

## Professional conversations: Insights into early intervention

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### Introduction

This article presents a conversation between Dr Claire Coleman, Professional Experience Manager at NZTC (New Zealand Tertiary College), and Leanne Stewart, Senior Early Intervention Teacher at The Champion Centre in Christchurch. It briefly details the nature of developmental disabilities and early intervention services before specifically discussing the services of The Champion Centre.

According to the World Health Organisation approximately 7.5% of children under 5 have developmental disabilities. While New Zealand specific data is limited the international rates of developmental disabilities are:

- Autism: 2% of children globally (Office of Minority Health, 2025)
- Cerebral palsy: 2-3 per 1,000 live births
- Down syndrome: 1 in 700-1,000 births
- Epilepsy: 0.5-1% of children
- Intellectual disability: 1-3% of population

(World Health Organization & United Nations Children's Fund, 2023)

Children and young people with developmental disabilities are more likely to experience poor health outcome and face adversities such as social stigma, violence, poverty, and parental mental illness. They have higher incidences of conditions such as obesity and diabetes, abuse of medications and an overall lower life expectancy. Children with disabilities continue to have reduced access to early childhood education and lower attendance at primary school (World Health Organization, 2023).

The core philosophy of early intervention is that by working with children during the critical early years, outcomes for children with disabilities or developmental delays are significantly improved (Calder et al., 2017). By identifying and addressing issues early, children often have better long-term results in learning, communication, independence, and social skills. However, several challenges persist in the domain of early intervention, including limited awareness and accessibility to early intervention services, especially in remote and underserved areas, insufficient training and resources for health-care professionals, and societal stigmas and misconceptions (Aspden, Baxter, Clendon, & McLaughlin, 2019, Liberty, 2014).

### Early intervention approaches

Early intervention services recognise three approaches: multidisciplinary approaches which involve collaboration among professionals from diverse disciplines, y; interdisciplinary approaches which foster shared decision-making and communication; and transdisciplinary approaches which transcend traditional disciplinary boundaries and promote seamless collaboration and shared responsibilities among professionals (Kuruvilla et al., 2024). Early intervention in New Zealand has moved from a traditionally multidisciplinary approach towards interdisciplinary and transdisciplinary practice. These models are less intrusive on families and encourage increased communication among team members and consistency in the implementation however they add complexity as they work to

navigate multiple perspectives and needs (Ministry of Education, 2007).

### Early intervention in New Zealand

Early intervention services offer specialised support to young children with developmental delays, disabilities, or who are deemed at significant risk of developmental difficulties. The children who require early intervention services have many kinds of disabilities, such as Down syndrome, Cerebral palsy, Autism, rare genetic disorders, speech and language disorders, and developmental delays with no specific diagnosis (Sykora, 2005).

These services assess and evaluate a child's progress, provide various therapies including specialist teaching, speech and language therapy, occupational therapy, arts therapy and behavioral support, support transition to school and liaise with other health providers. In New Zealand these services are delivered in specialist centres or schools, in mainstream school or home-based services (Kids Health, n.d.). Specialists work closely with parents, caregivers, educators, and teachers providing guidance on how to support their child's development at home and within the ECE and school context. This might include providing coaching on the techniques, strategies, and activities that can reinforce progress between sessions. The different types of specialists who may be part of an early intervention team include early intervention teachers, kaitakawaenga (Māori cultural advisors), advisors on Deaf children, psychologists, occupational therapists, speech language therapists and education support workers. As children approach school age, these services help prepare them for transition to school and work to ensure a continuity of support.

### The Champion Centre

The Champion Centre in Christchurch exemplifies an interdisciplinary model in practice, combining early intervention teachers, child psychologists, physiotherapists, occupational therapists, musical play specialists, speech-language therapists, social workers, and education support workers in integrated teams. The centre offers services including a weekly early intervention programme for children from birth to school age with delays in at least two areas of development, a specialist early intervention programme for children with relating and communicating difficulties, and a monitoring programme which conducts individual assessment and monitoring for children who have been identified with developmental concerns or risks. .

An integrated individual therapeutic programme is developed for each child by the team with the family, based on a combination of discipline specific assessments, as well as AEPS-3 (assessment, evaluation and planning system for infants and children) and *Te Whāriki* (the early childhood curriculum; Ministry of Education, 2017) and carried out by the family in their own home and community, and by ECE teachers within the child's ECE setting. The Champion Centre delivers comprehensive once per week early intervention to babies and young children with significant disabilities throughout the Canterbury region. Children enrolled at The Champion Centre may present with a diverse range of additional needs, including Down syndrome, various genetic conditions, cerebral palsy, complications from extreme prematurity, epilepsy, developmental dyspraxia, autism spectrum disorder, and acquired brain injuries. Operating through a centre-based approach, the programme works collaboratively with parents and follows internationally recognised best practices.

The Champion Centre was developed in the late 1970s by Dr. Patricia Champion and since its early inception has challenged the conventional understandings of child development. Over the subsequent four decades it has positively impacted more than 2,000 children with developmental disabilities and their families. The centre operates programmes ranging from intensive early intervention to monitoring at-risk children; all delivered through a family-centered model that emphasises relationship-building and empowerment. Their approach combines one-on-one individual therapy alongside social communication group play and innovative programs like musical play therapy, while supporting families through the crucial transition periods from birth through school entry.

## Interview questions

- Tell me a bit about why you are passionate about working at The Champion Centre

*The Champion Centre is a very special place to work. The staff all share the same passion for advocacy and a united desire to make a difference for children and their whānau. For me personally, I feel incredibly privileged to journey alongside the children and their whānau as they not only move through our service, but as they also move through the different education sectors - ECE into primary kura.*

- What services does The Champion Centre provide and who do you work with?

*The Champion Centre is an early intervention service for children from birth to six years of age. We provide weekly, centred based sessions, where a range of specialists and therapists work collaboratively in teams to meet each child's individual needs. Most therapy teams include an early intervention teacher, speech and language therapist, occupational therapist, and musical play specialist. We also have physiotherapists, child psychologists, and social workers. Children who attend our service also have access to an Education Support Worker (ESW). The ESW is an essential part of our team as they bridge the gap between our service and the ECE service that the child attends and are the child's voice within their preschool setting. The work of The Champion Centre and its ethos are best described by the parents and whānau who have utilised the service.*

From the website:

We are more than an early intervention service, we're a lifeline. For our tamariki with complex developmental challenges, we provide not just expert therapies, but hope. Through a team of expert teachers and therapists, the Centre helps children discover their voice, their joy, and their place in the world. (The Champion Centre, n.d.)

- How are children referred to your services?

*All referrals are received through a pediatrician to the Early Intervention Coordination Service or EICS for short. If a child is not currently under the care of a pediatrician, they are first encouraged to see their GP who can refer them on to a pediatrician if appropriate. All pediatricians within the CDHB and Child Specialist Service understand the referral process and who to send the referral through.*

*EICS provides a single point of entry to a variety of early intervention services in the Canterbury area which includes CCS Disability Action, The Champion Centre, Conductive Education, Ministry of Education and Ministry of Health.*

- Can you tell me about the journey of a child through your service from entry through to moving?

*Initially, our family support team meet with new families to discuss the child and whānau needs, current goals and priorities, and what our programmes can provide. The child is then placed into one of the programmes within our service. We have baby, middle-year and transition to school programmes. We also have assessment and monitoring programmes for children whose development needs to be monitored (due to risks associated with prematurity), but who don't meet the criteria to attend a weekly programme.*

*Children tend to join our service either in the baby or middle-years programmes and typically move through the service until the transition to school programme, where they are supported into their local kura or specialist*

*school by a transition to school coordinator. Throughout their time in our service, children and whānau are closely supported by team members, family support and ESWs to ensure that they are accessing learning and education that is tailored to the child's developmental needs, and that they are well supported within their chosen ECE service and kura.*

- Can you tell me about your typical day working within the centre?

*No one day at the centre is the same. Often the best plans are adapted or changed completely – we are all very flexible in our thinking and ways of working! Each programme typically has six children and begins at 9am. We have group hui to settle the children into the morning, followed by a mix of individual sessions and group sessions that are facilitated by our specialists.*

*We break for shared morning kai, which not only promotes relationships between parents but allows parents to discuss their journey with one another and is an incredibly supportive aspect of our service.*

*After kai, we come together again for a group music time and then re-engage in group sessions and individual sessions once more before finishing at midday.*

*The afternoon is spent in team meetings, writing up therapy notes and learning stories, writing reports to pediatricians, writing Ongoing Resourcing Scheme funding applications, and attending ECE or school meetings.*

- What do ECE teachers need to understand about early intervention services and what are the biggest misconceptions or gaps in knowledge from other kaiako?

*We know that what happens during the early years of a child's life is crucial for their development.*

*Experience, evidence and research show us that when a child and their whānau can access intervention and support as early as possible, the positive impacts and outcomes around their learning and development are significantly increased. These include helping children to engage, participate and be included in preschool, school, friendships, their community, and recreational opportunities. (The Champion Centre n.d.)*

*Early intervention is something that I believe ECE services are becoming increasingly familiar with, as there are growing numbers of children attending ECE who have diverse needs. Early childhood teachers are the first teachers within the education system that many of our children engage with, and they do an amazing job. It is crucial for early childhood teachers to have a sound understanding of child development, what is 'typical' age and stage development, how to identify when a child is not meeting those developmental milestones, and how to best support diverse learners. This understanding gives early childhood teachers the confidence to have sensitive conversations with parents/whānau so that appointments with a GP, and referrals to pediatricians can be made early enough for additional support.*

- What is the most joyful aspect of your role?

*My love for the work that I do sits in the advocacy component. I feel honored to go into bat for children and whānau who deserve access to an equitable education just like every other child in New Zealand. I love celebrating the wins alongside the whānau and being a shoulder in their challenging moments. I love that every day I get to go to work to make a difference, no matter what that looks like at the time – whether it is a playful, laughter-filled interaction with a child or offering a much-needed cup of coffee to a parent.*

## Conclusion

As early childhood education services in New Zealand continue to work with increasingly diverse learners, The Champion Centre's work underscores the critical importance of collaboration between ECE teachers and early intervention specialists, clear communication about developmental milestones, and timely referral pathways. Early intervention outcomes depend not on specialist intervention alone, but on the quality of relationships and consistency of support across all settings where children learn. As first teachers, ECE teachers must be equipped and empowered as advocates and co-designers of children's developmental pathways. The question is how we might shape a system that supports ECE teachers to do so with confidence, expertise, and genuine partnership.

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