



Education and Health Working Group

Framework for Collaborative Working between Education and Health Professionals

Contents

- **Introduction**
- **Recommendations**
- **Background to and organisation of the Progressing Disability Services for Children & Young People programme**
- **Section 1: Structures for effective links between the education and health sectors**
- **Section 2: Policies, protocols and procedures**
- **Section 3 Training**
- **Section 4: Child's pathway through key stages of transition in education**
- **Glossary of abbreviations and definitions**

Introduction

This framework has been developed by the Education and Health Working Group of the Progressing Disability Services for Children and Young People programme. In researching and compiling the document the Group consulted widely with relevant stakeholders including parents, health and education professionals.

From their work the Group identified the key recommendations below.

Recommendations

1. The formation of a permanent National Education and Health Steering Group to provide guidance to stakeholders in local areas in developing joint working, to monitor their progress and evaluate outcomes. The Steering Group should comprise representatives of the following:-

- Department of Health
- Department of Education and Skills
- National Educational Psychological Service
- Department of Children and Youth Affairs
- National Council for Special Education
- Health Service Executive
- Non statutory and voluntary disability service providers
- City and County Childcare Committees (CCI)

The Group would be responsible for recommending the appropriate system of linkages at local level to encourage and facilitate joint working between staff in the two sectors. It would co-ordinate the development of policies, procedures and protocols for joint working between health and education professionals, including training. The Group would provide guidance to local areas in developing joint working, monitor progress and evaluate outcomes. The Group would also provide guidance with regard to the content of relevant training programmes in

both sectors, and to ensure consistency and eliminate duplication. Mechanisms would be developed to ensure that the voice of parents is heard.

2. A national online directory of resources is established to include information and links on disabilities, health services, education, community supports and subsections for regional/local specific supports and services.

3. Education and Health Forums are established at local level under the direction of the National Education and Health Steering Group. The objectives of the local forums, which would include representatives of parents, health services and education partners, would be to facilitate networking, building relationships and to share information,

4. The Guidelines on the co-ordination of key transitions for children and young people with complex disabilities are used as a template for local education and health forums to develop their own pathways for key stages of transition.

Background to the Programme

In 2010, the Health Service Executive (HSE) established a programme to progress disability services for children and young people (0-18 years), supported by a National Coordinating Group (NCG). The programme's brief is to implement the recommendations of the Report of the Reference Group on Multidisciplinary Services for Children Aged 5 to 18 Years (2009), addressing the serious issues of inconsistency and inequity in the delivery of children's disability services. The programme also encompasses services and supports for children under five years.

The Terms of Reference of the NCG include the following:

- To prepare a framework for discussions with the Office of Disability and Mental Health (ODMH) and the education sector, under the Cross Sectoral Group, based on the recommendations (20-22) in the *Report of the Reference Group on Multidisciplinary Services for Children with Disabilities aged 5-18* on how health and education services can be delivered in a complementary and effective manner to children with complex disabilities (TOR 4).

Recommendations 20-22 of the Reference Group Report are as follows:

- The Cross Sectoral Team (CST) as the formal link between the health and education sectors at national level should consider establishing a system of linkages at local level to encourage and facilitate joint working between staff in the two sectors (Recommendation 20);
- Procedures and protocols for joint working between health and education professionals, including training, need to be agreed (Recommendation 21);
- Health service interventions should be based in the school whenever appropriate to meet the child's needs. (Recommendation 22).

Organisation of the Progressing Disability Services for Children & Young People programme

The programme is organised at national, regional and local level with regional and local implementation groups. These groups are undertaking management of the change process and include representation of education as appropriate. These groups will have finished their work once implementation is complete and will be disbanded.

Education and Health Working Group

The Working Group has been established to look at issues at the interface between the health and education systems in the context of the Reference Group Report and the Terms of Reference of the NCG. It includes a parent representative and representatives of the Department of Health (DoH), the Department of Education and Skills (DES), the HSE, the National Federation of Voluntary Bodies, the National Council for Special Education and the National Educational Psychological Service (NEPS). It is chaired by the Chair of the NCG,

Ms Breda Crehan Roche, CEO, Ability West. The working group has gathered information from existing services and consulted with parents and staff working in both sectors.

Definition of Complex Needs

Whilst recognising the need to support all children with disabilities, the Working Group focused primarily on children with complex needs and their families.

Complex needs as defined in the Draft National Policy on Access to Disability Services (developed by a sub-group of the Progressing Disability Services for Children & Young People programme) refers to 'one or more impairments which contribute to a range of functional skill deficits and give rise to significant activity limitations or at least moderate restrictions in participation in normal daily living activities and interactions. The child with complex needs and their family will require additional supports in terms of key working, interdisciplinary management and or medical supports to mitigate secondary impairments and their challenges in terms of environmental and personal factors.' The estimated prevalence rate for children with complex needs is at least 4% of the population aged 0 – 18 years.

The Department of Education and Skills estimate the number of children in the low incidence category of Special Educational Needs, which is defined in Appendix 1, Section B of DES Circular 02/05, as approximately 4%.

National policy

Existing HSE and HSE funded services in every area will be reconfigured to result in an integrated model with clear care pathways for all children with disabilities through:-

- primary care teams when the child's needs can be met there
- network generic early intervention and school age teams
- support as needed from specialist teams in areas of high expertise

Outcomes of the programme

- A clear pathway to services for every child who needs them**
- Equity and consistency across the country**
- Effective teams working in partnership with parents**
- Resources used to the optimum**
- Health and education working jointly to achieve best outcomes for children**

Report of the Education and Health Working Group on collaborative working between the health and education sectors

This document outlines how health and education services can be delivered in a complementary and effective manner to children with complex disabilities.

One of the aims of the Progressing Disability Services for Children & Young People programme is to move towards standardisation of approach to the delivery of services and supports for children with disabilities and their families across the country. The current wide variations in organisation, delivery of services and terminology used cannot all be referenced in this document.

The document is informed by the following key principles:

- A child and family-centered approach that spans organisational boundaries, and supports the provision of an integrated cross-sectoral response to the needs of the child and family;
- The need to optimize resources across the system and minimize duplication, particularly in the context of the current economic environment.

The document is organised in four sections, which are interconnected.

1. Structures for formal links
2. Policies, procedures and protocols
3. Training for education and health professionals and parents
4. Child's pathway through the key stages of transition

Section 1: Structures for effective links between the education and health sectors

1.1 National level

1.1.1 Context

It is recommended that there is a national cross-departmental body with responsibility to provide clear guidance for both sectors, to support local areas in developing structures and to ensure consistency.

1.1.2 Recommendations

National Education and Health Steering Group

A National Education and Health Steering Group should be established to provide guidance to local areas in developing joint working, to monitor their progress and evaluate outcomes. The Steering Group should comprise representatives of the following:-

- Department of Health
- Department of Education and Skills
- Department of Children and Youth Affairs
- National Council for Special Education
- Health Service Executive
- Non statutory disability service providers
- City and County Childcare Committees (CCI)

It is essential that the voice of the parent and the child is heard at national level and this should be reflected in the Terms of Reference of the Steering Group. For example this might be achieved through an annual workshop with parent representatives from the established local Education and Health Forums and/or by running focus group discussions on particular issues with particular sets of parents.

The National Education and Health Steering Group will draw up policies, protocols and procedures for local implementation (see section 2 on policies, protocols and procedures). The policies, protocols and procedures should be based on agreed principles, provide terms of reference for local forums, recommend roles and responsibilities and specify a timeframe for review.

National Online Directory

It is recommended that a national online directory of resources be established to include information and links on disabilities, health services, education, community supports and subsections for regional/local specific supports and services.

Training

The National Education and Health Steering Group will provide guidance with regard to the content of relevant training programmes in both sectors, and to ensure consistency and eliminate duplication.

1.2 Local level

1.2.1 Context

Whilst there is plenty of evidence of close working relationships forming at local level between health services and education services and schools, these are clearly dependent on individual initiatives and can as a consequence fail to achieve permanency. Consultation has provided

instances of a lack of contact or even complete lack of awareness on the part of the various professionals each working separately but with the same objective of maximizing a child's participation and potential. Other examples have been found of excellent co-operative practice usually reinforced by regular formal meetings.

There is a need to formalise a structure where the various stakeholders come together at regular intervals to share information, build relationships and develop local co-ordination.

1.2.2 Recommendations

Establishment of Education and Health Forums at local level

The function of the local forum is to address issues of common concern to those in the health and the education sectors engaged in supporting children with disabilities. Issues which affect one sector only will continue to be addressed by existing forums/management groups in each sector.

Objectives

- To facilitate networking and building relationships
- To identify training opportunities for education and health professionals
- To share general relevant information on range of health services in the area
- To share general relevant information on local schools including special schools and special classes
- To plan for and co-ordinate key transition stages for children
- To organise the dissemination of up to date information for parents and others
- To provide clarity on relevant current policy in both sectors
- To develop joint working initiatives and opportunities
- To work together in the development of the Individual Education Plan process
- To identify the future needs of children in the area anticipating demand for services
- To agree the process for developing, reviewing and maintaining local co-operative procedures and practice

Organisation of the Local Forum:

- The National Education and Health Steering group will provide guidance on the process and structure with some local autonomy allowed on what is realistic and feasible
- As clarity and parameters will be essential for consistency of approach, the National Education and Health Steering Group will provide written terms of reference, procedures for meetings and the decision-making process
- Local forum areas, totalling around 18 nationally, need to be defined regionally on a practical geographic basis.
- A Chair of the Forum to jointly represent the health and education sectors is required and it is suggested that the NCSE be considered in this context. The Chair of the Forum will convene and conduct the Forum.
- The forum may be annual or bi-annual and may be required to meet more frequently at first.

Suggested Representation for the Local Forum

- Parents (e.g. National Parents Council)
- IPPN (Irish Primary Principals Network)
- NAPD, ACCS, VEC (post primary management/principals)
- NABMSE (National Association of Boards of Management in Special Education)
- Education Centre Director
- NCSE
- NEPS
- SESS (Special Education Support Service)
- Parents of pre-school children
- City/County Childcare Committees

- Primary Care
- Children’s Network Disability Teams (Early Intervention and School Age)
- Children’s Specialist Disability Services
- CAMHS

Section 2: Policies, protocols and procedures

2.1 Context

For preschools, schools and disability services to work closely together they need to develop policies, protocols and procedures to provide clarity around responsibilities and boundaries. National guidance on these would assist local areas and help to achieve consistency across the country. The working group in their deliberations considered a number of existing policies and protocols.

2.2 Issues and challenges

- The differences in procedure and culture between the two sectors
- The large number of services and schools each with degrees of autonomy and their own policies and protocols
- The current wide variation across the country in resources in both sectors
- Forming general protocols whilst allowing for a response to the needs of the individual child/student

2.3 Recommendation

The National Education and Health Steering Group will draw up policies, protocols and procedures for local implementation. These should be based on agreed principles, assign roles and responsibilities and specify a timeframe for review.

For inclusion in joint policies, protocols and procedures

- Protocols regarding the management of child protection concerns according to Children First Guidelines
- Terms of reference and procedures for the regular forum (e.g. twice annually in October and March) for representatives of both sectors and parents in the local area to meet formally in order to raise current local issues, advance joint working, plan for training opportunities and form working relationships
- Assigned responsibilities at individual service/school level for ensuring good communication regarding individual children between children’s disability services and schools e.g. resource teacher, children’s services manager
- Active involvement in all processes of individual child/young person and family
- Documented access criteria for referrals to disability services to ensure clarity for schools referring and for families
- Documented guidelines by children’s disability services on procedures regarding referrals, assessment, intervention and discharge pathways for school children
- Responsibility assigned for ensuring health and education staff are kept up to date with relevant policies and procedures both national and local in both sectors
- Confidentiality agreement and policy regarding parental/guardian consent for transfer of information under Data Protection legislation
- Procedures and protocols regarding meetings about individual children including IEP meetings:-

- Recommendations on attendance of staff (both health and education), student and family
- Arranging, chairing and recording of meetings
- Decision-making process
- Planning process for transition for individual children between schools
- Planning process for transition for individual young people from school and school age disability services to adult/vocational/other services.
- Responsibility for management and secure storage of records relating to individual children in both health and education sectors
- Protocols for the resolution of complaints and disagreements

Section 3 Training

3.1 Context

Through consultation with relevant stakeholders and gathering of information on training, the working group found there were excellent initiatives. However there was also evidence of duplication and a lack of awareness of training opportunities.

Training needs may be viewed from several perspectives:-

- Whole school awareness which is provided by health professionals and the Special Education Support Service
- Teacher skills development which is provided through undergraduate training and Continuing Professional Development
- Early Years Educators training, which includes a range of levels and providers
- Student disability awareness in schools
- Health professionals' knowledge of the school environment and curriculum
- Parents' needs for information and skills to assist them in maximising their child's potential

Training is required for education and health professionals and for parents to understand roles and share information and skills. The scope identified includes:

- Terminology
- Roles and responsibilities: family, friends, health, education staff
- National policy, mainstreaming agenda
- Accessing and harnessing community resources
- Diagnosis and issue specific information
- Peer parent groups and parent to parent information sharing and training.
- Build early preparation for each transition phase into parent and children/young people training
- Understanding the curriculum
- Standardised training for key workers in health services
- Family friendly report writing

3.2 Issues and challenges

- Incorporating features of therapy programmes into a child's IEP
- Exploring ways of reducing stress on parents and their children with a disability, up to and through transition phases
- Including parents of older children in information sharing re policy and service change

- Duplication in both the development and provision of disability training for education staff by education and health service agencies and also gaps in some areas, undermining optimal use of limited resources.
- Training providers can be unaware of other training initiatives and parents are not always aware of training opportunities available for them
- Limited standardisation of training programmes across the country provided for early years staff, teachers and/or parents by health staff
- Understanding of each other's role in health and education
- Standardised training programmes are needed on core disability topics as a baseline
- Lack of knowledge of terminology in clinical reports
- Where to fit disability training on an ongoing basis into teachers' and students' schedules

3.3 Recommendations

1. The National Education and Health Steering Group will provide guidance with regard to the content of relevant training programmes in both sectors, and to ensure consistency and eliminate duplication.
2. The local Education and Health Forum in each area should in terms of training:
 - Include representatives of all organisations providing relevant training as well as key stakeholders already identified in Section 1
 - Conduct a training needs analysis in the local area for education and health professionals and parents
 - Work to streamline existing programmes and develop others to address current training gaps
 - Organise the production and dissemination of standardised information packages for a) teachers, b) early years staff c) students, d) parents
 - Encourage a 'Train the Trainers' approach for maximum effectiveness
 - Modular format to training would address different information needs

Section 4: Guidelines for the child's pathway through key stages of transition in education

Planning for important transitions in terms of education has been recognised as a key area where co-operation between health and education services can impact positively on outcomes for children and young people with disabilities/special educational needs. **The centrality of parents and the child or young person, as appropriate, is essential and is assumed throughout the attached guidelines.** Similarly, it is assumed that plans referred to (including reviewed plans) are agreed by all involved before being implemented.

The guidelines are set out in flow-chart format and indicate necessary actions from the relevant professionals in health and education required to ensure adequate planning and co-ordination of the transition processes.

Where pre-school, primary or post-primary levels of education are referred to, these can refer to either mainstream or special educational settings. The actions included for the health sector are not inclusive of acute settings which are of obvious importance for some children with complex needs.

While acknowledging the availability of special provision for specific groups of children (e.g. Visiting Teachers for children with sensory impairment and pre-school and home tuition for children with ASD), these are not reflected in the guidelines in order to keep them as generic and transferable as possible.

The guidelines are not intended to be prescriptive as the time-frames will need to be adapted in line with local working arrangements, resources available, and the level of needs of the individual child or young person.

Similarly, the level and frequency of involvement, co-operation and joint working between Early Intervention Teams, School Age Teams and the relevant educational professionals will depend on the level of need of the individual child or young person. However, it is important that essential elements of planning for transition are agreed at local level between health, education and parents and the "events" section of the flow chart can be considered to best reflect these.

The working assumption underlying the Guidelines is that disability services for children and young people have been reconfigured and that integrated, geographically-based teams have been established. This is currently not the case in all areas. It is recognised that each area is at a different stage of development and is building from its own unique base. In particular, the situation with regard to the pre-school level varies widely. In addition, the processes associated with transition to post-second-level supports are still in development. It is, therefore, also recognised that each area will have to adapt its approach to the reconfiguration programme to suit its own particular circumstances.

However, regardless of current stage of development, it is recommended that the Guidelines should be circulated to all Local Implementation Groups under the Progressing Disability Services for Children and Young People Programme to provide them with a template to develop their joint working around transitions.

How to use the charts:

These charts are necessarily limited by the fact that they are designed to be used nationally. They should be adapted to suit local conditions. A blank chart is provided should you wish to draw up your own version. Health and education professionals and parents should analyse the events and actions with a view to identifying exactly who should be involved at each stage and with whom they should be working in partnership.

INTO PRE-SCHOOL									
	1	2	3	4	5	6	7	8	9
INDICATIVE TIME-FRAMES ONLY - SUBJECT TO LOCAL CONDITIONS									
Time	Sept prior to pre-school	Year prior Jan	Year prior Feb-Mar	Year Prior Mar-Jun	1 st year Start	1 st year Nov	1 st year Feb-Mar	1 st year May-Jun	2 nd year Sept
Event	Review existing reports. Plan for review if necessary.	Parents discuss pre-school options.	Parents decide on pre-school placement.	Pre-school prepares for child's requirements. Visits arranged. Transition planning activated.	Child starts in pre-school. Transition plan activated. Preliminary learning plan agreed.	Learning plan agreed.	Review of learning plan.	Plan for year 2.	Agree learning plan. Begin pre-school to school transition process.
Health Sector	EIT review and report regarding family support requirements.	EIT contact parents.	EIT consulted.	EIT advise on requirements (e.g. physical changes, staff training) Parents consulted.	EIT provide training, advice to pre-school staff.	EIT involved or consulted, as appropriate.	EIT consulted as required.	EIT consulted as required.	EIT raises the issue of primary education with parents. EIT ensures that assessments & statements of strengths & needs are up-to-date and fed into general communication with education on emerging need.
Joint Working				Pre-school Liaise with EIT.	Pre-school liaise with EIT and parents to agree learning plan based on "Siolta" and "Aistear" Frameworks or "Protocol for Inclusion".	Pre-school agrees learning plan with parents and EIT.			
Education or Pre-school Sector				Pre-school plan for transition.			Parents and pre-school involved.	Pre-school plan with parents. Alert SENO to projected needs for school transfer.	Collate information coming from health on emerging need.

PRE-SCHOOL – PRIMARY SCHOOL								
	1	2	3	4	5	6	7	8
INDICATIVE TIME-FRAMES ONLY - SUBJECT TO LOCAL CONDITIONS								
Time	Pre-school year Sept/Dec	Pre-school year Sept-Feb	Pre-school year Sept-Feb	Pre-school year Mar-Sept	Junior Infants Sept	Junior Infants Sept/Dec	Junior Infants Jan	Junior Infants Sept-June
Event	Agree learning plan. Begin pre-school to school transition process.	Parents discuss school options available. Options and expectations explored.	Parents decide on appropriate school or education option.	School prepares for child's needs. Parents visit school. Orientation for the child. Hand-over meeting Transition Plan.	Child starts school. Transition Plan activated. Preliminary outline IEP in place based on EIT Transition Report.	Implement preliminary IEP. Facilitate inclusion and integration.	Review need, supports, IEP. Updated IEP in place.	Hand-over to School-Age Team. Planned for and occurs at any time in the year depending on the child's individual needs.
Health Sector	EIT raises the issue of primary education with parents. EIT ensures that assessments & statements of strengths & needs are up-to-date and fed into general communication with education on emerging need.	EIT makes contact with SENO in respect of all transitioning children. EIT support parents to explore expectations and options.	EIT sends reports to parents / SENO / School. EIT available for support to parents.	Receive feedback from parents re visits and orientation. EIT input to school as necessary.	EIT provides services as agreed. EIT available for support to parents and school as required.	EIT provides services as agreed. EIT available for support to parents and school as required.	EIT provides services as agreed. EIT available for support to parents and school as required.	EIT initiates & develops discharge plan & co-ordinates hand-over. EIT provides services as agreed. EIT available for support to parents and school as required.
Joint Working		Preliminary identification of supports indicated.		EIT / SENO / NEPS may attend hand-over meeting. Training and support needs identified.	EIT School / SENO / NEPS inform IEP.		Inform review of IEP.	EIT / School / SENO / NEPS meet with School-Age Team as part of hand-over as appropriate.
Education Sector	Collate information coming from health on emerging need.	EIT makes contact with SENO in respect of all transitioning children.	School principal puts parents in touch with SENO. SENO available to support parents individually and/or collectively.	SENO consults with school and parents on foot of reports. Parents' feedback re visits and orientation. NEPS / SESS / SENO available to support school. Pre-school and primary school liaise on transition plan.	Teacher facilitates inclusion and integration with support of SENO, SESS and NEPS as appropriate.	School implements IEP. SENO, SESS and NEPS available for support as required.	SENO, SESS and NEPS available for support as required.	

PRIMARY SCHOOL – POST-PRIMARY SCHOOL								
	1	2	3	4	5	6	7	8
INDICATIVE TIME-FRAMES ONLY - SUBJECT TO LOCAL CONDITIONS								
Time	5 th class Nov	5 th class Feb	6 th class Sept/Dec	6 th class Jan/Feb	6 th class Mar/May	1 st year Sept/Oct	1 st year Jan	1 st year Jan/June
Event	Issue of secondary education raised with parents.	Options identified and assessed.	Review assessments.	School chosen by family and pupil enrolled.	Transition Plan.	Child starts school.	Review IEP.	Revised IEP in place.
Health Sector	SAT available to support.	SAT available to support.	SAT reviews assessments.	SAT provides reports to parents.	SAT available to support transition planning as required.	SAT provides services as agreed.	SAT provides services as agreed.	SAT provides services as agreed.
Joint Working		SENO and SAT in contact to flag transition issues and needs. NEPS involved if required.	SAT assessments if necessary – Liaise with NEPS. Flag physical accessibility issues to school a.s.a.p.		Training and supports needs identified. Transition Plan developed and initiated to inform IEP.	IEP developed. Training and support provided to pupil / family / school.	SAT / NEPS and SENO available to support review of IEP as required.	
Education Sector	School raises issue of secondary education with parents.	NEPS and SENO available for support.	School carries out review assessments. NEPS contributes to review as necessary. NEPS assessment if necessary – Liaise with SAT.	School provides reports to SENO as appropriate.	Primary and Post-Primary school liaise. NEPS / SESS / SENO available for support.	School facilitates inclusion of pupil. NEPS available for support.	School reviews IEP with pupil and family. NEPS and SENO available to support review of IEP, as required	School implements revised IEP. NEPS available for support.

POST-PRIMARY SCHOOL – EMPLOYMENT / TRAINING / 3 RD LEVEL						
	1	2	3	4	5	6
INDICATIVE TIME-FRAMES ONLY - SUBJECT TO LOCAL CONDITIONS						
Time	End of 2 nd year	3 rd year	Transition year (If available)	Pre-final year	Final year	Post-2 nd level year
Event	Initiation of process for transition from Post-Primary. (May occur at this stage or up to the beginning of 5 th year).	Investigation of career / training / education options.	Opportunity for consolidation.	Final preparation for transition.	Activation of Transition Plan.	Hand-over from Post-Primary.
Health Sector	With a view to refining vocational skills, review independent functioning, leisure skills, functional communication and interpersonal skills. SAT available for support.	Begin investigation of post-school health supports required. SAT available for support.	Support the student to further develop skills required. SAT available for support.	SAT ensures all necessary medical and psychological assessments are up-to-date. Occupational Guidance Service (OGS) involved in developing transition plan.	Initiate activation of post-school health supports.	Support adult services.
Joint Working	Liaise to ensure agreed approach to development of vocational and independent functioning skills.	Liaise to ensure agreed approach to development of vocational and independent functioning skills.	Liaise to ensure agreed approach to development of vocational and independent functioning skills.	SAT / School Guidance / OGS / SEN Team / SENO / NEPS as appropriate develop Transition Plan including necessary liaison with post-leaving cert providers.	SAT / School Guidance / OGS / SEN Team / SENO / NEPS as appropriate develop Transition Plan including necessary liaison with post-leaving cert providers.	Liaise to ensure that appropriate educational disability supports are put in place.
Education Sector	Review IEP with student and parents. Review curriculum and examination choices with parents and student. NEPS available for support. SENO available for advice on options.	Review IEP with student and parents. School Guidance / SEN team discuss with student / parents: - Post Junior Cert course options, - Career information, - Post Leaving Cert training options. School links in with other education providers e.g. VEC initiatives. NEPS and SENO available to school for support.	Support the student to further develop skills required (academic, social, functional) in a variety of settings. NEPS available for support. SENO available for advice on options.	Review IEP with student and parents. School Guidance / SEN Team discuss career guidance options with student / parents. Facilitate work experience placements / third level visits as part of curriculum as appropriate. NEPS available for support, review assessment as necessary. SENO available for advice on options.	Support student / parents to activate necessary post-school supports. Access necessary accommodations, supports for final accreditation.	Educational Disability Supports put in place.

BLANK TABLE FOR LOCAL USE								
	1	2	3	4	5	6	7	8
INDICATIVE TIME-FRAMES SUBJECT TO LOCAL CONDITIONS								
Time								
Event								
Health Sector								
Joint Working								
Education Sector								

Glossary of abbreviations and definitions

ASD	Autistic Spectrum Disorder
CAMHS	Child and Adolescent Mental Health Service
CCI	Childcare Committees Ireland
CPD	Continuing Professional Development
CST	Cross Sectoral Team
DES	Department of Education and Skills
DOCYA	Department of Children and Youth Affairs
DOH	Department of Health
EIT	Early Intervention Team (interdisciplinary health services and supports)
EPSEN	Education for People with Special Education Needs Act 2004
HSE	Health Service Executive
IDP	Individual Development Plan
IEP	Individual Education Plan
NCG	National Co-ordinating Group for the Progressing Disability Services for Children & Young People programme
NCSE	National Council for Special Education
NEPS	National Educational Psychological Service
OGS	Occupational Guidance Service
SAT	School Age Team (interdisciplinary health services and supports)
SENO	Special Education Needs Organiser
SESS	Special Education Support Service
VEC	Vocational Education Committee

Complex needs

One or more impairments which contribute to a range of functional skill deficits and give rise to significant activity limitations or at least moderate restrictions in participation in normal daily living activities and interactions.

Children's Network Disability Teams

Early intervention and school age interdisciplinary teams providing health services and supports for all children and young people with disabilities in a geographic area

Low incidence disabilities

Schools may apply for additional teaching resource and/or SNA support for pupils whose special educational needs meet the criteria "low incidence disabilities" set out in Appendix 1, Section B, of DES circular 02/05, for

Síolta

Síolta, the National Quality Framework for Early Childhood Education, was developed by the Centre for Early Childhood Development and Education on behalf of the **Department of Education and Skills** was published in 2006

Síolta is designed to define, assess and support the improvement of quality across all aspects of practice in early childhood care and education (ECCE) settings where children aged birth to six years are present. These settings include full and part-time daycare, childminding, sessional services and infant classes in primary schools

Aistear

Aistear is the early childhood curriculum framework for all children from birth to six years. The framework can be used as a guide in planning learning experiences in sessional, full and part-time daycare settings, infant classes in primary schools and childminding services. It can also be used by parents in children's own homes.