Culture	29
<b>7</b>	<b>What Next for the Champion Centre?</b>	<b>30</b>
<b>8</b>	<b>Bibliography</b>	<b>31</b>
<b>9</b>	<b>Appendix One: How Do We Know the Champion Centre is a Success?</b>	<b>32</b>
9.1	Measuring Success	32
<b>10</b>	<b>Appendix Two: Sample Demographics</b>	<b>33</b>
<b>11</b>	<b>Appendix Three</b>	<b>35</b>
<b>12</b>	<b>Appendix Four</b>	<b>44</b>

## Key Messages

### 1.1 Purpose

The purpose of this report is twofold:

- To report evidence of achievements and outcomes attributable to the Champion Centre; and
- Identify the factors associated with the success of the Champion Centre's relationship based service for children with complex disabilities and their families/whānau.

It does not provide a conventional evaluation of that service but, instead, it focuses upon identifying the elements of the Champion Centre's practice that make it successful and that could be transferable to other services and communities. In this regard, it provides what is known as a 'programme differentiation' analysis.

### 1.2 Compelling Evidence of Success

An analysis of the literature (internal and external), results of an online survey with 75 parents (current and past service users), and interviews with staff and parents clearly portrays the Champion Centre as a model service provider of early intervention. The Champion Centre has a stellar reputation both outside New Zealand (Blackburn, 2015) and at home (MOE, 2015; ERO, 2014; and CYF, 2013).

A growing body of evidence from the Champion Centre's own research shows the children attending the Champion Centre make important developmental gains year on year and most children graduate into mainstream school.

Parents of children who attend the Champion Centre (past and present) give the service an extremely high rating. Nearly all parents who responded to the online survey said the Champion Centre makes a positive contribution to their children's lives (96%). Moreover, 100% of parents agree the Champion Centre does everything it can for their children.

The online survey replicated a recognised framework for evaluating beneficial outcomes from early intervention programs (Bailey et al, 1998). The resulting data, which combines current and past parents, give further evidence that the Champion Centre achieves successful outcomes.

**93%** said that as a result of attending the Champion Centre, they feel better able to help their child develop and learn.

**92%** said they felt better able to understand their child's strengths, abilities and special needs.

**85%** said they believe their access to support systems (which helps them to help their child) has been positively impacted as a result of attending the Champion Centre.

**79%** said they know their rights and can advocate effectively for their child as a result of attending the Champion Centre.

**75%** said they can access desired services and activities in their local community.

### 1.3 A Strong Commitment to Evidenced-Based Best Practice

This analysis is clear that the persistent dedication to evidenced-based best practice is the essential basis for the Champion Centre's success – *"it is always the place to return to and remember."* This means the approach to programme delivery is relational, family-centred, strengths-based, ecological, and reflective. The evaluation also highlights the important role played by a number of other factors: (i) the integrated and coordinated multi-disciplinary team working, (ii) dedicated and professional staff, (iii) cultural competency, (iv) organisational infrastructure, and (v) the programme of transition to school. Furthermore, the research is clear that a number of important factors enable these to thrive – such as the steadfast commitment to purpose, the passion and dedication of staff; the high levels of professional capability; the purposively adapted physical environment; and the workplace culture. In many ways, the key to the Champion Centre's success is the way it has combined these factors and managed the tensions that arise between them.

### 1.4 Success is Reproducible

At the same time, this research concludes that there is no reason why the Champion Centre could not be successfully reproduced elsewhere. However, this research also cautions that reproducing the Champion Centre model of practice will require commitment and resources. In other words, the 'culture of success' established at the Champion Centre has taken a while to create and season, and is not the kind of organisational culture that can be built in a day. Reproducing the Champion Centre has less to do with knowing how the programme works and more to do with the art of and passion of doing it.

### 1.5 What Works?

As noted above, the persistent commitment to evidenced-based best practice is the main reason why the Champion Centre succeeds. What this analysis also highlights is the role in the Champion Centre's success played by:

**A Commitment to Purpose:** The Champion Centre has an organisation-wide culture of commitment towards working with families/whānau to achieve the highest possible outcomes for children with disabilities. Their commitment comes in the form of an enormous investment of emotional and intellectual effort into building strong relationships with children and families/whānau.

**Professional (Technical) Ability:** Champion Centre staff possess a detailed understanding of human development and a high level of therapeutic expertise. This combination of knowledge and craft enables staff to unlock the (complex) barriers preventing children with complex disabilities from developing, and thereby realise the possibilities for change.

**Tailored Physical Environment:** The Champion Centre has created a purpose built physical space (onsite) that makes it possible to facilitate the effective delivery of early intervention programmes. The purposeful development of the space is designed to ensure the programme delivery is relational, family-centred, ecological, and reflective.

**Work Culture:** The Champion Centre promotes a culture of children first. Staff are encouraged to constantly add to their understanding of the children they work with at the Centre and to participate in reflective practice. In turn, this attention to detail helps to heighten the depth and richness of understanding that a therapist has of children, and informs the continual further development of practices.

## 1.6 Where to Next?

When asked how the thinking behind the Champion Centre has developed in recent years and what this might mean for the subsequent development of the service, the following directions were suggested:

- Extending the services to children with moderate levels of disability or risk of disability.
- Developing more targeted support/programs for families of children with disabilities where parents have significant challenges with parenting, e.g. as a result of mental health difficulties, their own childhood experiences, their own health and/or disability issues etc. Currently, services for these families are split between the Champion Centre and other providers. There is a desire to see them brought under one roof and the Champion Centre has said there might be different ways of doing this.
- Exploring new ways of supporting rural families of children with disabilities who live too far away to access regular early intervention in Christchurch, e.g. by using new technologies.
- Establishing stronger links and relationships with fathers/male caregivers. At the time of the research, the Champion Centre was in the process of setting-up a men's support group with the help of a male (psychologist) colleague (not employed by the Centre) who had volunteered to provide leadership on this project. Staff acknowledged that the culture at the Centre (due to the wholly female staff) could be acting as a barrier to the identification of male service users' needs.
- Working to build consistently strong relationships with early childhood teachers in community settings attended by children also attending the Champion Centre.





## Introduction

### 2.1 About the Champion Centre

The Champion Centre provides specialist early intervention to infants and young children with developmental delay and disabilities and their families, and to those infants at risk of significant disability, through a centre-based multi-disciplinary approach that:

- Is based on the very best scientific understanding of child development and disability;
- Supports family and whānau to foster and encourage their child's development through playful relationship-based activities;
- Is based on a model of integrated multi-disciplinary practice that engages holistically with infants and children to support all areas of development: social, intellectual, physical, and emotional;
- Advocates with other agencies and individuals on behalf of children and their families/whānau; and
- Is proactive in supporting a bi-cultural approach with all families and whānau.

It is the largest and longest-running centre-based early intervention programme in New Zealand and has served almost 2,000 children since opening in the late 1970s. Based at Burwood Hospital in Christchurch, the Champion Centre receives its funding from a combination of Central Government and community philanthropic sources.

#### 2.1.1 Different from Home-Based Visitation Models

The Centre-based approach differs from home-based visitation models. Children and their families come to the Centre once a week and receive a series of supports such as occupational therapy, speech and language support, physiotherapy and education from staff. The Centre uses a combination of one-on-one and small group work to encourage children and their parents/caregivers to form relationships with staff and other service users, thus providing a level of emotional support to help them deal with challenges. The Centre-based model actively promotes the development of advocacy within parents and professionals. The sharing of knowledge is key, and the consideration is always of "the possibility" for children and their families/whānau.

#### 2.1.2 Different from Consultation Models

With the parents and children participating in activities with the therapists, the Champion Centre specialists are able to work directly (hands-on) with children during their visits to the Centre. In the course of the sessions, parents and therapists have ample opportunities to discuss the play-based activities, and parents are encouraged to replicate activities at home or to engage in complementary ones that support children's development. Parents and specialists work throughout the year in partnership to achieve the best



The Champion Centre  
TAMARIKI TOIORA

outcomes from the weekly visits to the Centre. When the children attend their community Early Childhood Centres (on other days), they are supported by Education Support Workers (known as Early Intervention Educators) who also combine hands-on support of children with consultation with early childhood teachers.

### **2.1.3 Different from single agency models**

The ability of parents to attend a service with their children and receive support from health and education professionals and from a family support team under one roof and in an integrated fashion is unique. The organisation of the Champion Centre breaks down the siloes of funding and organisation (MOE, MOH, MSD) so common elsewhere and provides a seamless service that supports all areas of a child's needs. The one-stop shop means that parents can organise their lives more easily, have to retell their 'story' less often, and can build genuine and trusting relationships with their team members so that when challenges arise they can more effectively address them.

### **2.1.4 Five Guiding Principles**

The Champion Centre programme operates on the basis of five evidence-based guiding principles:

**Relational** - based on the understanding that all learning takes place in the context of relationships where we are loved and valued. The primary relationships between parents/caregivers and children must be healthy and well-informed for children to reach their full potential;

**Family-Centred** - Families with knowledge and understanding of their child's needs can be vital members of their child's team. Professionals work to share their knowledge with parents and caregivers to build resilient and resourceful families who can support their child's development and advocate on their behalf;

**Strengths-based** - All practice is based on a celebration of what children can do, and supports their development through a sequence of carefully scaffolded successes. The family and whānau's knowledge about their child is valued, and is enhanced in partnership with specialist staff, contributing to building resilient networks for each child.

**Ecological** - Through a combination of families visiting the centre and staff visiting at home and to children's early childhood centres, staff learn the way families naturally live their lives and support the children to be in their homes and in their communities, including in early childhood centres.

**Reflective** - Staff are committed to keeping up with new research in order that their practice can remain at the cutting edge. Staff also contribute to creating new knowledge and to sharing that knowledge with each other and with the early intervention field more generally.



## 2.2 Purpose of this Evaluation

This report does not provide a conventional evaluation of the Champion Centre's relationship based service for children with complex disabilities and their families but, instead, sets out to identify the factors associated with its success<sup>1</sup>. In other words, it provides what Carroll et al (2007) call a 'programme differentiation' analysis. They define this as:

*"Identifying unique features of different components or programs, and identifying which elements of . . . programmes are essential, without which the programme will not have its intended effect".*

This analysis can then provide an insight into what other social service agencies might learn from the Champion Centre and whether the Champion Centre model could be recreated, wholesale, elsewhere in New Zealand.

A supplementary purpose of this report is to identify how the thinking behind the Champion Centre has developed in recent years and what this might mean for the subsequent development of the service (and similar services).

1. Any report focusing on the 'success factors' associated with a social service raises the question 'how do we know it is a success?' This question is addressed in Appendix One of this report.

## Research Design

### 3.1 Refining the Research Question

The core of the 'programme differentiation' analysis is to identify the value delivered by the Champion Centre. This means identifying the practice elements (e.g. features, strategies, initiatives, principles, and ways of working) of potential interest to other providers of early intervention services and communities for children with disabilities.

These practice elements come in three kinds:

- Established points of difference (i.e., what is it about the Champion Centre approach that makes it successful?);
- Promising areas of innovation (i.e., what's being trialled or developed at the Champion Centre?); and
- Ideas on the horizon (i.e., what are the stakeholders at the Champion Centre wanting to do next?).

The research set out to identify a few key practice elements of strategic value to the sector, where 'value to the sector' was defined as:

- Makes an important difference to service effectiveness, family outcomes, or efficiency;
- Is able to be well justified (on the basis of demonstrated need, evidence of effectiveness and/or rationale);
- Is generalizable to other services/communities; and
- Is feasible and worthwhile for the sector to adopt, adapt or learn from.

### 3.2 Collecting and Making Sense of the Data

The research reported here was completed using a mixed method design combining:

- A review of service documentation (e.g., the Champion Centre's practice manual and case files, etc.) to identify practice elements;
- A workshop and two in-depth interviews with Champion Centre staff to review how the practice elements are applied (and modified through use) and assess the social return on investment;
- Four in-depth face-to-face in-home interviews with past and present parents/users of the Champion Centre to identify value and assess the social return on investment (SROI);
- A rapid literature review of success factors for a centre-based service for children with complex disabilities and their families<sup>2</sup>; and
- An online survey completed by parents whose family currently use or previously used the Champion Centre to identify value and assess the Centre's social return on investment.

The key with mixed-method research projects such as this is to bring the various threads together to create a coherent picture of the Champion Centre. Research First did this using a technique known as 'triangulation'. This is a common technique for establishing the veracity of data gathered in multi-method research projects, and involves the use of multiple sources of information, perspectives, and kinds of data. This mix enables the researcher to 'see' the research question from a number of different perspectives and, therefore, to have much more confidence that the findings are accurate.

2. As the name suggests 'rapid reviews' are literature reviews that use accelerated methods compared to traditional systematic reviews. The evidence of efficacy for rapid reviews suggests that the conclusions drawn from these reviews tend not to vary from more detailed systematic reviews but are lighter in terms of depth and detail.

## Achievements and Outcomes

This research provides compelling evidence from a range of sources<sup>3</sup> that the Champion Centre has an international reputation for delivering best practice, children are enjoying developmental gains and parents are reporting increases in their ability to understand children's needs, advocate on their children's behalf / influence children's developmental gains, and gain access support and services in the community.

### 4.1 An Inspiring Reputation

A review of internal and official documentation<sup>4</sup> highlighting Champion Centre practices has revealed that the Champion Centre enjoys an impressive reputation in New Zealand and internationally.

A recent visiting research fellow from the Faculty of Health, Education and Life Sciences at Birmingham City University in the United Kingdom, Dr Carolyn Blackburn<sup>5</sup>, referred to the Champion Centre and the use of the relationship-based model of practice as "outstanding and distinctive" (Blackburn, 2015).

*"The relationship-based, strengths-based, family focused, ecological and reflective approach to working with children and families delivered by the Champion Centre have been demonstrated to provide perceived benefits in terms of family relationships and child development."*<sup>6</sup>

3. These results from a variety of primary and secondary sources both internal and external to the Champion Centre. They include a review of the academic literature, an online survey among parents, an assessment of official documents (e.g. Education Review Office Reports) and internal Champion Centre documents (e.g. annual reports and research reports).

4. Annual reports of the Champion Centre, Education Review Office, published material.

5. Dr Blackburn spent two and half weeks observing and speaking to staff and families at the Champion Centre (and a several other early intervention services in New Zealand) in order to identify how they could be translated into a UK context.

6. Blackburn, 2015: 48-49.

7. Blackburn, 2015: <http://blogs.bcu.ac.uk/education/2015/11/02/interim-reflections-on-a-travelling-fellowship/>

8. "Turn the pages with me". A DVD produced by the Champion Centre in conjunction with the NZ Down Syndrome Association. Endorsed by Professor Barry carpenter, OBE. PhD. Professor of Early Childhood Intervention, University of Worcester, UK (refer to Champion Centre Annual Report, 2014:14).

9. "Learn to play and daily routines". A second DVD produced by the Champion Centre In conjunction with NZDSA.

Blackburn (2015) recognises five core principles of practice that underpin the 'world-leading' Champion Centre: relationship-based, strengths-based, family focused, ecological, and reflective. All of these practices can be traced back to the international evidence for best- practice. Furthermore, Blackburn (2015) attributes six "outstanding and distinctive" features<sup>7</sup> to the relationship-based model practiced by the Champion Centre:

- The range of therapeutic / educational approaches;
- The integration of these different approaches;
- The natural conversations during everyday communications and interactions between staff of different disciplines and with families;
- The respectful and reflective approaches from professionals;
- The time given in therapy/education sessions for parents to ask and be listened to; and
- Dedication and enthusiasm of staff for the programme.

A review of the literature clearly shows a strong appetite amongst practitioners in early education for children with special needs', both nationally and internationally, to learn from the Champion Centre. The Centre has a long history of contributing to research and training e.g. speaking at international conferences and workshops, providing leadership in the delivery of new work-streams and national standards in New Zealand and, creating educational tools (e.g. DVDs)<sup>8,9</sup>.

Furthermore, the Champion Centre actively shares its knowledge with other professionals in the local area, including university students in professional training or doing research; other healthcare professionals; NGOs in related areas (e.g., MHERC, Family Help Trust, Tamariki Ora); early childhood education services; and schools.

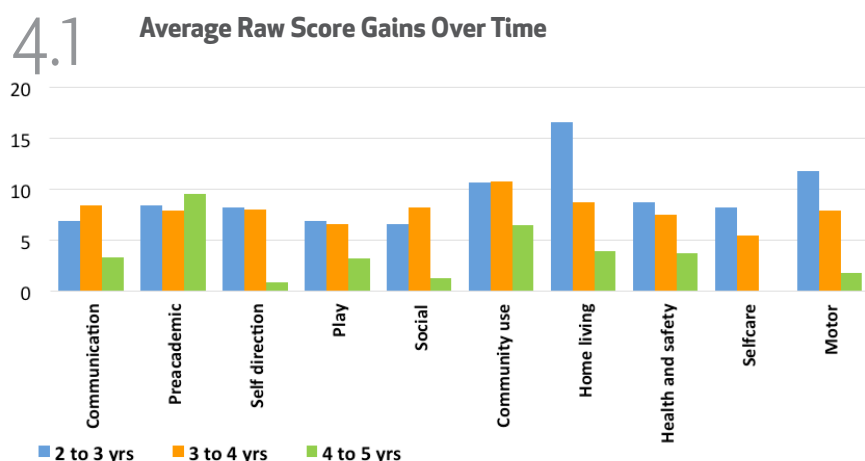
The Champion Centre actively contributes to the evidence of best practice. Both Dr. Patricia Champion (Founder) and Dr. Susan Foster-Cohen (the current Director) have published extensively in academic journals over several decades and are highly respected by their peers.

## 4.2 Evidence of Gains to Children's Development

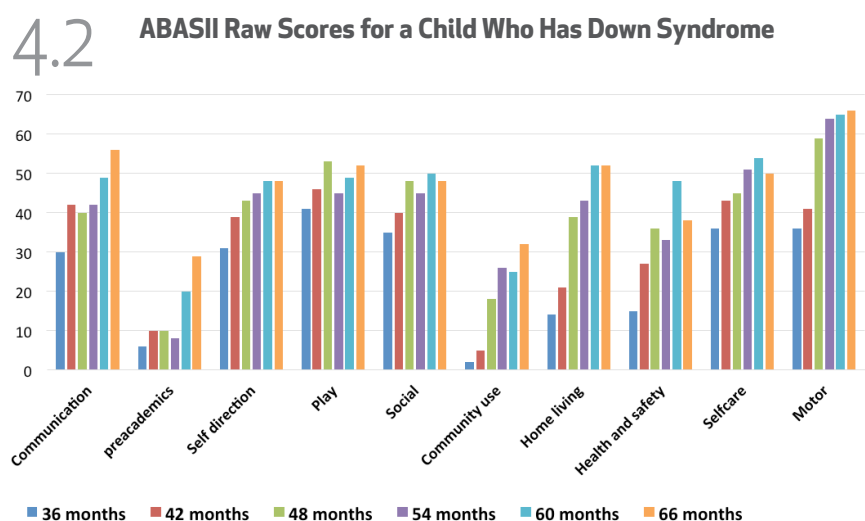
In addition to the ongoing monitoring of children's development that is carried out by children's therapy teams, a longitudinal research project is being conducted by the Director tracking several aspects of children's development across the agency from the perspective of both parents and therapy staff. The parents of approximately 150 children with a wide range of (non-degenerative) conditions have participated in the study since its inception in 2010, providing feedback through an observational questionnaire (the ABASII) up to six times during the course of their child's attendance at the Centre. Preliminary results from this study suggest that although all children are delayed in their development:

- Each child continues to add new skills and capacities as they grow;
- Children generally track in parallel with their typically developing peers or gain on them; and
- The profile of children's development is as even as possible, rather than some areas outstripping all the rest<sup>10</sup>.

The research compares raw scores over time, and is creating evidence of each child's progress relative to their earlier selves. The graph below represents the average gains in raw scores made by a sample of children from age 2 to 3, 3 to 4 and 4 to 5 in each of the areas addressed by the ABASII (18 children from 2 to 3; 23 children from 3 to 4; and 20 children from 4 to 5).

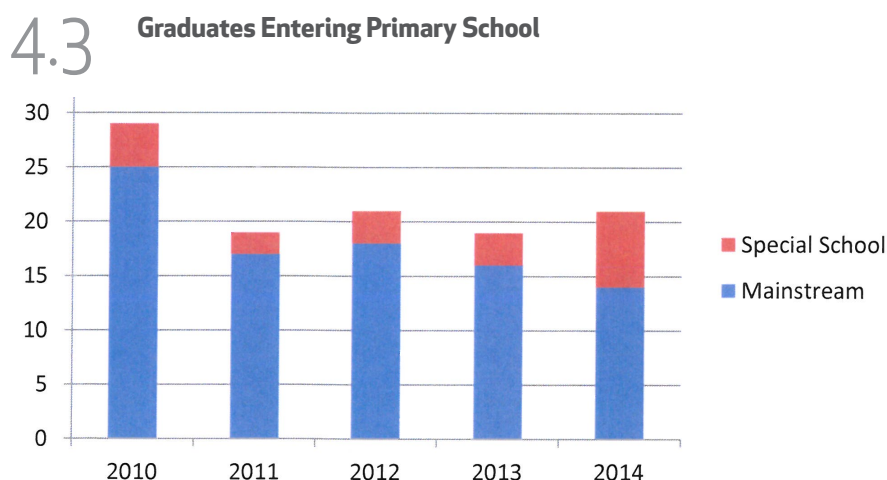


The graph in 4.2 represents an example of a single child's development over time as reflected by her mother's completion of the ABASII from age three years to five and a half when she transitioned to school. As the Centre noted in its annual report, while the forward trajectory is clear, some unevenness is part of any healthy development in a child, "[therefore] we must remember ... that at different ages children are working on different skills." (Champion Centre Annual report, 2011:14)



10. A note from the Champion Centre: some unevenness is part of any healthy development in a child, "[therefore] we must remember ... that at different ages children are working on different skills." (Champion Centre Annual report, 2011:14)

Most children from the Champion Centre graduate into mainstream school. The following diagram shows the number of graduates entering primary school split by mainstream and special school each year from 2010 to 2014. The Champion Centre is known for its detailed and careful planning and implementation of transitions to school and frequently receives compliments from teachers about the excellent support they receive from Champion Centre staff.



Champion Centre documents<sup>11</sup> (between the period July 2013 and September 2015) also show the Family Support Team has achieved a number of significant outcomes for the families it serves including:

- Improvements to the family's financial and housing situations;
- Increased access to community supports;
- Improved understanding of their child;
- Greater understanding of children's behaviour and better parenting skills; and
- Improved family and child wellbeing.

In addition, the Champion Centre conducts an annual client survey, and use the survey results to inform program developments.

### 4.3 Parents Report Outstanding Outcomes

The results of our own online survey among parents (past and present) show a very high level of support for the Champion Centre's work. Parents' positive perception of children's recent development significantly outweigh the negative perception.

Nearly all (96%) parents surveyed believe the Champion Centre makes a positive contribution to the lives of their children and family/whānau. Moreover, the survey data suggests this contribution is a lasting one, with past parents giving a score of 94% (current parents scored the Champion Centre 97%).

Furthermore, parents unanimously (100%) agree that the Champion Centre does everything possible to help those children and family/whānau that use the service.

Only a relatively small percentage of parents (12%, n=9) reported unwelcome changes; and these are mainly in the areas of children's behaviour (67%) and physical functioning (33%). Furthermore, a relatively small percentage of parents (9%, n=7) have noticed unwelcome changes in themselves, the majority (43%) of which relate to anxiety and depression.

11. The Family Support Team consists of social workers, psychologists and kaiwhakapuawai whose role it is to reduce barriers to the participation of parents in their child's early intervention. Some of this work is done through simple checking in with families on a regular basis, but for major pieces of work a family plan is put in place and used to monitor workloads and report to CYF/MSD. During the period, 311 family plans were put in place for 157 families. The number of plans ranged from 1 per family to 7.

### 4.3.1 Framework for Measuring Outcomes

A chorus of practitioners and academics believe that early intervention serves the broad purpose of bringing about beneficial outcomes for children and families (Guralnick, 2000, Dunst, 1985). Guralnick (2000) and Dunst (1985) specifically refer to providing support for families of children with disabilities.

Our survey asked parents five questions to measure the beneficial outcomes associated with the Champion Centre. These five questions were based on a well-recognised evaluation framework developed by Bailey et al (1998) that suggests that programmes succeed when:

- Families understand their child's strengths, abilities and special needs;
- Families know their rights and can advocate effectively for their child;
- Families help their child develop and learn;
- Families have support systems; and
- Families are able to gain access to desired services and activities in their local community.

The results of the current survey show high levels of confidence among Champion Centre parents across all five attributes. Of the 75 parents responding:

- 93% said that as a result of attending the Champion Centre, they feel better able to help their child develop and learn;
- 92% said they felt better able to understand their child's strengths, abilities and special needs;
- 85% said they believe their access to support systems (which helps them to help their child) has been positively impacted as a result of attending the Champion Centre;
- 79% said they know their rights and can advocate effectively for their child as a result of attending the Champion Centre; and
- 75% said they can access desired services and activities in their local community thanks to the Champion Centre.

Clearly, this demonstrates an extremely positive set of outcomes for families/whānau that use the Champion Centre.

Past parents gave all five attributes a higher score; with the highest one's going to 'access to support systems and services / activities in the community' and 'confidence with ability to advocate on behalf of children'.

<b>4.4 Positive Outcomes Associated with the Champion Centre</b>	<b>Current</b>	<b>Past</b>	<b>Total (n)</b>	<b>Agree/Agree Strongly</b>
I can better help my child develop and learn	92%	94%	70	93%
I better understand my child's strengths, abilities and special needs	90%	94%	69	92%
I have access to support systems (which helps me to help my child)	77%	94%	64	85%
I know my rights and can advocate effectively for my child	69%	8%	59	79%
I can access desired services and activities in my local community	77%	94%	56	75%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>75</b>	<b>100%</b>



#### 4.3.2 Additional Areas of Value for Parents

Parents also rated a range of further areas of potential value associated with attending the Champion Centre. These areas of value were drawn from a combination of the in-depth interviews with current and past Champion Centre users and staff. The results shown in Table 4.5 below point strongly to another set of highly beneficial outcomes for families across all categories. Whilst all parents are experiencing these benefits at a high level, it is the past parents in particular who are benefiting the most.

4.5 Further Positive Outcomes Associated with the Champion Centre	Current	Past	Total (n)	Agree/ Agree Strongly
I feel more positive about the future for my child (and family)	85%	94%	67	89%
I have a place to go to for expert advice (if needed) about my child	85%	94%	67	89%
I can be myself	79%	89%	63	84%
I can access greater emotional support (from the other parents I connect with at The Champion Centre)	72%	86%	59	79%
I enjoy a good quality of family life	69%	86%	58	77%
I am aware of how to access financial concessions available to families / whānau with a child/ren with special needs e.g. home help support.	64%	83%	55	73%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>75</b>	<b>100%</b>

In addition, 91% of parents agreed the Champion Centre helps children with special needs to transition into the community (e.g. schools), and in return community becomes more understanding and accepting of children with special needs. Both current and past parents share very similar views on these two issues.

#### 4.3.3 The Nature of Positive Outcomes for Children

The main areas in which parents report positive change for their children over the last twelve months are cognitive (79%), physical and social functioning (both 43%). Additional areas are listed in Table 4.7 shown below.

Several notable differences are evident between current and past service users. Past parents are more likely to report positive change in the areas of social functioning and confidence / engagement. By contrast, current parents are more likely to identify positive change in the area of physical functioning. Both current and past parents view the level of improvement to children's cognitive function at a similar level.

## 4.6 Children's development by category and current association

	Current	Past	Total (n)	Total (%)
Cognitive improvements	76%	81%	55	79%
Social improvements	34%	53%	30	43%
Physical improvements	55%	28%	30	43%
Increased confidence/engagement	34%	50%	29	41%
Increased independence/responsibility	13%	13%	9	13%
School integration	0%	25%	8	11%
Reaching goals/ Catching up	13%	6%	7	10%
Development of personality/interests	8%	9%	6	9%
Learning improvements	8%	6%	5	7%
Other	8%	16%	8	11%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>70</b>	<b>100%</b>

Whilst certain categories of positive change are cited more frequently than others, all categories are rated at the level of 'very important'. Not surprisingly for current service users (because these children are pre-school age), the exception is school integration.

Our research shows parents are exceedingly positive about the impact of the Champion Centre on children's lives. We asked parents to rate their agreement or otherwise to a range of different potential outcomes arising from the Champion Centre; for example development, lifelong learning, access to social situations/ quality care, participation in family/ school/community etc. The results of the online survey paint a very positive picture of parents' attitude towards the impact of the Champion Centre overall, with scores consistently high – from 92% to 82%. A complete list is detailed in Table 4.7 shown below.

Furthermore, ratings are consistently higher for those parents who previously attended the Champion Centre. Once again, this suggests that any improvements are sustained over time.

## 4.7 Nature of Positive Changes by total sample and current association

	Current	Past	(Total (n)	Agree/ Agree Strongly
My child has made positive developmental changes	90%	94%	69	92%
My child has opportunities to socialise with other children	77%	92%	63	86%
My child's voice is clearly heard by health professionals/therapists	77%	89%	62	85%
My child is receiving the best quality care and attention	77%	92%	63	86%
My child has access to important health services without delay	69%	86%	58	82%
My child actively participates in family, school and community life	74%	92%	62	86%
My child is receiving / has received a good foundation for their lifelong learning /education	85%	94%	67	92%
My child enjoys a good quality of life	72%	94%	62	86%
My child is better able to integrate into mainstream society e.g. attend school etc.	74%	94%	62	86%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>75</b>	<b>100%</b>

#### 4.3.4 Evidence of Positive Change to Children's Development

We also asked parents to provide examples (to show evidence) of the reported improvements. Table 4.8 lists a number of these for the top four categories (cognitive, social, physical and confidence / engagement) Further examples are appended.

### 4.8 Examples of Children's Improvement in Top Four Categories

Cognitive	Social	Physical	Confidence / Engagement
<ul style="list-style-type: none"> <li>■ He is talking a lot more</li> <li>■ She is now playing with children her own age</li> <li>■ There has been an increase in number of clear words and sounds spoken</li> <li>■ When the word is written on the page, with no prompt, he can sign the animal/object</li> </ul>	<ul style="list-style-type: none"> <li>■ She interacts well with other children her own age</li> <li>■ Happily plays with peers. Will seek them out. Excited to see friends</li> <li>■ She is now playing with children her own age</li> </ul>	<ul style="list-style-type: none"> <li>■ Able to walk between parallel bars, stand up against tables, walk when holding hands</li> <li>■ He has learnt to kneel up against a chair with very little or sometimes no support</li> <li>■ He has been able to walk independently over the last year</li> </ul>	<ul style="list-style-type: none"> <li>■ He will attempt many tasks and show determination</li> <li>■ He no longer shys away from group activities and is participating more with his peers</li> <li>■ He is talking non-stop with language well above last year</li> <li>■ She can pick a game to play and focus on it rather than being distracted</li> </ul>

#### 4.3.5 Who Do Parents Credit for Children's Developmental Gains?

Parents report themselves as having the most significant influence on children's developmental gains (100%), however they also attribute a wide range of other influencers; namely family/whānau (94%), community (77%) and other health professionals (56%). 65% of parents said the Champion Centre is at least 50% responsible for the positive changes in their children's development in the last twelve months. Parents give the rest of New Zealand 16% of the credit.

### 4.9 Responsibility for Positive Changes (other than Champion Centre)

	Yes, do play a role		No, do not play a role	
Parents/caregivers	64	100%	0	0%
Family / whānau (including siblings)	60	94%	4	6%
Local community e.g. schools, clubs, businesses, neighbours	36	77%	28	23%
Other health professionals / therapists (not associated with The Champion Centre)	49	56%	15	44%
The rest of New Zealand	10	16%	54	84%
Other	4	6%	60	94%

### 4.3.6 Benefits to Parents

Parents report a range of personal beneficial outcomes (see table 4.10) since attending the Champion Centre. The greatest one is a heightened sense of self-confidence regarding children's progress (38%). Notably, they also report feeling more supported (30%) and having a greater understanding of their child's needs (28%).

Parent's value the extra support more than anything else (21%), followed by the ability to better understand children's needs (13%).

Those parents currently using the Champion Centre are less likely to cite stress and more likely to report greater patience and learning new skills. By contrast, those parents no longer attending the Champion Centre report higher levels of confidence with parenting and a greater ability to deal with difficult behaviour and/or situations.

### 4.10 Positive changes for parents in the last twelve months by type and current association

	Current (n)	Current	Past (n)	Past	Total (n)	Total
Greater confidence in child's progress/ outlook	9	36%	9	39%	20	38%
Feel more supported	7	28%	7	32%	16	30%
Greater understanding of child/ child's needs	7	28%	7	29%	15	28%
Less stressed/ exhausted	6	24%	6	14%	10	19%
Better able to see positives in child	4	16%	4	18%	9	17%
Greater confidence in parenting	2	8%	2	21%	8	15%
Better at dealing with difficult behaviour/ situations	1	4%	1	18%	6	11%
Increased social/ personal activity	2	8%	2	14%	6	11%
Greater patience	4	16%	4	4%	5	9%
Happier/ more positive outlook	2	8%	2	7%	4	8%
Greater advocacy of child	0	0%	0	14%	4	8%
Learning new skills	4	16%	4	0%	4	8%
Less worried about school transition	1	4%	1	11%	4	8%
More trusting of professionals	1	4%	1	4%	2	4%
Other	2	8%	2	11%	5	9%
<b>TOTAL</b>	<b>25</b>	<b>100%</b>	<b>25</b>	<b>100%</b>	<b>53</b>	<b>100%</b>

We asked parents to provide evidence of the improvements. The table below lists some examples for the top three categories: greater confidence in child's progress/outlook, feel more supported, greater understanding of child/child's needs. Further examples are appended.

## 4.11 Evidence / Examples of Top Three Positive Impacts for Parents

Greater confidence in child's progress/ outlook	Feel more supported	Greater understanding of child/ child's needs
<ul style="list-style-type: none"> <li>I used to have timeframes in my mind that I would fulfil, but then I didn't so I learnt to have no fixed expectations</li> <li>From observation and interaction with other children and Champion Centre feedback</li> <li>Positive feedback from our son's teacher</li> <li>I am not worried when she goes to X Club as I know she can follow instructions and manage her EFTPOS card and c/p</li> </ul>	<ul style="list-style-type: none"> <li>I can ask for advice and my concerns are understood</li> <li>My family support person has given me the opportunities I have needed to talk through things.</li> <li>I feel like I can ask for help, strategies, suggestions</li> <li>A very caring and supportive environment provided at the centre</li> <li>The therapists and the family support person have been so encouraging to me personally.</li> </ul>	<ul style="list-style-type: none"> <li>A lot more focussed on specific small goals rather than the great picture which can sometimes seem a bit unattainable.</li> <li>Learning more about her challenges and how to put systems in place to help her</li> <li>We set regular goals and he is actively involved in choosing what to work on</li> <li>I have learnt that my son's behaviour is largely due to anxiety and how to help him to find coping strategies</li> <li>We choose not to get into conversations about the level other children are working at.</li> </ul>

### 4.3.7 Social Return on Investment: Who Benefits?

The online survey asked parents to identify who, if anyone, benefits from the work carried out by the Champion Centre. The results show parents believe the Champion Centre provides significant benefit to a wide range of stakeholders. Overall, the greatest beneficiaries are family/ (89%), children are second (76%), closely followed by local community (75%), parent/caregiver (72%), and finally the rest of New Zealand (71%). Current parents are slightly more likely than past parents to attribute greater benefit across all groups except for families / whānau.

## 4.12 Beneficiaries of the Champion Centre

	Current	Past	Total (n)	Total (%)
Families / whānau (incl. siblings)	87%	92%	67	89%
Children with special needs	82%	69%	57	76%
Local community	77%	72%	56	75%
Parents/caregivers	77%	67%	54	72%
The rest of New Zealand	77%	64%	53	71%
<b>TOTAL</b>	<b>100%</b>	<b>100%</b>	<b>75</b>	<b>100%</b>

Furthermore, 88% of parents believe tax payers are better off in the long term because of the achievements made at The Champion Centre.

### 4.3.8 Areas of Suggested Improvement

The online survey asked parents to identify any areas of improvement for the Champion Centre. The results show parents had relatively little to contribute to this question overall; with only a small number of responses forthcoming.

Of the suggested improvements, current and past parents had some things in common and points of difference. Current parents are more concerned about parking, ensuring siblings do not disrupt sessions, more social events, and more feedback about children's progress. Past parents are more interested in increased funding/financial support and greater information about external support services.

## 4.13 Areas for Suggested Improvement

	Current (n)	Current	Past (n)	Past	Total (n)	Total
Closer analysis of child's specific needs	3	15%	1	9%	4	13%
Funding/ financial support	0	0%	3	27%	3	10%
Better communication/relationship between ECE/EIE and Champion Centre	2	10%	1	9%	3	10%
Expanded/ more frequent sessions	2	10%	1	9%	3	10%
Parking	2	10%	0	0%	2	6%
Increase pay for staff	1	5%	1	9%	2	6%
Ensure siblings don't disrupt sessions	2	10%	0	0%	2	6%
More social events	2	10%	0	0%	2	6%
More information on external support services	0	0%	2	18%	2	6%
Better communication about structure and duration of sessions	1	5%	1	9%	2	6%
Clearer support structure after graduation	1	5%	1	9%	2	6%
More feedback to parents about progress	2	10%	0	0%	2	6%
Other	2	10%	2	18%	4	13%
<b>Total</b>	<b>20</b>	<b>100%</b>	<b>13</b>	<b>100%</b>	<b>33</b>	<b>100%</b>

\* Total n = 75; 44 respondents had no response.



#### 4.4 Official Standards of Service Exceeded

The Ministry of Education's external review of specialist service standards (Oct, 2015) concluded that the Champion Centre meets all the Service Expectations for all steps of the Service Pathway. The MOE identified five key strengths: strong collaboration among teams, sincerity in commitment to developing effective partnerships to support family and whānau, highly regarded within the community, open and approachable management and continued organizational development of cultural responsiveness.

The Education Review Office<sup>12</sup> (ERO-2014) gave the Champion Centre the highest possible grade in their most recent service report. Moreover, the ERO report highlighted a range of strengths, including good practice, children well supported in learning, well-established culture, programme planning well linked to Te Whāriki, children's transition to school is well-planned, and staff are reflective practitioners.

Children, Youth and Family<sup>13</sup> (CYF, 2013) concluded:

*"[The Champion Centre] continues to deliver a high quality of social work service. Comprehensive policies and procedures are in place and staff are dedicated to supporting families/whānau through the early intervention programme. The level of record keeping in all aspects of the organisations work is consistently excellent."*

12. The Education Review Office (ERO) is the government department that reviews schools and early childhood services in New Zealand. ERO's reports document the findings of a school or service's education review and provide information for parents, schools, early childhood services and communities.

13. As part of their regular approvals visit.

## What Makes the Champion Centre a Success?

### 5.1 A Strong Commitment to Evidence-Based Best Practice

The results from this research reiterate the findings of a recent unsolicited evaluation of the Champion Centre (Blackburn, 2015) that it succeeds due to persistent dedication to a range of evidence-based best practices.

#### 5.1.1 Relationship-Based

The premise for a relationship-based approach to clinical practice in early intervention for children with disabilities is based on a large body of academic literature from the science of early development. (Blackburn, 2015; Moore, 2007; National Scientific Council on the Developing Child, 2004). This research essentially states that relationships are pivotal to the environment that influence children's early development.

Blackburn (2015) identifies the relationship-based approach as a defining feature of the Champion Centre practice.

*"The relational approach in the Champion Centre Model is the most consistent thread throughout the programme and observable in therapy sessions, in conversations between professionals, between professionals and families, professionals and children and extends to visiting researchers." (Blackburn, 2015: Personal Blog)<sup>14</sup>*

From our own discussions with Champion Centre staff it is clear that they make a deep and enduring commitment to establishing and maintaining strong relationships with the children and families they serve. The depth of discussion that occurs between parents and staff at the Champion Centre feeds into a collective knowledge base, and this forms the basis for potential changes to occur. Most children and families are with the Champion Centre for the first five years of a child's life. The organisation strongly believes that significant outcomes are inextricably linked to having a deep understanding of a child's unique needs. Moreover, practices at the Champion Centre are based on the premise that the parent or caregiver is in the best position to understand and consistently meet a child's needs. One member of staff described the importance of relationships:

*"When you join a family and you are still together at five years, you remember where they were, how it was when you first came together. That is enormously rich. It helps you understand what the challenge is, that still remains." (Team Member)*

The Champion Centre places great importance on developing healthy relationships with parents and caregivers.

*"Together we work out what needs to happen to bring about change." (Team Member)*

14. Blackburn, 2015 <http://blogs.bcu.ac.uk/education/2015/11/02/interim-reflections-on-a-travelling-fellowship/>

Moreover, the Champion Centre seeks to build relationships with parents/caregivers based upon the values of transparency, respect, and trust. Strong and professionally close relationships between the staff and parent/caregiver allow staff to deter unwanted behaviours and reduce the likelihood of 'issues' becoming barriers. Staff are sensitive in their engagement with parents, aware of the vulnerability of parents at all stages, but particularly when they transition into and out of the Centre's programmes. When families start at the Champion Centre, a member of the family support team skilled in engaging families begins the partnership with the team. The Champion Centre also divides its services into distinct individual and small group programmes thus providing the necessary 'conditions' for a meaningful relationship to develop between staff and parents. The group environment affords parents an opportunity to observe staff interactions with other families and offers parents the opportunity to build support networks with other parents.

### 5.1.2 Family-Centered

The literature supports a family-based approach as the optimum provision of service for early intervention services for children with disabilities<sup>15</sup>. (Guralnick, 2001; Research NZ, 2007).

*"The last few years have seen the cementing of family-centred approaches as a key principle of early intervention with the literature identifying a growing acceptance that early intervention needs to reflect the ecological context in which the family operates"*<sup>16</sup>.

A family-centred service is both a philosophy and an approach to service delivery. The philosophy is that the health and wellbeing of a family unit is pivotal to the 'health' of a child. A family-centred service approach puts the family at the heart of practice and recognises that services must meet the unique needs of all family members (Dunst, 2000; AUT, 2014; Dempsey and Keen, 2008; KPMG, 2014). The family-centred service approach emerged in the 1990s and was a radical departure from traditional models of care, which focused on the child (not the family and/or relationships), and service providers were the ones who made the decisions about the services a child received.

The Champion Centre regards families, especially the parent/caregiver, as pivotal to the delivery of programmes. Together they work alongside one another in one-on-one and group sessions.

15. A report by AUT in 2014 provided the following caution: "although the conceptual literature around FCS supports wide scale adoption, the evidence base is more limited and further research which focuses on the processes and outcomes of FCS is required" (AUT, 2014: 38)

16. Research NZ, 2007

### 5.1.3 Ecological

Clinical practice at the Champion Centre is underpinned by a deep understanding of and appreciation for human/child development theory. The basis for an ecological approach is threefold:

- Bronfenbrenner's (1979, 1993) highly regarded ecological model which links the family environment to human development;
- The social support model of families of children with disabilities described by Dunst (2000); and
- The developmental framework for early intervention for both biologically and environmentally vulnerable children developed by Guralnick (2001).

This understanding increases therapists' ability to unpick and understand the motivations underlying children's behaviour, and in turn they can use this understanding to inform practice in ways which allow them to realise the possibilities for children (rather than focusing on the disability).

### 5.1.4 Strengths-Based

Traditional models of care have focused on a child's disability. In line with best practice internationally the Champion Centre follows a strengths- and asset-based approach. As the name suggests, this is about focusing on a child's strengths and building their capacity around those strengths; using the child's strengths to provide a way in to working on those things the child finds more challenging. This approach is one of empowering parents, of playfully and joyfully encouraging forward movement in development and of celebrating each small step rather than focusing on what is still to be learned.

#### 5.1.4 Centre-Based

Few early intervention programs in New Zealand operate from a central base; this element alone makes the Champion Centre model of practice somewhat unique. Staff at the Champion Centre believe the centre-based approach offers several advantages:

- It offers a 'one stop shop' for families where they benefit from the combined skills of a range of therapists, reducing the potential for stress;
- It affords parents an opportunity to meet other parents and build up valuable support networks (families that have a child with a disability are at risk of isolation e.g. they don't join the local mother and baby group); and
- It is a safe place for new families to grow their knowledge about their child's needs.

The literature on early intervention identifies a range of advantages associated with a centre-based early intervention programme (Hebbler et al, 2007, Raver, 2010, Chen, 2010):

- A consistent, prearranged program for both children and families;
- Children have the ability to learn alongside other children (opportunities for social learning);
- Parents gain support from being around other parents in the same situation;
- Caregivers have more opportunities to learn from observation and demonstration;
- Children have opportunities to separate from caregivers for a period;
- Children become familiar with activities and routines they will encounter later on, provide structure in preparation for pre-school and school routine; and
- A variety of services/therapies can be provided.

A key conclusion from the literature<sup>17</sup>, is that 'success' in its broadest sense is determined by much more than the setting (alone) in which the interventions are delivered, and therefore the overall value of the setting should be determined in accordance with and relative to other relevant factors. As detailed directly above and in the preceding section of this report, the international evidence for best practice highlights a series of factors associated with successful practice in early intervention.

The search of the literature on practice setting identified only a limited amount of information. Moreover, the literature that was found lacked a consensus about the value of a centre-based approach.

A study by Stewart (2006) set out to find evidence of best practice concerning setting. Stewart reviewed 150 abstracts and 17 full articles, and concluded that most of the early intervention literature about natural environments is theoretical and not empirically based.

In a different study, Maring (2006) concluded that the site of intervention had a variable influence on children's development. She compared the developmental gains in six domains of development in children (gross and fine motor, language, self-help, cognition and social) attending a home-based or centre-based early intervention program.

Importantly, Maring's (2006) study results also show some significant differences; children attending centre-based programme made more gains in three domains: gross and fine motor and language. By contrast, children in the home-based programs made more gains in two of the domains: self-help and social development. There was no difference in cognitive development between the two settings.

A third study by Campbell and Halbert (2002) identified that early intervention practitioners, in particular practitioners with ten plus years of experience, wanted to see a return to centre-based services. This suggests that a centre-based approach has merit, but the research is once again inconclusive because the authors did not report the reasons for the desire to revert to a centre-based approach.

Perhaps not surprisingly, given the results of the three studies cited above, the literature (much of which is from the US) does not (unfortunately) reveal anything useful about the factors leading to success within a centre-based (or home-based) setting. This can be partly explained by a preoccupation within the literature for debating the efficacy of a centre-based approach versus a home-based approach, including detailing the pros and cons of each<sup>18</sup>. Clearly, more research about 'service setting' is needed before judgements can be reliably made about the most appropriate setting in which early interventions should occur.

17. This was a rapid review of the literature.

18. This stems from the debate mentioned earlier on how "natural environments" should be interpreted (Chen, 2014; La Venture, 2007).

## 5.2 Integrated and Coordinated Multi-disciplinary Teams

Parents attend the Champion Centre with their children and receive seamless support from health and education professionals and from a family support team under one roof and in an integrated fashion. The one-stop shop means that parents can organise their lives more easily, have to retell their 'story' less often, and can build genuine and trusting relationships with their team members so that when challenges arise they can more effectively address them.

## 5.3 Cultural Competency

The Champion Centre is contractually obligated under the New Zealand Public Health and Disability Act 2000 to recognise and respect the principles of the Treaty of Waitangi. This means improving health outcomes for Māori (as well as Pacific, Asian, refugee and migrant families).

Research NZ (2007), in their extensive review of the literature about principles and practices in early intervention, highlighted the importance of considering the Treaty of Waitangi and whanaungatanga in the development and implementation of all national special education policy.

Common components of culturally appropriate and effective programmes and services in New Zealand are:

- The incorporation of cultural content;
- The inclusion of parents, whānau, the Māori community, Māori organisations and Māori workers; and
- The need for ready accessibility to services.

In 2015, the Champion Centre commissioned a review<sup>19</sup> of their cultural responsiveness. This was part of the Ministry of Social Development's Investing in Service Outcomes policy<sup>20</sup>. The review author acknowledges the Champion Centre's long support of a need to be responsive to Māori, including attempts to build strategic relationships with key Māori organisations and the employment of a dedicated cultural position. The Centre has a Māori Strategy that dates back to 2003 and which is based on five key goals. A full time Kaiwhakapuawai provides support to Māori whānau and Pasifika aiga and also works with non-Māori families who have particular vulnerabilities. The Centre is continuing to build on its cultural competency e.g. by increasing the ethnic diversity of its staff.

## 5.4 Professional and Committed Staff

The Champion Centre team has a high level of professional capacity within it. Staff are highly qualified and experienced in a range of disciplines (speech therapy, psychology, social work, occupational therapy/physiotherapy, early education, etc.) working together in integrated teams. Staff turnover is low; this is in spite of a considerable pay gap between Centre staff and equivalent staff in the public sector, averaging approximately 24%<sup>21</sup>. The Centre staff employed by the Champion Centre are organised into multidisciplinary groups (when relevant) and this is designed to encourage reflective practice and cross pollination of thinking.

19. The review included a comprehensive document review of the service level contracts primarily covering the Ministry of Health, Ministry of Education and Ministry of Social Development. The review also included a series of individual interviews and focus groups covering governance and management. Participants were drawn from staff and current parents/service users.

20. [www.msd.govt.nz/iso](http://www.msd.govt.nz/iso)

21. Based on a comparison of public therapists/specialists pay at Champion Centre and Ministry of Education. Prepared by the Champion Centre for the Board of Trustees.

## 5.5 Organisation Infrastructure

The Champion Centre has carefully constructed the organisation's infrastructure to facilitate the successful delivery of its programmes. The management has given careful consideration and attention to detail across multiple systems and processes. Some examples of this are:

- The children's programme schedules are divided into age/developmentally appropriate strands (baby, middle and transition) and home visits are carried out for families entering the Champion Centre for the first time; and throughout their time at the Centre as needed. This approach supports the relational model of service delivery by ensuring the needs and aspirations of parents/family/whānau at all times are given highest priority. It also provides an opportunity for families to practice transitioning, so that by the time the children start school the change is manageable e.g. parents build up confidence;
- Practice rooms are constructed to accommodate individual and small group work, where appropriate. This supports the relational approach because it ensures those families/whānau that need privacy receive it and those who would benefit from the social support of other parents get this too;
- A family support team exists for the purpose of linking service users into other necessary/relevant services and organising events for families;
- Therapists are required to keep detailed written documents of all interventions (therapy notes) for each child and their family on a central electronic file system. These documents are essential to the focus of weekly team meetings and ensure parents are not required to repeatedly tell their story to different therapists, which means parents are more likely to feel understood and empowered. Moreover, it allows staff to see any emerging patterns of behaviour and (importantly) to respond to changing needs. Furthermore, families take their child's notes to paediatrician visits and any outcomes are subsequently added to the case file. The central file notes are subsequently used in the preparation of a carefully constructed discharge report for schools at the time of transition to school, thus providing a full and detailed 'picture' of children and families;
- Staff at the Champion Centre are organised into carefully chosen multi-disciplinary teams. Prudent selection of staff ensures a close match between professional skills and the individual needs of parents and families/whānau. For example, the staff member who visits new families/whānau (at the very early stages of the relationship) is chosen for their ability to engage sensitively with vulnerable families; and
- Multi-disciplinary teams are designed to facilitate therapists working together and learning from each other. Working in multi-disciplinary teams also increases individual therapists' knowledge of other disciplines and builds a broad understanding of child development.



## 5.6 Transition to School and Community Links

Research New Zealand, in their systematic review of the literature on early intervention, described the 'delicate' process of affecting a successful transition to school:

*"[It requires] planning and preparation for children, families and professionals, effective communication and collaborative partnerships, and procedural supports (such as key workers) and should not stop once a child is in a new setting." (Research New Zealand, 2007: 8)*

Transitions to school are guided by a whole team approach and coordinated by the child's team leader at the Champion Centre. The Champion Centre team brokers the relationship between the family and the chosen school at all steps along the way, liaising with the Ministry of Education Special Education, ensuring that both families and school personnel know what to expect of each other, and working to ensure that the school understands each child as a learner with their own strengths, preferences, and needs. A key role is played by the Early Intervention Educator (ESW in other programmes in New Zealand) who actively shares knowledge about the child as learner with the class teacher and the teacher aide.

The Champion Centre has built and maintains strong relationships with key health, education and social welfare agencies in the local area. It also works with other NGOs in the sector and with schools and tertiary providers.

## 5.7 Can the Champion Centre be Reproduced?

This research is clear that the primary reason why the Champion Centre succeeds is the steadfast commitment to evidenced-based best practice. Furthermore, success is also underpinned by the integrated and coordinated multi-disciplinary teams, dedication of staff, organisational infrastructure, cultural competency and program of transition to school. However, this research also cautions that reproducing the Champion Centre model of practice will require commitment and resources. In other words, the 'culture of success' established at the Champion Centre has taken a while to create and season, and is not the kind of organisational culture that can be built in a day. Reproducing the Champion Centre requires a combination of knowledge about how the programme works, an ability to translate the theory of human development into meaningful clinical practice (the art of doing it) and passion.

## Can Success be Reproduced?

### 6.1 Programme Fidelity

This research concludes that there is no reason why the Champion Centre could not be successfully reproduced elsewhere. Given the collection of factors that drive the Champion Centre's success, the key to reproducing it elsewhere will be the implementation fidelity<sup>22</sup>.

Carroll et al (2007) identify the key elements of this as:

- Adherence to an intervention;
- Quality of delivery;
- Participant responsiveness; and
- Programme differentiation.

These four elements are important for this evaluation because they highlight that the successful reproduction of the Champion Centre hinges on recreating the collection of success factors identified here. In addition, the Carroll et al list reinforces that it is not enough to reproduce what the Champion Centre does but to deliver it with the same degree of quality.

Therefore, when reproducing the Champion Centre it is important to ensure the following elements are in place:

- Commitment to evidence-based best practices;
- Commitment to purpose;
- Technical expertise;
- Integrated and coordinated teams across health, education and social support;
- Tailored physical environment; and
- Collaborative workplace culture.

### 6.2 Commitment to Evidenced-Based Practices

The key message from this research is that the Champion Centre can be successful because the leadership (and staff) have a deep commitment to using best practices informed by the evidence. This means their approach to programme delivery is relational, family-centred, strengths-based, ecological, and reflective.

### 6.3 Commitment to Purpose

One of the lessons from this research is that the Champion Centre can be good at what it does because the staff are passionate about their work. This passion is almost a prerequisite due to the difficult nature of their work; without it there may be a tendency to give up when problems arise.

22. Fidelity may be defined as the extent to which delivery of an intervention adheres to the protocol or program model originally developed.

The Champion Centre owes its success to the relationships of trust it builds with parents. However, staff can only secure that trust by truly investing (heavily) in those relationships. One member of staff summed it up when she said: "We take the time and make the time and we stay the distance. They are with us and we are with them."

The Champion Centre philosophy is built upon the premise that any child has the right to be seen (and loved) for who they are, irrespective of disability; and children with a disability have a fundamental human right to live a meaningful life. Parents respond positively to this philosophy by investing in relationships of trust with staff. Moreover, this philosophy transcends the nature / severity of the disability; so that children with a poor prognosis (and life expectancy) are afforded the same respect as those children whose prognosis is more favourable.

## **6.4 Technical Ability**

This research has highlighted that staff technical expertise (child/human development) plays an important part in the Champion Centre's success. Staff have a deep knowledge and appreciation for the theory and practice of child development – as well as therapeutic skills. This provides the vital depth of insight to understand the 'meanings' behind children's behaviour, and it is the starting point for developing any appropriate response. It is this technical expertise that has the potential to unlock the barriers for change. The 'art' of any therapist is having the ability to craft the acquired knowledge of a child's behaviour into an appropriate intervention.

## **6.5 Integrated and Coordinated Teams**

This research has highlighted the benefits associated with a 'one-stop shop' approach to early intervention. The ability of parents to attend a service with their children and receive support from health and education professionals and from a family support team under one roof and in an integrated fashion is unique. The organisation of the Champion Centre breaks down the siloes of funding and organisation (MOE, MOH, MSD) so common elsewhere and provides a seamless service that supports all areas of a child's needs. The one-stop shop means that parents can organise their lives more easily, do not have to retell their 'story' multiple times, and can build genuine and trusting relationships with their team members so that when challenges arise they can more effectively address them.

## **6.6 Tailored Physical Environment**

Another lesson from this research is that physical space has an important role to play. The Champion Centre recognise that children and their families need to experience interventions in physical spaces purposefully constructed to meet their particular needs. The space needs to be carefully planned to ensure it meets the requirements of a relational, ecological, family-centred and reflective practice approach.

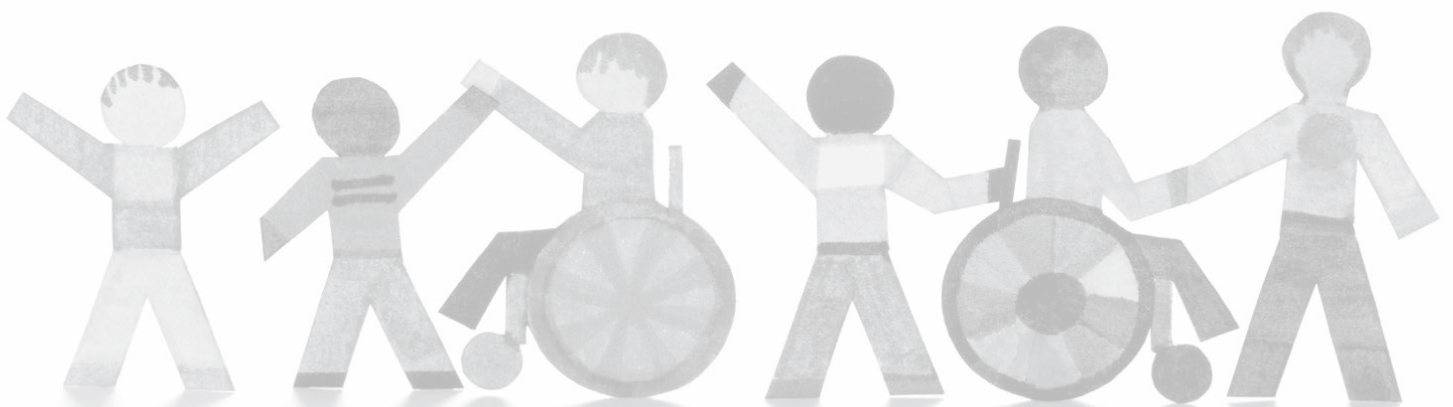
## **6.7 Workplace Culture**

This research has also emphasised the importance of workplace culture in the Champion Centre's success. This is a culture where all staff (at all levels of the organisation) have the right, and indeed are encouraged, to contribute 'learnings' about any of the children (and their families). Crucially, Centre staff acquire a rich understanding of the children. Furthermore, it is a culture that welcomes transparent and reflective practice. This type of culture is premised on the basis of openness, modesty and trust amongst staff at all levels.

## What Next for the Champion Centre?

When asked how the thinking behind the Champion Centre has developed in recent years and what this might mean for the subsequent developments of the service, the following directions were suggested:

- Extending the services to children with moderate levels of disability or risk of disability.
- Developing more targeted support/programmes for families of children with disabilities where parents have significant challenges with parenting, e.g. as a result of mental health difficulties, their own childhood experiences, their own health and/or disability issues etc. Currently, services for these families are split between the Champion Centre and other providers. There is a desire to see them brought under one roof and the Champion Centre has said there might be different ways of doing this.
- Exploring new ways of supporting rural families of children with disabilities who live too far away to access regular early intervention in Christchurch, e.g. by using new technologies.
- Establishing stronger links and relationships with fathers/male caregivers. At the time of the research, the Champion Centre was in the process of setting-up a men's support group with the help of a male (psychologist) colleague (not employed by the Centre) who had volunteered to provide leadership on this project. Staff acknowledged that the predominantly female culture at the Centre (due to the majority of female staff employed at the Centre) could be acting as a barrier to the identification of male service users' needs.
- Working to build consistently strong relationships with early childhood teachers in community settings attended by children also attending the Champion Centre.



## Bibliography

- Bailey, D. B Jr; McWilliam R A et al. Family Outcomes in Early Intervention: A Framework for Programme Evaluation and Efficacy Research. *Exceptional Children*. Vol 64, No 3, Spring 1998.
- Blackburn, C. (2015) *Relationship-based early intervention services for children with complex needs: Lessons from New Zealand*, Birmingham City University.
- Campbell, P.H & Halbert, J. *Between Research and Practice*.
- Carroll, C; Patterson, M; Wood, S; Booth, A; Rick, J; and Balain, S. (2007) A conceptual framework for implementation fidelity *Implementation Science* 2007, 2:40. National Scientific Council on the Development of Children.
- Chen, D. *Essential elements in early intervention: visual impairment and multiple disabilities*. Second edition. AFB Press, American Foundation for the Blind. 2004.
- Child, Youth and Family, *Assessment Report* 18 May 2012.
- Dempsey, I; Keen, D; A Review of Processes and Outcomes in Family-Centred Services for Children with a Disability. *Topics in Early Childhood Special Education* Volume 28 Number 1 May 2008 42-52.
- Dunst, C. J. Revisiting Rethinking Early Intervention. *Topics in Early Childhood Special Education* Summer 2000 20: 95-104.
- Guralnick, M. J. (2001). A developmental systems model for early intervention. *Infants and Young Children*, 14(2), 1-18.
- Guralnick, M. J. (2000). Interdisciplinary team assessment for young children: Purposes and processes. In M. J. Guralnick (Ed.), *Interdisciplinary clinical assessment for young children with developmental disabilities* (pp. 3-15). Baltimore: Brookes.
- Hebbler, K. et al. Early intervention for infants and toddlers with disabilities and their families: participants, services, and outcomes: Final Report of the National Early Intervention Longitudinal Study (NEILS). January 2007.
- KPMG. *Early childhood intervention – an overview of best practice*. July 2014.
- Maring, J.R. Developmental gains in children attending a centre-based versus home-based early intervention program: A multivariate comparison. Program in Physical Therapy, The George Washington University, Washington, DC, USA 2006.
- Moore, 2007. The nature and role of relationships in early childhood intervention services. Second Conference of the International Society on Early Intervention, Zagreb, Croatia, June 14-16, 2007.
- Provider Perspectives on Early Intervention. *Topics in Early Childhood Special Education* Winter 2002 22: 213-226.
- Research New Zealand. Principles and practices in early intervention: A literature review for the Ministry of Education. 24 July 2007.
- Raver, S. A. *Service Delivery Models for Educating Young Children with Special Needs*. Pearson Allyn Bacon Prentice Hall. 2010.
- The Champion Centre Tamariki Taioara Education Review, Education Review Office (ERO) report, 2006 & 2009.
- University of Auckland. A Stocktake and Needs Analysis of Child Development Services. Auckland Uniservices Ltd. Prepared for the Ministry of Health. 2014.

## Appendix One: How Do We Know the Champion Centre is a Success?

### 9.1 Measuring Success

Measuring the success of a programme such as the Champion Centre is a difficult undertaking. There are a number of reasons for this, but the main ones are:

- A lack of agreement about what ‘success’ really looks like;
- A lack of agreement about which measures of success should be used; and
- Problems attributing successful outcomes to any particular intervention<sup>23</sup>.

As well as being a small, localised, initiative, the Champion Centre also targets a specific kind of participant. This means that generalising from the Champion Centre to larger populations, or populations in other regions, or different kinds of participants, is inherently problematic. Furthermore, there can be no control group for initiatives like the Champion Centre as this would mean identifying at-risk families and then denying them the intervention required.

Asking whether programmes like the Champion Centre are ‘a success’ leads inevitably to the question ‘compared to what?’<sup>24</sup>. In the absence of sector-wide agreement about metrics and data gathering<sup>25</sup>, the default definition of success becomes what we might expect the life-course of programme participants to have been if they had not participated. Certainly, the participants in the Champion Centre programme are happy to speculate about how their lives would have turned out without the intervention of the Champion Centre.

The Champion Centre’s response to the question of success has been to put in place methods of ongoing monitoring and evaluation of its clinical practice (referred to in this report), showing it does make a difference with children and families.

23. The notion of ‘cumulative impact’ draws our attention to the fact that any particular outcome can be due to a range of interventions working together over time. Cumulative impact looks at the net result of these multiple interventions.

24. The classic experimental design (with a control and a ‘treatment’ group) asks ‘compared to do nothing’.

25. Ascertaining the success of child abuse prevention services across social services agencies in New Zealand would require the implementation of an effective cross sectorial case management system (Robbins L, 2014a). This system would need to enable government agencies, departments and NGOs to see how social services intervention are achieving success for their families over time. In addition the development of any case management system would need to be suitably adaptive to the agency’s working practices to ensure it stays relevant to their needs



## Appendix Two: Sample Demographics

### 10.1 Past or present connection to the Champion Centre by gender

	Number of Respondents	Percentage of Respondents
Mother/female caregiver (Present)	32	43%
Father/male caregiver (Present)	5	7%
Mother/female caregiver (Past)	34	45%
Father / male caregiver (Past)	2	3%
Other (please specify)	2	3%
<b>NET</b>	<b>75</b>	<b>100%</b>

### 10.2 Age at which child first started attending the Champion Centre

	Number of Respondents	Percentage of Respondents
0-3 months	23	31%
4-12 months	22	29%
13-18 months	6	8%
19-23 months	8	11%
2-3 years	14	19%
4-5 years	1	1%
Other (please specify)	1	1%
<b>NET</b>	<b>75</b>	<b>100%</b>

### 10.3 Current age of child (who attends/ed the Champion Centre)

	Number of Respondents	Percentage of Respondents
0-3 months	0	0%
4-12 months	4	5%
13-18 months	1	1%
19-23 months	4	5%
2-3 years	12	16%
4-5 years	20	27%
6-7 years	18	24%
8-9 years	6	8%
10-11 years	3	4%
12-13 years	1	1%
14-17 years	3	4%
18+ years	3	4%
<b>NET</b>	<b>75</b>	<b>100%</b>

## 10.4 Length of time attended the Champion Centre (Current Service Users Only)

	Number of Respondents	Percentage of Respondents
0-11 months	8	21%
1-2 years	12	31%
2-3 years	9	23%
3-4 years	1	3%
4-5 years	7	18%
5-6 years	2	5%
<b>NET</b>	<b>39</b>	<b>100%</b>

## 10.5 Current programme attending at the Champion Centre (Current Service Users Only)

	Number of Respondents	Percentage of Respondents
Baby programme	6	15%
Middle years programme	15	38%
Transition programme	14	36%
Relating and communicating	2	5%
Assessment and monitoring	2	5%
<b>NET</b>	<b>39</b>	<b>100%</b>

## 10.6 Total number of years attended the Champion Centre (Past Service Users Only)

	Number of Respondents	Percentage of Respondents
0-12 months	0	0%
1-2 years	3	8%
2-3 years	6	17%
3-4 years	4	11%
4-5 years	10	28%
5-6 years	13	36%
<b>NET</b>	<b>36</b>	<b>100%</b>

## Appendix Three

11.1 Further Examples of Children's Developmental Gains (includes additional categories)

Cognitive improvements	Social improvements	Physical improvements	Learning improvements	Increased confidence/engagement	Increased independence/responsibility	Development of personality/interests	Reaching goals/Catching up	School integration	Other
More exploratory with toys at home	At preschool follows other children and joins in	He started crawling and now walking	Physical things	Painting	He has one morning a week without his ESW	He will move between activities maybe 6/hour instead of 1 a year ago	Our daughter had a diagnosis that carries no defined prognosis. She has reached milestones at the same rate as her peers.	Awarded year 5 class prize for effort. Achieved higher grades in subjects he has always struggled with such as maths.	Can now drink 180ml per feed in 30 mins (sometimes)
The early intervention teacher helps her to accept new things. She does this gradually to reduce stress.	He will talk and ask questions of strangers	She knee walked right up until two days before she turned two.	Helped him learn colours through song patterns and sequences	We stopped tube feeding her 7 months ago	Able to spend time at Kindy happily even when his EIE is not present. Able to spend time happily with extended family.	She reaches for, cuddles with and kisses her favourite toy. She has never done that with another toy	Doing things a normal 19 month old can	Was keen to go to school	Now in underpants most of the time.
We stopped tube feeding her 7 months ago	He liked going, knew where we were going on therapy days and the kids	He can now pull himself up into a standing position, and maintain that position unaided for as long as he wants	Learning to spell, build puzzles and stay at activities for a longer period and not give up	He has actually tried different food like jam and bananas. He still doesn't like them he tried them.	Now happy to be without Mum	Has become confident with prompting from his teachers to start off a waiata or karakia.	Learnt to roll over, sit up, improved core strength	School reports and talking to his teachers	A time went on he got better with the activities
She no longer clings to my legs and is more than happy to explore	He has made his first friends	She will grab things with her left hand and pick them up. Previously she would never do this.	Evidence of learning		Has asked to be dropped off a short distance from home to walk home with his sister.	Enjoying being able to race his brother on his bike, riding it and enjoying using it when we go on a walk	Learned to sit	Attitude noticed from teachers	Our son seems more settled and less fragile when unexpected things occur.

Running, riding a trike, signing and verbal communication progress	Less conflict at school/ other social settings	Walking 100% of the time	He doesn't go to school on Mondays. He goes to Learn active with other blokes intellectually challenge 16-35 year olds		Takes themselves to the toilet	Very happy girl who loves people & cannot sit still for 5 seconds. Also, her resistance to eat solid foods	Has moved through the school system and is now gaining employment and interacting with the community in a number of act	IEP Letter from the school	Will eat yoghurt and load own spoon
He is talking non-stop with language well above last year	Can write his own name, can participate in group sports	Walks/runs/ climbs			Dry overnight, takes himself to the toilet	He will now talk to the people that also enjoy the same hobbies	Smart, articulate and happy	20 and 40 week updates and school report	Even though gross & fine motor skills are good she has still improved (climbing & threading are just 2 examples)
He now sits up by himself, can roll over, can pass things between his hands, eyes are alert and following things	He can now interact with his peers quite confidently, introduces himself and asks relevant questions	He is opening doors turning handles			Is able to play by himself happily for short periods of time		Ideas for at home play that link in	Some of IEP has been achieved	Not as opposed to transitioning between activities/ settings
He can now have a conversation with someone, where they understand what he is saying or wanting	IEP Letter from the school	Can write his own name, can participate in group sports			He makes every effort to complete everyday tasks himself		The support given by the member of the team helped his general learning ie counting and alphabet knowledge.	She has put herself forward for loads of extracurricular activities and become one of the most respected altar servers.	
He can now have basic novel conversations	Talking to his peers, playing with them - wanting to join in there games; wanting a friend to stay	He can jump and swing and climb (he did not 1 year ago)			Wanting to do it rather than us doing it for him			20 and 40 week updates and school report	

Can write his own name, can participate in group sports	Happy to spend his time at Kindy	Had trouble with his gait that needed lots of work				Was distressed when left in care. Is now calm and happy to attend day-care and stay with others.		She will stand up in class and deliver speeches and work well within a group, often leading.
Far more words than a few months ago	With her mobility drastically improving she is able to run around and play on the trampoline with her siblings	Will do this in certain contexts					IEP Teacher aides	
In the last 12 months he has gone from a few words to speaking in full structured sentences, with complex intension.	Willingness to empathise and build his behaviour on what others are doing	Better balance and coordination less falls					20 and 40 week updates and school report	
Speaking in clear sentences. In right circumstances	Turn taking with peers	Is walking more freely, further and confidently even with his low vision					X changes in busing to school, organising herself and changing classes for subjects.	
More use of words. Fast receptive language.	Will seek out other children, enjoys their company, can be calm around them when they are unpredictable, empathises	Picking specks of fluff from carpet & trying to open the car door when inside sitting on mums lap					Attending school	

With the help of communications device he will try to speak words and only go to communications device if he can't say it	Happy to give new things a try eg. UPP climb, JOLT	She walks, climbs, moves almost like other children her age						discussions with class teacher and principal awards received
School report shows end of year 1 reading at yellow, national standard stage 2 maths	He is scared of noise and things that fly He has been more able to deal with this inside or outside.	Can now work out the steps to perform his own transfers between his walker and chairs etc.						
20 and 40 week updates and school report	As more children get to know him he is more inclined to approach other children to play	He is now playing on playgrounds etc. with less fear/inability to try						
Points to letters when she sees them on random items and tells us what they are.	Has two little buddies who play regularly together, no friends previously	Then Crawl, Stand and Walk						
Confident holding food of different textures, happy to play with stones, sand etc	Will interact with peers instead of seeking out adults	She can stand with support for longer and uses walker more often						
Mimics things you say and can say a number of words	Happy to interact with a wide range of people	Sitting up, pulling herself from lying to sitting, bum shuffling & now just inches from crawling						









The gentle encouragement and support showed greatly by his improvement in his speech.

Hearing his voice when asking him a question etc.

Has two little buddies who play regularly together, no friends previously

Much more complex - offers original thoughts.

Able to initiate some conversation

IEP and teachers, parents

Enjoys being able to race his brother on his bike, riding it and enjoying using it when we go on a walk

20 and 40 week updates and school report

He had tantrums when people disturb him! also comes for cuddles

Has now almost mastered the "K" sound

A lot more babbling, more copying of sounds and imitating

He looks around the room and visually locks on to people's faces

He can concentrate on things he likes well and can follow a plan

Will now spend up to one hour doing activities with his esw, before, 10 minutes.

Mum, Dad and her siblings came this year and also her very close friends name

Has learnt how to ask for things when non-verbal and has a superior skill on iPad learning new apps

She will get upset but then will calm down and can do more work with the therapists, where before she would meltdown.

Vocabulary has increased and sentence structures are becoming more complex.

Very verbal and makes definite sounds to get attention and to express his feelings, laughs and giggles and enjoys intera

More words and sounds

She has more confidence with trying to speak with the help of visuals introduced by the champion centre

He is progressing well with PEC's

Always goes to the locker room at school 1st

Reading levels are getting higher

Expresses hopes and ideas for his future eg I want to become...

Used to have a major meltdown every day. Rarely melts down now, and when he does he is quickly distracted.

Will state what is too hard, tell people to repeat instructions

Wrote his name and letters of the alphabet that he knows on a piece of paper.

He no longer requires speech therapy and is clearly understood by teachers, friends and other people

IEP Teacher aides

20 and 40 week updates and school report

Will point to the milk in the fridge instead of just standing generally by the fridge

He has learnt to press a switch button to activate toys and to play programs on the computer

He can follow simple instructions

Can take a pen and without help write his own name that we can read.

Will sit and do activities for longer and enjoy a whole book being read

Sits on chairs at champion centre for roll call, book and daily activities where he wouldn't before

He's telling jokes, trying to make us laugh and teasing his sister

Immediate and extended family are all involved with the same signs so she has consistency throughout

He will now talk to the people that also enjoy the same hobbies

He is now willing to try on new clothes

reflects on past, projects into future, shows interest in hypothetical scenarios, increasing empathy, increasing conscience

He will say "my leg is broken today, I can't jump off platform". We then know it's a bad day and to help.

Can now understand the difference between the ability to tell a story compared to writing it.

## Appendix Four

### Further Examples of Positive Outcomes for Parents (comprises additional categories)

12.1

Greater understanding of child's needs	Better at dealing with difficult behaviour/situations	Better able to see positives in child	Feel more supported	Greater confidence in parenting	Greater confidence in child's progress/outlook	Greater patience	Happier/more positive outlook	Less stressed/exhausted	Increased social/personal activity	More trusting of professionals	Greater advocacy of child	Learning new skills	Less worried about school transition	Other
I can understand where he is coming from much more clearly	By talking to other parents about how they handle certain situations. Making sure the family is on the same page.	Via play and learning situations with tools our son continues to demonstrate his understanding	Tough year for me	I have gained a qualification and now furthering my education even more.	We talk openly about her achievements and enjoy her developing at her own pace without "racing" to the next stag	My partner and I talk to each other more / we understand one another better	What more can I say, I am happier.	I have learnt more about our daughters condition	We take Mag out in the community more (shopping, libraries, etc.). We feel calm and in control when we are with Magnus.	Pre school and support workers	School requires a lot of work by a parent to get it right	Through the Champion Centre and abroad	We have a plan with our esw, school and champion centre	On last birthday i only had 1 teary moment!
e.g. CC explained why child wants to link hands of adults	I think it just shows as now I take a different angle on word-ing, how things are expressed.	I don't get so upset when going to antenatal catch ups	Friends and family understand the depression I had been going through, are aware of the changes, and we chat often.	We take X out in the community more (shopping, libraries, etc). We feel calm and in control when we are with X.	Enrolled in mainstream school	Now that I know what his strengths/weaknesses are I have the patience/learning to see through his bad times	My house is tidy and I am organised again	If she only takes 75mls I leave her until the next feed	I go to a weekly music group and stay up late! I have part time work outside the home	Confident in service providers	Champion Centre are no longer there to advocate	Follow through on plan ideas	Understand funding etc.	I'm getting tired of this...

The team help with every aspect of my daughter's abilities	As I am not so exhausted and better supported in a less emotional way	Allowing others to form their own relationship with him and not feeling it's my job to manage that	Will attend a new school with a learning centre	Just getting on with life	He is fine	I don't force him to follow instructions straight away	Things are finally getting better, less meltdowns, better communication more sleep	My daughter's health has improved and isn't as unknown as it was before, her development has improved	I discuss more with my colleagues, they understand my situation	I feel stronger in my role as my child's advocate as a result of understanding him better	Daddy & I cannot predict her vomiting and cannot always take preventative measures	The whole thing has gone so smoothly with no real upsets from him	If school considers there is an issue, they look to the child, when often it is the environment that needs changing
I have implemented things at home to help child in his day life	I see negative behaviour lessening so I feel more hopeful for the future	Our daughter makes me laugh so much and I just love her the way she is	More talk around issues and perspectives	Belief	I feel less stressed	Able to cope with all difficulties life presents		Just don't feel frustrated or afraid like I used to	Participating in paraed junior sports club		Less work commitments	Carers are asking us fewer questions and seem to feel far less anxious about his epilepsy	
The Early Intervention teacher has been a great help. Helping me to understand why my daughter is reacting the way she does.		Just watching and observing	We understand each other better	Less intimidated by child's behaviour	He does as he is told. I can now trust him			I can deal with things better. Less tantrums means more tolerance when they do happen.	Feeling confident going to activities with typical children			Always happy with the child's progress	

We have made many changes to Xs home life, environment, and schedule (including the use of visual aids).	I'm a widow with other children moving out soon, so perhaps grateful that he will need more input than the others!	Doing IY program and emotional parent-ing program	We have a better understanding of what our son needs and remind each other of this and be patient in stressful situation	Will attend a new school with a learning centre					He does as he is told. I can now trust him											
Understand their struggles better	Many positive changes that I now notice	As I am supported I am able to offer my child better support as I learning to understand what is happening		We feel that she is getting the foundations she needs to develop fully without any impact socially					Felt confident with him starting school and happy to let him go knowing that he was going to be ok.											
Having faith that the special needs child can cope independently with everyday activities in the community	we like to jump on the trampoline this like that but it is mostly a way of thinking	When discharged from paediatrician was able to get referral to Beacon House		Feel that CC have helped and he can develop further and grow					No longer living with PTSD and feeling emotionally vulnerable.											









Research First