



Defence
Children
Services

DCS Policy Directive 3.2.27 DCS Speech and Language Therapy Service

DCS July 2025 v2.0

General

Authorisation	Head DCS
Senior Responsible Owner	AH SSS
Point of Contact	DCS POLRA
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Related Policy/Guidance	SEND Processes and Toolkit: Including Graduated Response Document
	DCS SOP/03- Policy & Operations: Using External SaLT Providers
	DCS Policy Directive 3.2.22 Supporting Children with SEND
	DCS Service Child Assessment of Need (SCAN) Processes
	DCS Policy Directive 3.3.26 Assessment of Support Needs for Accompanied Assignments Overseas

Introduction

1. The aim of the Defence Children Services (DCS) Speech and Language Therapy (SaLT) Service is to enable children and young people (CYP) to achieve their full communication potential.
2. DCS Speech and Language Therapists (SaLTs) with CYP and in partnership with families and other professionals in a variety of DCS Schools and Settings across the Rest of the World (ROW).
3. The SaLT Service is part of DCS's Educational Psychology, Speech and Language (EPSL) and Special Educational Needs and Disabilities (SEND) team within the Specialist Support Services pillar.

Why it matters

4. Early language development and communication skills are recognised as primary indicators of child wellbeing. There is substantial evidence of a link between language and other social, emotional, and learning outcomes (Law et al., 2017).
5. All children, regardless of circumstance, should be able to develop and thrive. The first years of life are vital in giving every child the best start, with speech, language and communication skills an important indicator of child wellbeing and development. These skills shape a child's ability to learn, develop friendships and impact future opportunities.
6. DCS seek to ensure that CYP receive their full entitlement to statutory services and suffer no disadvantage because of their parent's Service status; this is the underpinning principle of the Armed Forces Covenant.

7. This Policy Directive¹ applies to DCS Schools and Settings in DCS locations. Other DCS Schools and Settings will make use of this document where it is complementary to do so. Queen Victoria School (QVS) Dunblane will follow Scottish National statutory direction and guidance for Speech and Language Therapy. DCS Schools and Settings in British Forces Cyprus (BFC) are provided Speech and Language Therapy services by SSAFA Community Health.

Purpose of the service

8. The purpose of the DCS Speech and Language Therapy Service is to:
- a. work directly with children who have suspected or established Speech, Language and Communication Needs (SLCN) and are attending a DCS School or Setting in ROW.
 - b. provide professional oversight for the assessment and monitoring of individual children's speech and language needs.
 - c. advise on adaptations, targets and interventions for communication needs as required.
 - d. provide clear, high-quality reports about pupil needs and recommendations.
 - e. work in partnership with Schools and Settings (early years settings, primary and secondary schools), families, and other practitioners to support all children's speech, language and communication outcomes.
 - f. provide a range of universal and targeted support through training, discussion and mentoring.
 - g. identify priorities for individual Schools and Settings for training and support.
9. For children with significant SLCN and SEND:
- a. Speech and Language Therapists will be involved in Multi-Agency Meetings to discuss the child's support needs.
 - b. SaLT reports and advice contribute to statutory-comparable support plans (Service Children's Assessment of Need (SCAN)).
10. For systemic work, the SaLT Service works in partnership with the DCS Executive (Exec), DCS Schools and Settings, DCS Specialist Support Services (SSS) and DCS Schools Interface Service (SIS) pillar professionals as appropriate to:
- a. identify priorities for training and ongoing support
 - b. research and develop resources

¹ An Equality Analysis Impact Assessment (EQIA) has been completed for this Policy Directive and is available on request.

- c. support implementation and review
- d. predict future service demands and skills required

11. A Multi-agency Assessment of Needs Overseas (MASO) is used by the MOD to assess whether the services and support available in overseas locations can meet children's individual needs². Where children have reported speech and language needs, DCS SaLT service will provide Subject Matter Expert (SME) advice based on the documentation provided as part of the MASO process.

12. On rare occasions, the DCS SaLT may contribute to multi-agency meetings around the most appropriate provision for entitled children overseas, who are not educated in DCS Schools and Settings.

13. The DCS SaLT service does not provide assessment or advice around feeding and swallowing (dysphagia). Advice on this must be sought through medical routes.

Delivery of the service

14. The SaLT Service is delivered as part of the wider DCS SEND offer. The SaLT service is adaptable and needs led. It aims to be proactive and align with inclusive practices as defined by the Equality Act (2010).³

Graduated Response to SaLT support

15. The DCS Speech and Language Therapy offer operates through the graduated response.⁴

Universal

16. Universal support is high-quality, adaptive teaching which provides appropriate learning opportunities for all children, whatever their individual learning and/or communication needs. The SaLT Service provides training and wider support for all DCS Schools and Settings to enhance all children's communication and language development.

17. SaLTs will help the education setting to review the existing support that is in place, offer advice about universal communication approaches and appropriate adaptations that would benefit all children. DCS SaLT will work in collaboration with all Schools and Settings to embed Communication Friendly practices.

Targeted

² DCS Policy Directive 3.3.26 Assessment of Support Needs for Accompanied Assignments Overseas

³ Equality Act 2010 [online]. Chapter 15. legislation.gov.uk/ukpga/2010/15/contents [Accessed 20 June 2024].

⁴ Further information on the graduated response can be found in the DCS SEND process and toolkit available to DCS Schools and Settings.

18. Targeted support involves implementing more specific support and intervention for children with SLCN. At this level, a piece of specific training may be requested and developed to support a specific need or approach.
19. Regular Q&A workshops provided by SaLT are offered virtually to all ROW Schools and Settings alongside pre-recorded bitesize training presentations.
20. Schools may allocate 1-2 members of staff as 'Communication Champions' who are upskilled in a range of therapy interventions and knowledge around communication under the guidance of SaLT. Communication Champions can then cascade their knowledge to other staff members.

Specialist

21. The Specialist level of support involves detailed and personalised assessment and/or intervention. The purpose of this involvement is to achieve a greater understanding of the child's needs to bring about relevant personalised intervention plans and recommendations. This support can take a variety of forms and involve direct and/or indirect involvement with the child.
22. Informed written consent must be obtained from parents/carers of the child before any specific involvement from SaLT, in line with the EPSL referral process.

Request for Individual SaLT Support

23. Planning meetings jointly with Educational Psychology, Speech and Language Therapy and SEND advisors take place termly with individual school/setting SENDCos. These meetings provide scheduled opportunities to discuss systemic and training needs, request support, explore vulnerable groups and individual cases.
24. The School or Setting will discuss any potential involvement for individuals with parents/carers and young people (as appropriate) prior to discussion meetings. Professionals will advise on the appropriacy of a referral following this discussion.
25. EPSL can only accept referrals made by the SENDCo. If referral to SaLT is recommended by a medical professional, the school SENDCo should still initiate and follow the EPSL referral process.
26. Where children have previously been identified with communication needs recorded through the supportability assessment process, the DCS SaLT will oversee the implementation of recommended strategies and programmes by the school or setting.

Assessment and Review Process

27. The DCS SaLT service adopts a holistic person-centred approach to assessment in line with the ICF Framework (WHO, 2001)⁵. The purpose of SaLT assessment is to target:

⁵ World Health Organization. International Classification of Functioning, Disability and Health (ICF) Geneva: World Health Organization; 2001.

- a. functions and structures: To target specific skills, aiming to resolve or improve ability.
- b. activity and participation: To optimise the child's potential to participate in meaningful activities and support the wellbeing of the child and/or carers.
- c. environment and personal factors: Finding ways we can adjust the environment, attitudes or influences impacting the child.

Pre-assessment stage

28. Background and case history information is gathered from staff and parents/carers through questionnaires and consultation. This information contributes to holistic clinical decision making. Information gathered at this stage will aim to include:

- a. strengths and needs
- b. developmental history
- c. co-occurring medical or learning needs
- d. Individual Support Plan (ISP) targets
- e. functional impacts
- f. results of speech/language screening tools

29. Evidence of how the School or Setting has implemented the graduated response will be requested at this stage.

30. Expectations for involvement are also discussed at this stage with parents and staff.

Assessment

31. The assessment/ review process may include:

- a. observation of the child in a range of settings
- b. review of the support and differentiation in place to meet their communication needs
- c. formal standardised tests
- d. child interview, sorting activities, self-assessment materials
- e. dynamic assessment materials, informal measures, play-based assessment
- f. use of Video Interactive Guidance

32. Where possible, assessment and review will take place through face-to-face visits to the child in location. All travel is subject to MOD policy for overseas travel and dependent on necessary approvals.

33. If in-person visits are not possible within an appropriate timeframe, video conference may be offered via Microsoft Teams. This may take the form of parent consultation or directly with the child where appropriate. Parents must be present on the call for purposes of safeguarding and consent.

Post-assessment stage

34. Following assessment session/s the SaLT will produce a clear written report outlining background, findings, and recommendations.

35. The outcome of SaLT assessment for children in DCS schools may take the form of:

- a. speech and language targets and activity programme. These will be reviewed at regular intervals through follow up conversations with professionals and parents and subsequent in-person visits
- b. recommendations and advice for enhancing communication support and adapting the environment in the school or home environment.
- c. individual and group activities to target speech, language and communication skills.
- d. onward referrals to another educational or medical specialist e.g. Educational Psychology, Audiology, Paediatrician.
- e. recommendation and/or referral to supporting charities and services, for example for specialist SaLT, mental health support or parenting support.
- f. contributions to Individual Support Plans (ISP) and attendance at review meetings where appropriate.
- g. the DCS SaLT will aim to be transparent with parents/carers around any ongoing involvement with the child and provide written reports and updates where appropriate.

Regular therapy

36. DCS SaLTs do not routinely provide regular face-to-face or virtual therapy sessions for children. Therapeutic activities are recommended and modelled to adults supporting the child and training is provided through SaLT workshops so that activities can be implemented in school. Staff and parents are encouraged to request support for these from SaLT where needed.

37. Where there is a need identified for regular therapy with a Speech and Language Therapist, the supportability of the child in location may need to be reviewed in line with DCS procedures.

38. Where external Speech and Language intervention is required or in place, joint working will always be encouraged. The DCS SaLT service is not required to match previous or external provision.

Assurance

39. The overall effectiveness of the SaLT provision will be considered formally through a bi-annual stakeholder survey and internal data analysis. The survey and data analysis will be reported to the twice yearly DCS Assurance Board.

Bilingual Children and Young People

40. DCS recognises that bilingualism⁶ in a child, young person or adult is an advantage. This is regardless of the specific combination of languages and/or dialects spoken by the bilingual person (Uljarevic et al, 2016⁷), and regardless of speech, language or communication needs. Bilingualism does not cause, or contribute to a speech, language or communication disorder (Stow & Pert, RCSLT, 2015⁸).

41. The DCS SaLT will accept referrals for children who are bilingual, however having English as an Additional Language (EAL) is not a reason for referral. Referrers must draw on their professional knowledge and experience to consider if the child's language difficulties are reasonable given their exposure to English. Referrers must enquire if the child has similar difficulties in both/all their languages.

42. Bilingual individuals are vulnerable to misdiagnosis where diversity is mistaken for disorder. The DCS SaLT will make reasonable adjustments for bilingual CYP and their families to achieve the same positive outcomes as monolingual clients and therefore deliver an equitable service and reach a complete picture of their language skills. Adjustments will be used where possible including:

- a. use of professional interpreters and translation services
- b. use of linguistic and culturally appropriate assessment tools and materials
- c. use of dynamic assessment tools.

43. Working with interpreters is a core skill for SaLTs and their responsibility to use their services under the Equality Act (2010) and in line with HCPC standards of proficiency⁹. DCS will not accept children under 18, other clients, carers and the child's siblings, family and untrained volunteers as interpreters (National Council on Interpreting in Health Care, 2011). Where professional interpreter services are not available, school staff (in a related role with an awareness of speech and language) may be used with the family's consent. However, the limitations of this compared to trained professionals is acknowledged. Time will be allocated for planning prior to the session with the interpreter to prepare and set expectations for the session.

Practice standards

⁶ The Royal College of Speech and Language Therapy (RCSLT) defines 'Bilingualism' as the ability to understand and/or use two or more languages.

⁷ Uljarević M, Katsos N, Hudry K, Gibson JL. Practitioner Review: Multilingualism and neurodevelopmental disorders - an overview of recent research and discussion of clinical implications. *J Child Psychol Psychiatry*. 2016.

⁸ Stow, C. & Pert, S. (2015). RCSLT Position Papers. Best Practice – SLT Assessment and Intervention: Best practice for children and young people in bilingual settings – and in particular Gaelic Medium Education (GME) Royal College of Speech and Language Therapists Clinical Guideline: Royal College of Speech and Language Therapists.

⁹ Health and Care Professions Council (HCPC). (2023). Standards of proficiency. Speech and Language Therapists. London: HCPC.

44. All Speech and Language Therapists are required to:

- a. be registered with the Health and Care Professions Council (HCPC) and work to their professional standards¹⁰
- b. ensure that the services provided are of high quality, demonstrably effective and have a strong evidence-base and are in line with up to date NICE and RCSLT guidance
- c. access regular clinical supervision in line with RCSLT and HCPC guidelines. Depending on needs of professional's caseload, this may be supplemented by additional specialist supervision
- d. access regular Continued Professional Development (CPD) in line with HCPC requirements. Membership of varied Clinical Excellence Networks (CENs) reflective of caseload is encouraged
- e. be involved in clinical governance and assurance processes including monitoring, collecting and reflecting on data trends
- f. use EPSL recording procedures for work and ensure written records are accurate, secure and contemporaneous in line with HCPC and MOD information management policies. Written reports must be returned promptly, within 10 working days unless there are exceptional circumstances
- g. obtain signed informed consent from parents/carers (and CYP 16yrs+) prior to SaLT involvement in accordance with HCPC Standards
- h. manage and store personal data and individual pupil records in line with MOD policy and HCPC guidelines

Allocation of Time

45. As an indication, a Band 7 SaLT in DCS will undertake:

- a. 40% Casework for children with SLCN in DCS settings and SaLT workshops. This may include attending multi-agency meetings for children not in DCS Schools and Settings.
- b. 15% Wider training for Schools and Settings
- c. 15% Input into MASOs, as commissioned by the OES team
- d. 10% CPD, attendance at CENs and clinical supervision
- e. 10% Administrative work including travel-related admin.

¹⁰ Health and Care Professions Council (HCPC). (2023). Standards of proficiency – Speech and Language Therapists. London: HCPC

- f. 10% strategic development work: working with the SEND Manager to develop the service on a strategic level and improve delivery to DCS Schools and Settings (this may include liaison with overseas Commands)