Achieving the vision:
A framework for change
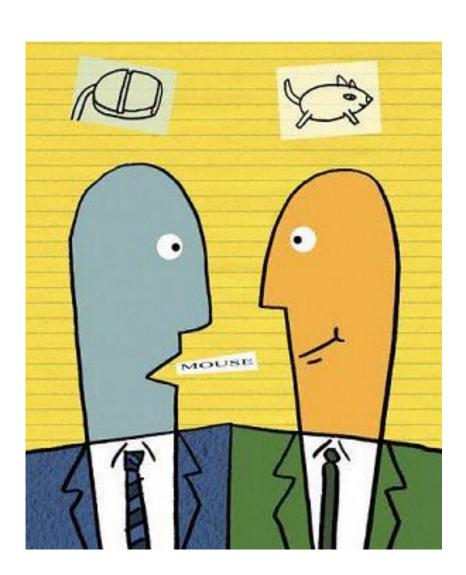
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Common language

Activities: What the service delivers at universal, specialist and targeted levels e.g. training others, group interventions, screening

Outputs: The numbers e.g. number of assessments, number of staff trained, number of therapy goals achieved

Interim outcomes: What we have enabled others to do toward achieving ultimate outcomes? e.g. Improved language skills, increased socialisation with peers, improved understanding, skills & confidence of the wider workforce & families

Indicators: These are things we measure to evidence progress towards interim outcomes, quality measures e.g. number and percent of children now able to enter school ready to learn, pre-post screen

Ultimate Outcomes: Long-term policy e.g. CYSP 10 year strategy outcomes

How does outcome-based accountability fit in?

- **A framework for turning data into action**
  - How much did we do? (Activities, some outputs)
  - How well did we do it (Interim Outcomes with Indicators to measure it)
  - Is anybody better off? (Ultimate Outcome)

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SPEECH *&* LANGUAGE
THERAPISTS

What's what? 1/2

A   Delivery of Elklan training programme

B   % increase of practitioners using Elklan strategies in their setting

C   Children are enjoying, learning and achieving

D   Children have improved ability to learn

E   Number of practitioners trained in Elklan

Output	
Activity	
Indicator	
Interim outcome	
Ultimate outcome	

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What's what? 2/2

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A   Children are enjoying, learning and achieving

B   Targeted language group intervention

C   % increase in language skills pre- and post screen
before and after intervention

D   Children have improved language skills

E   Number of children attending language group

Output	
Activity	
Indicator	
Interim outcome	
Ultimate outcome	

Q1: The answers 1/2

A   Delivery of Elklan training programme

B   % increase of practitioners using Elklan strategies in their setting

C   Children are enjoying, learning and achieving

D   Children have improved ability to learn

E   Number of practitioners trained in Elklan

Output	**E**
Activity	**A**
Indicator	**B**
Interim outcome	**D**
Ultimate outcome	**C**

Q2. The answers 2/2

A   Children are enjoying, learning and achieving

B   Targeted language group intervention

C   % increase in language skills pre- and post screen before and after intervention

D   Children have improved language skills

E   Number of children attending language group

Output	E
Activity	**B**
Indicator	**C**
Interim outcome	**D**
Ultimate outcome	**A**

Theory of change

✔ Why use a theory of change?

✔ What is a theory of change?

✔ How does it fit with other models?

✔ How to do a theory of change

The RCSLT is using theory of change methodology to…

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- develop consensus across the SLC services <u>about what needs to be measured</u> for each clinical/key areas of work linked to national policies

- articulate the contribution of SLT as part of MDTs at universal, targeted and specialist levels

- To 'check' that the refined outcome measurement tool will capture relevant data

- provide information to inform business cases

- prioritise research activity i.e. where there are gaps in the evidence base for interventions

- inform media, giving voice, policy and awareness raising

- inform content for the new RCSLT website

What is a theory of change?

Developing a theory of change is a technique to help us think carefully about how services deliver client outcomes , how these link to high-level policy outcomes and what our assumptions are for getting there.
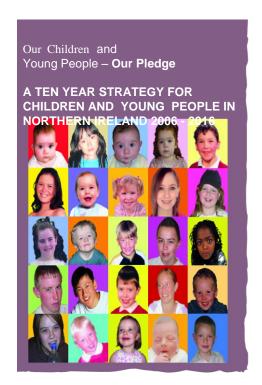
- Theories of Change provide an overview that explains how desired change is expected to come about

- Other models provide detail about the 'units' of resources, inputs, outputs required to achieve those outcomes to then produce value for money/return on investment *(e.g. £1 spent on SLT = £3 saving)*

Children and Young People's Plan 2006-2016

Ultimate Outcomes children will be…

- Healthy
- Enjoying, learning and achieving
- Living in safety and with stability
- Experiencing economic and environmental well-being
- Contributing positively to community and society
- Living in a society which respects their rights

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Our Children and
Young People – **Our Pledge**

A TEN YEAR STRATEGY FOR CHILDREN AND YOUNG PEOPLE IN NORTHERN IRELAND 2006 - 2016

Office of the
First Minister and
Deputy First Minister
www.ofmdfmni.gov.uk

Theory of change

Activities

Elklan Training (workforce training)

Chitter Chatter

Talk to your baby

Interim Outcomes

Wider workforce equipped to recognise a child with developmental delay

Child has an improved ability to learn

Parents reading more to children

Ultimate outcomes

Healthy

Enjoying, learning and achieving

Living in safety and with stability

Contributing positively to community and society

Living in a society which respects their rights

Evidence (clinical)

Is there a wider evidence base to support this assumption?

Evidence (indicators)

What data do you need to prove this assertion? e.g. percentage of parents reporting reading more to child. Increased identification and appropriate referral of children

Next steps will be to assess the strength and weakness of your evidence to support each interim outcome.

Key questions:

1. How 'strong' is the evidence?
2. What gaps in the evidence base have you identified?
3. What local data from your patch or a patch similar to yours do you have?
4. Depending on 'whose' outcome what other types of evidence can you use?

Who can help you address the gaps?

Don't forget to use the breadth of knowledge and skills of the SLT professional community
at a national & local level i.e. CENs, RCSLT , local HEIs, Research champions

Your RCSLT Hub....

RCSLT Hubs

RCSLT
SLTs at all stages
Advisers
Independent SLTs
Giving Voice Champions
Service users
Service leaders (all kinds)
Clinical Excellence Networks
Families and carers
Research champions
Students
HEIs
Assistants

Putting the breadth of knowledge and skills of the profession at your fingertips

Where do I get data?

- Children and Young People's Strategic Partnership (CYPSP) http://cypsp.org
- SureStart Play
- Case studies
- Family support case files
- Well Comm
- And others…

Providing evidence of delivery
What can you tap into? *Example from Justice*

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Measures	Source
Reductions in risk assessment scores at initial/ review/end stages	Asset/YOIS YOIS
Education numbers at end of an order	Asset/YOIS
Emotional/mental health scores	YOIS
Employment numbers at end of an order	YOIS
Access to health services	YOIS
% achieving x contacts per month	YOIS
Missed appointments	YOIS
Aims and objectives of the programme clear to subjects	YOIS
Individual needs are well matched to programme content	YOIS
Workers able to manage a subject's conduct	YOIS
Workers able to manage a subject's non-attendance	YOIS
Workers able to provide high level of consistent responses	YOIS
Workers able to appropriately vary content of programme	YOIS
Appropriate methods of user feedback implemented	YOIS
Written warnings for unacceptable behaviour	YOIS
Breach numbers	

To: RCSLT
Can you help me access the evidence?

Standards of Proficiency, HCPC

❑ "…be able to engage in **evidence-based practice**, evaluate practice systematically and participate in audit procedures"

❑ "…be able to gather information, including qualitative and quantitative data that helps evaluate the responses of service users to their care"

❑ "…be aware of a range of research methodologies"

❑ "…be able to **evaluate research** and other evidence to inform their own practice"

RCSLT is supporting speechBITE

speechBITE

Speech Pathology Database for Best Interventions and Treatment Efficacy

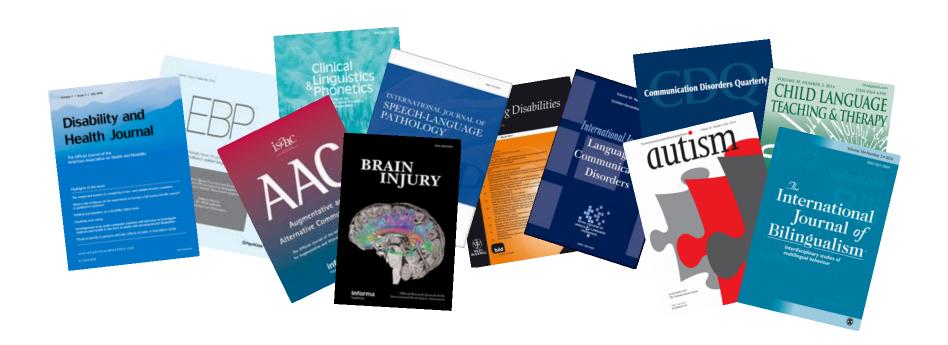| Home | About | Searching speechBITE | Rating research quality | EBP | FAQs | Contact |

Find Speech Pathology treatment evidence effectively
speechBITE lists the best evidence first

- freely accessible
- searchable database for speech & language therapy intervention research
- methodological ratings

RCSLT Journals Collection

In the journals

Our monthly look at the latest in published research

Robots and dementia

An innovative study carried out in

Storytelling and language learning

Although reading plays an important role on children's language learning, oral storytelling should not be overlooked as an important facilitator of vocabulary development, according to German researchers.

Their study investigated the effects on vocabulary learning of stories which were narrated spontaneously by adults, read to children or read

Biomusic reveals personhood

The use of biomusic with people with profound and multiple disabilities (PMD) could enhance the perceived personhood of these individuals and enrich interactions with their family members and caregivers, American researchers suggest.
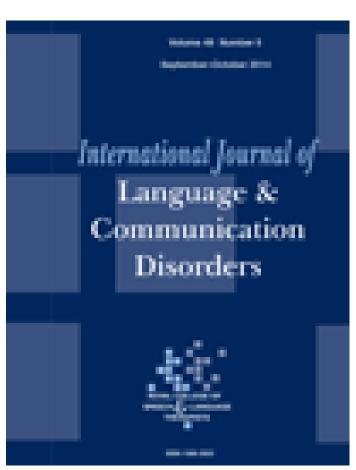
Biomusic addresses some of the widely acknowledged challenges of interacting with and relating to people with PMD. The novel technology measures four

International Journal of Language and Communication Disorders

- Closer links
- SLI special issue
- Discussion forum
- Winter lecture film

Welcome to the RCSLT's webinar:

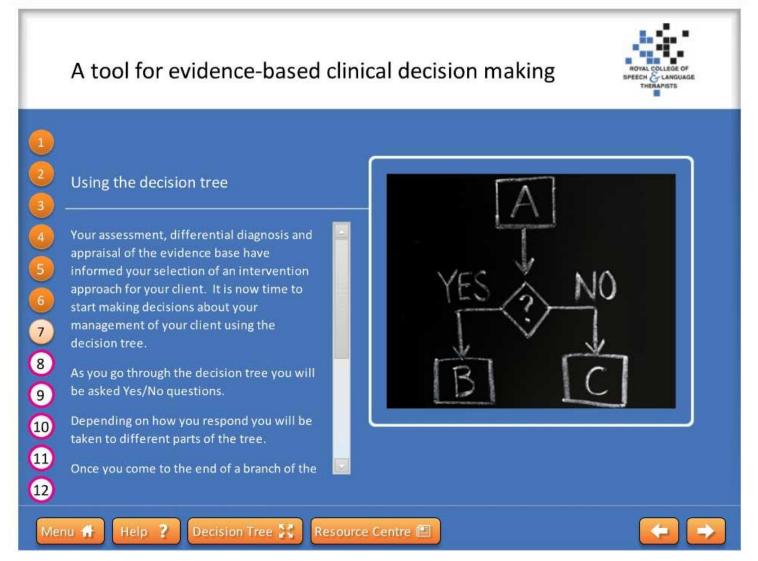# Mind the gap and build a bridge across it: Post-conference round up

6th October 2014

http://www.rcslt.org/news/webinars/rcslt_webinars
http://www.rcslt.org/news/events/past_events_docs/rcslt_conference_2014_presentations/powerpoint_versions

E learning

A tool for evidence-based clinical decision making

Using the decision tree

Your assessment, differential diagnosis and appraisal of the evidence base have informed your selection of an intervention approach for your client. It is now time to start making decisions about your management of your client using the decision tree.

As you go through the decision tree you will be asked Yes/No questions.

Depending on how you respond you will be taken to different parts of the tree.

Once you come to the end of a branch of the

Menu   Help ?   Decision Tree   Resource Centre

http://www.rcslt.org/members/research_centre/e_learning/tools

RCSLT Research Centre

Evidence-based practice (EBP)

"Evidence-based medicine is the integration of best research evidence with clinical expertise and patient values." (Sackett D et al. 2000)

Evidence-based practice is crucial to the quality and effectiveness of the care we provide. As practitioners we need to access the evidence and appraise it before we apply the evidence to our own clinical practice.

Our short e-learning tutorial An introduction to EBP for busy clinicians guides you through what EBP is, the five-step process, types of evidence and examples from everyday practice.

See below for information on how to access journal articles and set up a journal club. There are also RCSLT resources to support EBP and further links to help you access and appraise the evidence.

If there is evidence, find it, read it, understand it, evaluate it and use it. If there is no evidence, create it! You can find more information in the Carrying out research section.

RCSLT evidence-based practice web pages

> **Journal Clubs** - examples and information

> **Evidence-based practice resources** - sources of information on EBP

> **Evidence-based practice links** - external links to some websites which can support your EBP

Resources

> **Evidence-based practice: an introduction for busy clinicians** - e-learning tool on EBP

> **Evidence-based practice club example**

http://www.rcslt.org/members/research_centre/evidence_based_practice__ebp_

'What Works' database

Research Champion Network

- enabling EBP

- interested in research

- local contact for wider workforce (hubs)

- national support network for the profession

Workshop:

Developing our SLT Sure Start framework Mapping current SLT inputs to a Sure Start outcomes framework

Dominique Lowenthal

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Development

Amy Ward

RCSLT Outcome Measures Project Officer

Workshop

- **Identify a facilitator**   **(see notes on table)**
- **Review the draft diagram**   **(see flipchart)**
- **Identify the linkages**   **(draw lines)**
- **Evidence (data indicators)**   **(see form)**
- **Evidence (clinical)**   **(see form)**
- **Feedback**

Activities	Interim Outcomes	Ultimate Outcomes
What the service does to achieve the interim outcomes?	What have we enabled others to do? Service users, workforce, other professionals.. e.g. Child improved ability to…	What are we aiming for in the long term? (So what?)

Feedback

Action on Outcome Measures

Information

- **Bulletin**
  (Aug 2014, Sept 2014, Oct 2014)

- **Contact**
  See http://www.rcslt.org/about/country_projects

- **Webinar**
  https://www.youtube.com/watch?v=48M-oYqKJ0k

Tools in development

- **Online theory of change tool (in developed)**

- **Online e-learning**

Get Involved	
Steering Group	• Develop and oversee the project plan and meet monthly to monitor progress
RCSLT Reference Group	• Support development and be initial 'consultation group' before wider communication • Prevent duplication of work • Review existing tools
RCSLT Hubs, CENs & Advisers	• Local development and implementation of OM project • Don't wait to start collecting meaningful data (use theory of change process to get started) • Focus on certain aspects of the OM project to be used nationally • *Team Scotland has an OM group email hubs@rcslt.org*

RCSLT Outcome Measure Project Manager: gaye.powell@rcslt.org

Thank you!

Any questions please email hubs@rcslt.org

Example ToC from RCSLT Justice Programme

Activities

Activities in common with all packages

Provide information about recognising communication difficulties

E-learning & Face to face course

Provide strategies for achieving better communication with service users

Provide opportunities to practice different communication strategies

E-learning specific

Provide information about the long-term impact of doing nothing about SLCN

Face to face specific

Provide advice and strategies for making written information more accessible for individuals

Working with SLT support to generate a plan to address an individual's communication needs and produce strategies capable of supporting them

Screening tool specific

Provide a professional tool for uncovering whether a person might have a communication difficulty. Particularly if the difficulty is not an obvious one

Interim outcomes

Staff are able to recognise the warning signs of a communication difficulty

Staff can better manage communication interactions to minimise inappropriate behavioural escalations

Staff recognise the urgency of looking at communication issues that have an impact for themselves or other professionals attempting to provide an intervention with the service user

Other health issues, psychological issues, practical problems are uncovered through better engagement with staff

Staff are more confident to use practical strategies for overcoming language difficulties that impact on everyday communication

Use information uncovered by the screening tool to know when liaison with other professionals may be appropriate such mental health, learning disabilities, substance misuse all of which will also affect communication but for which SLT intervention is not the only appropriate service

Staff review information and literature to be more easily understood and accessible by those with communication difficulty

Staff that work with witnesses can identify where there might be a communication problem and find support to help the witness cope with legal system and testify

Staff working in the Justice Sector are able to identify when an individual might have a communication difficulty that needs to be investigated

Ultimate outcomes

Interventions with offenders are more successful

Fewer violent and negative incidents

Staff have increased understanding & confidence

SLT assessment and therapy provided to individual appropriately

SLT also supports service providers to engage with individual within appropriate age and ability level

SLTs and SLT services are comissioned

Further SLT training is commissioned

- Less offending
- Better educational attainment
- Better mental health outcomes
- Better employment outcomes
- Better access to health services
- Better engagement with community services

- More effective effort
- Transferable communication skills
- Higher morale / positive attitude
- Fewer complaints about staff

- Enhance ability to understand legal proceedings and orders when required

Example ToC from RCSLT Dementia Programme

Theory of Change for Dementia Campaign
(v03 10/05/2013)

Activities *What we do* (n.b. not exhaustive list)	**Interim Outcomes** Because we do ... staff/Service users are able to do ...)	**Ultimate Outcomes** *(That staff and service users can now do ... matters because…)*
Assess & diagnose • to inform differential diagnosis • to identify needs and inform interventions • to assess and manage eating, drinking and swallowing difficulties • Map out communication network	Staff are able to provide the appropriate care to service user Services can monitor the course of the dementia over time Staff and services are able to assess capacity to consent to treatment and end of life choices Staff can use the SLT findings to inform how they complete any further assessments. E.g. (medical, occupational therapists and other members of an MDT) Staff use the appropriate nutritional supplement to manage malnourishment Staff know how to manage eating and drinking to ensure safe swallowing	**Early diagnosis** Prevents inappropriate and costly interventions Increases identification by GPs
Direct Therapy Person centred care Group interventions Life story work Personalised communication strategies Conversation partners Memory strategies	MDT staff create more effective and appropriate multi-disciplinary care plans Staff are able to ensure the service user is adequately hydrated and nourished (within the expectations of their assessment).	**Better awareness and understanding** (public, primary care staff) Risk Management – Reducing Challenging behaviour, medication, feeding issues etc Services prevent infection and associated risks of tube feeding unnecessarily
Training others Supporting, advising and training family care partners on specific communication strategies Supporting, advising and training family care partners on safe swallowing, reducing aspiration and enabling nutrition and hydration Training MDT teams, health and social care and third sector on communication, swallowing, eating and drinking Providing inclusive communication support training (i.e. for GPs and Ots) Training others to have difficult conversations Q&A Cafe Information and support afternoon	Dementia friendly communities Staff and services are able to create social opportunities for people with dementia Person with dementia and their carers are equipped to communicate to their full potential within the parameters of the stage/type of dementia Staff are aware of the range and types of dementia and how this impact on the service user's ability to communicate, remember, swallow and drink. (awareness that dementia is not just a memory problem) Service users have access to a wider audience who understand their needs A person with dementia has increased positive interactions with others	**Living Well** Better understanding, thinking and skills of carers. *Fighting prejudice ('Didn't realise he could think')* Equality of access to communications support Longer living at home (avoiding moving to specialist costly settings) Realistic expectations around food i.e. normal choking and coughing for support workers, etc Enabling choices about health services Supporting self-management Mental health – giving hope to people, reducing depression, frustration and anxiety of person with dementia and carers Preventing relationship breakdown Improved quality of life (person with dementia and family care partners) Reduce vulnerability and social isolation
Targeted (consultancy) Support/assess family care partners in dealing with referrals for carers Have early discussions about what people want at the end of life	People with dementia and carers are equipped with information about other services and agencies that can help them People with dementia have improved communication with their carers, other agencies, family, friends and peers.	