



Better Communication  
*supporting change*



# **THE BALANCED SYSTEM® FOR ALLIED HEALTH PROFESSIONALS WORKING WITH CHILDREN AND YOUNG PEOPLE IN SCOTLAND**

## **A PILOT PROJECT TO EXPLORE THE IMPACT OF UNDERSTANDING NEED AND MAPPING PROVISION**

Marie Gascoigne and Pauline Beirne

Royal College of Speech and Language  
Therapists Conference

Glasgow

27<sup>th</sup> September, 2017



# OUR PLAN FOR THIS SESSION



**WHY?**



**WHAT?**



**HOW?**



**SO WHAT?**

Accessed before  
the session today



# IF YOU DIDN'T ACCESS THE WEBINAR SEE LINK BELOW

Dear delegate

We are delighted that you have chosen the children's services delivery session at the RCSLT conference. The oral presentations have a limited time slot and so we thought it would be helpful to give you the chance to hear some of the detail of the methodology and see a demo of the tools that we will be speaking about, before the day as we won't have time to go into detail about these if we are to focus on the project key outcomes and messages.

If you follow this link and then click on the webinar title it should take you straight to a youtube recording.

<https://www.thebalancedsystem.org/commissioners/webinars/>

Many thanks and look forward to seeing you next week

Marie and Pauline

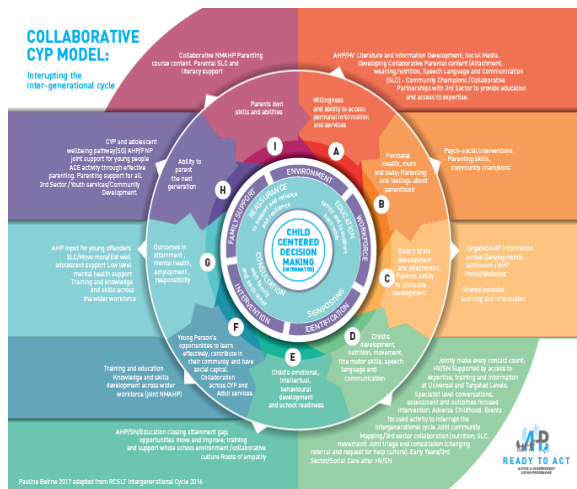


# WHY?



## OUTCOME WE WANTED

- a change in the conversation at point of request for help
- a child centred wellbeing outcomes focus for interventions
- an increase in early intervention and prevention capacity
- a reduction in variation in practice in Scotland



## WHAT WE DID

- Funded pilots through AHP Fellowships(NES)
- Balanced System®
- Effective Conversations
- Important to Me



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## WHAT WAS NEEDED

- Support for practitioners to change the way they think about practice
- Better use of data – address a systemic weakness
- Make different informed choices about capacity and where it is best placed to meet need
- Inform commissioning of service to meet need







# WHY?



- To gather a data set that was both quantitative *and* qualitative in nature and could be used to influence strategic policy
- To facilitate the thinking amongst clinical leaders to better access, gather, understand and use their own data for both influencing and service development and planning
- To explore the similarities and differences between AHPs in relation to the methodology and datasets in order to inform future planning

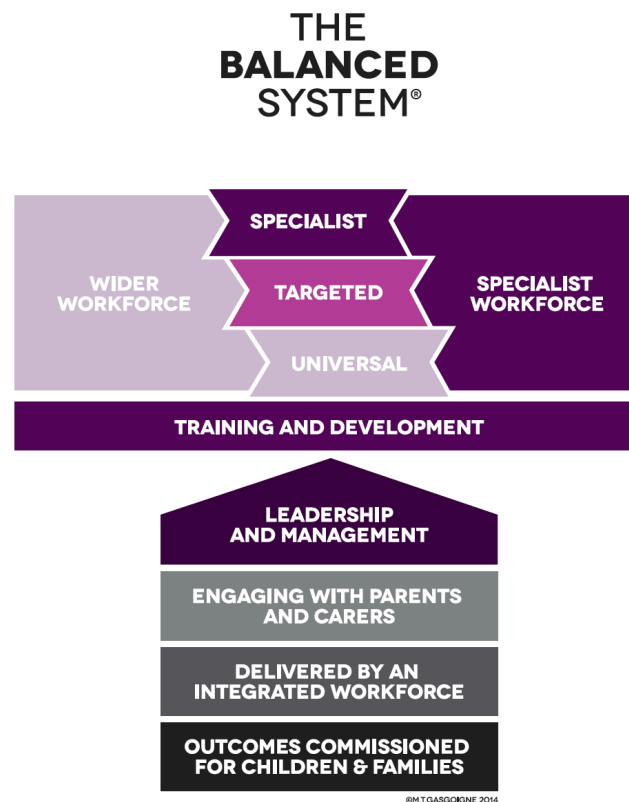


# THE BALANCED SYSTEM®

## A STRATEGIC, OUTCOMES BASED, WHOLE SYSTEM FRAMEWORK

### Core elements

- Identifies the core components of a whole system
- Building blocks of outcomes, integrated workforce, engagement with parents / carers and young people
- Strong Leadership and Management
- Service delivery built on base of training and development
- Delivery across three levels
- Wider and specialist workforce at all levels of the system





# THE BALANCED SYSTEM®

## A STRATEGIC, OUTCOMES BASED, WHOLE SYSTEM FRAMEWORK

### Balanced System Five Strands®

- Identifies the five key areas which **all** need to be addressed if systemic change is to be achieved and sustained

### THE BALANCED SYSTEM® FIVE STRANDS

FAMILIES AND YOUNG PEOPLE	• Are supported with appropriate <b>information</b> to make informed choices and <b>skills</b> to <b>support</b> development
ENVIRONMENTS	• Are audited, <b>adapted</b> and <b>enhanced</b> to maximise <b>participation</b>
WORKFORCE	• <b>Specialist knowledge</b> and skills are used to <b>build capacity</b> in the wider workforce to support across universal, targeted and specialist levels of provision
IDENTIFICATION	• Is efficient and <b>accessible</b> including training of others to identify and provision of pre-referral advice in community settings
INTERVENTION	• Is <b>appropriate and timely</b> , and may include direct or indirect, individual and group interventions delivered in a <b>functional</b> context

, 2016

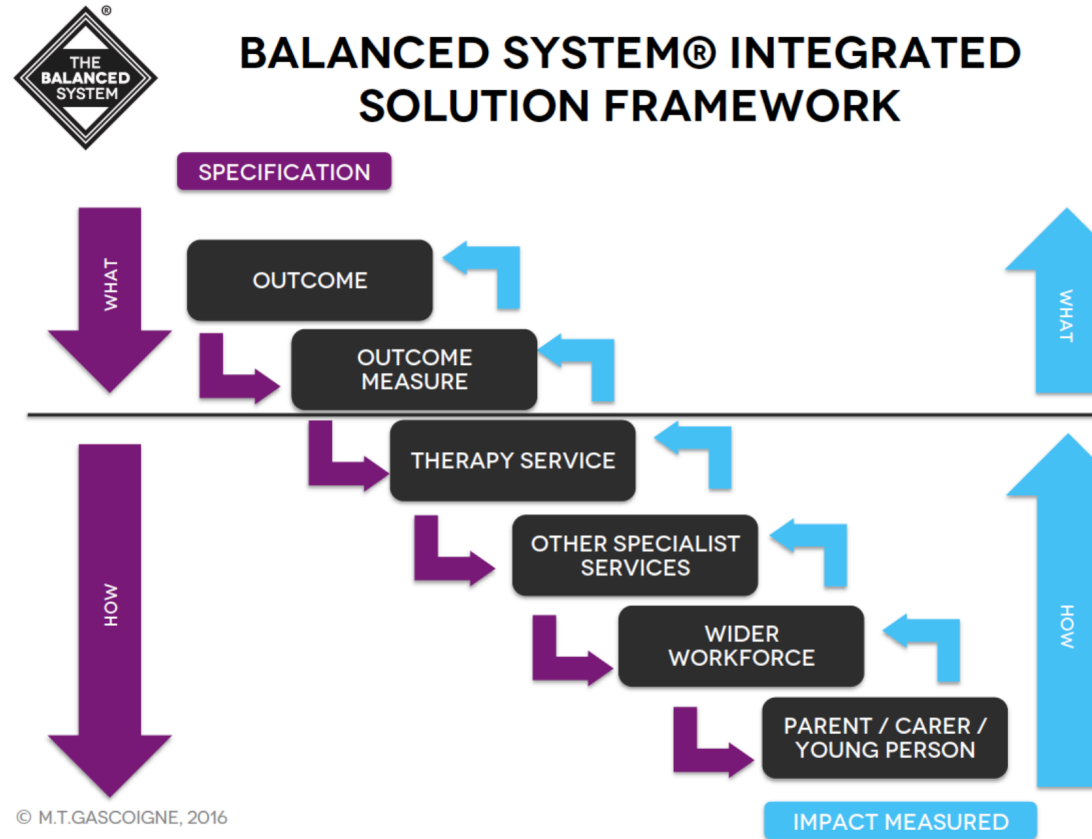


# THE BALANCED SYSTEM®

## A STRATEGIC, OUTCOMES BASED, WHOLE SYSTEM FRAMEWORK

### Balanced System® Integrated Solution

- Identifies the 'what?' (outcome and outcome measure for each strand and level)
- Identifies the 'how' (contributions required of different elements of the workforce and supporting context)





# THE BALANCED SYSTEM®

## A STRATEGIC, OUTCOMES BASED, WHOLE SYSTEM FRAMEWORK

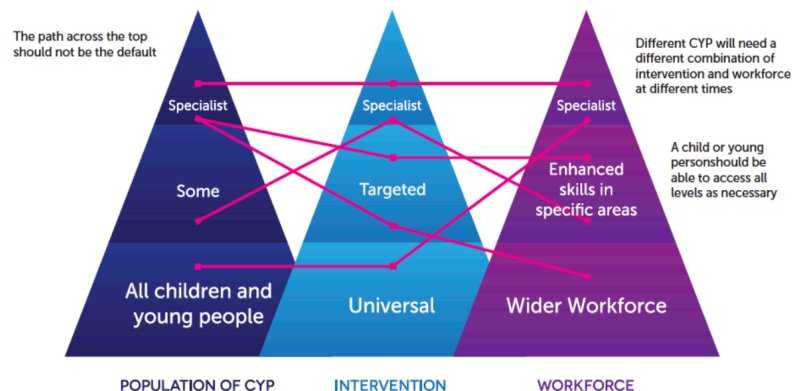
Essential to understand the relationship between

- Population
- Intervention
- Workforce is **not** linear

- Proportions of service available at different levels need to be adjusted based on needs assessment

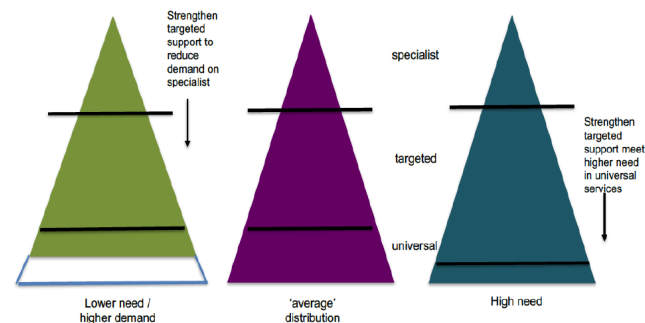


### RELATIONSHIP BETWEEN POPULATION, INTERVENTION AND WORK FORCE



© M.T.GASCOIGNE, 2015

### ADJUSTING MODEL TO MEET NEED



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FEBRUARY, 2016



# THE BALANCED SYSTEM®

## A STRATEGIC, OUTCOMES BASED, WHOLE SYSTEM FRAMEWORK

### Balanced System® Outcome Measurement Framework

- Outcomes for each strand and level in the system
- Measures identified across 4 levels of
  - Input, Reach, Quality, Impact
  - **IMPACT** is the goal
  - In reality a mix of measures is required
  - **HOW these measures are evidenced is flexible**

#### THE FIVE STRANDS AND SCHEME OUTCOMES

FAMILY SUPPORT	ENABLING ENVIRONMENT	WIDER WORKFORCE	IDENTIFICATION	INTERVENTION
View Universal Outcome	View Universal Outcome	View Universal Outcome	View Universal Outcome	View Universal Outcome
View Targeted Outcome	View Targeted Outcome	View Targeted Outcome	View Targeted Outcome	View Targeted Outcome
View Specialist Outcome	View Specialist Outcome	View Specialist Outcome	View Specialist Outcome	View Specialist Outcome



### THE BALANCED SYSTEM® OUTCOME MEASUREMENT FRAMEWORK

	QUANTITY	QUALITY
EFFORT	<b>LEVEL 1 INPUT</b>  HOW MUCH DID WE DO?  TRADITIONAL MEASURES OF ACTIVITY AND INPUTS	<b>LEVEL 3 IMPLEMENTATION</b>  HOW WELL DID WE DO IT?  MEASURING WHETHER THE INPUTS WERE OF A HIGH QUALITY
EFFECT	<b>LEVEL 2 REACH</b>  IS ANYONE BETTER OFF?  MEASURING ACCESS TO THE INPUTS DELIVERED	<b>LEVEL 4 IMPACT</b>  DID IT MAKE A DIFFERENCE?  FOR THE INDIVIDUAL? FOR A GROUP? FOR A POPULATION

© M.T.GASCOIGNE, 2016

After Friedman, 2005 and "Turning the Curve" (DCSF, 2008)





# HOW?



- Four sites
  - NHS Tayside
  - NHS Dumfries and Galloway
  - NHS Ayrshire and Arran
  - NHS Forth Valley
- Four therapy areas
  - Speech and language therapy
  - Occupational therapy
  - Physiotherapy
  - Dietetics




# HOW?



## ADMIN DASHBOARD

Welcome to The Balanced System®, we recommend that you start by looking at the [overview page](#) to provide an overview of the system and the five strands model. Then take a look at the [Integrated Solution Tool](#) for an example of what a good model of provision looks like.


## PROGRESS



### UNDERSTAND

Start here. Gather information to determine needs.


[➤ Understand](#)



### PLAN AND DO

Follow processes and use resources to achieve outcomes.

[➤ Plan and do](#)




### REVIEW

Measure evidence and record reflections.

[➤ Review](#)


## TOOLS



### MAPPING TOOL

Map provision and gaps in your provision.


[➤ Mapping tool](#)



### MAPPING EVIDENCE


Input, reach, quality and impact of provision.

[➤ Mapping evidence](#)




### PROFILE OF NEEDS

[➤ Profile of Needs](#)



### SCHOOL ALLOCATION


[➤ School Allocation](#)



### REPORTS

Generate and download reports.


[➤ Reports](#)



### INTEGRATED SOLUTION TOOL

The Balanced System Integrated Solution Tool.

[➤ Integrated Solution](#)



### ACCOUNT DETAILS

Update your account details and password.

[➤ Account details](#)



# HOW?






## UNDERSTAND PHASE

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### MAPPING TOOL

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FAMILY SUPPORT		ENVIRONMENT	WORKFORCE	IDENTIFICATION	INTERVENTION	
Small Group Oral to Written Narrative Intervention in some Focal schools	Primary school child (10 - 20 people)	Primary school	21-40 hours One year	Primary school staff	Children receive more targeted input to develop link between spoken language and written language. Improved story structure, use of adjectives and vocabulary. Data shows significant improvement of P3 children's spoken language skills based on the bus story.	Local Authority / NHS
					 Edit	
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# MAKING SENSE OF DATA

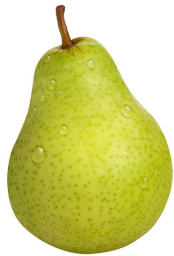


## Population

There are almost 35,000 children aged 0-4 in the City of Glasgow

There are just over 5,000 children aged 0-4 in East Dumbartonshire

## Service Data



Caseload data

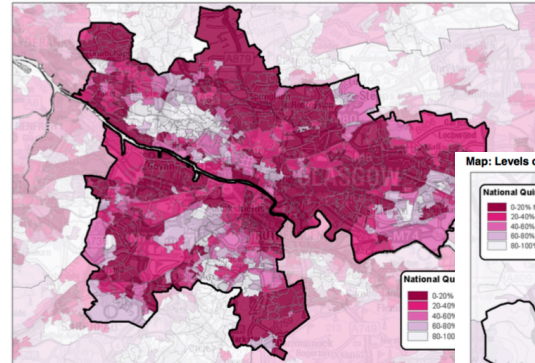
Workforce data

Finance data

## Demographic

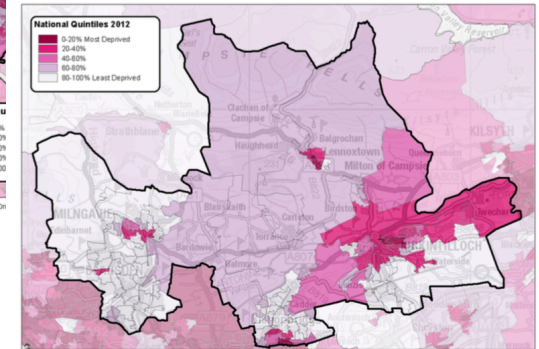


Map: Levels of deprivation in Glasgow City in SIMD 2012 by quintile



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Map: Levels of deprivation in East Dumbartonshire in SIMD 2012 by quintile



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50% of CYP in most deprived areas have measurable SLCN at school entry

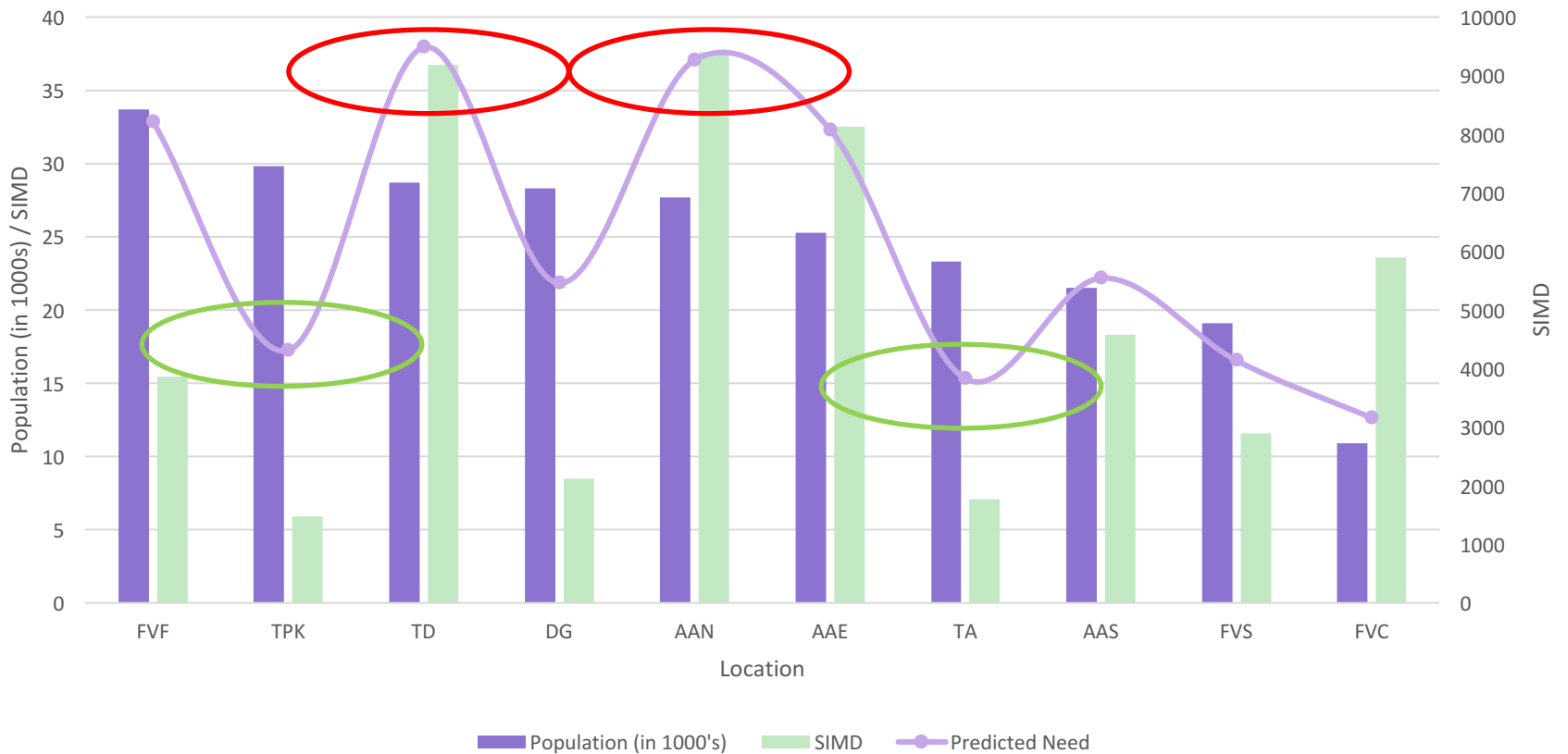
## Evidence base

Approx 2 children in every classroom have DLD



# SO WHAT?

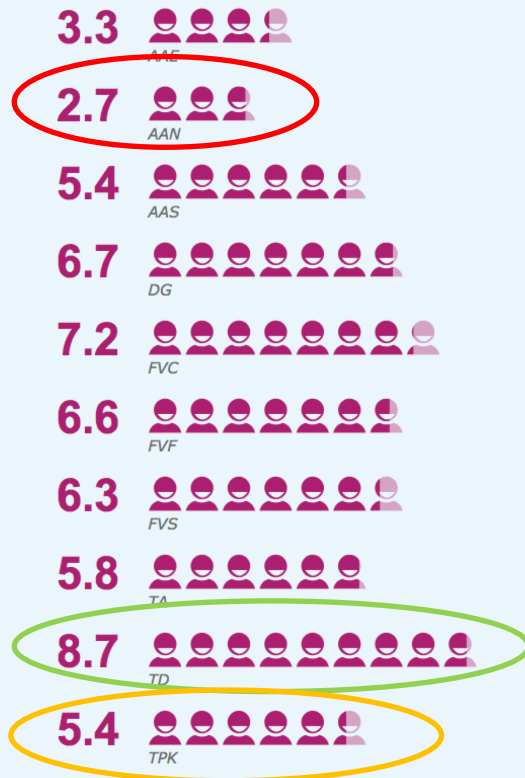
Population (high to low, in 1000s), SIMD & Predicted SLCN Need



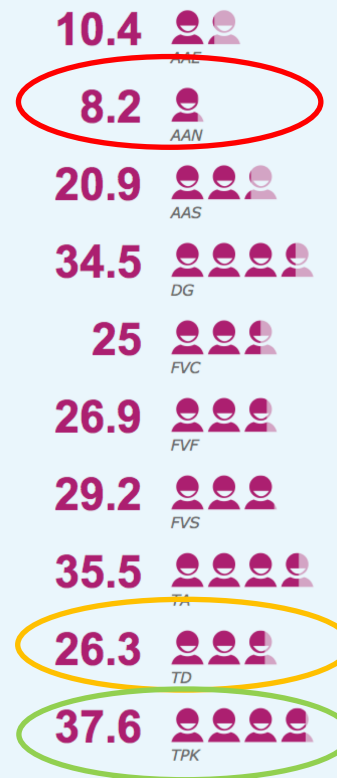


# SO WHAT?

## WORKFORCE / 10000 0-18 POPULATION



## WORKFORCE PER 10000 SLCN NEED







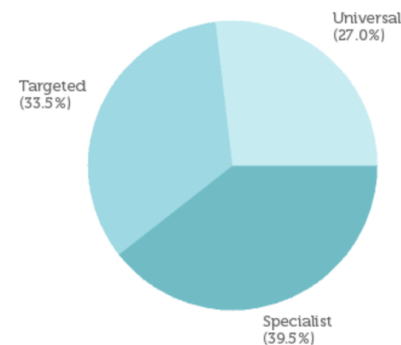
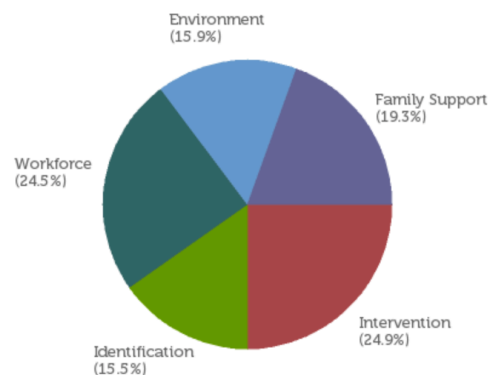
# SO WHAT?



## FALKIRK

LEVEL	FAMILY SUPPORT	ENVIRONMENT	WORKFORCE	IDENTIFICATION	INTERVENTION
Specialist	Provisions: 19	Provisions: 14	Provisions: 14	Provisions: 13	Provisions: 32
Targeted	Provisions: 13	Provisions: 9	Provisions: 28	Provisions: 13	Provisions: 15
Universal	Provisions: 13	Provisions: 14	Provisions: 15	Provisions: 10	Provisions: 11

Falkirk provision split by Strand and Level





# SO WHAT?



**To date what has been the greatest impact?**

The process has expedited the development of a draft plan that will facilitate higher quality, well balanced services in Forth Valley.

To date it has been demand. Now Moving further up stream to apply prevention, self managemental, early intervention etc.



# SO WHAT?

**What would have happened if you hadn't analysed and made changes?**

caseload increase  
practitioner resistance to change

Continue to be a demand led service which can't cope currently. Reinforces the medical model and therefore undermines person centredness, asset based approaches etc. Inability to deliver on R2A.



# SO WHAT?



**One piece of guidance for a service embarking on the process from the beginning?**

This will take a big investment of time. However if staff are released to engage with the process it will facilitate changes in thinking, shared vision and improved service delivery.

Develop a common understanding about a population approach and the overall outcome and impact you are trying to achieve and what the CHAHP and partner contributions can be. Access to report examples would help.



# CONTACTS



- Marie Gascoigne

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- Better Communication CIC is a not-for-profit organisation supporting change for children and young people by working with Government, commissioners, providers and schools to improve services

- Pauline Beirne

[pauline.beirne@nes.scot.nhs.uk](mailto:pauline.beirne@nes.scot.nhs.uk)

- Pauline is the AHP Children and Young People National Lead @ Scottish Government
- We shall be running a seminar on the final outcomes of this work in Spring 2018 – provisional date 21<sup>st</sup> February, 2018 – if you are interested in this or any of the other opportunities to hear about the Balanced System® please email
- [info@bettercommunication.org.uk](mailto:info@bettercommunication.org.uk)