



Ministry
of Defence

DCS Policy Directive 3.2.27

Speech & Language Therapy in DCS

DCS Jun 2024 v1.0

General

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|---------------------------------|---|
| Authorisation | Head DCS |
| Senior Responsible Owner | AH SSS |
| Point of Contact | DCS POLRA |
| Review Date | Jun 25 |
| Related Policy/Guidance | SEND Processes and Toolkit: Including Graduated Response Document ¹ |
| Annex A | Confirmation of Involvement (COFI) Form |
| Annex B | Pupil Discussion Record |
| Annex C | Client Case Notes |

Introduction²

1. 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. Defence Children's Services (DCS) are committed to assisting with the development of these skills.

What Is Speech And Language Therapy?

2. In its broadest terms, Speech and Language Therapy (SALT)³ provides advice, support and assessment-based treatment for children and adults who have difficulties with communication, or with eating, drinking or swallowing.

3. The Royal College of Speech and Language Therapists (RCSLT) defines Speech, Language and Communication as follows:

a. Speech is defined as:

- (1) Saying sounds accurately and in the right places in words.
- (2) Speaking fluently, without hesitation, prolonging or repeating words or sounds.
- (3) Speaking with expression in a clear voice, using pitch, volume and intonation to add meaning.

¹ This does not currently reflect the bilingual cohort needs. This will be adjusted in line with the changes to the standards of proficiency set out by Health and Care Professionals Council (HCPC).

² This policy directive has been considered against the Public Sector Equality Duty and the Equality Impact Assessment is available on request.

³ DCS uses the acronym SALT, as opposed to the more accepted acronym SLT, to differentiate from existing acronyms in DCS Schools and Settings.

- b. Language is defined as:
 - (1) Understanding and making sense of what people say.
 - (2) Using words to build up sentences which are used in longer stretches or spoken language and to build conversations.
 - (3) Putting information in the right order to make sense.
- c. Communication is defined as:
 - (1) Being able to communicate to people and take turns, as well as change language/communication to suit the situation; in effect, how we interact with others.
 - (2) Non-verbal communication, for example eye contact, gestures and facial expressions.
 - (3) Being able to consider another person's perspective, intentions and the wider context.

Speech and Language Therapy (SALT) within the MOD, through DCS, provides assessment and School or Setting based intervention for children who have difficulties with speech, language and communication which impact upon their current or future education.

Why It Matters

- 4. Developing speech, language and communication skills are imperative to both engagement in education and the ability to connect and build relationships with others.
- 5. Early language development and communication skills are recognised as primary indicators of child wellbeing. This is due to the link between language and other social, emotional, and learning outcomes. Language contributes to a child's ability to manage emotions and communicate feelings; to establish and maintain relationships; to think symbolically and to learn to read and write.⁴

Scope

- 6. This Policy Directive applies to all MOD provided Schools and Settings overseas. Queen Victoria School (QVS) Dunblane will follow Scottish National statutory direction and guidance for Speech and Language Therapy and will make use of this Policy Directive where it is complementary to do so.
- 7. Where external Speech and Language intervention is required, joint working will always be encouraged. The DCS SALT department is not required to match previous or external provision. However, it can be accessed through one of the three methods detailed below (Paragraph 12).

⁴ Law J, Charlton, J, Asmussen, K. Language as a child wellbeing indicator. London: The Early Intervention Foundation; 2017.

What DCS Offers

8. In line with the Health and Care Professionals Council (HCPC) and meeting the HCPC Standards of Proficiency, DCS offers a SALT service within MOD⁵ provided Schools and Settings from FS1 onwards, or in preparation for FS1 in some locations.
9. DCS SALT Professionals work on a consultative basis. This involves:
 - a. Providing advice and support in relation to supporting children with Speech, Language and Communication needs. This also includes training for SENDCos and other staff, to develop their understanding of and improving School or Setting capacity to meet speech and language needs through their Universal offers.
 - b. Supporting and training named staff to deliver specific programmes or support for individual children.
 - c. At the appropriate stage of the graduated response, assessing and/or reviewing pupil's needs either face-to-face or remotely (which may involve direct communication with parents, in addition to staff).
 - d. Writing clear, high-quality assessment reports about pupil needs and detailing planned interventions and/or support for the School or Setting staff to deliver.
 - e. Provide professional oversight for the monitoring and evaluation of children's progress and advising on adaptations to interventions and therapy programmes as required.
 - f. Supporting the School or Setting to work in partnership with parents to meet children's needs.
 - g. Working with the Overseas Education and Supportability Team (OEST) and contributing to the assessment of supportability process when pupils either first move overseas or present with emerging needs while in an overseas location.
10. DCS SALT professionals do not provide routine face-to-face therapy for children. Where there is a need identified for regular therapy with a clinician, the supportability of the child in location will need to be reviewed through the Multi-agency Assessment of Support Needs Overseas (MASO)/ Emerging Needs MASO (ENMASO) process.
11. Managing expectations of parents and professionals when families transfer back to the UK and supporting the transition process, where required.

Referral To The SALT Service

12. If a child within a DCS School or Setting is receiving direct input from an external agency and this therapy then fails or ceases, the child will be evaluated and supported using the standard referral methods. There are three standard routes of referral to the DCS SALT service:

⁵ At the time of writing, the DCS SALT remit is limited to MOD provided Schools and Settings overseas. DCS retains a watching brief on the possibility of an expanded remit.

a. **Education route** If a child is attending a DCS School or Setting, the class teacher and the SEND Co-ordinator (SENDCo) will plan to meet their needs through the DCS graduated response. If the child's education continues to be negatively impacted with this level of intervention, the School or Setting may seek advice from the DCS SALT professional and/or make a full referral for assessment. Referrals from Schools/Settings will be based on evidence that following structured intervention over time (normally 10-12 weeks) the child is not making progress towards meeting typical developmental milestones, or the child's needs have escalated. This will be shown through the identification checklists set out in the DCS graduated response. This will trigger a full assessment and intervention programme. The programme will be overseen by the DCS SALT professional and implemented by the School or Setting. The details will be included in a full report that the SENDCo will share with parents.

b. **Medical referral route** For some children, Speech and Language difficulties are identified through medical services. For children in DCS Schools and Settings, if the intervention is not clinical and only required to support educational progress, the lead medical professional will refer into the School or Setting, who will raise it with the DCS SALT professional.

c. If an assessment has already been completed, the DCS SALT professional will oversee the implementation of any recommendations by the School or Setting. The SENDCo will ensure that the parents are in receipt of any proposed intervention plan. If there has not been an assessment, the School or Setting will provide any initial screening and work with the child and family and the referral will follow the process for the Education route detailed above. The SENDCo will share all review reports with the parents and the medical team who made the original referral until the child is discharged.

d. **Supportability assessment route** All children are subject to a supportability assessment when they move overseas. Where children have identified needs recorded through the supportability assessment process, the DCS SALT professional will oversee the implementation by the School or Setting.

13. SALT professionals will run monthly SALT meetings with either:

- a) SENDCo's, and School and Settings staff working with children to meet SALT needs. Or
- b) Staff, including Schools and Settings attending virtually, to identify trends and training needs.

This will also allow the SALT professionals to share practice development.

14. When a School or Setting has identified an individual child for review, the SALT will contact them to identify other support required to maximize the impact of the visit.

15. If a parent raises a concern with the School or Setting, or if staff have a concern, these will be raised with the DCS SALT professional at the earliest opportunity and in writing.

16. Parental consent for assessment, intervention and information sharing is part of the formal referral process.

17. When a referral is made, Schools and Settings are expected to ensure that all stages of the graduated response have been completed and are evidenced. The DCS SALT professionals will triage all cases and will take one of the following courses of action:

- a. The DCS SALT professional will provide general advice and guidance to the SENDCo of the School or Setting for cases without a formal referral.
- b. The DCS SALT professional will recommend formal referral through the education or medical route as required.
- c. For existing cases, the DCS SALT professional (having completed an assessment or being in receipt of a medical assessment for individual children) can provide additional specific advice. This must always be followed up with a written addendum to the original report and shared with parents.

Assessment And Review

18. The SALT professionals will consider all information provided by parents and carers, the current and former educational settings, medical and other reports and advice and undertake additional assessments, if required. Where appropriate, standardised assessments will be used. A full explanation of these assessments and results will be provided in the reports that follow.

19. In line with standards HCPC, the use of gloves/aprons⁶ will be used if an examination of the face and/or mouth is required.

20. Case reviews are planned and undertaken in line with the requirements of each child. Where a case no longer requires formal oversight by the SALT professional, a discharge letter will be provided and the responsibility for managing the child will sit with the School or Setting. Further advice and guidance can be acquired using standard processes.

21. The School or Setting will normally be the point of contact for parents. The DCS SALT professional may meet with parents, to consider their point of view, observations and concerns when conducting assessments. Discussions with parents will normally be held virtually and may be shared with the School or Setting.

22. The decision to discharge a child will be made formally considering parental views, School or Setting views, best evidenced based practice and details of progress. The decision to discharge will include a recommendation that the child's needs can be met through targeted or universal provision. The decision to discharge may be appealed in writing to the EPSL and SEND Manager who may choose to reverse the decision.

23. Where there is evidence of an emerging need that DCS cannot support the child in the overseas location, the DCS SALT professional will discuss this with the School or Setting and support a discussion with parents. The School or Setting will consult with OEST and a multi-agency meeting will be arranged, in line with DCS/ENMASO processes.

Supporting Schools And Settings

24. The DCS SALT professionals will provide staff training to ensure that standards and referrals are consistent across all DCS Schools and Settings. Where specific programmes of

⁶ Schools and Settings must ensure they have these as part of their first aid kits.

work are required, training will be provided to identified staff on how to deliver these. This training may take place virtually or face to face and will be provided by specialist providers or the SALT professional.

25. Where a School or Setting is identified as having consistent cohorts of children with particular Speech, Language and Communication needs, the therapist will aim to provide specific training tailored for School or Setting staff to support this.

26. DCS Schools and Settings will receive in person visits from the SALT professionals, based on the needs of children in location. All Schools and Settings will meet virtually on a monthly basis with their peers and the SALT professionals to share challenges and successes to ensure consistency of approach and receive current updates in SALT practice.

27. The Government defines English as Additional Language (EAL) learners *'if they [the children] are exposed to a language at home that is known or believed to be other than English. This measure is not a measure of English language proficiency'*⁷

28. Where a child is an EAL learner, Schools and Settings should note that, if Speech, Language and Communication is not a concern within the child's home language, referrals should not be made to SALT.

29. Where a child is known to be bilingual or multi-lingual, standardised assessments will only be used if there are assessments available in their home language. In some instances, English standardised assessments may be used informally, to capture an English language sample. The scores used will not be recorded on reports or used as a marker of ability. This is a result of western standardised assessments being based on monolingual children.

30. For bilingual children, where possible, standardised language assessments will be provided in home language. Where these are not available, a tailored assessment will be completed with the use of an interpreter to support.

The Use Of Interpreters And Translators

31. DCS will use both translators and interpreters to ensure assessment reports are translated into a family's home language. As per RCSLT guidelines, 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). The appointment of the interpreter must be secured during the planning phase of the assessment.

Governance

32. DCS SALT professionals are governed by the HCPC Standards of Proficiency and regulated by RCSLT. DCS SALT professionals are required to arrange and take part in clinical supervision on a regular basis. Depending on the needs of children on the DCS SALT professional's caseload, this may be supplemented by additional specialist supervision.

⁷ DfE Schools, Pupils and their Characteristics July 2020).

33. The overall effectiveness of SALT provision will be considered formally through a bi-annual stakeholder survey. This will involve clinical representatives from Defence Primary Health Care (DPHC); and stakeholder liaison groups such as the Family Federations, Welfare Officers and Community Liaison Officers. The survey will be reported to the twice yearly DCS Assurance Board.

**Confirmation of Involvement (CofI)
with the Educational Psychology, Speech & Language (EPSL & SEND) Team**

(Official-Sensitive-Personal when complete)

Instructions:

- Prior to completing this form, the consultee (e.g., School/Setting) is to ensure agreement with the EPSL team.
- School/Setting to complete all parts of Sections A and B in BLOCK CAPITALS
- School/Setting to ensure Sections C, and E are completed by parents.
- School/Setting to ensure Section F is completed.
- School/Setting to return the completed form to EPSL via email: RC-DCS-HQ-EPSL@mod.gov.uk
- Section G – for EPSL use only.

SECTION A – Details (to be completed by parents and/or the School or Setting)

1. Child's details

| | | | |
|-----------------------------|--|-------------------------|--|
| Child's Legal Surname: | | First Name(s): | |
| Family name (if different): | | Gender (+/or pronouns): | |
| Date of Birth: | | Attendance: | |
| Present School/Setting: | | Year Group: | |

2. Details of persons with parental responsibility

| | | | |
|--|--|--|--|
| Serving Person With Parental Responsibility: | | Other Person With Parental Responsibility: | |
| Relationship to child: | | Relationship to child: | |
| Rank/Grade: | | Rank/Grade (if applicable): | |
| Service Number: | | Service No (if applicable): | |
| Current email: | | Alternative email: | |
| Current Tel: | | Alternative Tel: | |
| Home Address: | | Home Address: | |
| Tourex: | | Tourex (if different): | |

SECTION B – Agreement with DCS (to be completed by the School or Setting)

| | | | |
|------------------------|--|--------------|--|
| EPSL Team Member: | | Date agreed: | |
| Support Required From: | SaLT: <input type="checkbox"/> EP: <input type="checkbox"/> SEND: <input type="checkbox"/> | | |

SECTION C – Confirmation of parental understanding (to be completed by persons with parental responsibility)

Please confirm that you (persons with parental responsibility) understand the following statements:

- We understand that the involvement of the Educational Psychology, Speech & Language (EPSL) and SEND team may include some or all of (but not limited to) the following: discussions involving ourselves, teachers and other staff, observation, individual work with the child.
- We understand that where purposeful and relevant, reports/records may be copied to other professionals directly involved with our child.
- We understand that information will be shared electronically, as required, and via the email address provided.

SECTION D – Processing your data

The personal data collected will be processed by DCS in accordance with the MOD Privacy Notice and DCS Policy Directive 7.1.2 Records Management. DCS will hold, and use, your personal data under the public duty of the MOD to provide support to its personnel regarding the specific educational and welfare requirements of their children.

When required, DCS may share data with appropriate external organisations in order to fully understand and support your child’s educational and welfare needs. This could include, but is not limited to Schools or Settings, social care, and health professionals outside of DCS. If such circumstances apply, DCS will notify you in advance.

SECTION E – Signature (to be completed by the person with parental responsibility)

By adding my electronic signature, or typing my name, I am signing this form as confirmation of my understanding of the information in Section C and D of this form. I am also confirming, to the best of my knowledge, the information within this form is correct.

| | | | |
|-------------------|--|-------------------------------|--|
| Signed: | | Date: | |
| Full name: | | Relationship To Child: | |

SECTION F – Essential information (to be completed by the School/Setting)

Please confirm the following:

- The School or Setting have attached copies of the Individual Support Plan (ISP), plus reviews (if completed), Early Help and/or any other relevant background information.

- Educational supportability has been processed through a MASO.
- The child has an Education, Health and Care Plan (EHCP) (not maintained overseas), a Service Child Assessment of Need (SCAN) or equivalent.
- The child has a Hearing or Vision Impairment (HI or VI).
- The child is currently educated Out of Chronological (OOC) year group.

| | | | |
|-------------------|--|------------------------|--|
| Signed: | | Date: | |
| Full Name: | | Job Title/Role: | |

SECTION G – For EPSL use only

Date CofI Received:

| |
|--|
| |
|--|

Accepted by:

| EPSL Team Member | Confirmed by (add initials): | Date: |
|---|-------------------------------------|--------------|
| EP (Educational Psychology) | | |
| S< (Speech & Language Therapy) | | |
| SEND (Special Educational Needs & Disability) | | |
| Other: (e.g. Specialist Teaching Service) | | |
| EPSL Team Member | Confirmed by (add initials): | Date: |
| EP (Educational Psychology) | | |

Case Admin:

| | |
|---|--|
| Date file opened: | |
| Date entered on service delivery case list: | |
| EPSL E-File No: | |

**Annex B to
DCS Directive 3.2.27
dated Mar 24**



**Defence
Children
Services**

Ministry of Defence
Educational Psychology, Speech & Language (EPSL)
Defence Childrens Services,
DCS HQ Building 183
Trenchard Lines, Upavon,
Wiltshire, England, SN9 6BE
Email: RC-DCS-HQ-EPSL@mod.gov.uk

Pupil Discussion Record

(Official-Sensitive-Personal when complete)

Pupil Details:

| | |
|---------------------|--------------------|
| Name: | DOB: |
| Year group: | Chronological age: |
| School/Setting: | Discussion with: |
| Date of discussion: | Date of record: |
| Name: | Role: |
| Name: | Role: |

Key Issues:

Agreed Action:

Signature block



Defence
Children
Services

**Annex C to
DCS Directive 3.2.27
Dated Mar 24**

Ministry of Defence
Educational Psychology, Speech & Language (EPSL)
Defence Childrens Services

CLIENT CASE NOTES

(Official-Sensitive-Personal when complete)

| | | |
|------------------------|-------------------|--------------|
| Initials: | DOB: | Year: |
| School/Setting: | Clinician: | |

| Date: | Time: | Observations / Recommendations: |
|--------------|--------------|--|
| | | |
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