An Chomhairle Náisiúnta um Oideachas Speisialta
National Council for Special Education

Framework for Working Together

Initial Pathways for Collaboration and Joint Working Between Occupational Therapists and Speech and Language Therapists in Special Schools for the NCSE Education Therapy Service and HSE/HSE Funded Services

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1 Introduction

1.1 Overview of Therapy Intervention Provision in Special Schools

Occupational Therapy (OT) and Speech and Language Therapy (SLT) support for children and young people, both in their home and school environments, is a crucial enabler to ensure a fully inclusive society and school system. The Programme for Government 2025 committed to the establishment of a National Education Therapy Service for schools. As the programme's initial phase will be delivered through special schools, this document focuses on the supports and services provided to children and young people within these settings. Learnings from this work will be applied by Health and Education as the NCSE ETS expands into special classes and mainstream schools.

The establishment of the Education Therapy Service (ETS) within the National Council for Special Education (NCSE), offers a significant opportunity for Health and Education to deliver a holistic service to children and young people. Working across contexts, therapists will have unique perspectives from both the home and school setting. To deliver this ambitious vision, therapy services in Health and Education must work in collaborative and integrated ways to ensure the child or young person’s wellbeing, participation and inclusion is at the centre of all decisions and pathways.

This national step change requires cross sectoral working, supported by agreements and pathways. These have been developed through co-creation and consensus and are designed to facilitate safe and effective practices by OTs and SLTs. OTs and SLTs will work in partnership with a range of health services and professionals, supporting coordinated approaches to care, including collaboration with multidisciplinary teams and access to onward referral pathways, where appropriate.

1.2 Background

There are approximately 10,000 children and young people attending 133 special schools nationally. These children and young people may have diverse and often complex support needs. This requires coordinated therapeutic and educational interventions that enable access to learning, meaningful participation in school life and positive developmental

outcomes. Historically, the HSE / HSE-funded services have provided therapeutic interventions to children and young people in both special schools and mainstream school settings through Children's Disability Network Teams (CDNTs), Primary Care (PC) Teams, and/or Child and Adolescent Mental Health Services (CAMHS). This is in addition to the psychology service provided through the National Educational Psychology Service (NEPS).

The expansion of OT and SLT services within the NCSE build on the achievements and impacts of previous pilot programmes and the Education Therapy Support Service (ETSS), now subsumed into the NCSE ETS. The NCSE ETS includes sustained support to schools, regional teacher professional learning with follow on support, and now the newly expanded service assigning therapists to special schools. The NCSE ETS is part of a wider team within the NCSE comprising of Behaviour and Wellbeing Facilitators, Special Educational Needs Organisers (SENOs), Advisors and Visiting Teachers who coordinate and deliver special education supports nationally.

As part of the NCSE ETS development, a working group was established to explore ways of working, roles, responsibilities and coordinated service delivery across HSE / HSE-funded services and Education. This working group was known as the ETS Distinct Service Identity (DSI) Working Group, and it convened its first meeting in November 2025. Membership comprised representatives from therapy services in education, disability, and primary care. Department of Education and Youth (DEY) officials and a Department of Children, Disability and Equality (DCDE) advisor were also present. CAMHS representation was provided through the ETS Health and Education Oversight Group, to which the DSI Working Group reports to under the ETS Programme Governance structure. This document has been informed by extensive stakeholder engagement including information gathered from therapists, school communities and parents. Further information on stakeholder engagement and contribution to this Framework can be found in Appendix 7.1.

1.3 Purpose of the Document

This Framework for Working Together outlines how HSE / HSE funded services and NCSE ETS services will work together to provide a continuum of supports to children and young people attending special schools. It outlines overarching principles for collaborative working across both the NCSE ETS and HSE / HSE funded services. It clarifies the respective roles

and responsibilities of individual services, while also emphasising the importance of effective collaboration, coordination, and shared ways of working across services. Through this approach, the Framework seeks to ensure that services are aligned, duplication is avoided, and supports are delivered in a coherent and joined-up way to best meet the needs of children and young people.

For the purposes of this document, home refers to the child and young person's home and wider community environments, while school refers to the educational environment and related school-based support.

1.4 Scope of Framework for Working Together

This framework applies initially to all OTs and SLTs in the NCSE and HSE / HSE funded services who are supporting children attending special schools. It also encompasses other HSE/ HSE funded professionals who may need to work directly with an NCSE ETS OT or SLT. It provides guidance on the principles of collaboration and joint working. It also provides clarity on the scope of service of each sector. This document is operational for the duration of the rollout of Strand One of the NCSE ETS to special schools. This framework will be reviewed throughout the initial implementation of the NCSE ETS and prior to the rollout of further phases of the NCSE ETS or at a minimum at two years. The Department of Education and Youth and the NCSE will have lead responsibility for this document and updates will be completed in collaboration with HSE/ HSE funded services. Insights and lessons emerging, together with learnings from the Local Implementation Forums (section 5.2), will inform the future evolution of this framework and will assist in the evaluation of this phase of the ETS. KPIs for this phase, together with associated outcomes and evaluation will be reported separately.

This framework does not replace any pre-existing arrangements for collaborative working within the NCSE, Education and/ or Health. Work is ongoing within Education and Health to continue to develop integrating working across broader services such as NEPS.

1.5 Policy, Protocols and Procedures

Each organisation, the NCSE and HSE/ HSE funded services, operates within their own policies, procedures, protocols and guidelines at national, lead agency and local levels.

This Framework will follow the direction of national strategy and policy. It is also informed by current legislation and national policies, including, but not limited to, the following:

- UN Convention on the Rights of Persons with Disabilities (UNCRPD)
- The National Human Rights Strategy for Disabled People 2025-2030
- Disability Act 2005
- UN Convention on the Rights of the Child
- An Inclusive Education for an Inclusive Society (NCSE 2024)
- Equal Status Act 2000

It is the responsibility of the NCSE, NCSE ETS and HSE / HSE funded services to ensure that all staff are aware of this Framework for Working Together and are implementing it in their service delivery to children, young people, and their families.

2.0 Scope of Service

2.1 Introduction

It is envisaged that the NCSE ETS and HSE / HSE funded services will continue to deliver services in line with their respective scopes of service and professional standards. These services will work in partnership and in accordance with the principles set out in this Framework. The distinct remits and functions of each organisation will be respected with the aim of ensuring coherent, and effective service delivery.

2.2 Scope of Service in the NCSE ETS

The NCSE ETS delivers a multi-tiered system of support at universal, targeted and individualised levels. The NCSE ETS will provide therapeutic interventions on a consistent basis supporting the inclusion of all children and young people and the enhancement of educational outcomes. Therapeutic interventions will be delivered across all tiers of the multi-tiered model of support, based on a child's therapeutic needs, while also taking account of the wider needs of the school to support all students in achieving the best possible learning outcomes. Therapeutic interventions may include a needs analysis, therapy planning and provision of supports as required. A child can access supports from one or all tiers simultaneously.

SLTs and OTs provide therapeutic interventions in the education context, working in partnership with children, families and the school community. The service focuses on educationally relevant goals while also building the capacity of the whole school system to deliver inclusive education. NCSE ETS supports provided to schools sit within a broader framework of integrated, holistic supports delivered across the NCSE, including through SENOs, advisors and specialist classroom supports. The model of service delivery is underpinned by strong inter-professional collaboration between therapists, teachers, SNAs, wider school staff and other relevant professionals, including NEPS.

Where a child is accessing supports across the NCSE ETS and HSE/ HSE funded services, both services will work together to ensure a consistent approach across a child's home and school's environments, such as:

- The review of assistive technology, software, interventions and/or strategies for a child or young person;
- ETS therapists sharing where appropriate, existing information arising from individualised intervention involvement to support multi-disciplinary diagnostic assessment led by HSE / HSE funded services; and
- Providing relevant clinical information where appropriate, and existing in the child/ young person's Student Support File, as part of the educational information requested via Assessment Officers through the school or existing NCSE Assessment of Educational Need process.

2.3 Out of Scope of Service in the NCSE ETS

The following services are out of scope for the NCSE ETS:

- Diagnostic assessment that requires multidisciplinary input across several contexts of a child's life.
- Assessment of Need reports. ETS therapists will not complete assessments required by Assessment Officers under Section 8 of the Disability Act (2005).
- Therapist led interventions that are not educationally relevant or do not have a school-based focus.
- Working in the home environment.

2.4 Scope of Service in HSE / HSE Funded Services

The HSE / HSE funded services deliver health and social care services to children and families in line with their values, service plans and policies. Primary Care Services, CDNTs and other health services operate within an integrated framework to ensure that children and young people are supported by the service most appropriate to their needs through coordinated pathways and collaboration between services. Children access Primary Care, CDNT and/or CAMHS based on their needs and as set out in the National Policy on Access to Services for Children & Young People with Disability & Developmental Delay and the CAMHS Operational Guideline. Collaboration between the NCSE ETS and HSE / HSE funded services will be undertaken within available resources, agreed service priorities and existing governance arrangements, recognising the operational and workforce pressures across services.

2.5 Primary Care

Primary Care services are usually the first point of contact for children when concerns arise, and they provide a first line of response. Primary Care services include public health nursing, psychology, speech and language therapy, occupational therapy, physiotherapy, social work, dietetics and community health doctors. In addition to HSE multi-disciplinary staff, general practitioners (GPs) and practice nurses are central to primary care service provision. Primary care services are currently delivered across Community Healthcare Networks of which there are 96 nationally.

The objective of Primary Care services is to improve the health of the population by providing local access to services and collaborating with specialised services to provide responsive and integrated care. Access to Primary Care services is determined by the range and extent of the child's functional difficulties and the level of unidisciplinary and multidisciplinary supports required. Children who have some difficulties and (a) do not have a disability, or (b) have a mild level of developmental delay, disability or mental health difficulty are seen at Primary Care level. They and their parents/carers receive information, guidance, assessments and specific interventions as appropriate.

2.6 Children's Disability Services

CDNTs are the primary providers of services for children with complex disability needs within the health system. In this context, complex needs generally refer to one or more impairments

that result in significant developmental and functional difficulties, requiring coordinated support from an interdisciplinary disability team. Therapeutic interventions such as OT and SLT have traditionally been delivered through the health service. Since 2021, children's disability services have been reconfigured to CDNTS which aim to provide a more consistent, equitable, and family-centred model of service delivery across the country.

Currently, therapeutic interventions for children with complex needs, and their families are delivered through 93 CDNTs nationally. These teams are designed to provide interdisciplinary supports, working in partnership with families to develop and implement integrated plans that reflect the child's and family's priorities and goals. While CDNTs are the main providers of disability services for children with complex disability needs, they operate as part of a broader health and social care system. Some children may also access supports through other services, including Primary Care, acute services, CAMHs and specialist programmes, depending on their individual needs.

It is important to recognise that, although the CDNT model sets out a clear framework for interdisciplinary, family-centred practice, service delivery can vary in practice due to factors such as levels of demand, workforce capacity, and local service configurations. As a result, access to services and the timing of interventions may differ across areas, with teams working to prioritise children based on assessed need and available resources.

CDNTs continue to work within an interdisciplinary model, with team members contributing their expertise to support coordinated care planning. This approach aims to ensure that supports are delivered in a cohesive and holistic way, while recognising the need for ongoing development and strengthening of services.

2.7 Child and Adolescent Mental Health Services

CAMHS provide specialist assessment, intervention and treatment for children and young people experiencing moderate to severe mental health difficulties. Multidisciplinary CAMHS teams typically comprise psychiatrists, psychologists, nurses, social workers, OTs, SLTs and other allied health professionals. Services are delivered through community-based teams, with referrals typically received from GPs, Primary Care services, schools and other healthcare professionals. CAMHS works collaboratively with families, schools and other agencies to support children and young people with complex mental health needs and in line with CAMHs operational guidelines.

Responsibility for clinical assessment, diagnosis, treatment planning, assistive technology prescription and health interventions will remain with HSE / HSE funded services for the duration of this framework, subject to periodic review.

Out of Scope for HSE Support to NCSE ETS

- Routine attendance at school meetings not related to active health interventions.
- Provision of reports outside statutory or clinical requirements.
- Routine clinical supervision of NCSE ETS staff.
- Responsibility for educational outcomes.
- Attendance at school reviews where there is no active HSE involvement.

3.0 Overarching Principles for Working Together

3.1 Overarching Principles for this Framework for Working Together

This Framework for Working Together is underpinned by a child-centred vision and guided by the principles outlined below. These principles were identified as foundational to success through the work of the ETS DSI Working Group, which considered and incorporated learning from a range of stakeholder engagement activities, including service design workshops, consultation with parents and guardians, and stakeholders across Health and Education. They reflect an understanding that children develop within interconnected systems, and that support must be integrated across these contexts to promote children's overall wellbeing, growth and development over time. The visual below illustrates a continuum of support, ensuring that children and young people receive the right level of intervention, to participate meaningfully in their school and home lives, regardless of where needs present. Support should be coordinated across settings where appropriate, with each organisation delivering services in accordance with its statutory functions, service model and available resources. Health and Education services have distinct statutory functions, governance arrangements and responsibilities, which will be respected while promoting collaboration. The principles recognise both the strengths and support needs of the child in informing service planning and delivery. Achieving the best outcomes requires a consistent,

coordinated and collaborative approach across the child's environments, including at home with family, in school, at play and within the wider community.

1. **Context Specific:** If therapy is provided in the school context, it will be educationally relevant, tailored to children and young person's needs, and aligned with the realities and culture of their school setting. If therapy is being provided through HSE / HSE funded services, it will be tailored to the child needs, their family and their community. All services and supports will be in line with each organisation's scope of service.
2. **Collaborative Partnership:** SLTs and OTs will collaborate, where appropriate and within available resources, in a manner that recognises and respects each other's roles, expertise, responsibilities, and membership within interdisciplinary teams. This collaboration will support coordinated, integrated, and consistent approaches across services and will be undertaken in partnership with the child, their parents/guardians and school community to support shared understanding and aligned approaches.
3. **Resources Maximised:** Through strong leadership, clear clinical governance and purposeful joint planning, the approach to joint working will provide child-centred services that bridge Education and Health. Where appropriate, joint professional development and supervision opportunities will be facilitated. This ensures alignment across services and contexts, promoting consistent, effective support for each child and young person.



Figure 1: Principles of Working Together

4.0 Operating Principles

4.1 Operating Principles

Given the government's commitment to the development of the NCSE ETS, these operating principles have been agreed to guide a seamless working framework for staff working in the NCSE ETS and related HSE / HSE funded services for children and young people. Nothing within these Operating Principles is intended to alter the respective statutory functions, eligibility criteria, referral pathways, clinical governance arrangements, funding responsibilities or resource allocation of the HSE / HSE funded services or the NCSE. Collaboration will operate within each organisation's agreed scope of service, available resources and governance arrangements. The framework does not create an automatic entitlement to dual or parallel service provision.

The NCSE ETS and HSE / HSE funded services have agreed to **work collaboratively to support children, their families and their school communities.** Supports are **context-specific**: NCSE ETS works within the child's school context, while HSE / HSE funded services work within the child and family context. This framework will assist therapists to identify and define actions when supports for a child or young person cross contexts. Children may access supports across different scopes of service, reflecting both educational needs and child and family needs. Where an OT and/ or SLT goal is identified within a specific context, the relevant service becomes the lead service for the identified intervention or identified goal and holds responsibility, with regard to that goal.

Where clearly identified needs require coordinated intervention across both educational and health settings, **services will collaborate** within available resources. In such cases, dual service provision will be delivered in line with agreed scopes of service and established communication pathways. Where different needs, such as physiotherapy and psychology, exist across educational and health contexts, services will work together and **provide complementary interventions, as appropriate,** and in accordance with their respective scopes of service.

NCSE ETS comprises OT and SLT supports, delivered within the school setting. Where a child requires clinical input beyond this scope, clinical governance, professional supervision and accountability remain with the employing organisation. Alternatively, to meet a child or school's need, **additional educational supports,** including input from wider NCSE services/ NEPS and/ or a combination of all services may be most appropriate.

The NCSE ETS is **an additional support to children and young people** in schools. As ETS is rolled out to special schools, the NCSE and HSE / HSE funded services will work together to ensure continuity and coordination of care, in line with available resources. Where clinically appropriate, HSE / HSE funded supports may continue to be delivered in schools, subject to available resources.

Existing funding arrangements for assistive technology will remain in place. The current process for accessing this funding will continue, pending nationally agreed changes.

The NCSE ETS and HSE / HSE funded services agree to share relevant information where necessary and appropriate, in accordance with each organisations data protection policies and data sharing agreements. Currently, therapists require documented parental / guardian informed consent before discussing children.

5.0 Governance

5.1 Governance Overview and Resolution

Governance

Each organisation retains responsibility for its own governance, clinical accountability, workforce, resources and service delivery, within its agreed scope of service. Collaboration does not transfer statutory or organisational responsibilities between services. NCSE ETS and HSE / HSE funded services will deliver services, in the context of the respective roles and responsibilities of each organisation. They will value and respect the professional expertise and roles of each service and each school community. All OTs and SLTs employed across both sectors must adhere to CORU's Code of Professional Conduct and Ethics and work within their own Professional Practice standards and Scopes of Practice. Professional supervision, clinical governance and professional accountability remain the responsibility of the employing organisation. Each service will ensure that the highest professional standards are maintained in relation to confidentiality and any information sharing will have the appropriate informed consent.

Duty of care remains within the governance arrangements of the employing organisation and individual therapist in accordance with professional standards, organisational policies and scope of service. Where risks or safeguarding concerns are identified, the relevant services will communicate and take appropriate action in accordance with their respective statutory responsibilities, organisational policies and established escalation pathways.

Resolving Differences

Where differences arise regarding clinical opinion, these should initially be addressed through professional discussion and the relevant organisational line management arrangements. Matters relating to resources, workforce, funding and / or organisational responsibility should be escalated through the appropriate governance and management structures of the respective organisations. In circumstances where this is not possible through organisational line management structures, it can be escalated. Governance for the NCSE ETS programme, at a national level, will continue through the ETS Steering Group. Through this mechanism, and direct links cross-sectorally, any issues that impact on the overall delivery of services can be addressed.

5.2 Local Implementation Forums

Throughout the initial phases of implementation of the NCSE ETS, local implementation forums (LIFs) will be established. LIFs are implementation and coordination forums and do not replace existing organisational governance, management or clinical accountability arrangements. The LIFs will enable therapists and services locally to discuss implementation, establish links in the most appropriate geographical locations, document lessons learned and to inform further iterations of a Framework for Working Together.

6.0 Communication & Ways of Working

6.1 Communication Pathway

Communication is key to ensuring coordination and consistency across services. Pathways for communication are designed to:

- Support shared understanding of the children and young person's needs
- Ensure clarity of roles, responsibilities and decision-making authority
- Provide structured and consistent communication pathways
- Reduce risk associated with unclear accountability or fragmented care

6.2 Sharing of Information and Building Networks

It is important that both Health and Education have clear mechanisms in place to share information on the supports and services delivered to children in special schools, supported by a structured network for therapists to collaborate, share practice and build a shared understanding of patterns of need. Where appropriate, NCSE ETS and HSE / HSE funded services will establish local communication arrangements to support coordination and information sharing. As part of this, NCSE ETS and HSE / HSE funded services should meet regularly throughout the year, with a minimum of biannual meetings. The specific geographic makeup of these networks, a clear schedule of meetings, membership, responsibility for convening meetings and expected outputs will require agreement at local level through the NCSE and Regional Health Areas (RHA).



Identify Relevant Counterparts

NCSE ETS are clear on:

- Named HSE / HSE funded services therapist / manager contacts
- Agreed mechanisms for contact and coordination

HSE / HSE funded services are clear on:

- Named NCSE ETS therapist/manager contacts
- Agreed mechanisms for contact and coordination

6.3 Pathway for Working Together for an Individual Child (Tier 3)

Where a therapist identifies a child or young person's need in either context, therapists should discuss the level and nature of consultation required. This decision should be based on where a child's needs intersect across education and health, to ensure coordinated services.

The therapists should determine a named contact responsible for coordinating care for the child and determining who is responsible for what aspects of the support. To facilitate working together, NCSE ETS and HSE / HSE funded services should engage in a joint consultation to:

- Agree goals
- Identify a named contact
- Clarify roles and responsibilities
- Identify all relevant stakeholders
- Establish communication methods
- Identify interventions
- Identify gaps and escalation procedures as appropriate.
- Agree timelines

Where joint working is required, agreed actions will be recorded in line with each organisations record policy. This will be documented in line with usual practice, including within existing plans such as the IFSP or SSP where applicable, and should be reviewed as per agreed timelines.

6.4 Roles and Responsibilities for a Named Contact

The Named Contact should be identified considering the child's primary needs, and which service is best placed to respond within its scope of service. The Named Contact will generally be the therapist whose interventions are expected to have the greatest impact on the child's participation, functioning, and outcomes across home, school, and community settings. The Named Contact may change over time depending on circumstances and interventions. The Named Contact's responsibilities to coordinate care include:

- Ensuring child's needs indicate joint working is required
- Ensure needs HSE / HSE funded services are responsible for are agreed and documented
- Ensure needs NCSE ETS are responsible for are agreed and documented
- Agree and document what is being delivered jointly
- Identify and document any gaps in service provision
- Identify and document any actions agreed to address gaps
- Ensure timelines and reviews are documented
- Ensure issues are escalated as appropriate

The Named Contact is not responsible for the delivery of supports across all services. Where agreement cannot be reached, escalation will occur through the agreed governance and escalation procedures. If collaboration is not possible due to resources or a child not being active with either service, the therapist that has identified the need will make the appropriate referral, highlight the need and continue to support the child's needs within their scope of service. Limited resources, waiting list or absence of provision within one service does not transfer responsibility for that service's functions to the other organisation.

6.5 Jointly Coordinated Support

Where goals are best addressed through working together across home and school contexts, coordinated supports are delivered in line with an agreed joint action plan, including the identification of a Named Contact. Data will be shared in line with agreed practices, ensuring that relevant and key information is communicated, in accordance with data sharing arrangements. Each service will ensure that the highest professional standards are maintained in relation to confidentiality, and any information sharing will have the appropriate informed consent.

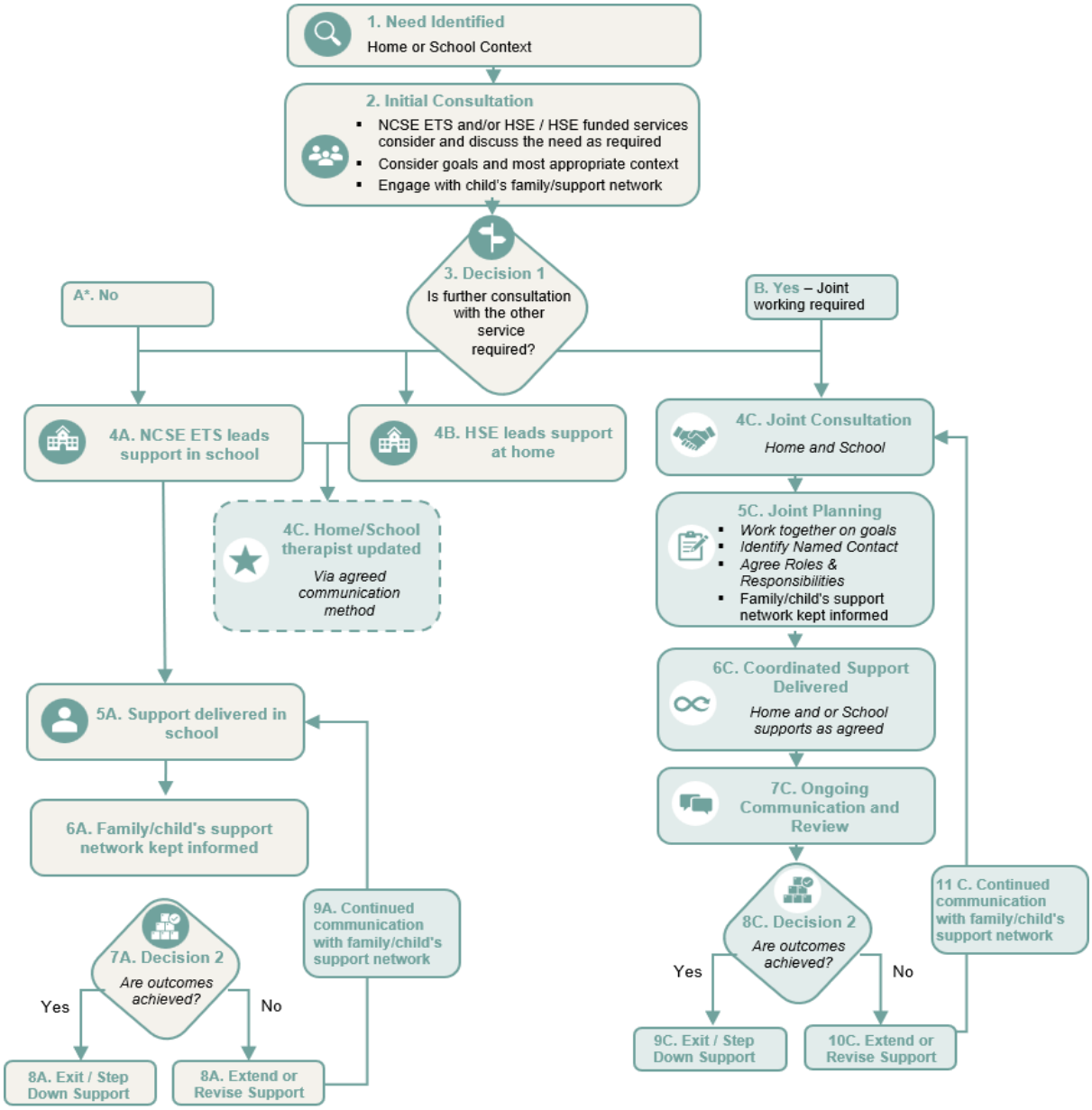
6.6 School Led Support (NCSE ETS)

Where it is agreed that goals are best addressed in the school context, NCSE ETS therapists lead the delivery of support in collaboration with the child, their family and/ or guardians and the school community. Support is delivered within a multi-tiered system of support and progress is reviewed through agreed communication channels. Where joint working is not required, HSE / HSE funded services will be kept informed of agreed plans and progress through established communication and information-sharing arrangements, as appropriate, to support continuity of care and a shared understanding across services.

6.7 Home Led Support

Where required, services will communicate regarding agreed shared goals through established communication pathways ensuring alignment across contexts and shared oversight of progress.

6.8 Engagement Process for Tier Three Supports



Effective collaboration across education, health and other relevant services supports a coordinated and holistic response to the needs of the child or young person. By aligning goals, sharing relevant information and coordinating supports, services can work together to provide a more seamless experience for children, young people and their families. This can enhance participation, inclusion and outcomes for the child or young person, while reducing duplication, improving communication and creating a more integrated and coordinated service experience for families.

7.0 Appendices

7.1 ETS Distinct Service Identity (DSI) Working Group

The importance of a distinct service identity between HSE / HSE funded services and the NCSE ETS is central to the safe and effective rollout of ETS, as it underpins clarity for schools and families, protects professional practice, and supports collaboration across services.

A distinct service identity between the NCSE ETS and HSE / HSE funded services is not about separation, but about creating a clearer, safer experience for children and young people. It ensures they receive the right support, in the right setting, from the right professionals, without confusion or duplication. By clarifying roles and responsibilities across the ETS and HSE / HSE funded services, it protects continuity of care, supports schools and families to navigate the system with confidence, and enables both services to work together in a coordinated and sustainable way around the child.

7.1.1 Members of the Working Group

The ETS DSI Working Group convened its first meeting in November 2025. Nominations for representatives from HSE / HSE Funded Services were coordinated through Access and Integration, with membership drawn from across disability services and primary care to ensure appropriate cross-sector representation. Membership of the ETS DSI working Group from both Health and Education is outlined in more detail below. Representation from CAMHS was provided through the ETS Health and Education Oversight Group, to which the ETS DSI Working Group reports in accordance with the ETS Programme Governance structure.

Alongside CAMHS, the ETS Health and Education Oversight Group, also includes representation from the NCSE, the Health Service Executive HSE / HSE funded services, the DEY, the Department of Health (DoH), and DCDE.

The ETS Health and Education Oversight Group reports to the ETS Steering Group, which comprises representatives from the DEY, NCSE, NEPS, the Inspectorate, the DoH, DCDE, and an academic expert.

Membership of the ETS DSI Working Group:

- PO, Special Education
- APs, Special Education
- Head of ETS, NCSE
- Professor of Occupational Therapy and HSE Clinical Lead for the National Clinical Programme for People with Disability
- Children's Disability Network Manager, Enable Ireland
- Primary Care Head of Discipline (SLT), HSE
- Primary Care Head of Discipline (OT), HSE
- National Service Improvement Lead, HSE (member until January 2026)
- Interim Head of Disability Services, HSE
- SLT, Fórsa Representative (HSE / HSE funded services)
- OT, Fórsa Representative (HSE / HSE funded services)
- SLT, Fórsa Representative (Education)
- OT, Fórsa Representative (Education)
- NCSE Therapy Specialist Lead SLT
- NCSE Therapy Specialist Lead OT
- Occupational Therapist, HSE
- Speech and Language Therapist, HSE
- Clinical Specialist/ Therapy Advisor, DCDE
- HSE / HSE funded services and Social Care Professions Regional Integration Development Lead, HSE

Chairing responsibilities were shared on a rotational basis between the DEY and the HSE / HSE Funded Services. Co-Chairs for this group were Nicola Jones, Special Education, DEY, and Rosie Gowran, Clinical Lead National Clinical Programme for People with Disability, HSE.

The development of this Framework has also been informed by extensive stakeholder engagement, including cross-sectoral engagement through working groups, focus groups and workshops with representatives from Health and Education, and ETS service design interviews and workshops involving representatives from schools, parents, and health and education services. Members of the governance groups were encouraged to engage with their respective organisations and professional networks throughout the development

process to ensure broader stakeholder input, capture diverse perspectives, and inform the ongoing refinement of the Framework. The Working Group wishes to formally acknowledge and thank all stakeholders who contributed feedback and insights throughout the consultation phase, which informed the development of this protocol.

The Group agreed the following Terms of Reference:

- Define the scope of service for OTs and SLTs within the ETS, including engagement with children and young people, families, and school communities. Define the scope of service for OTs and SLTs within the NCSE ETS, including engagement with children and young people, families, and school communities.
- Define the scope of service for OTs and SLTs in children's services as it relates to engagement with the ETS and support for children in school settings. Define the scope of service for OTs and SLTs in children's services as it relates to engagement with the NCSE ETS and support for children in school settings.
- Clarify the NCSE ETS role in working with parents/families in the home context and outline associated communication pathways.
- Establish clear, distinct roles and responsibilities for OTs and SLTs across the ETS and children's services.
- Gather feedback from services, RHAs, and focus groups to inform recommended scopes of practice for HSE / HSE funded services and Education.
- Review evidence on school-based service models to inform recommendations on a distinct service identity.
- Identify tasks best delivered in school or home settings and determine the most appropriate service to lead each.
- Identify opportunities for joint working and approaches to minimise duplication across sectors.
- Produce a consolidated report with recommendations on service identity for NCSE ETS and existing services, including next steps and areas requiring further review. Produce a consolidated report with recommendations on service identity for NCSE ETS and existing services, including next steps and areas requiring further review
- Develop policies, pathways, and frameworks for ETS, ensuring alignment across sectors and supporting communication.
- Guide the phased implementation of ETS in special schools, ensuring alignment with policy and operational frameworks, and capture learning to inform subsequent phases.

7.1.2 Key Critical Success Factors

This Framework has been developed with the view that every participant in the Health and Education system plays an important role in achieving the transformation as previously described in this document.

7.2 Glossary of Terms

Term	Definition
Education Therapy Service	The NCSE's Education Therapy Service provides Occupational and Speech and Language Therapists who employ a multi-tiered model of support, to children and young people in school. A multi-tiered system of support includes interventions at a universal, targeted and individualised level.
Educationally relevant	The goals of a child or young person to be achieved over a certain time period within a school/education context. Includes the strategies, resources and supports that are needed to help a child/young person reach their goals in a school/education context. It is important to recognise that there will be overlap of goals in the home and school environment.
Educationally relevant outcomes	Educationally relevant outcomes currently include independence, sense of belonging and school connectedness, academic achievement, attendance, end of school outcomes and promotes children and young person's participation, engagement and functional performance in school. The outcomes listed above have been developed in line with the NCSE's 2014 policy paper where five key outcomes for students with special educational needs as part of its policy advice paper in 2014. ▪ Academic achievement-related outcomes (such as literary, numeracy, examination results) ▪ Attendance related outcomes (such as school attendance, early school leaving). ▪ Happiness-related outcomes (such as confidence, self-esteem, quality of life indicators) ▪ Independence-related outcomes (such as socialisation skills, independence skills). (Douglas et al, 2012) ▪ End of school outcomes (Results of state examinations, progression into employment, further and higher education, HSE / HSE funded services etc.)
NCSE ETS Therapist	Therapists working in the NCSE, providing support to children and young people in the school context.

HSE / HSE Funded Services Therapist	Therapists working in HSE / HSE funded services who work within the child and family context.
Joint Action Plan	The Joint Action Plan is co-created. Progress and response to intervention are monitored and reviewed regularly, with updates recorded in the Joint Action Plan by the named therapist and any collaborating therapists. Review of response to intervention is a collaborative process involving therapists, teachers, parents or guardians, and the child or young person.
Framework for Working Together	This Framework defines how Education and HSE / HSE funded services will collaborate, share information, and coordinate therapeutic interventions to achieve common goals and ensuring consistent, safe, and effective service delivery for children and young people, in their relevant context.
Named Contact	The named contact is responsible for coordinating, delivering, and overseeing care within a multidisciplinary or multi-agency team. They act as the central point of contact for complex cases, ensuring that interventions from different professionals are integrated into a cohesive plan which is centred on the child/young person. The identification of the named contact is dependent on/linked to the context in which the need is identified.
Needs Analysis	The NCSE ETS is responsive to educational contexts and is needs led. NCSE ETS supports may be initiated where an educational need is identified at child, class or school level. A needs analysis may encompass consultation, shared goal setting, environmental audits, educational observations, student support plans and/ or clinical assessment findings. The purpose is to determine the supports, strategies and interventions required to enhance participation, inclusion and educational outcomes, rather than to establish eligibility for services.
Identification of Need	Identifying where a child/young person requires support in the form of strategies and/or resources to help them reach their goals in the relevant context. i.e. home/school. The need can be identified by parents, families, therapists, school communities or other personnel. Once the need has been established and its associated context, the lead clinician can be identified. The Continuum of Support is the framework outlined in the Department's special education teaching guidelines and used by schools to guide the identification of children and young people's strengths and support needs.
Special Educational Needs	As per the Education for Persons with Special Educational Needs (EPSEN) Act 2004, special educational needs means, in relation to a person, a restriction in the capacity of the person to participate in and benefit from education on account of an enduring physical, sensory, mental health or learning disability, or any other condition which results in a person learning differently from a person without that condition.

School Community	School Community refers to school leaders, school management, teaching and non-teaching staff, including SNAs and bus escorts, students and parents/guardians.
Scope of Practice	Within the practice of each profession and individual therapist. It is defined by laws, regulations and professional standards.
Scope of Service	Agreed remit of a service. It is defined by policies, models of service, service plan and strategy.
HSE / HSE Funded Services	References to HSE / HSE funded services include HSE funded agencies such as S38 and S39.
HSE / HSE Funded Services & Education Professionals	Qualified professionals across the HSE / HSE funded services and Education sectors who work collaboratively to support children and young. For example, this also includes SENO's and Advisors in the NCSE and NEPS Psychologists.
Therapeutic Interventions	A series of actions/ process undertaken by therapists to address identified educational needs with the planned outcome of increased participation in learning. Interventions are an iterative process encompassing needs analysis, assessment, collaborative goal focused practice at child, class or school level. and direct input to teachers and students. Depending on the intervention active coaching and modelling, follow on recommendations and environmental modifications may also form part of the therapeutic intervention.
IFSP	HSE CDNTs plan what goals they will work towards for a child or young person. This is called an individual family support plan.
SSP	A student Support Plan is an individualised document that outlines specific learning targets, teaching strategies, and targeted interventions for a student with additional or special educational needs.
Assistive Product	According to WHO's definition, an assistive product is any external product, specially produced or generally available, the primary purpose of which is to maintain or improve an individual's functioning and independence and thereby promote their well-being.
Data Sharing	The NCSE ETS and HSE / HSE funded services agree to share relevant information where necessary and appropriate, in accordance organisations data protection policies and data sharing agreements. Currently, therapists require documented parental/ guardian informed consent before discussing children.

7.3 References

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