



An Chomhairle Náisiúnta
um Oideachas Speisialta
National Council
for Special Education

School Inclusion Model In-School Therapy Project Outcomes Report 2022-2023





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National Council
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Foreword



The National Council for Special Education (NCSE) is pleased to publish this outcomes report relating to the School Inclusion Model, In-School Therapy Project. The School Inclusion Model (SIM) project involved a number of supports for schools to help all students, particularly those with special educational and additional care needs, to have a better school experience. The In-School Therapy Project (ISTP) was one of the strands of the SIM pilot and brought NCSE occupational therapists and speech and language therapists into all schools to work with teachers and students in classrooms within a tiered model of support.

The SIM ISTP was a unique and innovative development for both the teaching and therapy disciplines involved. It was a school centred, capacity building initiative that strove to enhance the educational environments of schools with the end goal of improved student participation and engagement with learning. In this context, this outcome data report presents an important and seminal contribution to the growing evidence base for school based collaborative practices within the occupational therapy and speech and language therapy disciplines. It provides confidence to our stakeholders and education partners that these policy developments are yielding results for students, teachers and schools alike.

The School Inclusion Model was considered a 'groundbreaking' policy development within the Irish education system. This data report represents significant progress towards the realisation of a school centred 'Education Therapy Service' where all schools nationally will have the opportunity to avail of evidence informed therapy resources and in-school supports and interventions. It is thus timely that Ministers McEntee and Moynihan formerly announced the establishment of the Education Therapy Service (ETS) under the remit of the NCSE as part of Education Plan 2025.

Finally, I would like to express my thanks to all who have contributed to the collective practice that has enabled us to bring this valuable data into the public domain. This collaboration was enriched by the diligent work of our dedicated NCSE Therapists and astute therapy leadership group. Special appreciation is due to our teacher colleagues and school leaders in the SIM pilot schools who had the foresight to reflect on existing practices and be open to new ideas and perspectives on their work and learning environments. This data demonstrates the ability of professional teamwork to enhance inclusive practices within schooling communities.

John Kearney
Chief Executive Officer

Introduction

This report details 24 months of engagement between National Council for Special Education (NCSE) Occupational Therapists and Speech and Language Therapists and the 75 School Inclusion Model (SIM) Pilot Schools, between January 2022 and December 2023.

This outcome data report is an important contribution to the growing evidence base for school based, collaborative practice within the occupational therapy (OT) and speech and language therapy (SLT) disciplines. It provides confidence to our stakeholders and education partners that these policy developments are yielding results for students, teachers and schools alike.

The data in this summary report was collected as part of NCSE Therapists' routine practice and includes data on the following:

- Contacts with schools
- Teacher Professional Learning (TPL) events with the associated feedback
- School/classroom-based interventions that have been collaboratively developed and delivered by NCSE Therapists and teachers.

This report is relevant in the context of government announcements regarding the establishment of the Educational Therapy Support Service¹ (ETSS) in 2024 and the announcement in 2025 that the Education Therapy Service (ETS) would become a fully staffed national service under the remit of the NCSE².

The report firstly will set out the policy context for the School Inclusion Model. It will then outline the NCSE Therapy Model of Support and then report on the data collected as part of the In-School Therapy Project (ISTP) strand.

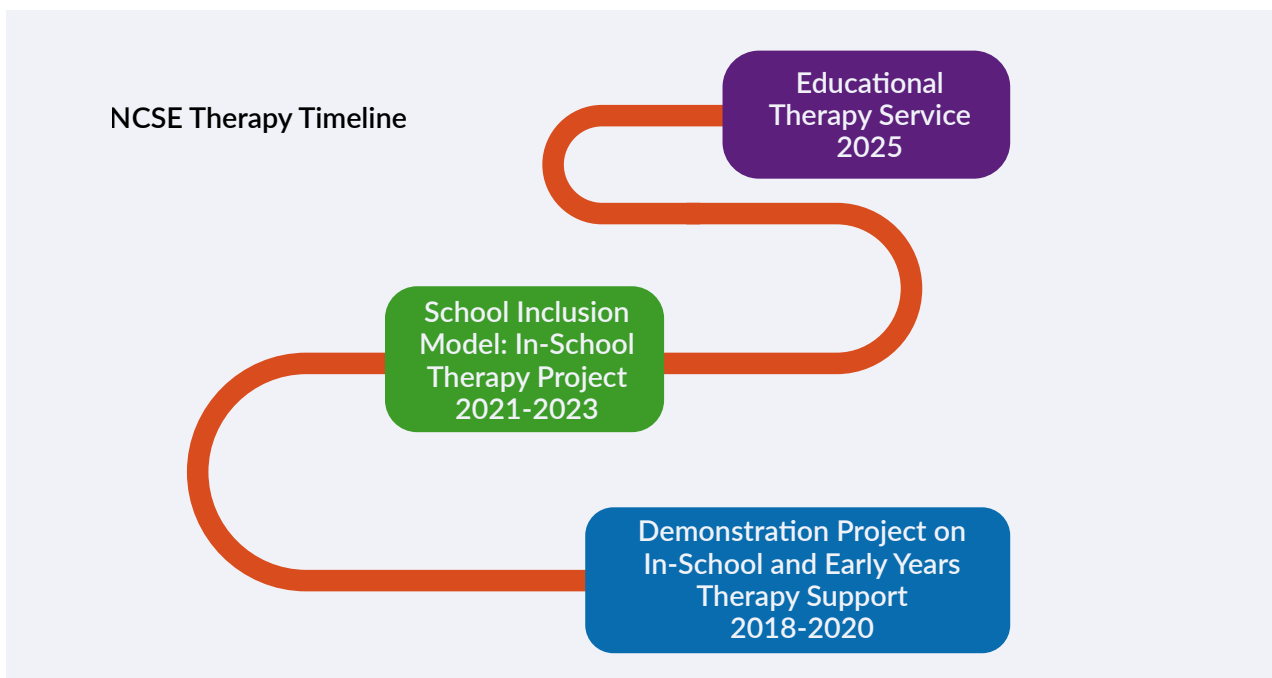


Figure 1. Timeline of Educational Therapy Projects and Pilots

1 <https://www.gov.ie/ga/preasraitis/7e9c4-ministers-foley-and-naughton-announce-the-establishment-of-an-educational-therapy-support-service-etss/>
2 [Minister McEntee and Minister of State Moynihan publish Education Plan 2025](#)

Context

Following the publication of the Comprehensive Review of the Special Needs Assistant Scheme by the NCSE, in 2019 the Department of Education established a pilot for a new School Inclusion Model (SIM) for students with special educational and additional care needs³.

The SIM project involved a number of supports for schools to help all students, particularly those with special educational and additional care needs, to have a better school experience.

The development of therapeutically informed pedagogies and school environments was central to the implementation of the SIM project. Through effective inter-professional collaboration, school communities developed their capacity to best support students with additional needs.

There were five active project strands to SIM during the period of this report.

1. The In-School Therapy Project
2. Regional Team Supports
3. The National SNA Training Programme
4. The National Nursing Pilot Programme.
5. Enhanced NEPS Supports

The 75 'SIM Pilot Schools' were the same schools that were selected by the Educational Research Centre to take part in the Demonstration Project on In-School and Early Years Therapy Support 2018-2020. This 'Demonstration Project' was [evaluated](#) by a research team from University College Cork and Mary Immaculate College (Lynch et al., 2020). These 75 schools were located in the HSE Community Healthcare Organisation (CHO) Region 7⁴.

The sector breakdown of the 75 schools were as follows; 55 primary, 15 post primary and 5 special schools.

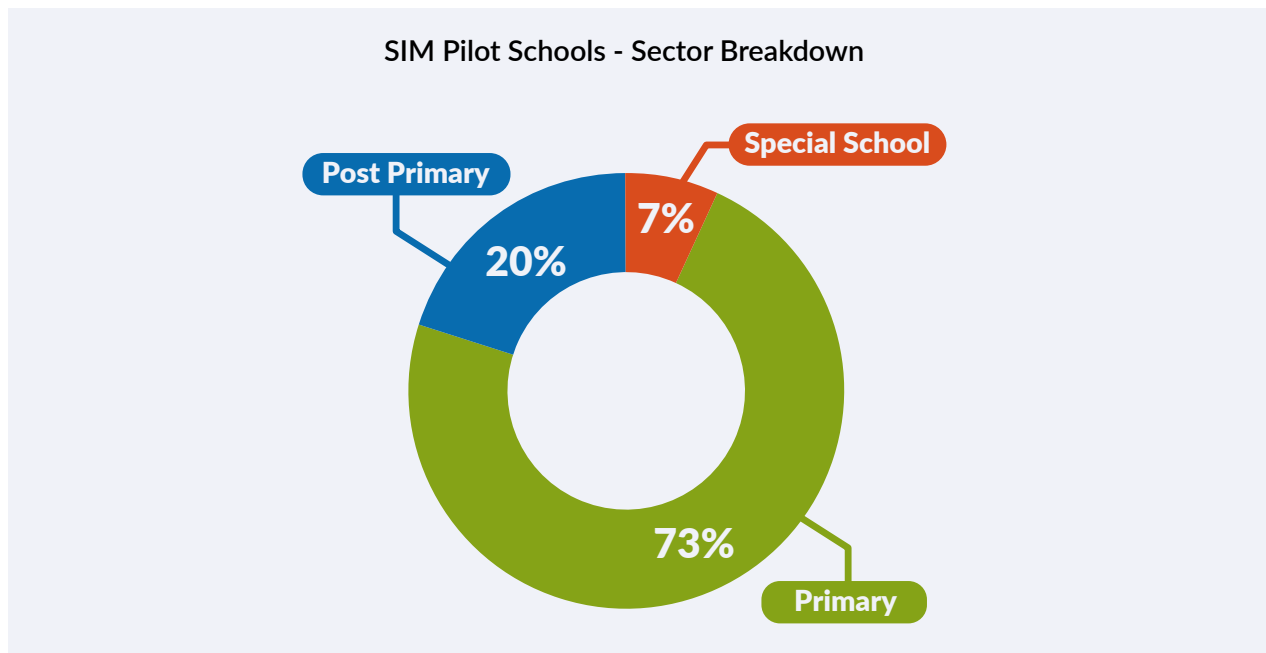


Figure 2. SIM Pilot Schools Sector Breakdown

³ <https://www.gov.ie/en/press-release/00c8ea-minister-mchugh-announces-trial-of-a-new-school-inclusion-model-to-p/>

⁴ Health Service Executive (HSE) Community Healthcare Organisation (CHO) 7 Region of South West Dublin, Kildare and West Wicklow.

The In-School Therapy Project (ISTP) commenced engagement with the 75 SIM Pilot Schools in December 2021, following a pause in the provision of in-school supports caused by the COVID-19 pandemic⁵.

Note: 'Therapists' in the context of SIM and the ISTP refers only to CORU registered Occupational Therapists and Speech and Language Therapists, all of whom were employed by the National Council for Special Education for the duration of the SIM pilot.

NCSE/SIM Therapy Model of Support

Growing evidence highlights the need for occupational therapy and speech and language therapy interventions to be undertaken in the natural context and focused on tasks relevant to classroom participation (Archibald, 2017; Cahill & Beisbeir, 2020). NCSE SLT and OT work within a multi-tiered model of support that is educationally focussed, collaborative and inclusive. International best practice evidence supports the use of collaborative, strengths-based, tiered models of support within education settings that facilitate and promote inclusive participation for all children (WFOT, 2016). These tiered models promote an understanding of schools as complex environments where students require different levels of support (Universal, Targeted, and Individualised).

NCSE Therapy supports and interventions are collaboratively planned and delivered with schools, teachers and students across the 3-tiered model of support. NCSE Therapists apply a flexible, solution focused and graduated approach where assessment, supports and interventions may be embedded at a particular tier or across multiple tiers simultaneously. This empowers schools to meet the needs of their students in a flexible and dynamic way that recognises the diversity within school communities and the school environment.

- Tier 1 Universal: Whole-School and Classroom Support (All)
- Tier 2 Targeted: School Support Additional (Targeted school support)
- Tier 3 Intensive: School Support Plus (Individualised school support)

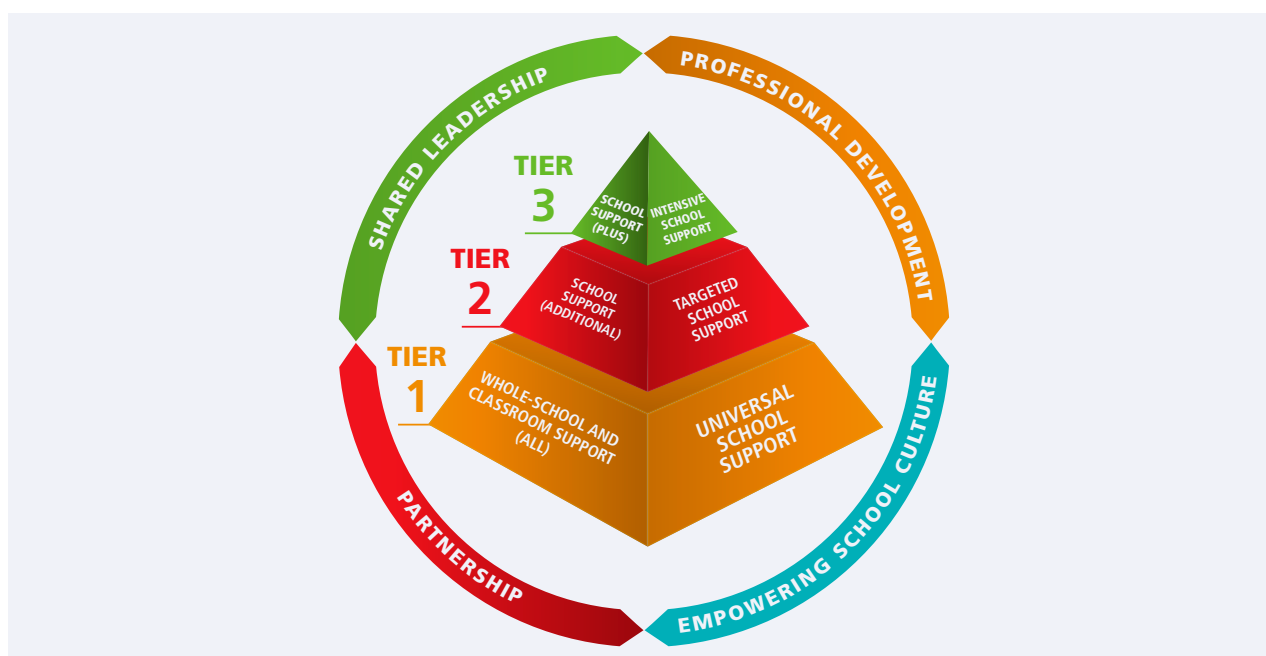


Figure 3. NCSE/SIM Therapy Model of Support

5 SIM Pilot Schools: 75 schools selected by the Educational Research Centre to receive in-school therapy supports as part of the School Inclusion Model (SIM) pilot. Between March 2020 and mid-2021, in-school learning was severely disrupted. ISTP therapists were redeployed to COVID-19-related health services. During 2021 schools returned to in-school learning, and therapists were recruited for a new phase of ISTP.

Implementation of the Model of Support

A complex process

Implementing approaches or interventions across a 3-tiered model of support in a school environment is a complex process (AOTI, 2024). There are often hidden complexities that need to be addressed to achieve success (Fitzgerald et al. 2021). In line with NCSE vision and values, NCSE therapy service delivery focusses on collaboration, shared expertise, professional development and empowering schools as key principles in implementing supports, strategies and interventions across the tiers of support.

Iterative not linear

Implementation of this tiered therapy model of support in schools is not a linear process. NCSE Therapy service delivery acknowledges the iterative relationship between the components of work/an intervention within each tier of support. Therefore, while an approach or intervention may begin at a specific tier, elements of that approach or intervention will often be embedded across the tiers in tandem which is consistent with Irish and international research (McCluskey et al. 2020; Starling; 2012). For example, when implementing a targeted vocabulary intervention with a specific group, teachers may also simultaneously embed strategies in classroom pedagogy at a whole class level for those students or across other classes and groups in the school or it may feed into a whole school vocabulary initiative.

What tier? It's about the implementation, not the intervention.

An activity or intervention can rarely be classified definitively as associated with a specific tier. The classification rests on HOW the activity or intervention is implemented. For example, when NCSE Therapists work within the tiered model of support in schools, elements of support are often revisited at different time points to address the emerging needs of the school, teacher or students or to facilitate their goals and ensure best outcomes. This also means that the approach or intervention may be implemented across different tiers of support concurrently.

For example, if the intervention was focused on 'supporting student regulation for enhanced engagement in learning', an OT may be supporting a teacher in the implementation of academic infused movement strategies into classroom pedagogy for a specific class group (Tier 2). They could also be working with the school inclusion team to explore how lunch time routines and spaces impacts on regulation and wellbeing and devise a series of whole school (Tier 1) strategies to improve the lunchtime experience for all students. Simultaneously, the OT could be devising individualised sensory strategies needed for a specific student in a specific classroom with their teacher (Tier 3).

Findings from the Data Review

The following section will report on a variety of data sets related to a broad array of supports provided to SIM pilot schools as part of the ISTP strand. These supports are reported under three main categories.

- Contacts with schools
- Teacher Professional Learning Events
- Intervention Outcomes

During the 24-month period, an average of 12 of 31 therapy posts were filled. These OTs and SLTs worked with 72 SIM Pilot Schools⁶, delivered Teacher Professional Learning (TPL) events with 69 schools and implemented interventions with 42 schools.

6 Three of the SIM Pilot Schools did not actively engage during this period.

NCSE Therapy recognise that the term ‘intervention’ may be associated with a medical model or clinical perspective to children’s therapy services. There are a range of therapeutic activities and supports involved in working with a school over a sustained period. Not all of these supports can be measured for the purpose of impact reporting or be classified as a specific intervention.

NCSE Therapy define an ‘intervention’ as a collaboratively developed action plan between therapist and teacher that articulates measurable outcomes for the teacher and student(s) over a defined period. The implementation of an intervention involves the combination of multiple methodologies, for example, a specific piece of training followed by in-class coaching, modelling and student consultation. NCSE Therapists consider the professional perspectives of teachers as crucial in the evaluation of collaboratively delivered interventions (Laverdure & Rose, 2012).

Contacts

From the outset of engagement with schools in December 2021, all contacts with schools were captured by NCSE/SIM therapists. A contact with a school can be any of the following.

- School visit
- Video or face to face meeting
- Phone call
- Email or letter

There were 6,334 contacts with or about schools during the period (see Table 1). A contact refers to a phone call, email, meeting or a school visit between a therapist or NCSE staff member and a SIM pilot school, or a meeting with the National Educational Psychology Service about the school. The reported figures for phone calls, emails and meetings represent standalone contacts with a school. However, a contact classified as a school visit would generally involve multiple activities during the engagement, for example running a TPL event, in-class coaching, reflective discussion etc.

Table 1. ISTP Contacts 2022-2023

Year/Contact Type	School visit	Video and F2F meetings	Phone	Email and Letter	Not stated	Total
Total	1493	191	204	4443	3	6334

Teacher Professional Learning (TPL) Events and Feedback

A range of TPL events ran from Jan 2022 – Dec 2023. Some events were open to all educational staff in the SIM Pilot Schools, other events were by invitation only based on the identified needs of a school. During the period of this report, 311 TPL events were held with 3194 educational staff from 69 schools. Events ran mostly as in-school TPL events (n=288) with a smaller number of regional TPL events (with multiple schools in attendance (see Table 2). Delivering TPL face-to-face was always prioritised, with all regional events held in-person.

Within the context of the ISTP, TPL events included:

- **Drop-in-clinics:**

ISTP drop-in clinics provided stand-alone guidance from a therapist to a teacher without any context or follow up.

- **Information events:**

Events which focused on dissemination of factual or procedural information with school staff about the running of the project or the theory behind an intervention.

- **Information and strategy event:**

These are events which included the additional elements of therapist-teacher coaching, practice and implementation in the classroom. For example, an occupational therapist could deliver a workshop with the whole school staff on sensory processing theory and how it relates to learning and participation in school. Following an expression of interest from teachers, the OT would then model and coach strategies that support regulation and engagement in learning in the classroom to build the capacity of teachers to use these strategies again in the future. Information and strategy events are the events most likely to influence the practice of educational staff, thus participant feedback was collected only for this category of event (n=229).

Table 2. TPL Events

TPL Events	Number of Events	Number of Participating Teachers
Total	311	3194
By location		
In school	288	2821
Community	23	373
By setting type		
Primary	234	2148
Post Primary	38	618
Special	32	291
Multiple	7	137
By event type		
Information and strategies (1+)	229	2441
Information (1)	58	579
Drop-in Clinic	24	174

Participant feedback from TPL events

Educational staff provided feedback for 155 of the 229 information and strategy events (noted in Table 2). The feedback collected at the end of each TPL event was very positive. Using Likert Scales, all educational staff who attended each event reported improvement in both their confidence and knowledge for the topic(s) covered (see Table 3). In addition, participants reported the likelihood of applying this knowledge and confidence to their teaching practice and the anticipated positive impact on student learning, engagement, participation and/or wellbeing.

Table 3. Teacher Reported Feedback

Event Topic	#	Application to Teaching Practice	Teacher Reported Impact on Students
Communication	35	99%	97%
Vocabulary	33	99%	95%
Language	20	100%	100%
Environment	20	99%	96%
Literacy	10	99%	98%
Regulation	9	99%	98%
SLCN	8	100%	100%
Movement	6	100%	100%
Identification of need	5	100%	95%
Motor Skills	3	100%	92%
Sensory	3	100%	100%
Feedback/Information	3	100%	100%

Almost all teachers (99%+) stated they would apply learning from a TPL event to their teaching practice, and a further average of 98% of teachers had an expectation that the information and strategies covered in these TPL events would have a positive impact on students in their classrooms.

Interventions

NCSE Therapists worked with teachers in SIM Pilot Schools to collaboratively design and deliver educationally relevant interventions. These interventions focussed on developing the capacity of the school and its staff to plan, implement and evaluate educationally relevant, evidence-informed structured programmes or strategies. Overall, these interventions were designed to influence the inclusive educational experience for all, some or a few students within their learning environment. The implementation of an intervention took place over a prolonged period, often involving the combination of multiple methodologies or approaches, for example, a specific piece of training followed by in-class coaching, modelling and student consultation.

The implementation of each intervention was guided by agreed intervention outcomes, teacher outcomes, and, where applicable, student outcomes, with associated outcome measurements. Using an implementation tool, NCSE Therapists encouraged schools to record intervention outcomes and gather data on how the intervention impacted students (student outcomes) using a range of methods including pre/post intervention assessment, assessment for learning measures, reflective discussion and solution-focused scales.

Outcome Tracking and Reporting

The NCSE is informed by the Educational Research Council's TPL Framework (ERC, 2023) when considering how it evaluates the impact of its TPL activities with schools. NCSE therapists are also guided by NCSE research when determining how best to report on student progress and outcomes of therapy interventions. Douglas et al (2012) concluded that educational outcomes for students can usefully be grouped into:

- Academic achievement
- Attendance related outcomes
- Happiness-related outcomes
- Independence-related outcomes
- End of school outcomes

Adopting this as a frame of reference for NCSE Therapists is important as it keeps the emphasis of their support on school and learning as opposed to other 'clinical' areas that have traditionally been the focus of therapy work in schools. It also guides a vision of a 'distinct service identity' (Lynch et al., 2020) for NCSE Therapists that is unique and clearly distinguished from other service provider from the health and social care sectors.

Distribution of Interventions

During the period, 127 interventions ran in 42 schools, with a breakdown of the interventions set out in Table 4. By December 2023, 103 of the 127 interventions were collaboratively (therapist and teacher) reviewed as complete. Four hundred and fifty nine (459) teachers were involved in the delivery of these interventions involving 3241 students. Of the completed interventions, the majority ran in primary school settings (n=81), with Tier 1 whole class interventions the most common format (n=55), reaching 1284 students.

Table 4. All Therapy Interventions

	Number of Interventions	Number of Participating Teachers	Number of Students
All interventions	127	563	3479
Complete	103	459	3241
Incomplete	24	104	238
Completed by Setting...			
Primary	81	353	2736
Special	10	83	293
Post Primary	12	23	212
Completed by Tier...			
Tier 1 whole class	55	161	1284
Tier 1 whole school	22	226	1805
Tier 2	23	65	149
Tier 3	3	7	3

Figure 4 outlines the distribution of interventions across the multi-tiered model of support. The data indicates that NCSE Therapists are practicing with fidelity to the evidence base in terms of intervention focus (Lynch et al., 2023; Ebbels, et al, 2019) with universal and targeted interventions accounting for 97% of NCSE Therapists' work.

This is an important outcome as a school's multifaceted and complex environment is a key determinant of student participation (MacIver et al., 2019). The broadening of focus away from traditional 'pull out' methods of therapy provision in schools to the effective implementation of the Multi-Tiered NCSE Therapy Model of Support is in line with contemporary best practice.

This is because inclusion is concerned with all children and young people in schools; it is focused on presence, participation and achievement (Ainscow et al., 2006). Therefore, in addition to thinking about all the populations that may not be accessing or benefiting from school, this perspective demands more collective approaches in addition to individual assistance and action; in other words, if the focus of interventions are kept mostly centred on the individual, this will hardly bring about the much-desired inclusion (de Oliveira Borba et al., 2020).

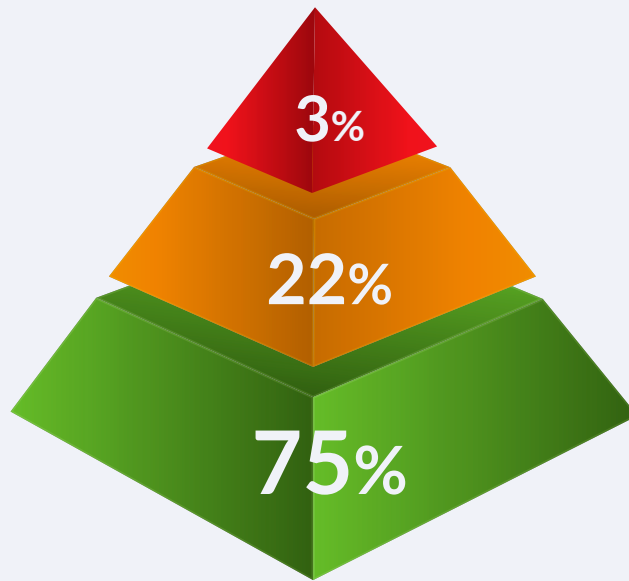


Figure 4. NCSE Therapy interventions distribution across the multi-tiered model of support

Intervention Outcomes – Teacher

Table 5 considers the 103 completed interventions, and the achievement of teacher outcomes. Of the 103 interventions, 93 had fully (n=78) or partially (n=15) achieved teacher outcomes during the period. Where teacher outcomes were fully or partially achieved, 73 of these focused on improving the learning for students through teacher-delivered Tier 1 whole school or whole class interventions. Twenty of the interventions focused specifically on improving student skill through teacher delivered Tier 2 and Tier 3 interventions. Tier 1 whole class interventions (n=53) represented the most commonly run and completed interventions. However, Tier 1 whole school interventions (n=20) impacted the greatest number of students (n=1805).

Table 5. Overview of Completed Interventions with Teacher Outcomes

	Number of Interventions	Number of Participating Teachers	Number of Students
Total Interventions completed	103	458.5	3241
Teacher outcomes not achieved	10	44	48
Teacher outcomes fully/partially achieved	93	414.5	3193
Teacher outcomes fully/partially achieved by Tier...			
Tier 1 whole school	20	200.5	1805
Tier 1 whole class	53	159	1271
Tier 2	17	48	114
Tier 3	3	7	3

An essential component of implementing therapeutically informed interventions, is the ability of the teacher to plan for, and evaluate the impact of an intervention on the teaching and learning environment or student ability. NCSE Therapists consider the professional perspectives of teachers as crucial in the evaluation of collaborative delivered interventions (Laverdure & Rose, 2012). Teachers hold the most expertise on the learning needs of the students under their care and are well placed to evaluate the outcomes of interventions on student educational progress (DoE, 2022).

Of the 93 interventions where teacher outcomes were fully or partially achieved (as set out in Table 5), the teachers had the capacity to evaluate the impact of the intervention on the teaching and learning environment as well as for their students. The breakdowns for these interventions and their outcomes are summarised in Table 6. A positive impact on learning environment or student ability was reported for 69 interventions (74%), reaching 2894 students (general intervention outcomes for Tier 1 and student outcomes for Tiers 2 and 3, fully or partially achieved).

Table 6. Summary of Outcomes of Interventions: Learning Environment and Student

	Number of Interventions	Number of Participating Teachers	Number of Students
Interventions where teacher outcomes fully/partially achieved	93	414.5	3193
Improving the Learning Environment (Tier 1)			
General intervention outcomes fully or partially achieved	73	359.5	3076
Improving the Learning Environment (Tier 1)			
Student outcomes fully or partially achieved	52	255.5	2784
Student outcomes not reported	21	104	292
Student Skills (Tier 2 and Tier 3)			
Student outcomes fully or partially achieved	17	48	110
Student outcomes not reported	3	7	7
Interventions where Student outcomes fully or partially achieved			
Total Tiers 1, 2, 3	69	303.5	2894

Where the focus of intervention sought to improve the learning environment (n=73), the intervention outcomes were assessed through environmental audit or teacher report, with all outcomes fully or partially achieved. A subset of these interventions had separate student outcomes (n=52), and in all cases the student outcomes were fully or partially achieved.

Breakdown of Student Intervention Outcomes

Over the course of 24 months, NCSE Therapists co-delivered 93 interventions with reported outcomes in schools, directly impacting 3193 students. Seventy-three interventions focussed on the learning environment. Fifty-two of these interventions had projected student outcomes. These outcomes were fully or partially achieved for 2784 students. Student skills (Tier 2 and 3) were the primary focus of 20 additional interventions, with 117 participating students. Projected student outcomes were fully or partially achieved for 110 of these students.

Table 7 presents the 69 interventions, where student outcomes were fully or partially achieved, as they relate to three of the NCSE educational outcomes described earlier – independence, academic achievement and end of school outcomes (Douglas, 2012).

Table 7. Interventions related to independence, academic achievement and end of school outcomes – January 2022 – December 2023

Educational Outcome	Number of interventions	Participating schools	Participating teachers	Student outcomes achieved	Examples of interventions
Independence	15	11	121	1151	Get Ready, Do, Done. Visual supports Organisational skills Sensory Circuits
Academic achievement	46	26	167.5	1410	Vocabulary, Comprehension Monitoring, TalkBoost Smart Moves
End of School	8	7	15	223	Transition to Secondary School programme.

Fifteen of the 69 interventions where student outcomes were fully or partially achieved aligned with the educational outcome of independence. One hundred and twenty-one teachers considered the response to intervention, with a positive outcome for 1151 students. Improved fine motor skills is an example of the outcome for independence stemming from a 6-week intervention in this area.

Forty-six of the 69 interventions where student outcomes were fully or partially achieved aligned with the educational outcome of academic achievement. Across 26 schools, 167.5 teachers participated in the delivery of these interventions, with a positive outcome for 1410 students. A measurable improvement in students active listening skills is an example of an outcome for academic achievement stemming from an intervention called 'Active Listening for Active Learning'.

Finally, 8 of the interventions where student outcomes were fully or partially achieved aligned with end of school outcomes. Two hundred and twenty-three students were positively supported by interventions aligned with this outcome, with a Transition to Secondary School programme being the primary intervention run.

Summary of Findings

This report on data collected by NCSE Therapists and SIM Pilot Schools over a two-year period is an important publication in the context of the current landscape of therapy service provision in school settings in Ireland. These outcomes build on the preliminary data that was published in the evaluation of the 'Demonstration Project on In-School and Early Years Therapy Support' (Lynch et al., 2020) and is reflective of a more refined and robust governance structure that empowered NCSE Therapists to systematically collect high quality output and outcome data.

The SIM ISTP was a unique and innovative development for both the teaching and therapy disciplines involved. It was a school centred, capacity building initiative that strove to enhance the educational environments of schools with the end goal of improved student participation and engagement with learning.

As can be seen from the tables above, NCSE Therapists have been able to demonstrate both their level of activity with schools, teachers and students (outputs) but more importantly, the impact these efforts have had on students (outcomes). Of note, was the high level of engagement from teachers in partner schools with professional learning opportunities from NCSE Therapists.

Teacher-Therapy Collaboration

Over the two years, nearly 3200 attendees participated in Teacher Professional Learning (TPL) events. For the events, where detailed feedback was sought, the response was extremely positive with 99% stating that they would apply learning from a TPL event to their teaching practice, and a further average of 98% of teachers had an expectation that the information and strategies covered in these TPL events would have a positive impact on students in their classrooms.

These findings strongly indicate that teachers in Irish schools of all types are:

1. Very receptive to professional development opportunities from NCSE Therapists.
2. Greatly value the quality of the training received.
3. Consider the training highly applicable to their practice.

Student Outcomes

The key driver for teacher capacity building and subsequent impact on students was the collaborative process of planning, implementing and reviewing the impact of educationally relevant interventions. This can be a time intensive process, but the data collected in the SIM Pilot Schools strongly suggests that this investment of time yields encouraging outcomes for teachers' sense of self-efficacy and the quality of students' learning experiences in school.

Headline Figures

- Twelve therapists successfully completed 103 interventions in collaboration with 459 teachers and involved 3241 students.
- Ninety-three (90%) had fully or partially achieved teacher outcomes during the period. Where teacher outcomes were fully or partially achieved, 73 (78%) of these focused on improving the learning for students through teacher-delivered Tier 1 whole school or whole class interventions.
- A positive impact on learning environment or student ability was reported for 69 of the 103 interventions (74%), reaching 2894 students.
- These 69 interventions aligned with three key educational outcomes (Douglas, 2012) – end of school outcomes, independence and academic achievement, demonstrating that co-delivered, in-school interventions do make a difference in for children and young people in school.

Key Learnings

The 75 schools involved in this work received support from occupational therapists and speech and language therapist over a period of 5 years. This is a significant period of time in the typical context of pilot projects and allowed for much reflection on practice, refinement of processes and practices and significant engagement and feedback from schools. There are a number of key learnings that can be drawn from ISTP:

Distinct Service Identity

- A *distinct service identity* was developed during the SIM ISTP period where schools understood the value of the unique school centred service being provided by NCSE Therapists. This service is designed to complement and not replace the essential family centred services provided from HSE disability, primary care and mental health services.
- This distinct service offering will need to be maintained and monitored through robust governance structures as this policy initiative progresses from a pilot to a permanent fixture within the education system.

Building capacity takes time

- Implementation science teaches us that embedding new practices typically takes between one and four years (CES, 2012). This was found to be true with the SIM Pilot schools with all schools moving at different paces of change.

- There were a range of implementation *enablers* and *barriers* that impacted on the pace of change in pilot schools. One significant barrier in the early stages of the work was teacher's understandable concern regarding 'role creep' and blurring of professional boundaries. The school based 'Inclusion Team' was the mitigation action to address this barrier and it became one of the most important implementation enablers. The establishment of an 'inclusion team' chaired by the school principal to coordinate and prioritise the work of NCSE Therapists ensured that educationally relevant needs were being identified and supported and teacher's time and workload was being managed. This forum helped to reframe schools' understanding of the role of a school-based, inclusion-focused therapist.

Every school is unique

- Schools need to reflect on their 'state of readiness' before engaging with a sustained in-school model of therapy provision.
- Some schools will need and be ready for a sustained in-school therapy model whilst others could benefit from individual or small groups of teachers embedding change at a classroom level before considering whole school, systemic change. This recognises that individual teachers can be catalysts for wider school change.
- The availability of therapy services for schools is limited and is likely to remain so. The challenge for NCSE Therapy Management is to connect a limited resource (therapists) with a large demand (schools).

'Cycles of Support'

Learnings from SIM ISTP have enabled NCSE Therapy to design a bespoke Prioritisation Pathway for schools wishing to access a sustained in-school therapy service to make whole school, systemic change to improve inclusion for all.

- The pathway is designed to empower schools to reflect on current systems and practices and identify how NCSE Therapists can collaboratively build school capacity over a two year '*cycle of support*'. When a school is finished their two-year cycle, they will still have access to 'light touch' supports to maintain practices and system changes.
- This pathway will continue to play an important role in deploying NCSE therapy staff to schools until enough therapists exist to be assigned to support all schools nationally.

Moving Forward: Education Therapy Service (ETS)

The ETS currently offers two strands of service, Regional Therapy (RT) and Sustained In-school Therapy (SIT). These distinct strands recognise and respect the needs of teachers and schools in a rapidly evolving education landscape. Special Schools and schools with a high allocation of autism classes will be prioritised for support from the ETS in the early phases of implementation.

These strands of service described in Table 8 have been developed and evaluated over time in recognition of the needs of schools, families, students and individual teachers. For example, the Regional Therapy strand recognises that many individual teachers are highly motivated to engage in professional learning experiences with NCSE Therapists and make changes to their teaching methods and learning environments. These teachers may be working in schools that have not applied or may be waiting for a service from the SIT strand. Through engaging in Regional Therapy TPL and the associated implementation pathways, teachers can enhance their own skills and capacities and be well placed to act as an agent of change within their own school in driving inclusive practices and cultures.

ETS strands of service will be continually reviewed and refined with sensitivity to the evolving needs of schools, teachers and families. The ETS will strive to deliver an integrated NCSE service to schools, bringing together the expertise of NCSE Therapists, Advisors, Visiting Teachers, SENOs and Behaviour and Wellbeing Facilitators for the benefit of schools and families. The ETS will also work in partnership with HSE services to ensure that both services' scopes of practice are clearly understood across services and service users.

Table 8. ETS Strands of Service

Regional Therapy (RT)	Sustained In-school Therapy (SIT)
Teacher is the partner and client. - Therapists design and deliver a range of therapy led Teacher Professional Learning (TPL) seminars. - Following attendance at a TPL, teacher identifies implementation supports that will support their individual learning goals and needs. - Therapists provide follow on in-school implementation support to teachers who request same. This may include in school coaching, modelling, reflection, knowledge sharing and/or implementation planning. - Therapists facilitate post seminar workshops which offer additional learning opportunities and peer sharing /reflection on implementation. - Regional Therapy can be accessed via the NCSE TPL Calendar	School community is the partner and client. - Intensive in-school support for 24 months granted to a school via NCSE Therapy Prioritisation Pathway. - An OT/SLT pair are assigned to each school. SIT Therapists operate a workload approach, with set number of schools. - Priority areas of work are identified and agreed by the school inclusion team. - Therapists work in partnership with the whole school and families to build the capacity of the school community. - Therapists partner with other NCSE & HSE frontline staff where relevant in the delivery of supports to SIT schools. - Sustained In-school Therapy is accessed via NCSE Therapy Prioritisation Pathway.

Conclusion

The School Inclusion Model was considered a ‘groundbreaking’ policy development in the Irish education system⁷. This data report on two years of the In-School Therapy Project strand of SIM represents significant progress towards the realisation of a ‘school centred’ education therapy service where all schools nationally will have the opportunity to avail of evidence informed therapy resources and in-school supports and interventions. The data reported here was central in making the case to government to establish, on a permanent footing the Educational Therapy Support Service (ETSS)⁸ and subsequently the Education Therapy Service (ETS)⁹.

Further Reading

Interested in learning more about how NCSE Therapists work in schools to support the participation and learning of children and young people?

NCSE Therapists were invited to contribute to a European study on the ways in which knowledge can be created and shared to promote the transition from special education to inclusive education systems. Read more about it here from page 38. <https://easpd.eu/publications-detail/transition-from-special-education-to-inclusive-education-systems/>

Visit our Education Therapy Service (ETS) [Padlet](#) page to learn more about the ETS model of support, strands of service and NCSE Therapy Resources.

7 <https://www.independent.ie/irish-news/education/groundbreaking-trial-afoot-to-deliver-new-therapy-service-boost-to-schools/38067255.html>

8 <https://www.gov.ie/ga/preasraitis/7e9c4-ministers-foley-and-naughton-announce-the-establishment-of-an-educational-therapy-support-service-etss/>

9 [Minister McEntee and Minister of State Moynihan publish Education Plan 2025](#)

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