Achieving the vision: A framework for change

Dominique Lowenthal
RCSLT Head of Professional Development

Amy Ward
RCSLT Outcome Measures Project Officer
### Common language

<table>
<thead>
<tr>
<th><strong>Activities:</strong></th>
<th>What the service delivers at universal, specialist and targeted levels e.g. training others, group interventions, screening</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outputs:</strong></td>
<td>The numbers e.g. number of assessments, number of staff trained, number of therapy goals achieved</td>
</tr>
<tr>
<td><strong>Interim outcomes:</strong></td>
<td>What we have enabled others to do toward achieving ultimate outcomes? e.g. Improved language skills, increased socialisation with peers, improved understanding, skills &amp; confidence of the wider workforce &amp; families</td>
</tr>
<tr>
<td><strong>Indicators:</strong></td>
<td>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</td>
</tr>
<tr>
<td><strong>Ultimate Outcomes:</strong></td>
<td>Long-term policy e.g. CYSP 10 year strategy outcomes</td>
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</tbody>
</table>
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)
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

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<th>Activity</th>
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What’s what? 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

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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
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E  Number of practitioners trained in Elklan

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<td>Activity</td>
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<td>Indicator</td>
<td>B</td>
</tr>
<tr>
<td>Interim outcome</td>
<td>D</td>
</tr>
<tr>
<td>Ultimate outcome</td>
<td>C</td>
</tr>
</tbody>
</table>
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

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<tr>
<td>Interim outcome</td>
<td>D</td>
</tr>
<tr>
<td>Ultimate outcome</td>
<td>A</td>
</tr>
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</table>
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...

- develop consensus across the SLC services about what needs to be measured 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
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.
Where do I get data?

- Children and Young People’s Strategic Partnership (CYPSP) [http://cypsp.org](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**

<table>
<thead>
<tr>
<th>Measures</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reductions in risk assessment scores at initial/ review/end stages</td>
<td>Asset/YOIS</td>
</tr>
<tr>
<td>Education numbers at end of an order</td>
<td>YOIS</td>
</tr>
<tr>
<td>Emotional/mental health scores</td>
<td>YOIS</td>
</tr>
<tr>
<td>Employment numbers at end of an order</td>
<td>YOIS</td>
</tr>
<tr>
<td>Access to health services</td>
<td>YOIS</td>
</tr>
<tr>
<td>% achieving x contacts per month</td>
<td>YOIS</td>
</tr>
<tr>
<td>Missed appointments</td>
<td>YOIS</td>
</tr>
<tr>
<td>Aims and objectives of the programme clear to subjects</td>
<td>YOIS</td>
</tr>
<tr>
<td>Individual needs are well matched to programme content</td>
<td>YOIS</td>
</tr>
<tr>
<td>Workers able to manage a subject’s conduct</td>
<td>YOIS</td>
</tr>
<tr>
<td>Workers able to manage a subject’s non-attendance</td>
<td>YOIS</td>
</tr>
<tr>
<td>Workers able to provide high level of consistent responses</td>
<td>YOIS</td>
</tr>
<tr>
<td>Workers able to appropriately vary content of programme</td>
<td>YOIS</td>
</tr>
<tr>
<td>Appropriate methods of user feedback implemented</td>
<td>YOIS</td>
</tr>
<tr>
<td>Written warnings for unacceptable behaviour</td>
<td>YOIS</td>
</tr>
<tr>
<td>Breach numbers</td>
<td>YOIS</td>
</tr>
</tbody>
</table>
To: RCSLT
Can you help me access the evidence?
I want to use our resources effectively and efficiently

I want SLT to be equitable

I want to have an impact

I want to feel confident that I’m doing the right thing

I want to provide the best service I can

I want our profession to be well respected

WHY?
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

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

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

http://www.rcsLt.org/members/research_centre/journals_collection
Our monthly look at the latest in published research

In the journals

Send articles or publications to consider for future issues. Email: emma.pagnamenta@rcslt.org

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 aloud by machines.

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 levels of biological signals (heart rate, body temperature, muscle tone, and levels of muscle activity), and then uses artificial intelligence to convert these signals into music.
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

E learning

A tool for evidence-based clinical decision making

Using the decision tree

1. 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.
2. As you go through the decision tree you will be asked Yes/No questions.
3. Depending on how you respond you will be taken to different parts of the tree.
4. Once you come to the end of a branch of the tree.

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
The Communication Trust
Every child understood

Key principles to consider before using an intervention

There are some things that all schools should do before they start to use an intervention. Find out more here.

Please click here to view the FAQs.

Choose from the options below to find interventions that meet your criteria, you can select all steps, one or two, or none at all. Then select from the results those you wish to read more about.

Click here to read about the key principles to consider before using an intervention. We also want to know your feedback on the site to help improve it, please click here to complete our short survey.

Step 1
Target Group
- Speech
- Language
- Communication
- Complex needs

Step 2
Age Range
- Preschool
- Primary
- Secondary

Step 3
Focus of Intervention
- Universal
- Targeted
- Specialist

Step 4
Delivered by
- Specialist
- Teacher
- Assistant
- Other

Step 5
Format
- Manual
- Approach
- Teacher
- Other
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
RCaSLT Head of Professional Development

Amy Ward
RCaSLT 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

<table>
<thead>
<tr>
<th>Activities</th>
<th>Interim Outcomes</th>
<th>Ultimate Outcomes</th>
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<tbody>
<tr>
<td>What the service does to achieve the interim outcomes?</td>
<td>What have we enabled others to do? Service users, workforce, other professionals.. e.g. Child improved ability to…</td>
<td>What are we aiming for in the long term? (So what?)</td>
</tr>
</tbody>
</table>
Feedback
## Action on Outcome Measures

### Information
- **Bulletin**  
- **Contact**  
  See [http://www.rcslt.org/about/country_projects](http://www.rcslt.org/about/country_projects)
- **Webinar**  
  [https://www.youtube.com/watch?v=48M-oYqKJ0k](https://www.youtube.com/watch?v=48M-oYqKJ0k)

### Tools in development
- Online theory of change tool  
  (in developed)
- Online e-learning

### Get Involved

<table>
<thead>
<tr>
<th>Steering Group</th>
<th>• Develop and oversee the project plan and meet monthly to monitor progress</th>
</tr>
</thead>
</table>
| 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 commissioned
- 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

**Activities**

**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

**Direct Therapy**
- Person centred care
- Group interventions
- Life story work
- Personalised communication strategies
- Conversation partners
- Memory strategies

**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 Ot’s)
- Training others to have difficult conversations
- Q&A cafe
- Information and support afternoon

**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

**Interim Outcomes**

**Because we do ... staff/Service users are able to do ...**

- 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 malnutrition
- Staff know how to manage eating and drinking to ensure safe swallowing
- 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)
- 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
- 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.

**Ultimate Outcomes**

(That staff and service users can now do matters because...)

- Early diagnosis
  - Prevents inappropriate and costly interventions
  - Increases identification by GPs

- 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

- 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