



An Roinn Oideachais
Department of Education

North East Inner City Multi-Disciplinary Team

Annual Report 2021-2022



NEIC MDT Vision Statement

The vision of the MDT is to deliver a high quality, collaborative school-based service across the disciplines of Occupational Therapy, Speech and Language Therapy and Psychology to 10 primary schools in Dublin's North East inner city. The MDT supports all children with particular regard for those with additional needs.

NEIC MDT Objectives

1. Provide a professional school based and child-centred service in a timely manner.
2. Respond to the presenting needs in school, home and the wider community with targeted supports and interventions.
3. Provide a tiered model of support matching the MDT interventions to the needs of the child at home and at school.
4. Support school staff to identify needs, provide early intervention and develop best practice in the areas of OT, SLT and Psychology.
5. Delivery of evidence based training and provision of resources for school staff and parents that positively impact on the lives of all children, their parents and the school community, with particular regard for children with the greatest needs.
6. Provide consultation, assessment and therapeutic interventions for those children with the greatest level of need.
7. Develop collaborative partnerships with schools, families and the wider community to ensure efficient, integrated service delivery.

Acknowledgments

This report acknowledges the tremendous work of the dedicated NEIC MDT 2021/2022 comprising of:

<i>NEIC MDT 2021/2022</i>
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The MDT also wish to acknowledge the support of Miriam Doherty, HSE Administrative support and Eilish O'Connor, NEPS Administrative Support.

The MDT team wish to express their thanks to the schools for their warm welcome. The MDT Working Group and Steering Committee wish to acknowledge the work of the school principals and staff for supporting the development of the NEIC MDT and for the administrative and organisational work required to facilitate the additional professionals delivering a service in each of the schools.

There has been active engagement from all of the schools in a collaborative approach to meeting the needs of all children in the 10 NEIC schools. The school section in this year's annual report clearly shows the range and depth of casework and training that school staff collaborated on, with the MDT.

The MDT also wish to acknowledge the collaboration of a broad range of community and health partners in delivering a collaborative and comprehensive service to schools and families in the NEIC community.

The Report is compiled on behalf of the NEIC MDT Steering Group comprising:

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****Please note where the term parent is used in this document this includes parents, guardians and carers***

Introduction

The North East Inner City Multi-Disciplinary Team (NEIC MDT) comprises of Educational Psychologists from the National Educational Psychological Service (NEPS) of the Department of Education (DE), and Health Service Executive (HSE) Primary Care Speech and Language Therapists, Occupational Therapists and Psychologist. This project is an interagency collaboration between the HSE and DE which provides a multidisciplinary team to ten NEIC primary schools. The NEIC MDT (hereafter referred to as the MDT) provide school staff, children and families quick access to on-site Speech and Language Therapists, Occupational Therapists and Psychologists. The MDT posts were filled with additional posts created in the HSE and NEPS. The MDT provide a wraparound service including preventative work, early intervention, assessment and therapeutic intervention, to support all children, school staff and families. This is the second academic year that the MDT has been operational in ten NEIC primary schools and the MDT have been acknowledged by both the HSE and Civil Service for excellence in practice. In May 2022 the MDT were awarded an Honorary Mention Award in the Healthcare Centre Awards 2022. NEPS and the DE Inspectorate submitted the MDT for the Civil Service Excellence and Innovation Award 2022 and the MDT have been shortlisted for the award under the category of 'Embedding Innovation and Excellence through Collaboration'.

The MDT Annual Report 2021-2022 will present the work of the MDT across 5 sections:

Section 1: What schools are saying about the MDT. This section presents the views of the NEIC school principals on the service delivered by the MDT. This section includes information gathered from survey and focus groups with school principals.

Sections 2: What is the NEIC MDT. This sections presents the background to the MDT, the MDT clusters, what the MDT do, who they work with and how the MDT engage with existing school support structures

Section 3: How is MDT impact being measured. This section presents the MDT evaluation framework which is informed by the Balanced System®.

Section 4: What work has the MDT delivered in the NEIC. This section presents the quantitative and qualitative data on the range of services delivered to schools. Data is provided from NEPS and the HSE from September 2021 to June 2022. This year, the report will also capture the 'voice' of schools about the impact of the MDT services. Case studies highlighting interventions and training undertaken with children, school staff and parents are presented.

Section 5: Reflections. This sections presents a review of the MDT progress to date and reflections on the next steps for the MDT service.

Section 1

1. What schools are saying about the MDT

In 2021/2022 the MDT placed an emphasis on developing the partnership between the team and schools. School principals and the MDT engaged in focus groups to promote greater collaboration and alignment of practice with school staff and the MDT. The views of school leaders were also recorded in the end of year survey on MDT services, to guide school staff and the MDT in understanding roles and responsibilities of the school and MDT staff, promoting clear lines of communication and efficient practice. In this section of the Annual Report the views of school leaders on the services of the MDT are presented.

1.1. Principals Focus Group with MDT Working Group

Principals were asked four questions about the services of the MDT. The purpose of the focus group was to gather the views of principals on school based impacts of the MDT service and also to identify opportunities for development of partnership between schools and the MDT and for improvement of MDT services.

Question 1 - Are the right children, getting the right service, at the right time?

Principal Responses included:		
MDT service is unrecognisable to what we had before	Joint HSE and NEPS referral procedure is very smooth	The MDT is fast, effective and efficient
School and MDT working together very well	Improved relationship with parents – children are improving right before our very eyes	The fact that the service is in school is very important
The service is brilliant, we have so many children with needs, they are getting the services they deserve	MDT going beyond the call of duty especially with exceptional cases and hard to reach families	Seamless access to NEPS and HSE service

Question 2 - Are the learnings from casework and support and development work being transferred and utilised by school staff in classrooms, SEN and the broader school community/home?

Principal Responses included:		
Identification of need is clearer now; teachers clearer on need and identification of need this has come from the Support and Development work of the MDT	In the past, reports were used to apply for increased school supports, now recommendations are clearer and more meaningful and are making	Teachers more positive, better understanding, better equipped

	their way into targets for the School Support Plans	
Increased toolkit for teachers	Teachers have strategies to share with parents and have increased parental involvement as part of the school support plan	Referrals – teachers know what they need to be looking for; greater awareness of need
Recommendations from reports being implemented more at school/home level	Teachers trialling different things after MDT support	Recommendations and actions for home support are improving

Question 3 - Is the CPD, coaching and modelling support provided by the MDT developing teaching and learning practises? If not, why not and what more can be done to help generalisation of skills and generation of new practice?

Principal Responses included:		
In –class coaching is so effective. The SLT working with class themes and teachers is improving practice in schools	Words Their Way literacy intervention is implemented in certain classes and based on its success will be transferred to other classes	Principals and teachers gave very positive feedback regarding in-class coaching - Teachers observing the in-class coaching builds their capacity

Question 4 - Are there school based indicators that show the direct/indirect impact of the MDT?

Principal Responses included:		
Less suspensions due to behaviour and regulation strategies being implemented in school on the back of MDT training	Parental involvement is increased	Parents are grateful for the support they are getting
Teacher wellbeing is improved, as teachers feel more supported, now we have someone to speak to and get support when issues arise	Increased awareness of children’s needs among school staff	Classroom environments are calmer and pupils demonstrate more readiness to engage in learning
School staff are not left handling serious needs alone.	Children are getting the help they need and making progress more easily	More understanding of children’s developmental needs is leading to more targeted teacher responses

1.1.2 Principal's Survey Feedback

At the end of the school year the 10 school principals were invited to complete an online survey in order to provide feedback on their engagement with and delivery of service from the MDT during 2021/22. 9 of the 10 school principals completed the survey. 18 questions were asked focusing on the range of services offered by the MDT. In line with the partnership framework, a number of questions were also asked about the responsibility of the school staff in relation to their engagement with the MDT and the impact of MDT on developing best practice in schools.

There was an overwhelming positive response to questions including:

- 100% said that they were satisfied or very satisfied of the work of the MDT
- 100% said they had received timely responses to requests for involvement (referrals) of the MDT
- 100% said the MDT were meeting the presenting needs in their school and collaborating very well with school staff
- 100% were satisfied or very satisfied with how the MDT communicated updates on casework and support and development work with schools

When asked for ideas on developing the MDT service, respondents indicated that the current situation is working very well *"the MDT have been brilliant about relaying work done and work with staff. There is a very efficient service in place"*.

The Principals reported that through MDT support teachers have gained confidence in identification and support of children's learning needs, language, motor development, social and emotional wellbeing, for example, *"it was great to see a staff member enthused by meeting with the MDT and willing to try something different with a child they find very challenging"*. When asked for final comments, some examples included:



Figure 16: Principals Feedback on MDT work

1.2 What is the North East Inner City MDT

The North East Inner City area of Dublin extends from Busáras/Connolly Station to Croke Park, bordering parts of Dorset St, O'Connell St on the west, over to the edge of East Wall and has a population of approximately 20,000 people. This is an area with a vibrant community and it is an area that has suffered from a range of underlying socio-economic problems for generations. The Mulvey Report for 'Creating a Brighter Future' in Dublin's North East Inner City (NEIC) was published in February 2017. It was written in response to the underlying socio-economic problems in the NEIC. The Report outlines the drivers for change and presented a clear vision for the future of the NEIC and it led to the establishment of the NEIC Programme Implementation Board (PIB). The PIB is tasked with operationalising the recommendations set out in the Mulvey Report to address current and future social and economic challenges in the NEIC.

The NEIC MDT is a dedicated team for the primary schools in the North East Inner City, comprising of 3 HSE Speech and Language therapists; 3 HSE Occupational Therapists; 1 HSE psychologist and 3 NEPS psychologists. The MDT was established in the ten NEIC primary schools in September 2020. A part-time clerical administrator and a HSE Co-ordinator post were also funded. The Programme Implementation Board (PIB) funded the MDT for 2020-2021. In January 2022 the HSE members of the MDT were mainstreamed under the HSE budget. This reflects the long-term commitment from the HSE to maintain this additional resource in the NEIC. From 2022, the funding for the enhanced NEPS service provision is drawn from the Department of Education allocation.

In the document, *The Social and Economic Regeneration of Dublin's North East Inner City (NEIC) 2020 – 2022 Strategic Plan* the vision is to 'Make the North East Inner City a safe, attractive and vibrant living and working environment for the community and its families with opportunities for all to lead full lives'. There are a number of strategic goals identified to achieve this vision and the MDT vision and goals are aligned with the implementation of this Strategic Plan. The MDT work supports two key goals that are outlined in the NEIC Strategic Plan. These include:

- **Work stream 2: Maximising education opportunities:** the MDT provide training and support for school staff and parents to address emerging needs and for early intervention to support healthy child development. The MDT also provide therapeutic support and direct interventions for learning, communication and developmental difficulties, and for social, emotional, behavioural challenges. The MDT also prioritises support for pupils moving to post primary school and for children with the most significant needs.
- **Work stream 3: Improve Community Health and Wellbeing:** the MDT work with schools and families to promote wellbeing of the whole school

community, to develop trauma informed practice in schools and to foster positive relationships. The MDT support an inclusive school environment that increases the sense of belonging for all children and enables them to reach their potential. Training, consultation and in-class modelling is provided using evidence based practice. There is a focus on mental health initiatives with particular regard for vulnerable children and ‘hard to reach’ families. The MDT also liaises with a range of school and community partners to promote wellbeing and alignment of mental health and community services for children and their families. Working with teaching and support staff in schools, including the Home School Community Liaison Person and the City Connects Coordinator*, and the wider community services such as, Young People at Risk.

1.3 MDT Clusters

The MDT is embedded in schools to build on the existing supports and to acknowledge and respond to the high level of need that pupils and families in this community present with. The schools are divided into 3 clusters; each cluster has approximately 600 pupils and a designated MDT in each cluster. Each MDT cluster comprises of;

- An Educational Psychologist (NEPS)
- A Speech and Language Therapist (SLT)
- An Occupational Therapist (OT)

The three clusters are outlined in Table 1;

	Cluster 1	Cluster 2	Cluster 3
Schools	St Vincent’s BNS St Vincent’s GNS O Connell’s BNS Scoil Chaoimhín	Gardiner St NS St Laurence O’Toole NS St. Laurence O’Toole CBS	Central Model Infant NS Central Model Senior NS Rutland St NS
MDT Staff	Lorna Mc Dermott NEPS, Shannon Gaughan SLT, Ciara Taaffe OT, Jennifer Kelly HSE Psychology*	Rhona Larney NEPS, Aoife Scott SLT Aideen McKiernan OT Jennifer Kelly HSE Psychology*	Sinead Fahy NEPS, Alison Allen SLT, Jessie O’Neill OT, Jennifer Kelly HSE Psychology*
*There is one HSE Primary Care Psychologist assigned to the MDT and this team member works with parents and families across all three clusters.			

Table 1: School Clusters in NEIC MDT

* The NEIC City Connects Pilot Project is a school-based intervention to promote equity of outcome for all children. City Connects is a collaboration among schools, community agencies, Tusla, Department of Education, Boston College and Mary Immaculate College (MIC), Limerick. City Connects staff include one Programme Manager and five Coordinators who work across the ten NEIC Primary schools. It offers a strategic,

systemic, and systematic mechanism to enable children to meet their potential by having their strengths and needs identified and addressed

1.4 What the MDT does

The MDT works with children who have emerging or established needs in the areas shown below and who may have difficulties at home and/or in school life. The MDT supports children to develop their capacity to engage in all activities of daily life by working with the child and the key adults in their lives (parents and school staff).

There are four disciplines working in the MDT and each discipline has expertise and experience to work on particular areas of child development in school, at home and in the community. Some of the key areas supported are outlined in Figure 1.



Figure 1: MDT Discipline Descriptions

The NEIC Team meet with school principals and Special Education Staff at the beginning of each academic year to set out priorities for support and development work (staff training) and also to review pupil's needs and make referrals to the team for individual casework, this may include assessment and intervention. Appendix 1 outlines the practice of the MDT in schools.

MDT work can be divided into two elements as outlined in Figure 2.

<p>1. Support & Development Service Applying psychological, SLT and OT theory through training, workshops and advice to build the capacity of school staff and parents to respond to the wellbeing, academic, developmental, social and emotional needs of all children. Working with the supporting adults to develop best practice in schools and homes</p>
<p>2. Individual Casework Service Consultation, assessment and delivery of intervention across the three disciplines of Psychology, SLT and OT at an individual pupil level.</p>

Figure 2: The Work of the MDT

1. Support and Development Work of the MDT:

The MDT aims to make a sustainable impact on the teaching and learning in the 10 NEIC schools, helping school staff and parents to develop their skills to support children with a range of issues, including:

- learning difficulties
- speech and language difficulties
- sensory or co-ordination difficulties
- social, emotional and behavioral difficulties both at home and in school.

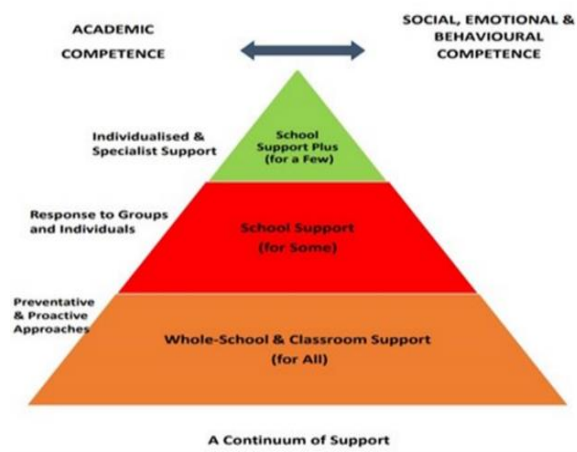
This work involves the team devising and delivering bespoke training for school staff and parents, modelling strategies in the classroom and running workshops on evidence based programmes and interventions. The goal is to help the key adults to support the transfer of learning from therapeutic SLT, OT and Psychology interventions to home and to school, impacting on all children and the broader school community.

2. Individual Casework service:

School staff use the Department of Education's [Student Support File](#) to record the presenting needs of pupils and to set out targets and strategies to develop their skills. If a child requires additional support, the class teacher liaises with the Special Education Teacher (SET) and they may decide to request the involvement of the MDT. The SET or school principal will consult with the MDT and with written parental consent; a referral to the MDT will be made. The team analyse the referral information and identify the next steps to support the child, family, and school. This involves a range of actions, including; consultation with key stakeholders (child/school staff/parent/relevant services), observations of the child, assessment and delivery of intervention.

The Continuum of Support (CoS)

The Continuum of Support is the model which schools use to deploy their Special Education Teachers (SETs) allocation. The work of the MDT is aligned with the CoS to ensure that schools maximise the range of resources available to them and to ensure that the right people get the right service at the right time. The CoS is underpinned by the principle that those children with the greatest level of need receive the greatest level of support. The CoS recognises that needs occur along a continuum, ranging from mild to severe and that needs may change and require different levels of support over time. It then follows that supports and interventions are delivered along a continuum, ranging from prevention to targeted groups, to more individualised and intensive supports for those with the greatest



needs. The MDT understands that not every child needs the same amount of support to do well in school/at home. As a result, the MDT provides a service that aligns with the schools' CoS, where the need of the child, family and school determine the level of intervention and support offered by the MDT. There is not one type of intervention that will meet all needs, so the MDT offers a range of supports at all three levels of the CoS. Figure 3 identifies the three levels of the CoS.

Figure 3: Continuum of Support

1.5 Who the MDT work with

The MDT acknowledges that, in order to support children there is a need to support the key adults in their lives. The impact of therapist or psychologist-led interventions and advice is greatly enhanced when there is parental engagement to practice new skills at home and teachers embedding new practice to bridge learning back into the classroom. With this in mind, the MDT works collaboratively with school staff, parents and support services in both the school and the community to provide a comprehensive response to the needs of children, family and schools. This is presented in Figure 4.

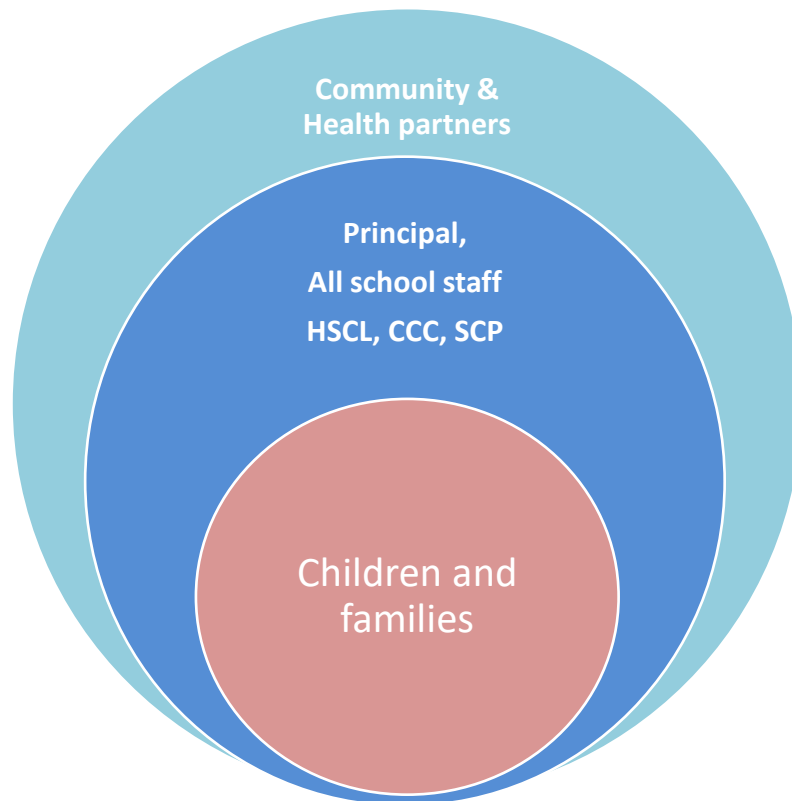


Figure 4: who the MDT work with

1.6 MDT Structures

Structures have been developed to support the work of the MDT service, and to address issues arising in a timely manner. These include a MDT Steering Committee, which meets four times a year, and the MDT Working Group (MDT WG) who meet regularly to address operational issues as they arise.

The MDT structures are presented in Figure 5 below.

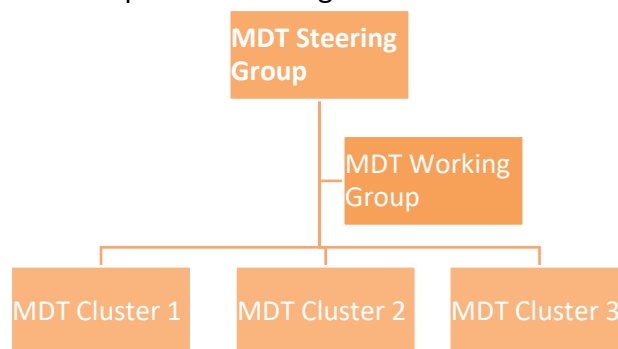


Figure 5: Organisation of MDT Oversight Structures

The MDT WG attend the Integrated Model of In-school Services Working Group and the Principals Network Meetings. The chairperson of the MDT Steering Committee attends the NEIC City Connects Steering Committee.

Section 2

2.1 MDT Service Evaluation Framework

The MDT Steering Committee considered a number of evaluation frameworks for outlining and reporting on the work of the MDT. The Balanced System® is the evaluation framework selected to inform the MDT Annual Report 2021-22.

The Balanced System® framework and suite of tools and templates can be used to improve the development and delivery of services, particularly service that benefit from an integrated approach to delivering outcomes. The original framework was devised to provide a practical, holistic solution to the challenge of meeting the needs of children and young people with speech, language, and communication needs (SLCN). For the purposes of the MDT Annual Report 2021/2022, the Balanced System© framework informed the evaluation process.

The Balanced System© focuses on three main components: foundations, model of service delivery and evaluation. School staff and MDT staff have responsibility for actions and outcomes regarding each of these components. The three main components include:

- 1. Foundations:** This refers to the four components of ground work that need to be in place to effectively deliver good outcomes for children, schools and families, these are; Leadership and Management, Engagement, Integration and Collaborative goal setting
- 2. Model of Service Delivery** – Refers to the type of service offered which, in the case of the MDT, is a service delivered using the Continuum of Support. This aligns with school systems and ensures agreed understanding on the type of service being delivered and the roles and responsibilities of the all partners (MDT/School/Family/Community Services)
- 3. Evaluation** –Gathering quantitative and qualitative information to assess the impact of the work of the MDT in collaboration with school staff and families. The work of the MDT is evaluated considering what was done and what impact this work had.

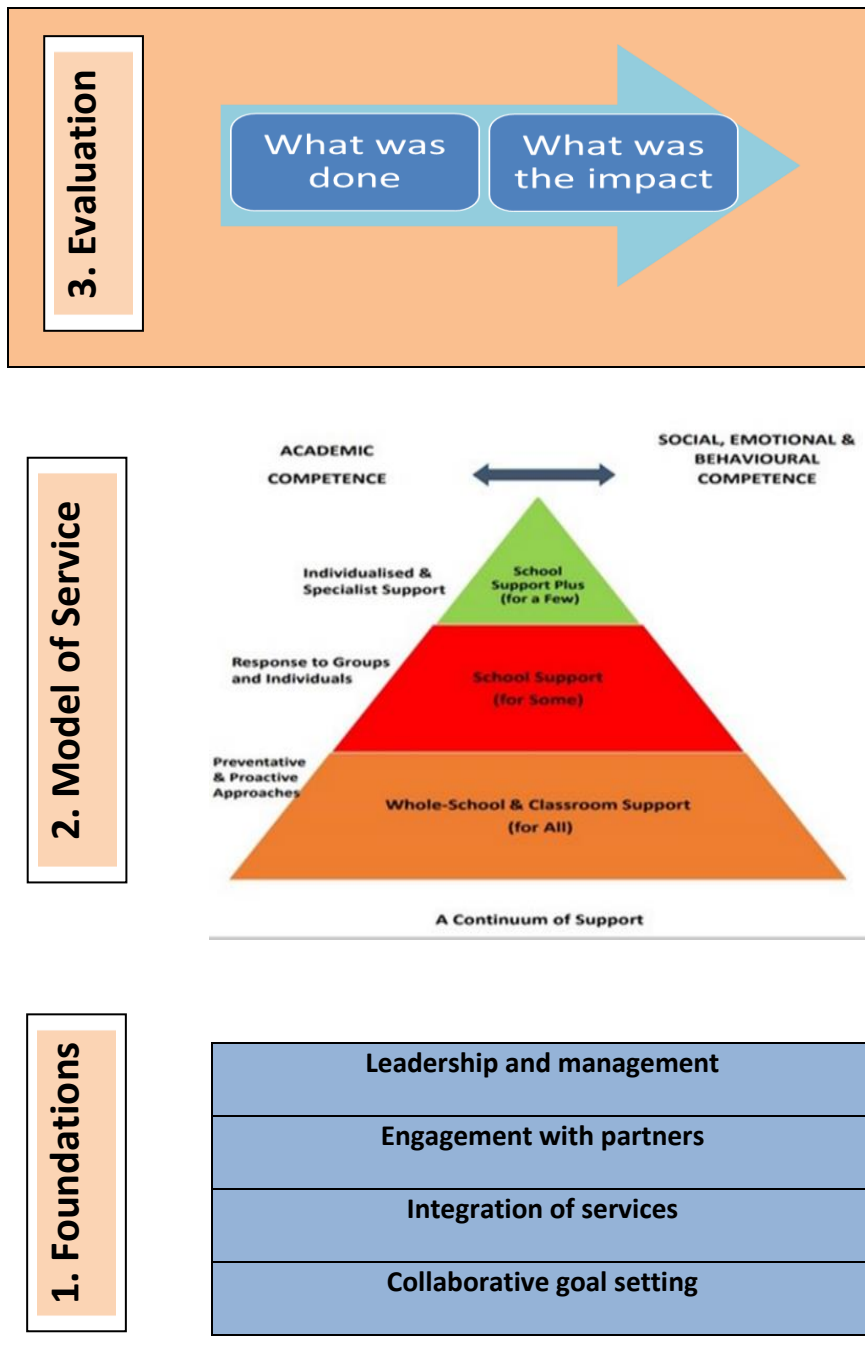


Figure 6. MDT Service Evaluation Framework

Figure 6 outlines the foundation elements that enable the school and the MDT to work across the three levels of the Continuum of Support (Model of Service) delivering an effective service. The Figure also outlines the two-stage evaluation process, identifying what the team did and what impact this work had. It is noted that the school and MDT bear responsibility for actions and outcomes at all three levels of the evaluation framework.

2.2 Leadership and Management

Leadership and management is one of the core foundation layers upon which the MDT is built. Leadership and management structures, as per Figure 5, have been considered and established within the MDT team through the establishment of an inter-departmental Steering Committee and a task focused Working Group. These structures facilitate clear guidance for the team and create robust communication pathways between the team and management.

Leadership in schools is also essential to the effective functioning of the MDT. School principals and SET staff collaborate with the MDT to agree an approach in relation to referrals and ensure the ongoing responsive development of the MDT service. The partnership between school leaders and MDT leadership is essential to achieving the MDT vision, which is *“to deliver a high quality, collaborative school-based service across the disciplines of Occupational Therapy, Speech and Language Therapy, and Psychology for all pupils.”* The actions that have been undertaken to develop the partnership between MDT and school management include Principals’ Network meetings (every 6 weeks), focus groups between MDT WG and principals (2022), and information sharing with school staff on the CoS. This work is supported with advisory visits by the Inspectorate for DEIS planning.

The MDT is represented on the NEIC City Connects Steering Committee by the NEPS Regional Director and HSE General Manager. The City Connects Steering Committee is the oversight committee for the City Connects Pilot Project. The MDT provide communication updates to the committee and also contribute to the development of the City Connects Pilot Project.

2.3 Engagement with Partners

Engagement with partners is the second foundation layer that supports the work of the MDT. This involves the identification of, and communication with, key partners including families, schools, and other community services. The key actions undertaken by the MDT to promote and develop engagement with partners are set out below in Table 3:

Engagement with Schools	Engagement with Families	Engagement with the Community
Principals' Network Meeting Planning meetings Advice clinics MDT review meetings x3* Consultations with school staff Information sessions at staff meetings Recorded presentations hosted by the Social Inclusion Unit, DE Live roadshow in conjunction with City Connects and Social Inclusion Unit, DE (Aug/Sep 2021)	Parent fliers developed and circulated Parents advice clinics Parent Workshops Online Parent Information Videos Voice of parents prioritised in Request for Involvement/Referral forms for MDT casework Face to face consultations with parents	MDT Working Group participation with: <ol style="list-style-type: none"> 1. Integrated Model of In-School Services (IMISS) Group with MDT, HSCL, SCP, City Connects, Education Initiatives Manager (DE Social Inclusion Unit), NEIC Principal Representative. 2. Annual formal IMISS review and development 3. Early Learning Initiative (ELI) 4. Young People at Risk (YPAR) MDT engagement with: <ol style="list-style-type: none"> 1. Tusla/Child Protection Conferences 2. Critical Incident Response Group 3. Meitheals 4. YPAR

Table 3: MDT Actions to promote engagement with partners

* MDT review meetings with schools– the MDT Casework Review Document is shared three times per year and includes a summary of MDT actions for each open case; a sample of this document is presented in Appendix 5.

2.4 Integration of Services

The integration of services is the third foundation layer that supports the work of the MDT. Effective integration ensures provision of highly efficient and effective services to schools avoiding repetition and addressing gaps in services. Integration has been facilitated within the MDT and between the MDT, schools and other services:

1. Integration of DE NEPS and HSE SLT, OT and Psychology to form the MDT
2. Integration of the MDT and existing, and new, in-school services to schools, with specific regard to the City Connects Pilot Project.

Integration of DE NEPS and HSE SLT, OT and Psychology to form the MDT

Integration of the HSE Primary Care services and NEPS into one coherent inter-agency, multidisciplinary team, was actioned and outlined in the MDT Annual Report 2020/2021. The integration of these two distinct services was necessary to facilitate cohesive, interdisciplinary, work between the HSE and NEPS. This involves significant work to develop a shared language and processes for accepting referrals, case formulation, report writing and models for school staff training.

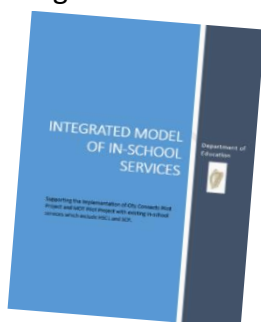
In September 2021, the MDT Steering Committee commissioned a one day facilitated workshop with Organisation Development Practitioner and Executive Coach, Denise Keoghan, to review the first year of the project and to critically analyse the needs of the MDT and to consider next steps. Themes discussed included; the reality of merging two working cultures and the development of Terms of Reference for the MDT Steering Committee and the Working Group.

The MDT Steering Committee then engaged in a process of identifying key features that needed to be addressed using 'The Wheel of Change' framework, and then set out an action plan to address these issues. This process supported the alignment of the HSE and NEPS service as one coherent and unified service to schools.

The members of the MDT have regular cluster meetings to review requests for involvement and to agree actions for each open case. The team meet to formulate cases and to coordinate responses so that there is no duplication and also to ensure that the right service is working with the child, their family, and their school at the right time. The members of the team also work collaboratively in schools, developing joint resources for school staff, delivering joint workshops and meetings with staff and parents as required.

Integration of the MDT and existing and new in-school services to schools, with specific regard to the City Connects Pilot Project

Introducing the NEIC MDT and other new projects into the schools required planning and integration with existing school and community based supports. The DE Inspectorate and



NEPS engaged in a process of stakeholder consultation with; DE Social Inclusion Unit, Boston College, Mary Immaculate College, Tusla Education Support Service (TESS), and the National Council for Special Education (NCSE), the HSE. The DE Inspectorate and NEPS collated information from the range of stakeholders to create a model for service integration and alignment and published this in the services guidance document; *"The Integrated Model of In-School Services"* (IMISS).

Figure 7: Integrated Model of In-School Services (IMISS)

The vision of IMISS is ‘to improve educational outcomes for children and connect students to a range of prevention, early intervention and supplementary programmes that address the academic, social-emotional, health and family development of each student’. The pupil is central to all discussions, negotiations, and decisions. This IMISS document was first written in September 2020. It is an organic document that is formally and collaboratively reviewed and updated annually by NEPS and the DE Inspectorate.

The MDT and City Connects Pilot Project were both introduced into the 10 NEIC schools in September 2021. Significant work have been undertaken to enable these two projects to align with established school systems, with particular focus on the centrality of the Student Support File for schools and for both services. The MDT designed a workflow infographic that describes how the MDT work with schools and interacts with the other services including City Connects, see Appendix 1. NEPS and the Inspectorate outlined details of how the MDT and City Connects can work within the existing Continuum of Support and Student Support File school based structures. These infographics are represented in Appendix 2.

The actions undertaken for integration work also include:

- The development of robust MDT recording and communication structures with schools; frequent meetings with school leaders, email and phone communication, cluster meetings with schools and the sharing of the MDT Casework Review Document (three times a year); Information sessions with school leaders on the MDT Model of Service.
- MDT integrating with community and health services is also a key target and the MDT has worked hard to collaborate and develop relationships with services and local organisation structures such as Meitheals, Neighbourhood Youth Project 1 (NYP1), Critical Incident Response Group (CRIG), Early Learning Initiative Consultations, Daughters of Charity services and liaising with the new Child Disability Network Team managers and the local Child and Adolescent Mental Health Services (CAMHS).

2.5 Collaborative Goal Setting

Collaborative goal setting is the fourth foundation layer that supports the work of the MDT. This is achieved through the DEIS Planning Process and the Student Support File.

DEIS Planning Process



Figure 8 DEIS Planning Process

Schools are supported to have coherent goals for improvement through the DEIS (Delivering Equality In Schools) Planning Process. The ten NEIC primary schools are supported by the Inspectorate to develop and implement DEIS planning processes which integrate school needs analysis with MDT service planning. This support is provided directly to schools through the Inspectorate Advisory Visits and indirectly through the Inspectorate participation in the MDT Steering Committee

and MDT WG.

The DEIS planning process enables schools to gather information on needs and identify prioritised areas for improvement across the six DEIS themes: Literacy, Numeracy, Attendance, Retention, Partnership with Parents, Community Involvement. Through the DE Inspectorate schools are supported to set targets and identify actions in order to address prioritised areas for improvement across these themes. The schools monitor and evaluate impact and progress in relation to their targets. The quality of support for pupil wellbeing and staff engagement in continuing professional development, as well as the quality of leadership of the DEIS action planning process are overarching themes that are integrated across the six other themes of DEIS, [School Self Evaluation DEIS Planning Process Guidelines](#)

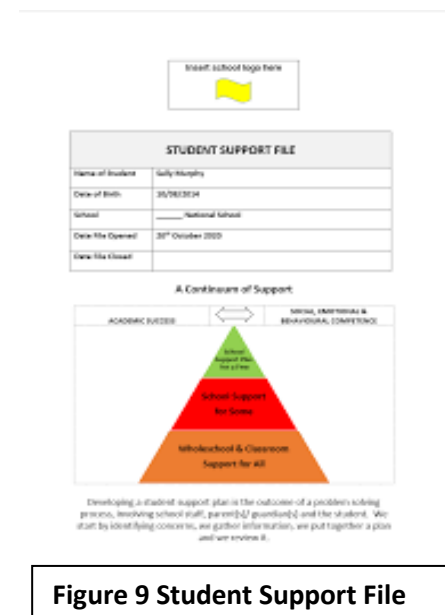
MDT support and development and casework enable schools to implement relevant actions linked to implementation of DEIS targets. 90% of the NEIC schools have applied for, and engaged in, Inspectorate Advisory Sessions for DEIS Planning in 2021/2022.

The MDT also work with schools when planning training, workshops and in-class modelling sessions in order to meet the presenting needs identified through DEIS planning. The MDT set out a prospectus of work for each discipline. This is shared with schools each September to help with planning the year’s support and development and casework.

Collaborative goal setting also happens for each individual piece of casework undertaken by the MDT. The process of target setting and review is recorded by teachers in the Student Support File, see Figure 9. This file is held at the school and the Student Support File outlines the key targets and strategies that are used to support the child, thus enabling the schools to track progress and adjust targets as needed.

Having the foundation layers embedded is essential to allow the schools and the MDT to deliver their services along the Continuum of Support as outlined in Section 1.4.

Figure 11 summarises the variety of work carried out by the HSE and NEPS in line with the CoS.





Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

HSE Support

The HSE tiered model of support builds the capacity of the school to deliver a Continuum of Support and provides therapeutic interventions to meet the needs of the children and their families.

Tier 3	Intensive Support Teacher/Parent Meetings Assessment Intervention Psychology Advice clinics (rapid access for parents face to face with bespoke support)
Tier 2	Group Support Working with groups of schools staff, parents and children to learn new skills therapy groups for language, motor, regulation and emotional needs.
Tier 1	Whole School Support School staff training Parent Workshops Teacher Advice Clinics

The HSE services are comprised of two elements:

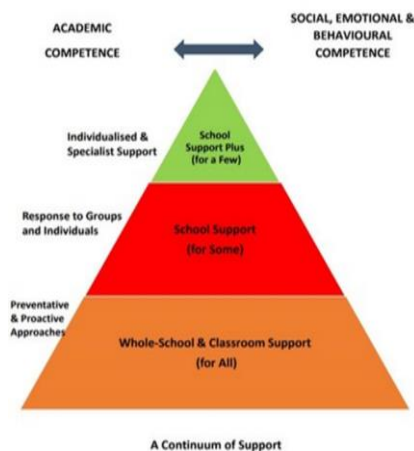
Support & Development Service

An applied psychological, SLT and OT service to build the capacity of schools and parents to respond to wellbeing, academic, social and emotional needs of children.

Individual Casework Service

The provision of a psychological, SLT and OT service to facilitate an understanding of need and to plan and deliver supports – *Consultation, Assessment, and Intervention, for individual children.*

School Supports



The Department of Education provides schools with an allocation of Special Education Teachers (SET) to meet the additional needs of pupils in their school. The school has autonomy in the deployment of this resource.

Schools deploy their SET allocation based on a Continuum of Support (CoS) underpinned by the principle that those children with the greatest level of need receive the greatest level of support.

The CoS recognises that needs occur along a continuum ranging from mild to severe, and that needs may change and require different levels of support over time.

Schools allocate support based on the level of needs observed in the school, rather than diagnosis.

Schools use a problem solving approach to identify needs which is linked to intervention/support, which is reviewed and monitored over time.



An Roinn Oideachais
Department of Education
An tSeirbhís Náisiúnta Síceolaíochta Oideachais
National Educational Psychological Service

NEPS Support

The NEPS model of support aligns with the school Continuum of Support to build the capacity of the school to deliver support for all the school community. NEPS delivers training and interventions to meet the needs of all children through a Continuum of Support.

Few	Intensive Support Teacher/Parent Meetings Assessment Intervention
Some	Group Support Working with groups of school staff and children to learn new skills in academic, social and emotional learning including interventions for learning difficulties, emotional and behavioural difficulties.
All	Whole School Support School staff training Teacher Consultations

The NEPS Services are comprised of two elements:

Support & Development Service

An applied psychological service to build the capacity of schools to respond to wellbeing, academic, social and emotional needs of their pupils.

Individual Casework Service

The provision of a psychological service to facilitate an understanding of need and to plan and deliver supports – *Consultation, Assessment, and Intervention, for individual children.*

Figure 11 HSE and NEPS work in line with the CoS

Section 3

3.1 Outcome Measures

This section of the report contains the evaluation data on the service delivered by the MDT and the impact of the service. The MDT Evaluation Framework (see Figure 12) examines:

- **What was done:** outlines the services delivered by the MDT
- **What was the impact:** outlines the on the ground outcomes of the MDT service

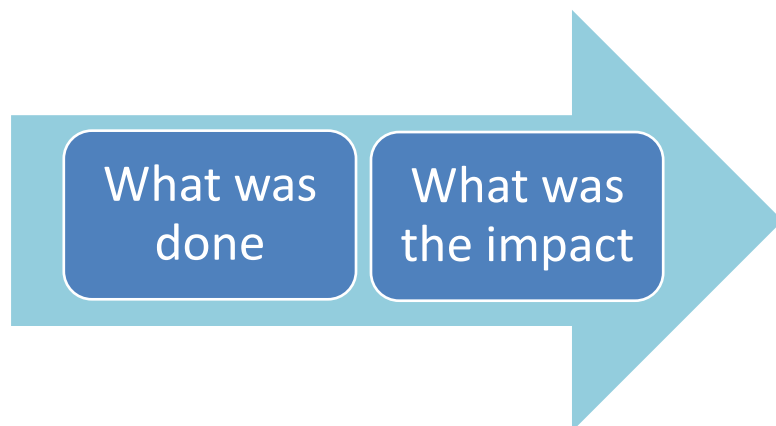


Figure 12 MDT Evaluation Framework

Information on the work undertaken by the MDT is presented in Section 3 - 'What was done'. Data on the amount and variety of work undertaken by the MDT is presented for each discipline and detail is provided on training, workshop and individual casework of the MDT. Detail on the impact of the MDT work is then outlined in the second part of Section 3, 'What was the impact'. The impact of the work is examined using both qualitative and quantitative data. Sources of information include:

- Anonymised Case Studies
- Principals focus group
- Principal Survey results
- Staff training feedback

3.2 What was done

The MDT offer a range of services (support and development and casework) and the full range of these services is agreed in collaboration between the MDT and the schools. This ensures that the MDT service matches the presenting needs in schools and the community.

1. **Design and delivery of MDT services.** The first step to delivering an effective and appropriate MDT service is consultation and ongoing engagement with schools in relation to the services needed and their impact in the schools, the homes and the broader community. The MDT devise a service delivery plan, based on the CoS and then engage with schools to agree priorities. A variety of formal and informal feedback structures are used to review progress throughout the school year. The responsive development of the MDT service is facilitated through a series of interactions with the 10 NEIC schools as outlined in Table 4. This is supported with a

range of guidance documents for schools and the MDT that outlines the model of the MDT service, the referrals procedures, and alignment with other services. The work to design a bespoke MDT service for the 10 NEIC schools is also achieved through a range of consultations and feedback mechanisms, outlined in Table 4.

Information source	Action
IMISS document	The All, Some, Few framework contained in the IMISS document presents the range of work of each in-school service along the CoS. This document is reviewed and updated by all stakeholders including Principals, HSCL, City Connects, SCP, MDT each year.
NEPS Prospectus of Services HSE Prospectus of Services	Each prospectus details the range of programmes, training and interventions that are offered at each level of the Continuum of Support. This work includes teacher training, in-class modelling and co-facilitation of intervention programmes. Plans for MDT support and development work are agreed with schools based on target areas that are prioritized through the DEIS Planning Process. This is shared with schools in September.
September School Planning Meetings	Following review of the school’s DEIS plan and using the plans set out by NEPS and HSE, the school and the MDT engage in a collaborative planning process to agree a bespoke plan for support and development and casework in each school.
School Priority Needs for Support and Development 2021-2022	The MDT engaged in a consultation process with schools to select training for school staff across the disciplines of psychology, OT and SLT. The interventions and training supports outlined in the <i>School Priority Needs for Support and Development 21-22</i> ’document were selected based on needs identified by the principals, teaching staff, support staff and the MDT in the NEIC schools during 20-21. See Appendix 3 for full details on training and supports offered to the 10 schools.
Formal monthly update	Updates are provided at the Principals Network Meeting and IMISS meeting. These include data on support and development and casework. This

	<p>update is also circulated to the NEIC Steering Committee.</p> <p>Each month, principals are invited to provide face to face and/or written feedback on the work of the MDT.</p>
In-school updates	<p>In-school updates occur regularly between MDT and school staff to review service delivery. The MDT Casework Review Document is shared with schools three times a year to update schools with a summary of actions for each open case with the MDT, this document is presented in Appendix 5.</p>
Feedback systems	<p>Yearly Feedback on the MDT is gathered through a number of processes including:</p> <ul style="list-style-type: none"> • Principal feedback survey 2021/2022 • School case studies 2021/2022 • Principal focus group 2022

Table 4 Collaborative design and review of MDT services between schools and the MDT

2. **Support and Development Work:** The MDT start the school year with a school planning meeting to identify specific training needs. The selection of training offered is based on needs arising in the schools, a range of support and development options are presented to schools, see Appendix 3 for 2020-2021 list for OT, SLT and Psychology. The selected options are then delivered to each school from September 2021-June 2022.
3. **Casework:** In each school individual casework is identified and requests for involvement are made by school principals throughout the year.

At the beginning of each school year, school planning meetings are held with the principal, SETs/support staff and MDT to discuss an overview of presenting needs and agree areas of focus for the MDT support and development work and casework.

In the September 2021 meetings, 889 children were discussed across the 10 planning meetings. Throughout the year the MDT meet to discuss and review open cases. From Sept-June 2022, 1,731 case discussions were held, and these discussions facilitated the team to identify the next steps appropriate for each child.

Summary of MDT Work 2021-2022: The HSE and NEPS keep a live register of actions on all open cases referred to the MDT and also collect data on training delivered, including topics covered, attendance and feedback. This data is compiled by MDT members on a HSE Excel data sheet and the NEPS PsyMIS system, this is the NEPS electronic system for psychologists to record actions for all casework and support and development work in schools. HSE and

NEPS data is then analysed to inform the monthly updates to schools and for use in the MDT Annual Report. This quantitative data on the MDT support and development work and casework delivered to schools from September 2021-June 2022 is summarised in Table 5 below.

MDT Work September 2021-June 2022		
Support and Development		
1.	Training and Workshops for parents and teachers	31 training sessions with 625* school staff and parents attending
2.	Whole Class Interventions	86 interventions supporting 591 children
3.	In-Class Coaching/Modelling	25 sessions supporting school staff
4.	Advice Clinic (teachers and parents)	76 sessions supporting 53 teachers and 6 parents
Casework		
5.	Consultations: (Parents, school staff, other professionals)	1,035 consultation meetings
6.	1:1 Assessments	301 assessments
7.	1:1 Interventions	828 interventions
8.	SLT/OT Group Interventions	141 children attended

Table 5: Quantitative data on MDT service delivery

* Training and Workshops school staff/parents attended multiple sessions.

3.3 What was done: Support and Development Work

There were 24 different training and workshop topics offered to schools in 2021/2022 across OT, SLT and psychology. This includes various training and coaching attended by school staff and families during the year and it should be noted that additional sessions were presented as specific needs arose during the school year. Appendix 3 contains the Support and Development Prospectus shared with schools at the beginning of school year planning meeting. Appendix 4 contains the complete list of all support and development work that was delivered in 2021/2022. Samples of support and development work are outlined in exemplars below.

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- **FRIENDS social-emotional skills and resilience programme (NEPS)**

The FRIENDS programmes are evidence-based anxiety prevention and resilience building programmes, which consist of 10 to 12 sessions and complement the SPHE curriculum. The programme can be run by teachers as a whole class programme, or as a small group intervention. They aim to promote resilience in students by teaching strategies to cope with normal everyday challenges, including worry, stress, change and anxiety. More information can be found on: www.friendsresilience.org. The programme is developmentally sensitive and specifically designed for 8 to 11 year old children and Fun Friends can be used with children as young as four years old. Due to the high level of need in relation to social and emotional learning (SEL) it was decided to offer the NEIC schools FRIENDS training. The online training was held over 4 sessions from 3 to 5pm in Spring 2021 and places were prioritised to the ten NEIC primary schools. Arising from the training the NEPS psychologists will be co-facilitating FRIENDS sessions in the schools next year.

- ***Visual Supports Workshop (joint SLT/OT/NEPS)***

The Visual Supports Workshop is a practical, two-part interdisciplinary workshop. This training aims to enhance teachers and SNAs' knowledge of the different types of visual supports; how to use visual supports to support a child's communication skills, independence skills, ability to follow a routine, sensory regulation and social, emotional and behavioural needs. Each staff member is given a "Visual Support Planning Tool". Teachers/SNAs identify a child who needs support, are assisted in making a SMART goal and in identifying the type of visual support that will be most effective, based on the child's needs and goals. Teachers/SNAs are given several weeks to implement the visual support plan. The follow up session with the MDT is to troubleshoot any difficulties that may have arisen and to plan for future, consistent, use of visual supports.

- **Time for Sounds (SLT whole class/ targeted intervention)**

The Black Sheep Press Time for Sounds programme is an infant intervention facilitated jointly by Speech and Language Therapy and class teachers. The programme was designed for children who require support with their attention and listening, speech sound development and phonological awareness skills. There is a strong and specific link between early phonological awareness and later acquisition of reading and spelling. Programmes which target the development of phonological awareness have shown to have positive impact on later literacy development. The intervention can be run with the whole class or as part of

small group work. The Speech and Language Therapist attends once a week for a number of weeks to co-facilitate the programme with class teachers. Class teachers are encouraged to implement this programme on days that the Speech Therapist is not in school in order to embed and generalise skills learned.

- **SET Cluster (NEPS)**

The Special Education Teacher Cluster (SET Cluster) was set up by NEPS to support SETs across the ten NEIC schools. The SET Cluster is designed to support teachers in developing their practice across a range of key areas in special education provision, working at a systems level down to guidance on specific resources. There are two strands in each session – input on topics of interest and a collaborative process to explore relevant issues for school staff.

Topics covered relate to SEN teaching practice issues and concerns and not queries relating to individual pupils. Topics that have been covered in previous meetings include: behaviour management strategies, differentiation, SEN planning, teacher self-care etc. An emphasis is placed on sharing of resources and experiences between teachers to promote best practice and develop professional learning networks. The sessions were hosted online, in-person and blended to facilitate attendance. There were four sessions over the school year 2021-2022 and 18-20 SETs attended each session, with attendees from all ten schools. The topics covered were:

1. School Screening of literacy & numeracy
2. Referral Pathways/Request for Involvement Form (RFI)
3. Interpreting Psychological Reports for inclusion of targets in Student Support Files (SS file)
4. Creating SMART targets – translating recommendations into actions using the SS file.

- **Fine Motor Skills Programme (Targeted OT whole class intervention)**

Development of fine motor skills are essential for children to engage in everyday functional and academic tasks. The development of fine motor skills can have a positive impact on a number of areas such as a child's play skills, independence skills, academic performance and self-esteem. This occupational therapy led targeted group intervention is designed to support children with identified fine motor difficulties to develop basic fine motor skills. Following pre intervention assessment, the occupational therapist (OT) identifies underlying component skills requiring intervention such as postural control, bilateral integration, crossing the midline, hand & shoulder strength, visual motor skills, pencil grasp development etc. During weekly OT led sessions, the OT links development of these skills to activities the children completes in everyday life (in school, at home and in the community such as; play activities, craft activities, writing, drawing, dressing, playing board games etc, to support development of fine motor skills. Use of everyday activities that the children enjoy supports motivation and engagement and facilitates practice outside the group setting with additional activities and resources provided to home and school to ensure same. This intervention has also been adapted to run as a whole class intervention programme co-facilitated by the class teacher and occupational therapist.

3.4 What was done: Casework

The MDT work with all pupils and school staff in prevention and early intervention as well as targeted interventions for those with greatest level of need. The MDT understands that not every child needs the same amount of support to do well in school/home. As a result, the MDT provides a service that aligns with the schools' CoS, where the need of the child, family, and school, determine the level of intervention and support offered by the MDT. There is not one type of intervention that will meet all needs, so the MDT offers a range of supports at all three levels of the CoS. Principals/SET coordinators make new referrals to the MDT throughout the school year. Referrals to NEPS are made through the school principal, while the HSE take school referrals they also support children transferring from existing Primary Care Services who attend the ten NEIC primary schools. The MDT received 437 new referrals in total during 2021-22.

NEPS psychologists had 42 ongoing cases from the previous school year and received 107 new referrals from September 21 to June 2022, so a total of 149 cases were active with NEPS during the school year. New referrals for the year are categorised in two ways; firstly, 51 referrals were NEPS only cases, and 56 referrals were joint MDT cases between NEPS, with one or more of the HSE disciplines. In consultation with school staff and parents NEPS closed 32 cases during the academic year 2021/2022.

Figure 14 presents the referral figures for individual disciplines and joint MDT referrals 2021/2022:

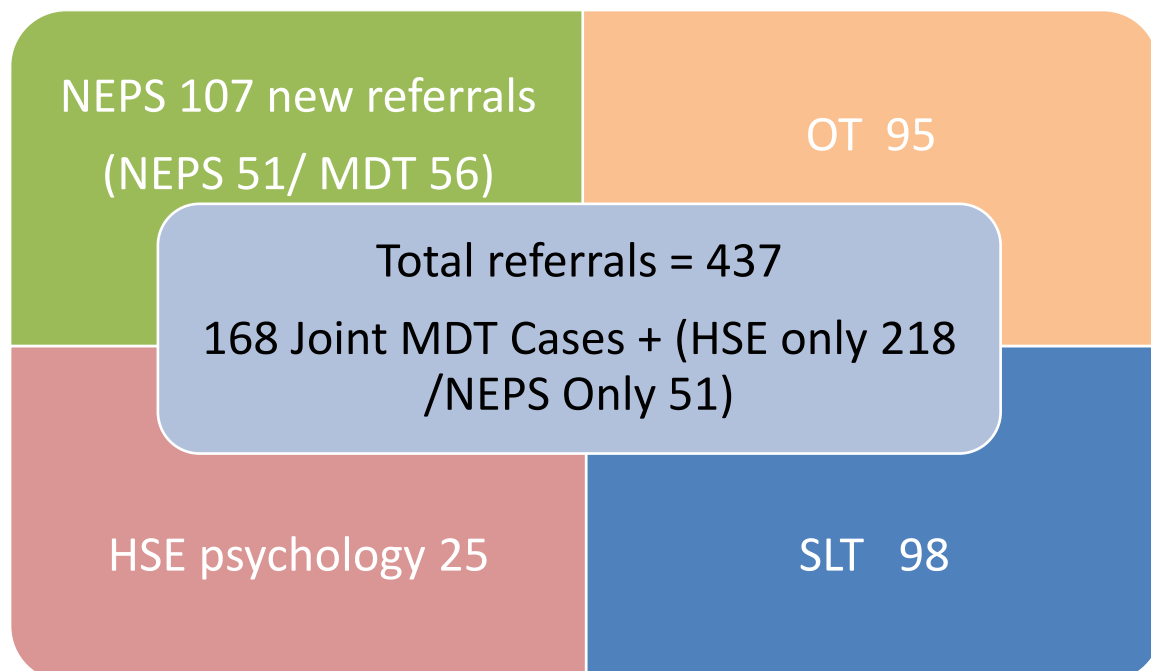


Figure 14 Quantitative Casework data on new referrals for 2021-2022

Figure 15 presents the data on the number of new referrals with the MDT during 2021-22, and it refers to the actions taken for open cases, outlining the number of consultations, assessments and individual interventions run by the MDT.

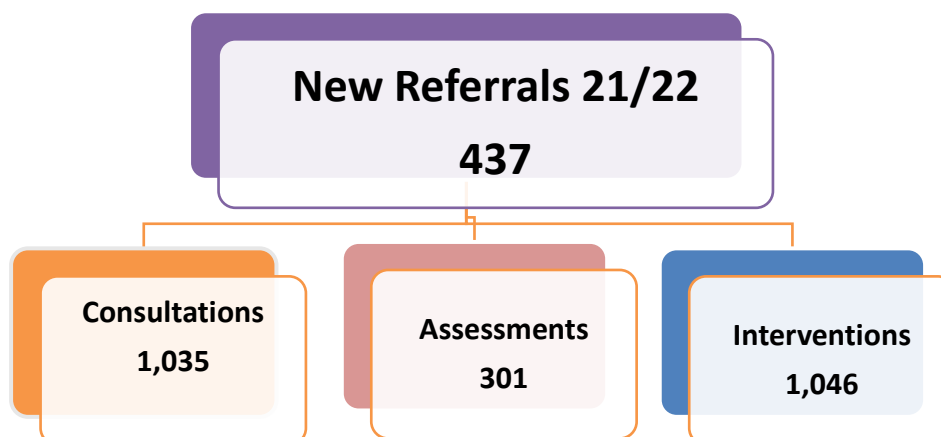


Figure 15 Quantitative Data on MDT new referrals and MDT actions between Sep 2021 and June 2022

3.5 What was the Impact

This year, school staff reported significant impact as a result of the MDT service in schools.

- The most significant achievement of the MDT has been to positively impact the lives of children by identifying and addressing emerging needs with targeted supports in a timely manner. This has changed the trajectory of children’s development in school/home across the areas of language, motor development, wellbeing, social and emotional, behavioural and academic learning. Children, their families, and teachers, have provided feedback to the MDT acknowledging the positive changes that have been observed in school and at home. Principals are reporting that suspensions are reduced and attendance and engagement in learning is improving. Teachers are reporting that they are better equipped to identify needs and respond appropriately.
- There are no waitlists for children in the NEIC primary schools to access MDT services. Children receive the appropriate service(s) based on their need rather than availability of service.
- The children with the greatest level of need are receiving the greatest level of support through targeted assessment and intervention.
- Student Support Files are being used more robustly which is supporting greater collaboration between the SET and Class teachers to address needs.
- Summerhill Primary Care Centre acknowledge that the missed appointments at the Health Centre for the child and/or parent are a serious issue impacting the delivery of Primary Care services. The school based MDT removes barriers to accessing services with appointments in school, during school time. The in-school MDT has built strong working relationships with children, staff/ parents reducing stigma of attending a specialist team and enabling access to marginalised and hard to reach families.

3.5.1 Anonymised Case Studies

For this year's MDT Annual Report emphasis has been placed on developing the partnership between the MDT and schools. A key aspect of that partnership was the involvement of the schools as key stakeholders in shaping the nature of the service and in reporting on the impact of the work of the MDT. School staff agreed to co-write summary case studies with the MDT reflecting the range and impact of work undertaken by the MDT and school staff in each school.

Yin, (1994), in 'Case Study Research: Design and Methods', points out that case studies are particularly useful for evaluation when programmes are unique or when an established programme is implemented in a new setting. Therefore case studies are being used in this instance as a qualitative research tool to evaluate MDT work as a new initiative in the 10 NEIC schools.

Case studies are considered to be a qualitative technique and the purpose of a case study is to look in detail at one piece of work within the larger service. This style of evaluation entails collecting data from key stakeholders. The case studies provide rich detail on the work of the MDT and school staff. Using multiple case studies across all ten schools it is possible to get a sample of the impact from each discipline in relation to support and development work, case work and interestingly the intersection between both, support and development (MDT training) and casework for individual children.

Guidelines for completion of the joint MDT/School case studies were compiled by NEPS. See



Appendix 6. Each MDT member engaged with school staff to select an example of work from the three levels of the Continuum of Support, work with individual children, families/school staff, work with groups and systemic work relating to changes in practice at school level. Each case study is presented using the CAR structure:

Context: what were the presenting needs?

Actions: what did you do to address the needs?

Results: what was the impact of the actions taken?

Figure 16. CAR Structure for Case Studies

10 case studies are presented with examples of interdisciplinary work in schools and homes, specific interventions across SLT, OT and psychology. Each one provides detail on presenting needs for the school, the child or family, the actions taken by the MDT to meet these needs and the impact of the support from the MDT.

1. Interdisciplinary Casework

Context: 10 year old child active with all members of the MDT (HSE Psychology, SLT, OT, and NEPS) during 2021-22. The child presented with needs across the areas of learning, speech / language, motor / independence, and social / emotional / behavioural domains. A multi-disciplinary approach was required in order to jointly address the pupil's needs. The Meitheal process was also initiated for this pupil in 2021, and the school and the MDT collaborated jointly to inputting to the Meitheal for this pupil.

Actions: The MDT members met in September 2021 to identify priority tasks to carry out with the school and with the carer for this pupil. Following this, individual MDT disciplines collaborated with the school and with the carer to set targets for priority needs (e.g., literacy, attention, self-care tasks). Review dates were set to align with the Meitheal process so that all MDT disciplines were brought together regularly along with the school and the carer to share updates and review progress. In October 2021, the Class Teacher, SET and SNA, jointly with the NEPS Psychologist, set two behaviour targets for the pupil (to sit in chair and focus on a task independently for 10 minutes; and to jointly work with the SNA to complete a task before having a movement break). School staff used the following strategies to scaffold the pupil to achieve his targets - a visual timetable, separate work station, clear demarcation of work space, purposeful movement breaks, and verbal and visual rule reminders about how to seek teacher's attention. Targets were reviewed every 6 weeks (to align with Meitheal meetings), and adapted further based on the pupil's progress.

Results: The support plan became more detailed upon subsequent review meetings as it became clear that the pupil needed the daily timetable broken down further (e.g., the 20-minute SET session needed to be divided up into 4 x 5-minute chunks), and more specific goals set which would help with his functioning at home as well as at school.

Regular attendance at the Meitheal meetings by all MDT disciplines along with the school and the carer throughout the year meant that there was an effective checking-in process in relation to the pupil's targets, and the targets were then changed regularly where required. The school was open and flexible to taking on board the needs of the child as highlighted by the MDT and by the carer at Meitheal meetings. For example, the carer highlighted a number of self-care areas that the pupil needed support with, e.g., telling the time, managing money and learning how to tie laces. The school, in collaboration with the MDT, incorporated these self-care tasks into the pupil's Student Support File and provided feedback on his progress at subsequent Meitheal meetings.

Overall, the school and MDT found their joint involvement in this case to be a very good example of collaborative working. In addition the Meitheal process was found to be a helpful structure to bring all those involved together on a regular basis throughout the school year. It allowed regular reviews and adjustment of targets to happen in response to the pupil's progress.

Figure 17: Case Study - Interdisciplinary Work and the Meitheal Process

2. SLT Intervention – Barrier Games

Context: SET teacher and class teacher were concerned about a child's poor expressive language skills and overall low self-esteem in the school setting.

It was decided that the best way to support this child was through the social skills programme named Barrier Games. Barrier games require pupils to speak clearly and be attentive listeners. They encourage children to be precise in what they are saying and can be used in many different ways to practice giving and receiving instructions from others. Barrier games are used to target a wide range of speech and language skills such as sentence structure, clear speech, general communication skills and attention and listening. Many of the children in our schools find it difficult to express themselves properly and often become disheartened and agitated when they feel they are not being understood. As we know oral language underpins the development of other language skills such as reading and writing, so by focusing on activities which develop oral language skills, children learn to manipulate and control language to suit their purpose. Barrier Games are an excellent oral language tool as they provide opportunity to develop this skill.

Action: Barrier Game- Processing Auditory Messages Exactly and Totally- supporting the child's expressive language skills, social and linguistic skills targets were set with the child and teacher. The SLT presented the programme to the SET teacher and explained how it is structured. The session is then run by the class teacher or SET with ongoing support from the SLT to review targets and progress. The child worked on the initial goal of listening to the instruction and documenting it pictorially over a six-week period, three times a week.

Progress: The pupil achieved their first goal within the six week timeframe and the SET teacher expanded the programme to further support her expressive and linguistic skills while focusing more on supporting the development of the child's social skills. The SET teacher and SLT then set the goal that the child would lead the barrier game in the classroom at the end of the second term. The visual aid titled 'words to help me explain what I am thinking' was used to support the child to develop her descriptive language skills. The pupil successfully presented her barrier game to the class at the end of the second term. For the third term, the SET teacher and SLT decided to extend the barrier game further by increasing the complexity of the language the child would use in her instructions and support her to make up more sentences on her own and use a variety of concepts in the instructions she is giving. This included working on words which describe location (beginning, next to, furthest, between), inclusion and exclusion (all/except, either one/all, neither), and temporal (before, after, then (in two step commands).

Results: The child was highly motivated and engaged when completing the barrier games programme. She was a little nervous when presenting her barrier game for the first time so the SET teacher prompted her to focus on something on the display wall when speaking. However, as the child became more familiar of the structure of the presentation, she became more confident in her own ability and was excited to complete the next barrier game with her class. During each presentation she said each instruction clearly and gave ample time for the children to complete each task. It was noted by the SET teacher that she willingly helped other children who needed clarification. It was enlightening to see a reversal of roles here as she is often the one in the class who regularly seeks assistance from others. Overall the SET teacher, SLT and class teacher

were extremely pleased with how well this child engaged with the programme and they believe that she has gained confidence in her own ability and has built more positive relationships with her peers as a result. They also believe that there is a substantial improvement in this child's expressive language skills and communication skills, which is attributed to the barrier games programme. This child will continue to engage in the barrier games programme next year. She will focus on the new target of creating her own barrier game picture and writing her own instructions to compliment it.

Figure 18 Case Study – SLT Teacher Training and casework intersection

3. NEPS Relationship building with families

Context: Multiple siblings referred to the NEIC MDT for psychology and OT support for social, emotional, behavioural and academic supports, family presenting with a history of addiction and neglect, with active involvement of Tusla services.

Action: The NEPS psychologist engaged in a series of meetings with parents/guardians, the children and their adult siblings in order to gain insight into the needs of this family. This also involved intensive engagement with school staff, Neighbourhood Youth Project (NYP1), Social Work and the Tusla Therapeutic Hub. The work with the children involved psychological assessment, one to one therapeutic sessions, teacher support sessions and identification of appropriate clinical services for onward referral.

Result: The NEPS psychologist developed a strong trusting relationship with the parents/guardians, children and adult siblings which enabled open and honest communication. This facilitated the psychologist to deliver more effective one to one interventions with the children and also to identify key adults to support the children when parents were not available. The family continue to struggle with a range of complex social, health and wellbeing issues but they are actively engaged with the school support services, they are willing to accept help and are being guided by the NEPS psychologist to access specialist support. The NEPS psychologist also prepared a profile of the children's needs to inform school staff of the complex and varying needs of the children.

Figure 19 Case Study – NEPS working with the Family and active community and health services

4. Zones of Regulation

Context: Senior Infant child; priority needs included speech and language needs, behavioural needs and OT needs. This child struggled engaging in classroom activities due to extreme emotional reactions to little or no triggers, avoidance of work activities, and difficulty with speech sounds and delay in gross and fine motor skills. This child had high energy and often found it difficult to sit and engage in lessons. Home initially felt that main concerns were around speech sounds and high energy. This child was already receiving extra

support in school in terms of Nurture Room Support. Due to the severity of the behaviour needs, extra support was granted in terms of Circle Time and 1-1 support with another SET.

Actions: This child was referred to the whole MDT as it was felt he required a team approach – Speech and Language, OT, NEPS and HSE Psychology. This child J has been known to the speech and language therapy since junior infants and has received 2 blocks of intervention support speech sounds. Parents initially declined support from OT and HSE psychology. However upon discussion with the school and family, parents were happy for OT to support around motor skills are regulation.

- The NEPS Psychologist undertook a 7 week 1:1 programme with this boy supporting emotional literacy, with regular feedback to parents
- Zones of Regulation OT training was run with this child's class. This programme was run by the OT and it teaches the children how to self-regulate, identify how they feel in their body, name how they feel and engage in a soothing/calming or alerting activity to help them get into the 'just right' zone for learning.
- Throughout the year this pupil was observed by all the MDT team. There were many meetings with the various members of the team, parents and school staff working with the boy. The team advised and offered support. This was then followed through in school and class and feedback was given at the next meeting or when the team were in the school on a weekly basis. This particular boy was receiving a lot of extra support and the MDT team were able to support the school when other areas of need were identified (e.g. feeding) and make referral to 1) a speech and language therapist that specialises in feeding 2) developmental paediatrician. Parents were also supported in linking with GP around a referral to a dietician.
- The MDT team worked closely with the parents and met them in school and outside school. Areas of support were around motor skills, sleep, speech and managing emotions.
- Parents were happy to be re-referred to HSE psychology for support around managing big emotions at home.

Results: The biggest difference that is noted at the end of the year is that this child can usually identify when he is changing zones (OT led training on Zones of Regulation) he responds very well when you ask him the question "is this a big or a small problem?" and he can be seen using calming down techniques, such as deep breaths, closing eyes, asking to use the tent. Sometimes the other boys can help him, by asking him what's wrong, and if it's a big or small problem. While he still engages in challenging behaviours, he can calm down much more quickly than earlier in the school year. This case study also points to the value of the MDT working collaboratively to support the child, the school and the home. It shows how support and development work intersects with individual casework and highlights the value of the wrap around support that the MDT offers and the efforts that are made by the MDT to develop strong working relationships with school staff and parents to have the greatest impact of a child's life.

Figure 20 Case Study: OT Support and Development Work and Casework for regulation support

5. Teacher Group Consultation

Context: During the MDT Review Meeting in January, a number of pupils were highlighted with social, emotional and behavioural needs. The NEPS Psychologist suggested to the school Principal that Group Teacher Consultation might be a useful and efficient way to jointly problem-solve about the pupil's presentations, with a view to planning suitable interventions.

Actions: Group Teacher Consultation; 1-hour training session during Croke Park hours whereby the 6-step Consultation framework was introduced to school staff. It was agreed that Group Teacher Consultation sessions would be scheduled for pupils who were open referrals to NEPS / MDT. Teachers were requested to request permission from the relevant parents in advance to discuss their child during the Group Teacher Consultation session. Two pupils were discussed per 1-hour session. Teachers were requested to complete a Teacher Preparation Form in advance of their pupil being discussed which required them to clarify the presenting concern. Discussion then focused on clarifying the priority concerns, jointly brainstorming about appropriate strategies that might work, the teacher identifying which strategies would best fit the context, and an agreed action plan was drawn up.

Results: The teaching staff reported the following positives from engaging with the process:

- The sessions pooled their expertise
- The teachers learned from each other
- The sessions reminded teachers about strategies tried with other children that had been successful in the past and which could be tried again
- Sessions were a good way of embedding previous learning / previous training such as Emotion Coaching, Restorative Practice, Incredible Years
- The process was found to be non-threatening and collaborative, and therefore supportive for those staff present

Arising from the success of the NEPS led Group Consultation there are plans to run these sessions with other members of the MDT so that staff can have access to SLT/OT advice during Group Consultation

Figure 21: Case Study Group Teacher Consultation

6. NEPS Collaboration with School Staff

Context: NEPS involvement was sought for a 5 year old boy due to behavioural difficulties, unwillingness to engage in class work and emotional outbursts. The child's intellectual functioning was in the Mild General Learning Disability range, he experienced significant receptive language difficulties and had experienced much change and loss in his close family.

Actions: A Functional Behaviour Analysis was carried out to inform the creation of a Positive Behaviour Support plan working with the teacher and SNA. The function of the behaviours of concerns were considered to be as follows:

1. An attempt to avoid school work considered to be difficult.
2. An attempt to seek connection with an adult in the room (usually the class teacher).

The interventions recommended were:

1. A review of his curriculum with a differentiated box/folder offered for times when class work was too difficult.
2. Use of visuals for example; personal timetables, visual step-by-step breakdown of tasks.
3. Connection strategies – one-to-one teacher time, jobs in the classroom, emotion coaching strategies, and regular feelings check-in.
4. Self-regulation strategies were recommended such as movement breaks, yoga, sensory toys and music.

Results: The class teacher and SNA reports an improvement in the child's mood, a reduction in behaviours of concern and better tolerance for instruction and redirection. In order to further develop the support plan the child may benefit from improved boundary setting using a timer to measure the length of a preferred task or piece of school work. It was also suggested to incorporate more role play/pretend play into the curriculum and to review and trial various approaches to emotion coaching strategies.

Figure 22 Case Study: NEPS collaboration with class teachers/SEN/SNA to support behavioural issues

7. Emotional and Behavioural Support

Context: Priorities Needs identified at school/home included difficulty with focus, easily distracted, poor handwriting and reading, not enjoying school, becoming angry and frustrated daily and very poor self-regulation skills to calm himself back down.

Actions:

- Advice meeting regarding SNA input and classroom behaviour, Classroom teacher support/ Staff CPD
- Managing my Feelings Intervention with the NEPS psychologist
- Emotion coaching review for all staff working with this child
- MDT, school staff and home attendance at Meitheal meetings
- Collaborative meetings for target setting for the child using the Student Support File.
- Suggestions for academic learning activities i.e. more appropriate iPad games

Results: What was impact/outcome/learning/visible difference? What are the differences for the child as a learner, socially, emotionally? What differences can the child, teacher, parent see? How is this helping them access their learning opportunities, make friends, support wellbeing and what is the follow-on impact?

- Improved relationships with peers, teachers and SNA
- Improved emotional regulation skills
- Increase in school enjoyment
- Reports from home that this child is more co-operative at home.
- Clear set of strategies for next academic year.

Figure 23 Case Study on emotional and behavioural support

8. SLT and NEPS Collaboration

Context: A child with speech and language disorder hadn't received a full complement of speech and language therapy sessions due to missed appointments at the local Primary Care Centre.

Actions: SLT was able to provide in school access to therapy which eliminated non-attendance. SLT & NEPS assessed child and it was determined he met criteria for the language school. The child's parents initially refused consent for this onward referral as they felt there was a stigma attached to attending a special school. Parent needed more time and support to understand the child's cognitive and language profile. SLT & HSCL went on numerous home visits to listen to concerns and advise parents in order to facilitate informed decision making for their child's education.

Results: The time spent was worthwhile as parent engaged with the SLT and agreed to the onward referral for application to the language school. Due to consultation with the SLT and NEPS and feedback on this child's assessments this child's parents deepened their understanding of their child's needs and were enabled to respond more appropriately to the needs rather than the

overt behaviour. This piece of work shows the impact of a school based service in reducing the barriers for families in accessing services and through building strong and trusting working relationships with parents the MDT are able to support them to make the best decisions for their children's futures.

Figure 24 Case Study on SLT and NEPS collaboration with parents

9. Words Their Way (WTW)

Context: Spellings are a challenge for many of our pupils and we are always looking for programmes and strategies to improve spelling. It was highlighted as an area for support in our DEIS Planning Process. WTW is an evidence based programme, that gives us data which help us to support pupils as it provides us with baseline data for all pupils and ways to track progress. It was recommended for 2nd class. This NEPS led intervention was offered to all ten NEIC schools and was run in 7 schools.

Actions: Workshops for teachers on the Words their Way spelling programme run by NEPS and there was ongoing support for implementation from NEPS. A qualitative, class appropriate, spelling inventory was administered to all children. The results from this inventory were then analysed to identify what spelling features students know and what they are ready to study. This data obtains a picture of their spelling developmental stage. Students' overall progress is monitored using the same inventory three times a year. A pre-test is administered to determine a need for instruction. A post-test compares results to the pre-test which helps to demonstrate progress. Students also undergo weekly spellchecks to assess their mastery of specific spelling features.

One SET or class teacher in each school agreed to take responsibility for the programme and its implementation. This was crucial for the success of Words their Way as there is a significant amount of setting up and organising at the outset. The SET teacher prepared the levelled spelling sheets for each grouping six weeks in advance and organised copies and folders for 38 pupils. The SET teacher supported the two 2nd class teachers every morning for the duration of the programme, spending 30 minutes in each class. On occasion when the SET teacher was unable to attend (which was very rare) the pupils and the class teacher were able to continue with implementation as the pupils had a clear understanding of the programme.

The SET teacher also set each student up the vocab A-Z app. This app was used in conjunction with the WTW programme. It gave the pupils further practice and reinforcement of the spelling features that they were focusing on and added a fun element to the initiative. As the inputting of words into the vocab A to Z app was time consuming, the SET teacher delegated the workload out to teachers involved. This ensured that each child had their own individualised tailored games on a weekly basis.

One class teacher noted, "in our school we built motivation and encouraged participation by having a simple star chart with group names. At the end of each lesson we discussed if the girls deserved a star. We had small treats for the girls at the end of the week if they managed a star every day"

Results:

School A feedback: Looking at school based assessments huge improvements were made by June 2022. In Nov, only 2 children got STen score of 7 or higher and in June 22, 9 children got a STen of 7 or

higher. There was also noted improvement for children with most spelling difficulties, with significant reductions in children attaining a STen score below 3. Teachers reported that children had started to use the correct spelling in their writing also – so the skill was transferring across to general writing – and they were enjoying the programme also. On the basis of the success of this programme in 2nd class we are extending it to other classes next year. Due to its success this year we plan to continue it with 3rd class and implement it in the new second class next September.

School B feedback: All pupils made progress some significant improvement and others less so. Many factors contributed to the varying degrees of improvement; attendance, EAL status, specific learning difficulties etc. but despite this, every child was able to engage fully in every lesson and make progress. The spin off effects of the programme were ownership by the pupils of the programme, they could have run it themselves even if the teacher was absent once the work was organised. One teacher commented that, “it developed independence, children were on different spelling levels and got on with what they had to do but it also developed a camaraderie between peers as you could ask your partner or another child at your table for help if you were finding something difficult”. Another teacher commented that, “pupils were not competing against each other, they were competing against themselves and trying to improve their speed, picture recognition, word recognition. EAL students got to encounter a huge amount of new vocabulary which was reinforced multiple times in a variety of engaging ways in the course of a week. It also helped with fine motor skills, sentence formation and even friendships as pupils were grouped according to their levels”.

Figure 25 Case Study on Teacher Training for Literacy Support

3.5.2 Continuing Professional Development (CPD) Feedback

The second source of data on impact of the MDT is feedback from Special Education Teachers on Continuing Professional Development (CPD) or training. This feedback was gathered through anonymous evaluation forms following meetings and training sessions between NEPS and school staff with responsibility for special education.

SET Cluster Feedback

The Special Education Teacher Cluster (SET Cluster) was set up by NEPS to support Special Education Teachers (SETs) across the ten NEIC schools. SETs are invited to the Cluster four times per year at the discretion of their school principal, the group of teachers identify topics of interest and the NEPS psychologists prepare and deliver training on the agreed topics. The sessions are hosted by schools in rotation and offer an opportunity for SET staff to meet and learn from one another and to develop support networks across the NEIC. On average, 18 SET staff attended each session.

Feedback from SETs has been resoundingly positive, with 100% of attendees saying that the information shared at cluster meetings has had a positive impact on their practice and that they would recommend the SET Cluster to another Special Education Teacher. Attendees also commented that saw the value in collaborative work to agree cluster topics as it ensured the content was very relevant and helpful to SET work in schools.

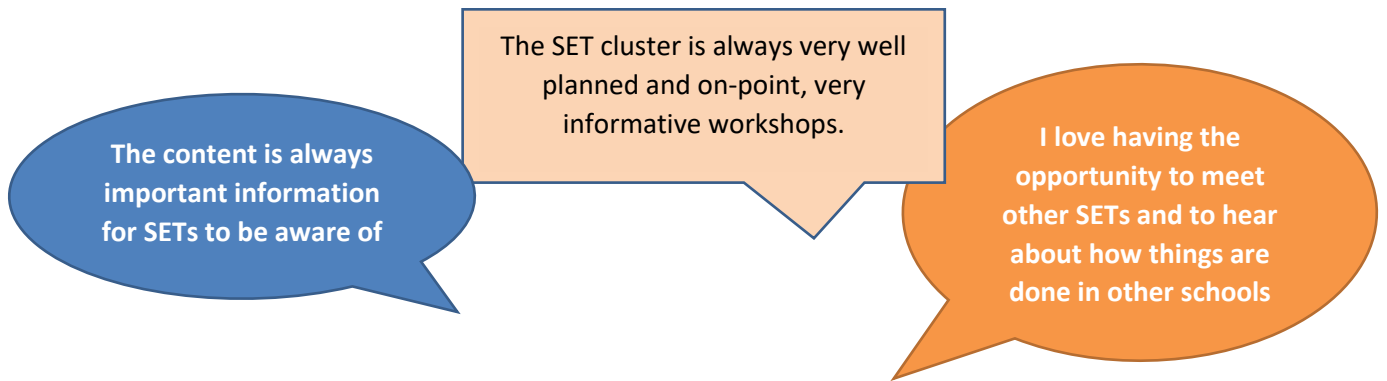


Figure 26 Comments from Special Education Teachers on the NEPS SET Cluster

Feedback from the attendees has indicated some priority areas to be supported next year, these include:

1. More guidelines on working with children with severe needs (non – verbal)
2. Review of Student Support Files and target setting
3. Literacy Supports

The SET cluster has facilitated a community of practice and due to its success it has been agreed with schools to establish a similar cluster to support staff working to support children learning English as an Additional Language (EAL). This will be a collaboration between all disciplines in the MDT to deliver information sessions, review resources and supports and to offer opportunities for sharing good practice across the ten schools. Prior to COVID19 a cluster for newly qualified teachers was established by NEPS, this was very well received by schools and this Group Consultation Cluster will be offered once again in 2022/2023.

Teacher CPD was also delivered by SLT's to support oral language development as a key target in the DEIS Plan. The Talk Time Programme piloted in one school, the intervention was run by the SLT in all classes in the school from Junior Infants to 6th class. Feedback on this intervention was very positive. In the feedback, teachers spoke of the positive impacts of the intervention, identifying it as a valuable whole class intervention:

Teachers commented that:

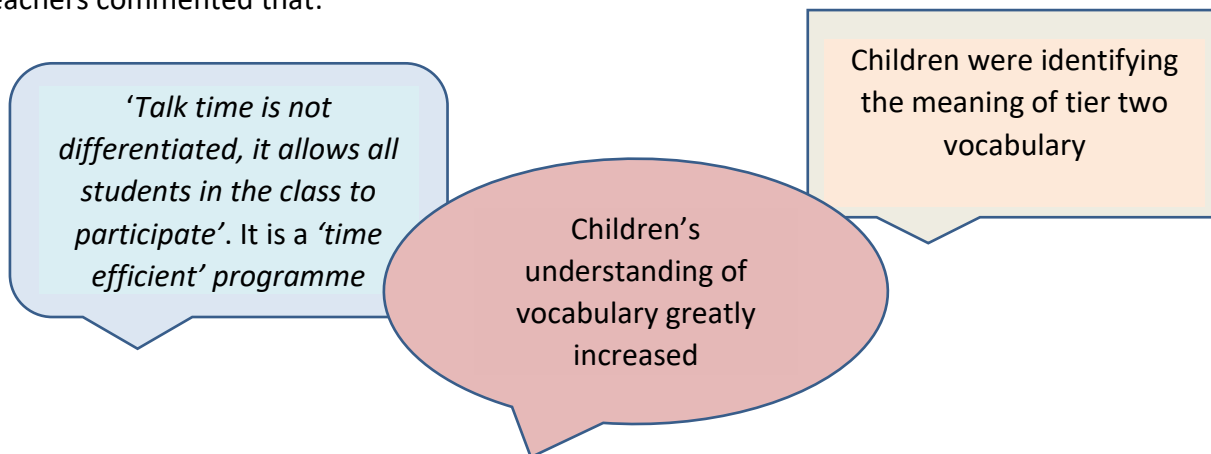


Figure 27 Comments from Teachers on the SLT Talk Time Intervention

Teachers reported having a methodology for oral language instruction gave them confidence that they were achieving targets in the Primary Language Curriculum. This SLT training and support allowed for impact on language development across the whole school.

Section 4

4.1 Reflection

It has been a dynamic and productive year for the MDT in schools, which is reflected in overwhelmingly positive feedback from school staff on the MDT service. Building strong working relationships within the MDT, and between the MDT and school staff and community services, has been a key goal achieved by the team in 2021/22. This is the first year where the MDT has been able to be in schools uninterrupted by school closures and this has allowed the team to make great strides in progressing individual casework, assessment and interventions, and also in providing a range of training and workshops to build teacher and parent capacity to support children.

In May 2022 the NEIC MDT received an Honorary Mention Award in the Healthcare Service Awards in acknowledgement of excellence in a Health Care Project for Child Health and Wellbeing. The NEIC MDT Annual Report is a record of the comprehensive services delivered to schools and families by the MDT and also on the impact of the service for children, families, and the schools. The NEIC MDT are also working with the DE Social Inclusion Unit to arrange formal external evaluation of the MDT. External evaluation will provide evidence of impact and enable DE and the HSE to make informed decisions about continued funding of this specialist team in Dublin's North East Inner City. Analysis from external evaluation could also provide guidance on enhancements that could be made to MDT service delivery, and to evaluate the merits of the NEIC MDT model as a template for establishing targeted MDT's in other areas experiencing high levels of deprivation, poverty and crime.

Understanding the context of the NEIC and the multi-faceted nature of the strengths and the challenges in the area is essential to effective delivery of the MDT service. The MDT are keenly aware of the strengths in this tight knit community and also the challenges of intergenerational poverty, high unemployment rates, inadequate and overcrowded housing, homelessness, and supporting new migrant populations. There are a range of factors that have impacted the nature of the MDT service over the past two years and the team has worked to address each of these. The factors impacting MDT service design and delivery include:

- Covid 19
- Multiculturalism
- Partnership with schools
- Community Services Links
- Parental Involvement
- Staffing
- Complex Needs of children

COVID-19 has undeniably impacted the education system in significant ways and there are specific impacts that are felt more acutely in areas such as the NEIC. The closure of schools and the disruption to learning that children experienced, have had a considerable impact on learning and progress in several areas of the curriculum. In addition, there is evidence that children's social and emotional skills and wellbeing have been adversely affected, as well as the normal progression and maturing that we expect to see in their ability and motivation to engage in learning. Evidence indicates that the effect of COVID-19 has been experienced unevenly with children and young people with special educational needs and those most at risk of educational disadvantage having been disproportionately affected. There is also another group of children and young people who previously may not have had additional educational needs but due to the impact of COVID-19 management measures many children experienced the isolation during school closure periods, and the dilution of their motivation to learn without the face-to-face encouragement and support of their educators have left some of them struggling to re-establish the routines and norms that were disrupted.

There is concern among NEIC principals that the new cohort of junior infant pupils in 2022-23 are likely to present with increased need due to the impact of COVID19. This age group have not have had an opportunity to have face to face developmental checks during the critical early developmental stages. These children have also had limited opportunity for social interaction and play, which is how they acquire their life skills, language skills, fine and gross skills, social emotional learning and readiness for formal school education.

All schools have been supported to review their DEIS plans in view of the challenges posed by COVID19. The MDT consult with schools each year to design and deliver bespoke training to address their priority needs across the areas of language development, fine and gross motor skills, emotional regulation, wellbeing, literacy and numeracy skills.

Throughout this academic year it was possible to deliver all MDT services in person. Being a school based team has been invaluable in terms of building relationships with school staff, children, and families and the access and attendance for MDT services has been vastly improved, with reduced figures for missed appointments when compared with clinic based services.

Multiculturalism: The NEIC is a very multi-cultural area and while this brings a richness and diversity to the local environment and to the schools, it also presents challenges. Language barriers to accessing services and supporting children with school work are common, people can be isolated, without access to broader family networks. The 10 NEIC national schools have families speaking a range of languages, some schools with over 50 languages being spoken. This can make it challenging for schools and services such as the MDT to share information and to promote parental engagement in school life. The MDT are working with schools to use translation services and also to translate literature into the main languages

identified by schools. There is also an identified need to support school staff with promoting language development for children who have English as an Additional Language (EAL). The MDT are establishing an EAL cluster group to support teachers to share best practice in teaching approaches for children learning English.

Partnership with schools is a key goal of the NEIC MDT. The MDT work with key stakeholders to design and deliver a first class service in Dublin's inner city. The team prioritise collaborative service planning and delivery with stakeholders, in particular with our co-professionals in the 10 NEIC schools and local community and health services. Building partnership with the schools is key to progressing and developing the work of the team and ensuring maximum impact. There has been a specific focus on alignment of new school services such as the MDT and City Connects to ensure that each service integrates and enhances established school systems, such as the Continuum of Support, the Student Support File and DEIS planning. The Student Support File is a key document that is compiled by the class teacher for pupils requiring extra support. It contains the range of supports and actions that each pupil receives and is updated by school staff to track supports and response to intervention. Principals were surveyed about the use of the Student Support File; when asked, "Are class teachers and Special Education Teachers (SETs) using the Student Support File to record targets agreed in consultation with the MDT?" the majority of respondents said all or most teachers are doing this and a minority said that some teachers are doing this. Principals added that this is an area they will develop in the next school year. In order to support this work, NEPS presented two training sessions for Special Education Teachers on the use of the Student Support File and how it supports the child and teacher and additionally acts as a bridge for sharing information on the pupil, with and between the MDT and City Connects. The MDT Working Group has also liaised with the Social Inclusion Unit DE and the City Connects Implementation Group working on the Integration Model of In School Services (IMISS) in order to establish systems of sharing information on pupils between services that enhances the outcomes for all children, their families and their schools.

Community Services: Links with community services, such as Meitheals and the Youth Mental Health Initiative are also being forged to offer wrap around support to families. This remains a priority for the team for 2022/2023, for example developing stronger working relationships with the National Council for Special Education (NCSE) and Children's Disability Network Teams (CDNT). The MDT will identify a link person to attend the Critical Incident Response Group (CIRG), and will also review liaison protocols with the Child and Adolescent Mental Health Service (CAMHS).

Parental Involvement: With the removal of COVID19 restrictions the MDT is focusing on the developing parental involvement as a priority for this coming school year. The Schools DEIS

plan for 'Involvement of Parents' identifies meaningful ways for working with parents, especially for hard to reach families. This work ensures there is awareness of and engagement with the services of the MDT. The MDT work closely with school staff such as HSCLP to provide information for parents, to build connection and trust between the family and the MDT. It is proposed that the MDT will work with the HSCL staff to identify ways to improve parental involvement with the MDT to improve visibility and uptake of psychology supports for families. Accessible communication tools with parents have been used, including short social media clips and additional video based resources are being researched which will include translation of text for the widest reach.

Staffing: There have been significant periods of time when positions for one or more of the HSE disciplines within the MDT have remained unfilled. This impacts the capacity of the team to deliver a comprehensive service and is a result of the wider healthcare staff recruitment issues. There is also the challenge of turn-over of school staff, there is a high level of teachers leaving the city for a range of reasons. This has a negative impact on implementation of change in whole school practices, expertise and skills are transferred to other schools outside of the NEIC. There have been requests from schools to reinstate the cluster for Newly Qualified Teachers (NQTs) and this is under consideration by the team.

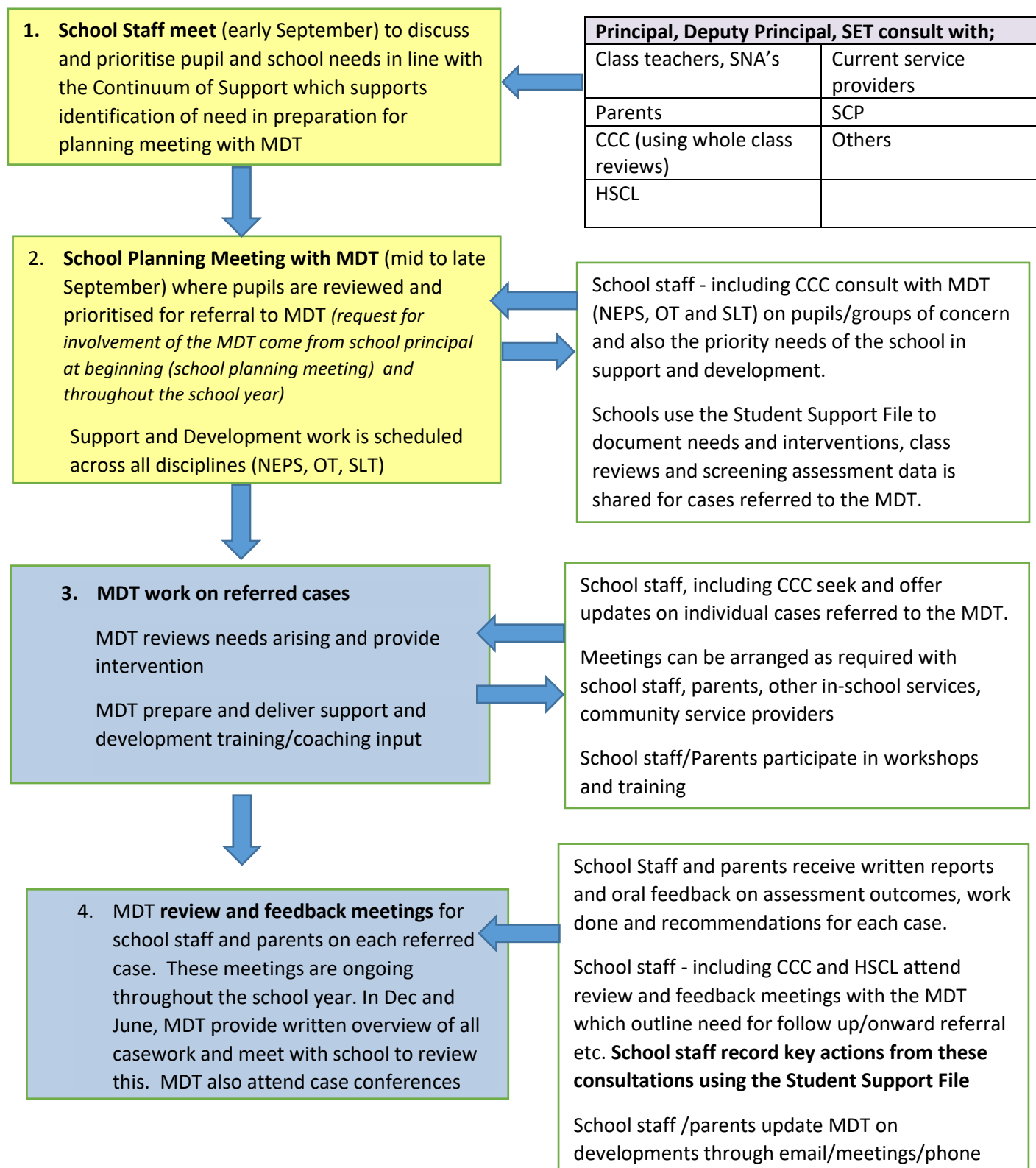
Complex Needs:

There is a need for further discussion with CAMHS and the Children's Disability Network Team regarding shared care with the MDT for the children with most severe and persistent needs. This is being progressed through the Local Health and Education Fora, with NEPS, HSE CDNT and the NCSE working to build strong working relationships between each team.

In conclusion:

This report acknowledges the tremendous work of the dedicated team from the HSE and NEPS who have collaborated to form a unique team that provide a professional and impactful service across the 10 NEIC Primary schools. With the introduction of the MDT, schools and parents have noted the substantial reduction in wait times to access HSE SLT, OT and psychology services, as well as the increased access to psychologists through the enhanced NEPS service to the schools. The access to HSE staff and enhanced NEPS support working collaboratively as the NEIC MDT has resulted in the increased range and volume of training, assessment and intervention delivered to children, their families and their schools. This is evidenced in the data of services delivered and feedback from stakeholders. The team looks forward to another year working with their co-professionals in schools and in the community to continue to make a positive difference in the home and school lives of all children.

Appendix 1: How the MDT works with the School System



Appendix 2 – Student Support File

How City Connects (CC) and Multi-Disciplinary Team (MDT) engage with the SSF in the 10 NEIC primary schools

The SSF is the main source of information on all of the services and interventions for any child who may be identified as having additional needs at school. The SSF is compiled by the class teacher, who holds overall responsibility for the child's learning, social, emotional and behavioural development in school.

The Special Education Teacher (SET) works with the class teacher to devise and deliver interventions as set out in the SSF.

This document looks specifically at CC and MDT interaction with the SSF

1

The SSF is used by the class teacher and SET to plan supports and monitor progress for children with additional needs. It is also used to track services delivered to the child using the log of actions. This may include in school supports such as CC and the MDT and links with external services/supports such as CAMHS and Meitheal. The SSF documents the progress and continuing needs of a child over time and ensures continuity of support at school.

2

The SSF is shared with the MDT when referrals are made, providing valuable information on current supports and targets for the child. Class teachers, SETs and City Connects Coordinators (CCCs) use the SSF in preparation for Whole Class Reviews and Individual Student Reviews.

3

Class Teachers and SETs maintain accurate and up to date SSFs that assist them in meetings with parents and other services to support the child. These include consultations with CCCs, MDT and other support services. The SSF should include recommendations and targets identified in reports or agreed at consultation meetings with CCCs, MDT and other services.

4

The MDT shares information on casework with schools in a Casework Summary Document, three times a year (Sep/Jan/June). School Principals and SET's share this with relevant class teachers and the City Connects Coordinator (CCC) as a record of MDT actions for each child referred to the team. The MDT Casework Summary Document is an additional source of information which can be used by CCCs to ensure the accurate recording of MDT interventions on MyConnects.


Appendix 3: School Priority Needs for Support and Development for use in school planning meetings with the MDT

Dear Principal,

The NEIC MDT are offering a range of training and support sessions from each discipline, we have also set out the option for joint MDT training. The interventions and training supports outlined in this service document were selected based on needs identified by the principals, teaching staff, support staff and the MDT in the NEIC schools. We hope that you will find the range of service delivery options useful in addressing your needs.

Kind regards, NEIC MDT, September 2021

NEPS have set out a range of training supports as described in the NEPS Service Delivery Plan 2021-2022. Please tick the Support and Development training sessions your school are interested in up taking in 2021/2022.

<p style="text-align: center;">Support and Development Training NEPS 2021-2022</p>	<p style="text-align: center;">Please  to indicate your interest and share with your NEPS psychologist at the school planning meeting</p>
<p>1. SET Cluster: We are offering targeted group support sessions, for the SEN support staff. Cluster groups, on topics of interest or areas that schools staff would like more information on, will be held on a termly basis and would require a minimum number in attendance, with the topic chosen by staff ahead of time.</p>	
<p>2. Words Their Way (WTW) Literacy Intervention to target spelling for 1st to 3rd class pupils, we will train teachers to this evidence based intervention, and to complete pre and post intervention measures to track the response to intervention</p>	
<p>3. Emotion Coaching Support Sessions (termly) for those trained in EC</p>	
<p>4. FRIENDS for Life & Fun Friends– anxiety prevention and resilience programme teacher training</p>	
<p>5. Nurturing Social, Emotion and Academic Competence – whole class support sessions with the psychologist leading lessons to model the development of:</p> <ul style="list-style-type: none"> • Academic, Persistence, Social, • Teaching friendship skills and cooperative learning skills 	
<p>6. Setting up a 'Safe Space' in your classroom in line with nurturing principles</p>	
<p>7. Get Up Stand UP – 6th class transition programme</p>	

8. Critical Incident e-learning course and follow-up support (if required)

Occupational Therapy are also offering a range of training and support sessions as described in the Occupational Therapy Service Delivery Plan 2021-2022. Please tick the Support and Development training sessions your school are interested in uptaking in 2021/2022.

<p style="text-align: center;">Support and Development Training Occupational Therapy 2021-2022</p>	<p style="text-align: center;">Please <input checked="" type="checkbox"/> to indicate your interest and share with your Occupational Therapist at the school planning meeting</p>
<p>1. Identifying Students with Occupational Therapy Needs</p>	
<p>2. Zones of Regulation- A programme with teaches students how to self-regulate.</p>	
<p>3. Sensory Needs in the Classroom- Identifying, understanding and supporting the sensory differences of students.</p>	
<p>4. Sensory and Trauma- Looking at the impact of trauma on sensory processing and regulating activities to promote school participation.</p>	
<p>5. Supporting Handwriting in the Classroom</p>	
<p>6. Get a Grip! Setting up Fine Motor Stations in the classroom</p>	
<p>7. Ready Bodies, Learning minds- Supporting students with different levels of gross motor abilities in school, on yard and in PE.</p>	
<p>8. Dyspraxia in the Classroom- what is dyspraxia and how best to support students with organisational difficulties in school.</p>	

SLT and OT Tier 1 Supports	Please <input checked="" type="checkbox"/> to indicate your interest and share with your Speech and Language Therapist at the school planning meeting
SLT/OT Advice Clinics: Speech and Language Therapy and Occupational Therapy are happy to offer <i>monthly</i> advice clinics for staff at your school. The aim of this clinic is to provide teachers and support staff with direct access to an SLT/OT to give general advice in relation to concerns they have in the classroom with communication, motor, sensory needs etc.	

Speech and Language Therapy are offering a range of training and support sessions as described in the Speech and Language Therapy Service Delivery Plan 2021-2022. Please tick the Support and Development training sessions your school are interested in uptaking in 2021/2022.

Support and Development Training Speech and Language Therapy 2021-2022	Please <input checked="" type="checkbox"/> to indicate your interest and share with your Speech and Language Therapist at the school planning meeting
1. Identification of Speech, Language and Communication Needs (SLCN) in the Classroom	
2. Talk Time – A whole school approach to help support the use of rich vocabulary instruction in primary school classes	
3. Developing Emotions Vocabulary: Helping Children to Label, Understand and Express their Feelings – this supports the development of children’s emotional literacy to help them to better understand and express their feelings	
4. Building Language Using Lego Bricks - A CPD and intervention approach designed by an SLT and SEN teacher to support the development of language and social communication skills for children with significant difficulties in these areas	
5. We Thinkers! <i>We Thinkers!</i> is a programme that helps children with SLCN to build foundational social communication and interaction competencies using stories, lessons and play based activities.	
6. EAL and Speech, Language & Communication Needs Identification Tool – 15 minute in service on how to use the EAL/SLCN tool	

<p style="text-align: center;">Joint MDT Collaborative Support and Development</p>	<p style="text-align: center;">Please <input checked="" type="checkbox"/> to indicate your interest and share with your Speech and Language Therapist at the school planning meeting</p>
<p>SLT/OT/NEPS “Lunch and Learn” or Cluster Groups: The full MDT can also offer “lunch and learn” sessions if there are topics of interest or areas that schools staff would like more information on. These may be held on a termly basis and would require a minimum number in attendance, with the topic chosen by staff ahead of time.</p> <p>One topic that has cross over for all three disciplines has been identified as a potential topic for our first session – ‘Implementing and maintaining visual supports in the classroom’</p> <p>We are suggesting an interactive session with the OT/SLT/Psychologist to explore the use, the introduction, the teaching and the ways to maintain and enhance impact of visual supports. The staff will have input from all 3 disciplines on their uses and can handle sample visual supports and share practice on what has worked well for them.</p>	

Appendix 4: Support and Development work delivered by the MDT in 20121/2022

<p>Continuing Professional Development (CPD) (some staff attending multiple sessions)</p>	<p>Listening and Speaking Time for Sounds Zones of Regulation SET Cluster: School based screening and assessment Interpreting Psychological Reports SMART targets and Student Support File Referral Pathway Identifying OT Needs Identifying SLT Needs Visual Supports Workshop FRIENDS – Fun Friends and FRIENDS for Life Training Emotion Coaching Support Sessions Group Consultation Training and Support Sessions</p>
<p>Whole Class Interventions</p>	<p>Zones of Regulation Words Their Way Listening and Speaking Time for Sounds</p>
<p>In-class Coaching</p>	<p>Managing my Feelings-Social Emotional Learning Programme Descriptive Commentary Targeted teacher coaching on specific approaches for support in OT, SLT and Psychology</p>
<p>SLT, OT Teacher Advice Clinic</p>	<p>This is a service for school staff to discuss general SLT and OT needs in their classroom. Individual pupils are not discussed as per GDPR.</p>
<p>HSE Psychology Parent Advice Clinic</p>	<p>1:1 direct advice service for parents to discuss their child’s needs</p>
<p>Resource Development developed for school staff, children and parents across all disciplines</p>	<p>How I Feel MDT School Consultation Record Parents Flyer</p>

Support and Development work delivered in 20121/2022

Appendix 5: MDT Casework Summary Document – anonymised

First Class			
Pupil Initials	Teacher Name	Reason for Referral	Summary Actions and next steps <i>Complete this section at the MDT Cluster review and share with school for termly and end of year review</i>
XXX	Ms XXXX	Learning	School/Home: Parent to attend the Psych Advice clinic and use home/school communication book/work on attendance
			SLT: Classroom Observation, Teacher and Parent Consul x2, SL Assessment, SLT small group X 4
			OT : Classroom Observation, Teacher and Parent Consul; In-class modelling of Zones of Regulation x2, one to one session x2
			HSE Psychology: Advice clinic attendance and parenting support re sleep routines
			NEPS Ref rec 17 th Nov 2020 Actions: Jan 2022 Parent Teacher Consul; Feb 2022 Observation class & yard; April - Cog Assess and one to one psychoeducation session; May -Joint MDT Parent and Teacher consultation

Appendix 6 Case Study - School Evaluation of Impact

Information for MDT members:

Case studies 500-600 words maximum

Each MDT member to consider an example a work with an individual, group and/or school/home system and to outline the impacts as a result of work of the MDT.

Include examples from each school across the three levels of

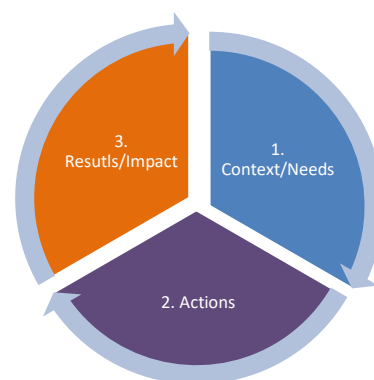
- individual
- group
- system

Please consult within each cluster to ensure a range of case studies are included. The completed anonymised cases studies will be incorporated into the MDT Annual Report 2021-22

What will it look like?

Each case study is presented using the CAR structure:

- 1. Context:** what were the presenting needs?
Priorities Needs identified at school/home
School level support already in place
Reason for referral (if casework) Reason for training/input?
How was the MDT service used?
- 2. Actions:** what did you do to address the needs?
What work was undertaken by school staff, home, by MDT?
- 3. Results:** what was the impact of the actions taken?
What was impact/outcome/learning/visible difference?
What are the differences for the child as a learner, socially, emotionally?
What differences can the child, teacher, parent see?
How is this helping them access their learning opportunities, make friends, support wellbeing and what is the follow-on impact?



Examples may include:

4. Case study of a referred child
5. Case study of small group or class intervention (child/teacher or group of staff/parents)
6. Case study of school staff/parent CPD/training/input (e.g. zones of regulation/Emotion Coaching)
7. Case study of school system change (e.g. planning meetings/ongoing referral)

References

Yin, R. (1994). *Case Study Research: Design and Methods*. Thousand Oaks, CA: Sage Publications.

Social Impact of COVID-19 Survey August 2020: The Reopening of Schools

Department of Education (2022) *Chief Inspector's Report September 2016- December 2020*.

Available at: <https://www.gov.ie/en/publication/611873-chief-inspector-reports/>.⁷ See Economic, Social and Research Institute research on the impact of COVID-19 on education at: [COVID-19 impact on education | ESRI](#). Also see Rao, Nirmala, and Philip A. Fisher. "The impact of the COVID-19 pandemic on child and adolescent development around the world." *Child Development* 92, no. 5 (2021): e738-e748. Available at: <https://srcd.onlinelibrary.wiley.com/toc/14678624/2021/92/5>.

^[1] *Chief Inspector's Report September 2016 - December 2020*.