



# Whole Systems Change

## Achieving sustainable long-term positive change in complex systems

Marie Gascoigne

RCSLT Scotland  
17<sup>th</sup> September, 2024  
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# Slido



- #4032555
- <https://app.sli.do/event/9mj2DWDgiZRwE2M8NLXCgq>



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slido

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Slido app on all computers you use



**How much influence do you feel  
you have on whole system  
change?**

① Start presenting to display the poll results on this slide.



# Understand your power



“If you do not understand your role in the problem, it is difficult to be part of the solution”

David Stroh, system thinker



Davidson & Tennison, 2018

<https://preventioncentre.org.au/wp-content/uploads/2021/10/Systems-Change-Overview-w-Practices.pdf>

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Systems Change  
Framework

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The most  
dangerous phrase  
in the language is “we’ve  
always done it this way.”

Rear admiral Grace Hopper

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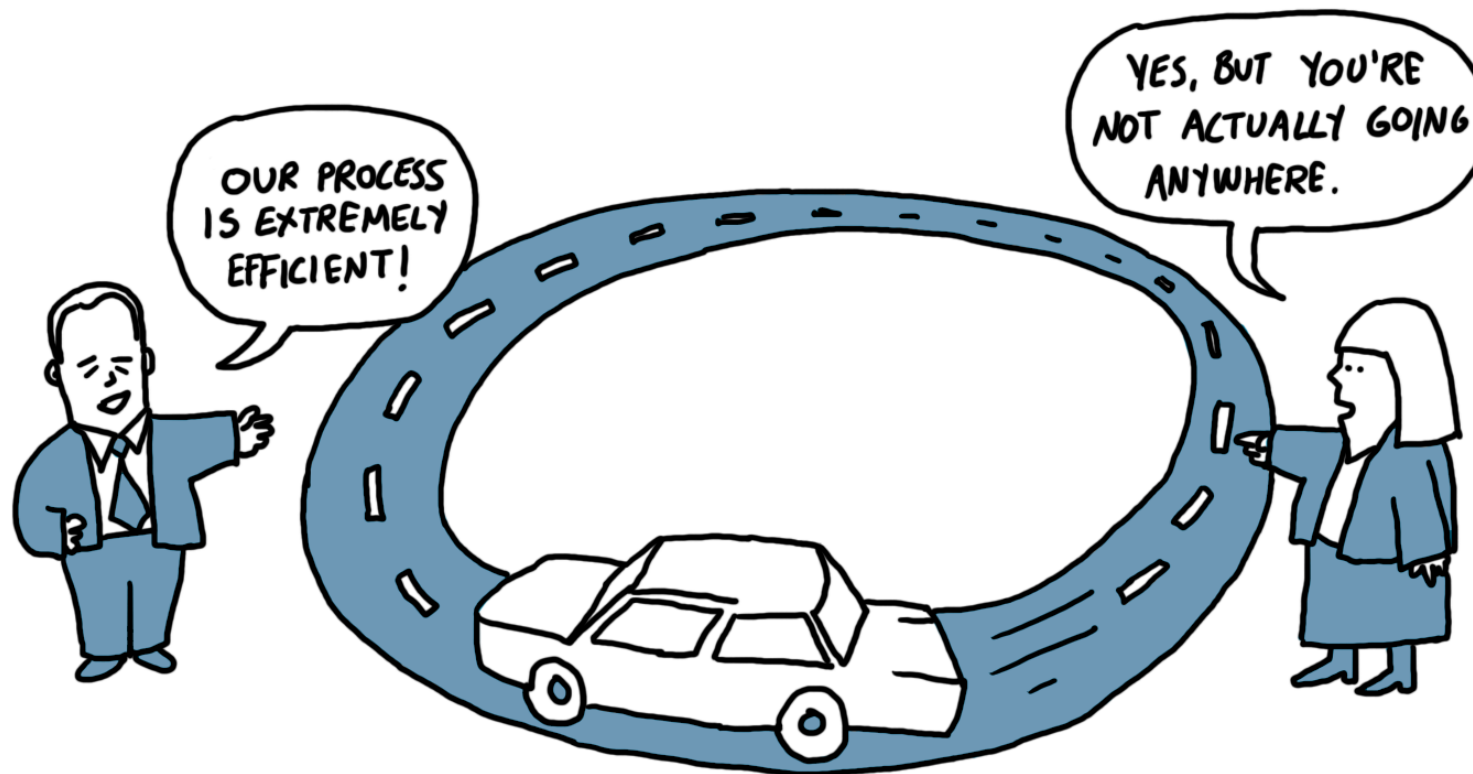


# Outcomes for today



- Importance of outcomes and impact as drivers for change
- Shared understanding of the possibilities of whole systems approaches
- Examples from children and young people and adult services through the lens of the Balanced System Framework
- Opportunity to reflect and action plan in own area of practice

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BUSINESSILLUSTRATOR.COM

cartoon by Virpi/Businessillustrator.com

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# Why is it so hard?



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# Defining the problem



“If I only had one hour to save the world, I would spend 55 minutes defining the problem and only 5 minutes finding the solution”

Albert Einstein



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Systems Change  
Framework

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**Summarise in a short phrase or single word a system problem that is impacting your work**

① Start presenting to display the poll results on this slide.



# Guesses in advance – no particular order!



- Recruitment and retention
- Waiting lists
- Funding
- Collaboration across agencies, health, education, social care, justice

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# Start at the end

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# Outcomes and Impact So what? and Prove It!



- So what?
  - Are we able to explain why we put effort and resource into the things that we do?
  - Are the system outcomes clear?
  - Do we have a view as to ‘what good looks like’?
  - How have we reached that view?
  - Do we know the full range of participants that are needed to deliver these outcomes and why they are important?

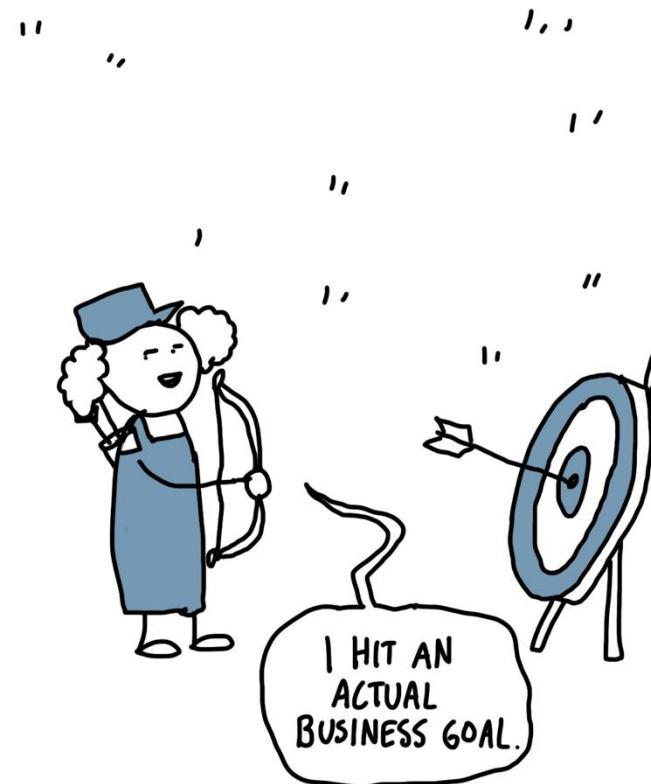
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OUTPUT ORIENTED TEAM

VS

OUTCOME ORIENTED TEAM



cartoon by [Virpi/Businessillustrator.com](http://Virpi/Businessillustrator.com)

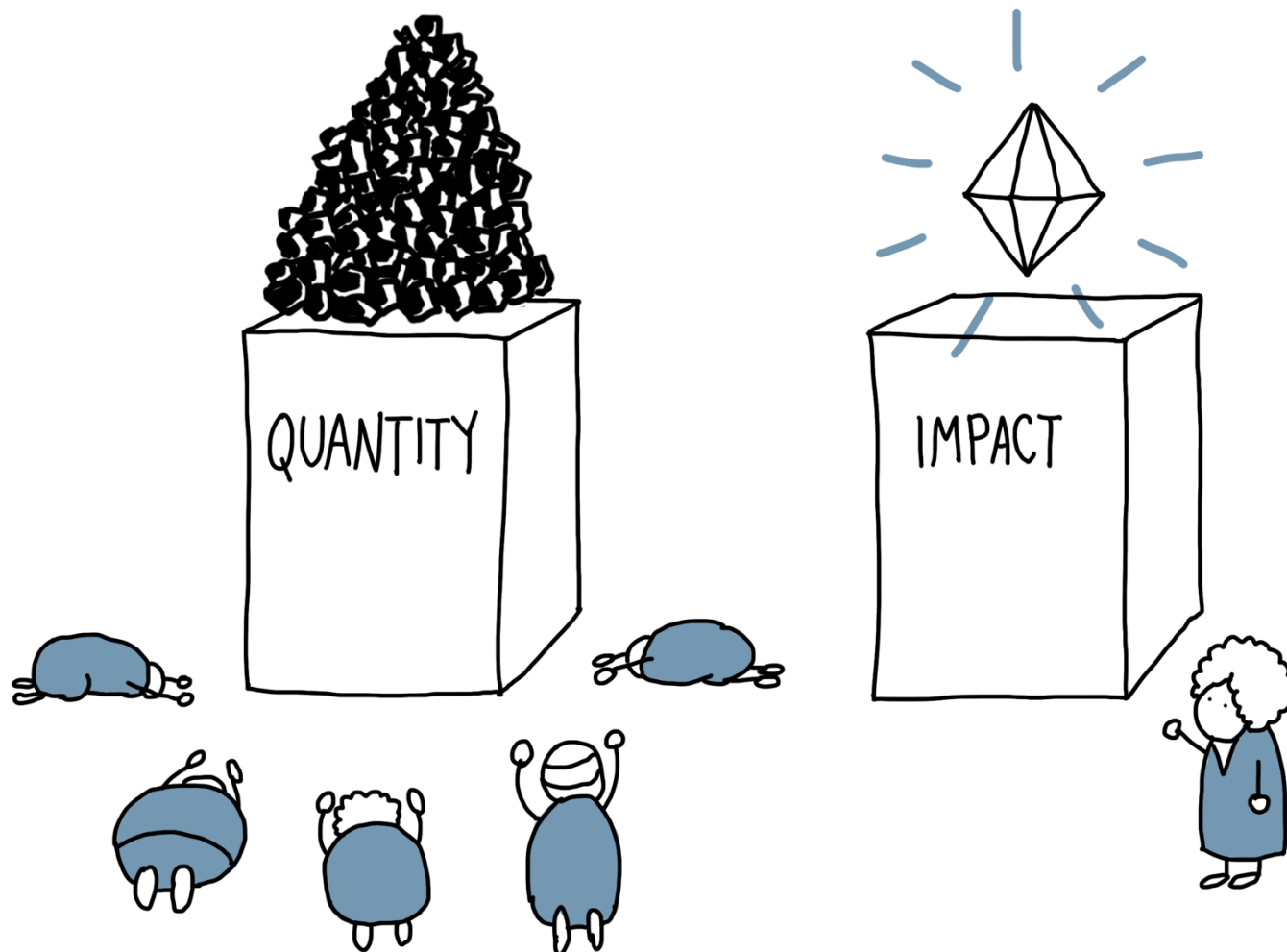


# Outcomes and Impact So what? and Prove It!



- Prove It!
  - Do we know what we are looking for to prove impact?
  - How will we collect data that will evidence impact?
  - Who determines what is impactful?
  - What changed?
  - What helped?
  - How do you know?

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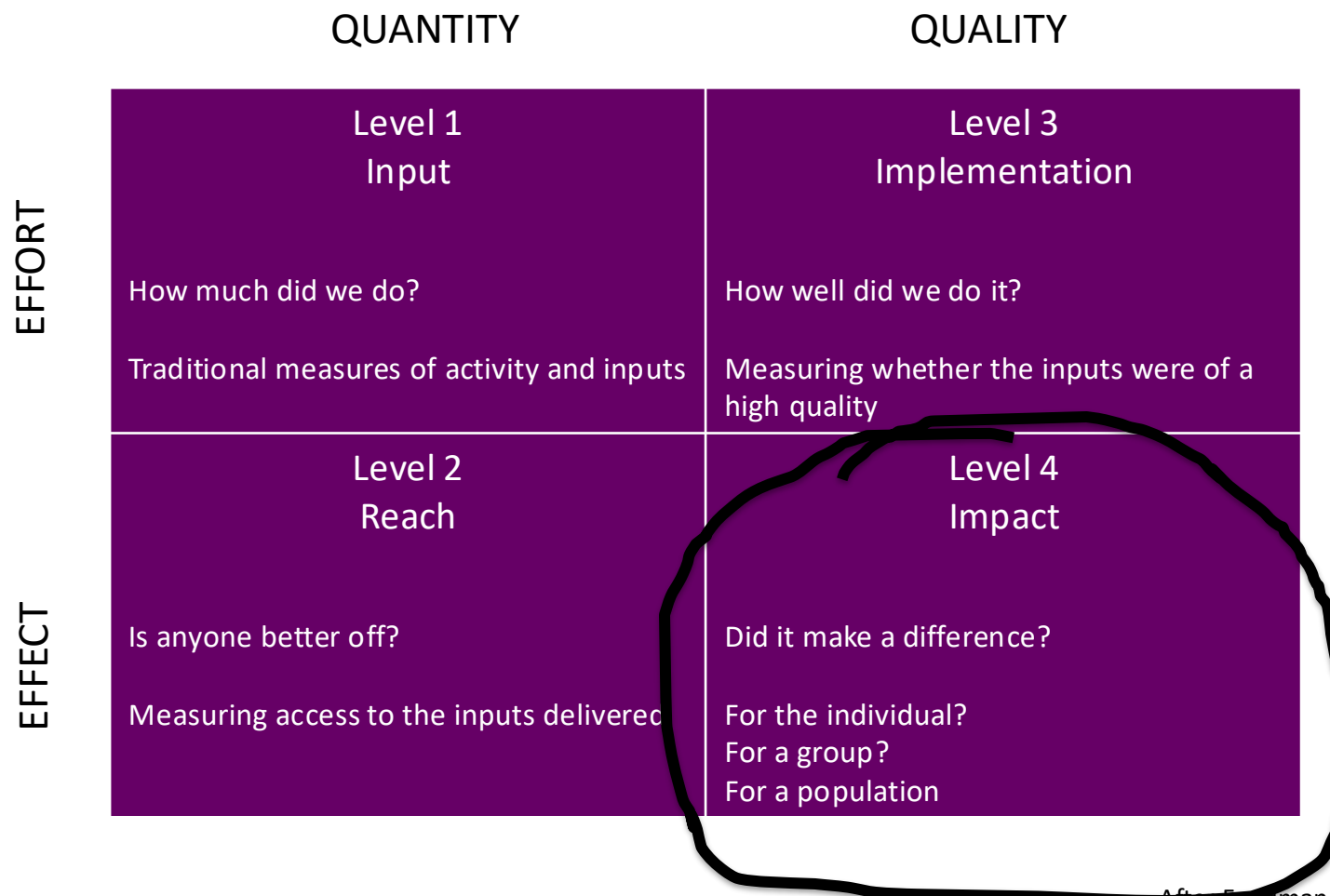


cartoon by Virpi/Businessillustrator.com



# THE BALANCED SYSTEM®

## OUTCOME MEASUREMENT FRAMEWORK





Outcome: A statement of the functional outcome  
My mother is happy because  
I made her a cake



Input

Best quality  
80% cocoa  
chocolate



Reach

I made it in  
time for her  
birthday and  
there was  
enough to go  
around



Quality

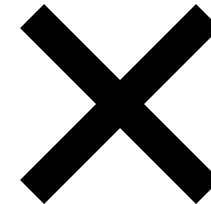
I followed the  
recipe and it  
worked  
beautifully - it  
was a good  
cake!!



**Prove  
it!**

Impact

I didn't realise that  
she has given up  
chocolate so she  
would have  
preferred a victoria  
sandwich!!





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**Choose which level of evidence the statement demonstrates**

① Start presenting to display the poll results on this slide.

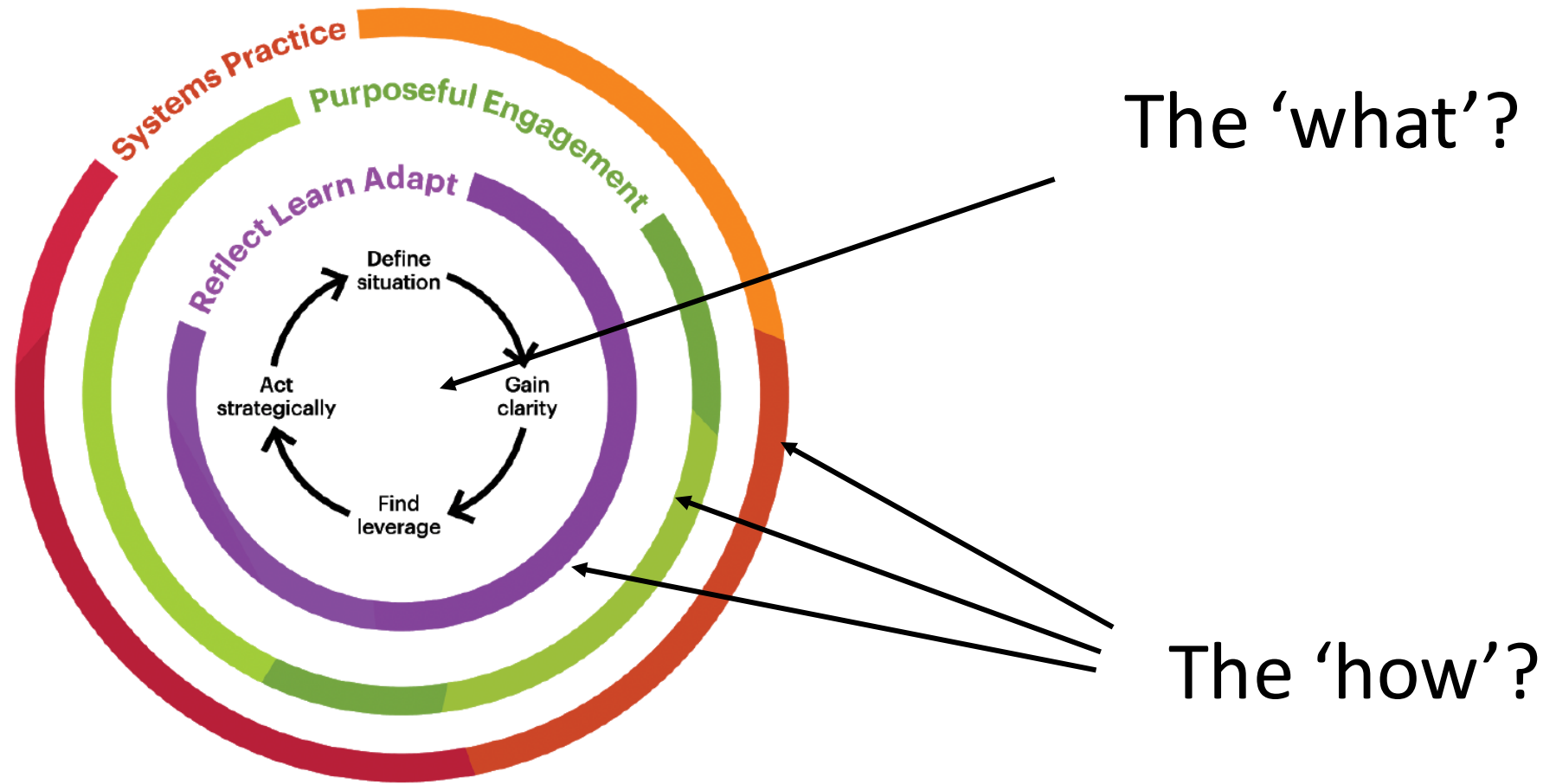


# Taking a whole system approach



- Co-create the vision – should be 'more than' the sum of the parts
- Define the shared system outcomes
- Clearly articulated impact measures
- Include range of 'voices'
- Contribution of all system partners to outcomes delivery
- Build a flexible offer
- Continuous improvement cycle

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**Source:** The Framework was developed in partnership by The Australian Prevention Partnership Centre and the Tasmania Department of Health, June 2018.



# The what?

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# THE BALANCED SYSTEM® HIGH LEVEL OUTCOMES FOR SPEECH, LANGUAGE AND COMMUNICATION NEEDS



FAMILY SUPPORT	ENVIRONMENT	WORKFORCE	IDENTIFICATION	INTERVENTION
FS3. Specialist - Parents and carers of children with specialist SLCN receive specific specialist support to ensure confidence in their role as a key communication partner for their child and to increase their understanding of the specific communication challenges associated with their child's needs. Young people with SLCN are enabled to be active participants decisions about their support.	EE3. Specialist - Places where children and young people with specialist and complex SLCN spend their time for learning and leisure are communication friendly. The necessary adaptations are in place to maximise access in addition to the enhancements expected at a universal and targeted levels.	WW3. Specialist - Knowledge skills and expertise are developed in identified members of the wider workforce in order to ensure that, working with specialist support, there are staff that are confident and competent to support the delivery of specialist interventions including individual and small group work, support parents, adapt the environment and identify children who need specialist support.	ID3. Specialist - Children with specialist SLCN have their needs identified effectively and quickly. This includes multidisciplinary assessment where appropriate.	IN3. Specialist - Children and young people needing specialist intervention for their SLCN receive appropriate and timely provision in the most functionally appropriate context for their needs. Progress measures will include activity, participation and well-being goals in addition to goals relating to their core SLC impairment.
FS2. Targeted - Parents and carers of children with identified speech, language and communication needs (SLCN) access additional specific support to ensure confidence in their role as a key communication partner and educational support for their child. Families and young people with SLCN are supported to make choices and access services.	EE2. Targeted - Places where children and young people with identified SLCN spend their time for learning and leisure are communication friendly. Appropriate additional enhancements are made that enable children and young people with identified SLCN to more easily understand and to express themselves.	WW2. Targeted - The wider workforce is supported to develop specific knowledge and skills to support children and young people with identified SLCN. Setting and school staff are confident and competent to deliver targeted interventions, support parents, adapt the environment and identify children who need additional support.	ID2. Targeted - Efficient and accessible processes are in place that support the identification of more specific SLCN. The wider workforce, setting and school staff are supported to be confident and competent to identify children and young people who may require targeted support and/or referral to specialist services for their SLCN.	IN2. Targeted - Children and young people benefiting from targeted interventions will have access to evidence based targeted interventions to develop core speech, language and communication skills delivered in the most appropriate functional context. These might include 1:1 and / or small group interventions that are typically designed by specialist practitioners and delivered by those with appropriate training.
FS1. Universal - All parents and carers are supported with information and resources to encourage their role as effective primary communicative partners for their children. Families and young people are able to make proactive choices with respect to their child's or own needs.	EE1. Universal - Places where children and young people spend their time for learning and leisure are communication friendly. Environments have appropriate enhancements that make it easier for all children and young people to understand and express themselves.	WW1. Universal - The wider workforce is supported to have a good basic understanding of speech, language and communication including supportive strategies. Setting and school staff are confident in their role as facilitators of communication. The wider workforce has access to appropriate training around speech, language and communication.	ID1. Universal - Early identification of children and young people whose speech, language and communication needs may require targeted or specialist support is as efficient and accessible as possible. Preidentification information and advice is available in a given area, school or setting.	IN1. Universal - Homes, settings and schools are supported to develop the language and communication skills of all children and young people through language enrichment and supportive activities.



# Transferability



- Multi-professional projects in Fife, Essex, Hereford & Worcestershire with CYP
- Test of Concept - People living with dementia  
Commissioned by Scottish Government via  
Alzheimer Scotland – test teams OT in Forth Valley and Inverclyde
- Discussions around wider adult services with Fife and Forth Valley

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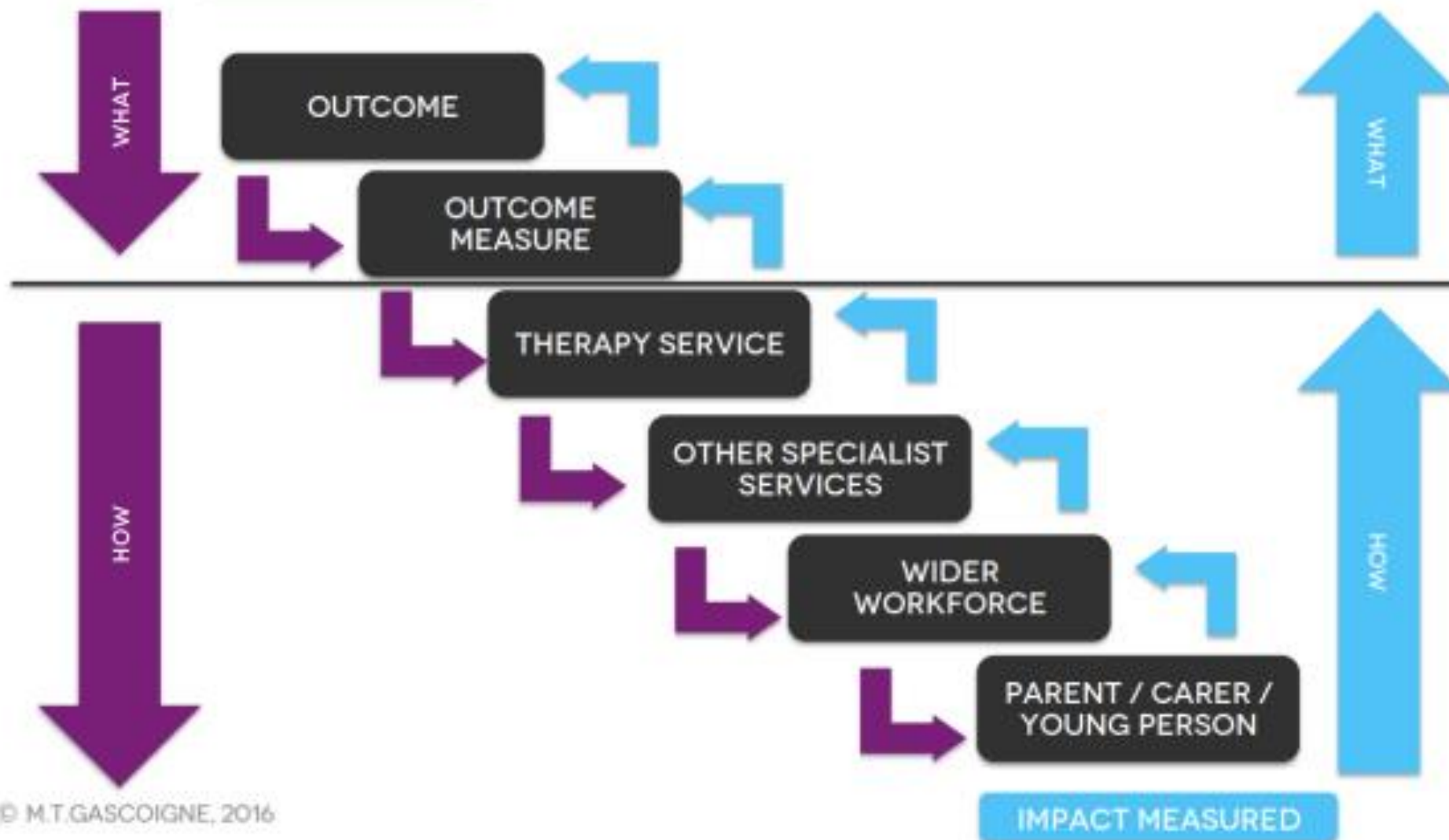
## THE BALANCED SYSTEM INTEGRATED SOLUTION TOOL OUTCOMES

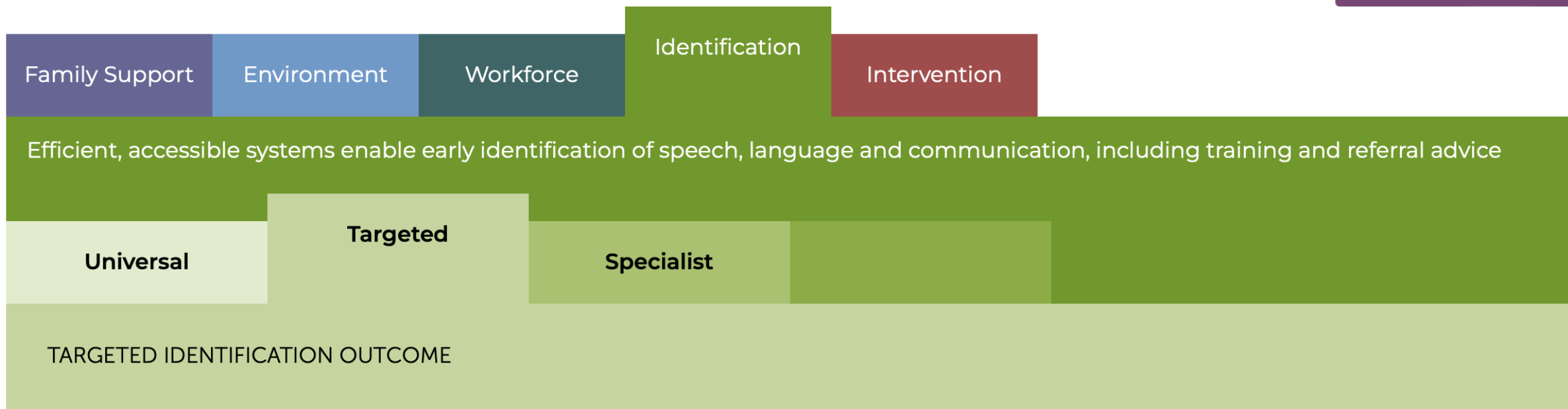
FAMILY, FRIEND AND CARER SUPPORT	ENVIRONMENT	WORKFORCE	IDENTIFICATION	INTERVENTION
FS3. Specialist - All family, friends and carers have access to AHP support to ensure confidence in their role as a key partner of the person living with dementia to increase their understanding of the specific challenges faced by the person living with dementia.	EE3. Specialist - Places where people living with dementia with specialist and complex needs spend their time are dementia friendly. The necessary AHP specialist assessment and adaptations of the environment are in place to maximise potential, independence and function optimising quality of life. These are in addition to the enhancements expected at a universal and targeted levels.	WW3. Specialist - Knowledge, skills and expertise are developed in identified members of the wider workforce in order to ensure that, working with specialist support, there are staff that are confident and competent to support the delivery of specialist AHP interventions including individual and groups activities. E.g. carers, family, support workers. All work will be with the person's wider support network.	ID3. Specialist - Access to specialist AHP services is based on assessment and identification of needs in a functional way for the individual and the person/people who care for them.	IN3. Specialist - People living with dementia needing specialist AHP intervention receive appropriate and timely AHP provision in the most functionally appropriate context for their needs. Progress measures will include activity, participation and well-being goals in addition to goals relating to their core needs.
FS2. Targeted - Family, friends and carers of people living with dementia are able to easily access additional specific AHP support and resources to ensure confidence in their role, to help enable the person living with dementia to maximise their independence and quality of life.	EE2. Targeted - Places where people with dementia and their care givers live, spend their time or access services, are dementia friendly and supportive. Appropriate additional enhancements, as recommended by AHPs, create an environment which ensures people living with dementia and their carers continue to live well, maximising potential.	WW2. Targeted - The wider workforce is supported to develop specific knowledge and skills to run some interventions. AHP staff are competent to deliver targeted interventions and support carers, adapt the environment and identify people with dementia who need support.	ID2. Targeted - All health, social care statutory and non-statutory services are skilled and confident working with people living with dementia. Where a referral has been made to an AHP for a specific condition the clinician deals with this condition and does not pass onto dementia services before assessment is completed and where possible treatment. AHPs who do not routinely work with people with a diagnosis of dementia are able to accurately identify someone who needs a more specialist service and are able to make a referral or signpost.	IN2. Targeted - People living with dementia, their families and those who support them, benefiting from targeted interventions, will have access to evidence based AHP approaches in the most appropriate functional context. These might include 1:1 and/or small group interventions that are typically designed by AHP specialist practitioners and delivered by those with appropriate training.
FS1. Universal - Family, friends and carers are supported with easily accessible information and resources from AHPs to encourage their role as effective partners in the care for older people. This enables the person requiring support and their family, friends and carers to make proactive choices to maintain their best quality of life.	EE1. Universal - Places where people spend their time, including physical, psychological and social spaces including communities, are accessible for all. Environments are supported by AHPs to promote engagement and participation inclusive of the needs of an ageing population.	WW1. Universal - The wider workforce is supported by AHPs to have a good basic understanding of good brain health, how to support and communicate appropriately and how to access appropriate AHP services as people's needs change with age. The wider workforce has access to appropriate training around maximising independence and quality of life.	ID1. Universal - All primary care workers and public sector organisations are brain health aware and can signpost and refer on. AHPs dealing with another condition who see someone with cognitive decline are able to give basic advice and signpost or refer on.	IN1. Universal - Everyone will be supported through AHP based information and approaches to understand and support good brain health to promote well-being. Adults are supported to make proactive choices to maintain their best quality of life.



# BALANCED SYSTEM® INTEGRATED SOLUTION FRAMEWORK

SPECIFICATION





## OUTCOME

*ID2. Targeted* - Efficient and accessible processes are in place that support the identification of more specific SLCN. The wider workforce, setting and school staff are supported to be confident and competent to identify children and young people who may require targeted support and/or referral to specialist services for their SLCN.

- ▶ **WAYS TO ACHIEVE THIS OUTCOME**
- ▶ **EVIDENCE FOR THIS OUTCOME**
- ▼ **HOW DIFFERENT GROUPS CONTRIBUTE TO THIS OUTCOME**



### **Specification**

Speech and language therapists deliver training to setting and school staff to enable identification of SLCN

Speech and language therapist ensure guidelines and identification tools are available and used appropriately

Speech and language therapists have regular liaison meetings with other specialist staff wider workforce and parents and carers

Speech and language therapists support settings and schools in identifying children for targeted interventions

Speech and language therapists assess children within agreed timescale

Other specialist



### **Specification**

SENCOs engage with training around identification of SLCN

SENCOs ensure that all practitioners employ appropriate identification tools

SENCOs coordinate liaison meeting including all relevant information on child

Specialist Teachers deliver training

Specialist Teachers support the SENCO and school staff in identification

Wider workforce



### **Specification**

Wider workforce engage with training opportunities around identification of SLCN

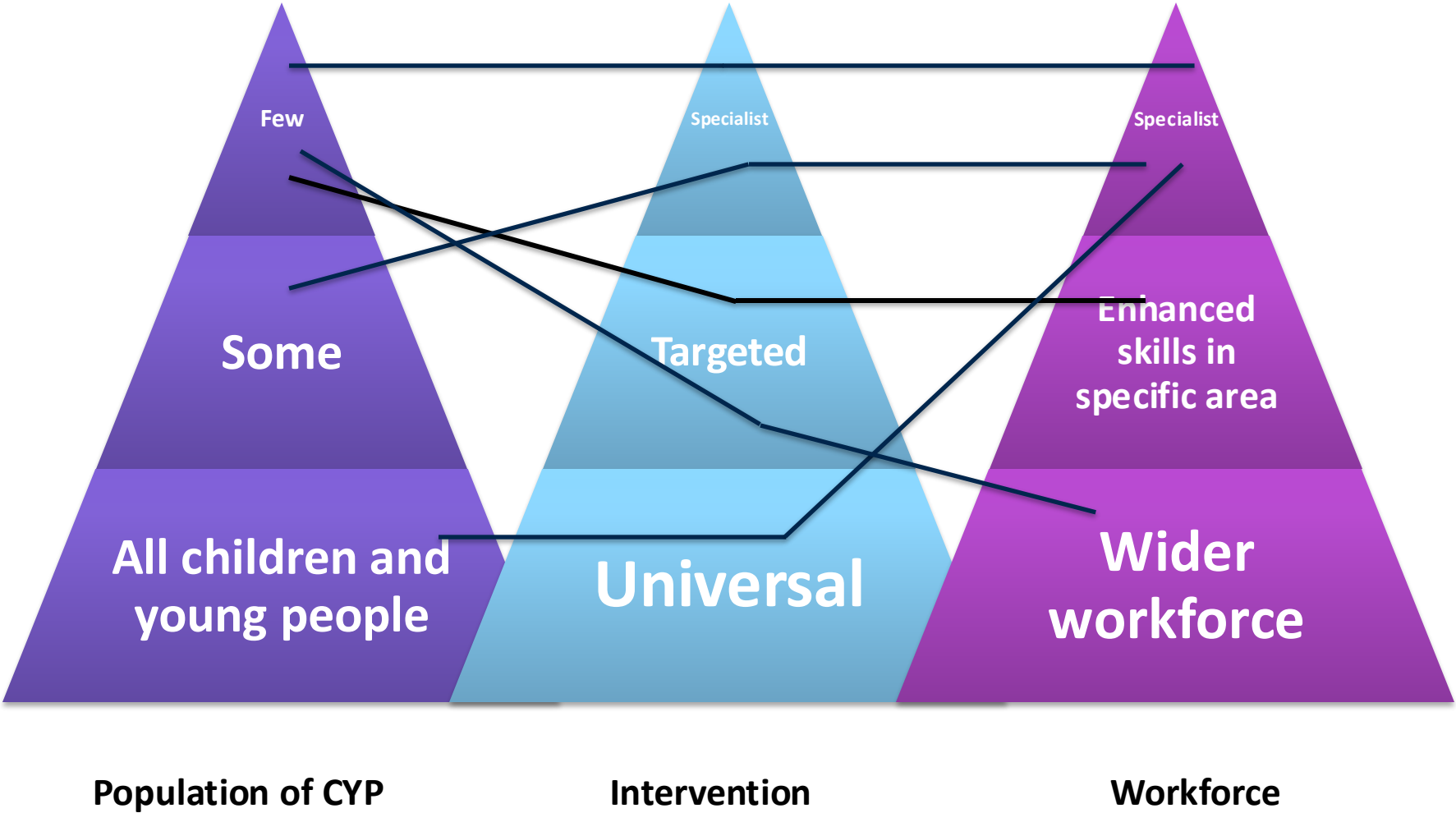
Wider workforce employ appropriate identification tools

Wider workforce raise concerns with SENCO regarding individual children

Wider workforce maintain evidence/provide information to inform the identification process



# RELATIONSHIP BETWEEN POPULATION, INTERVENTION AND WORKFORCE

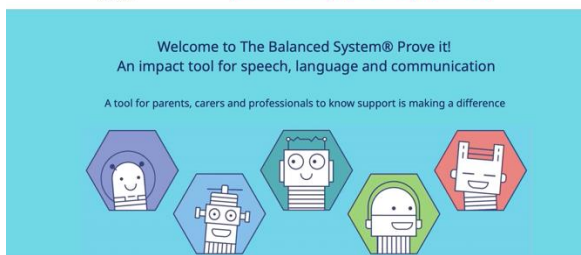
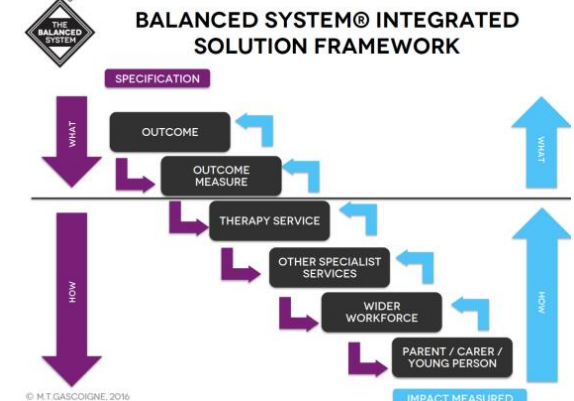
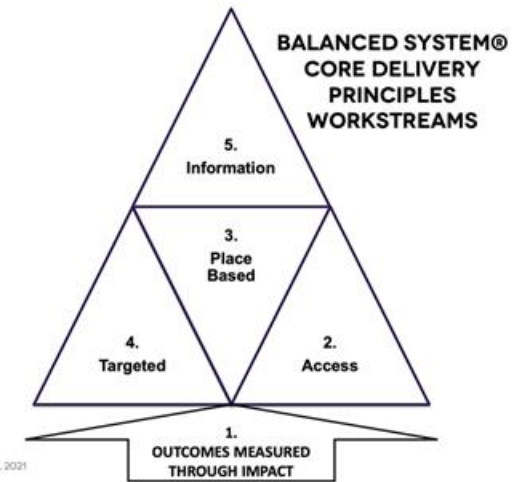
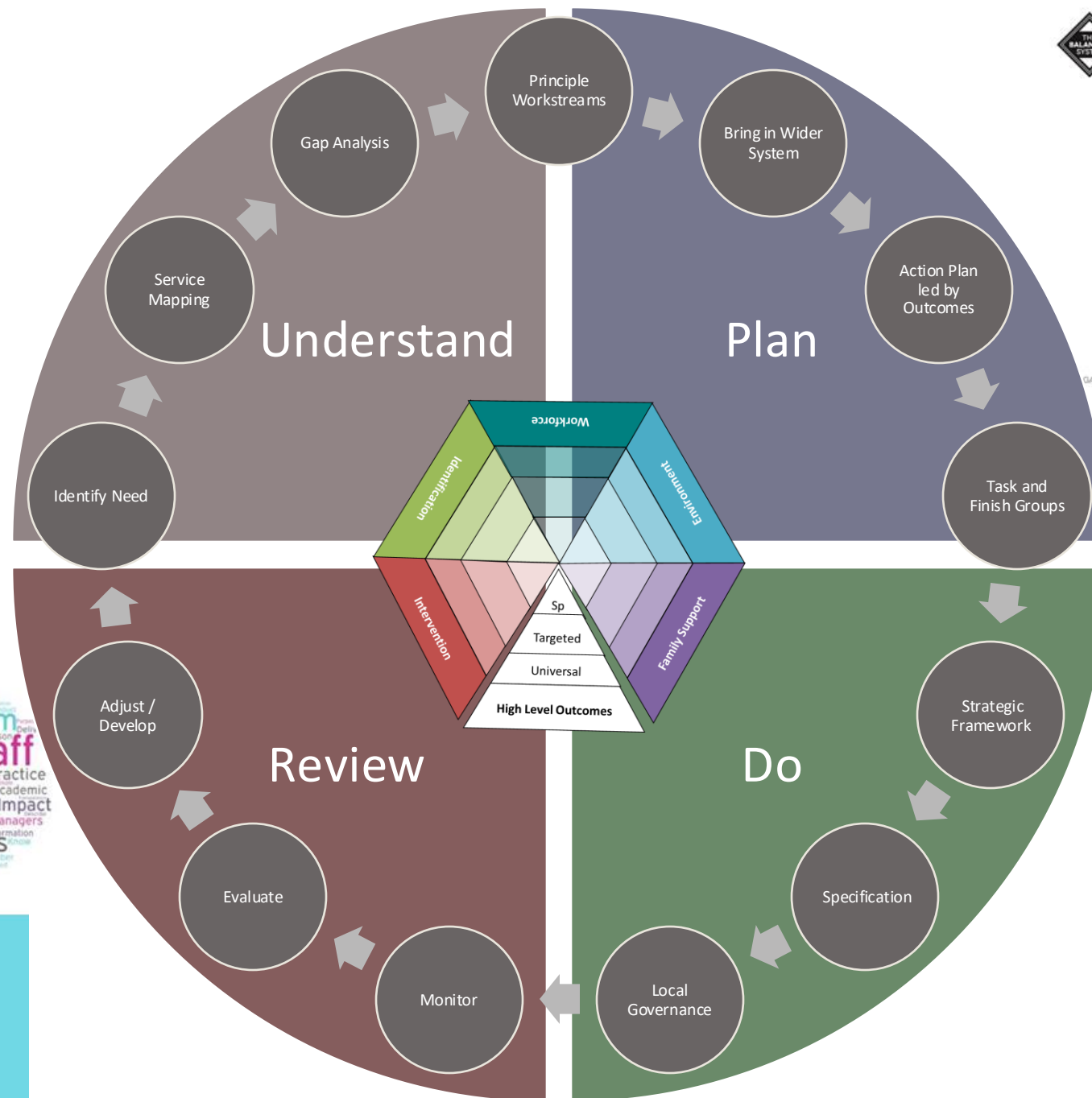
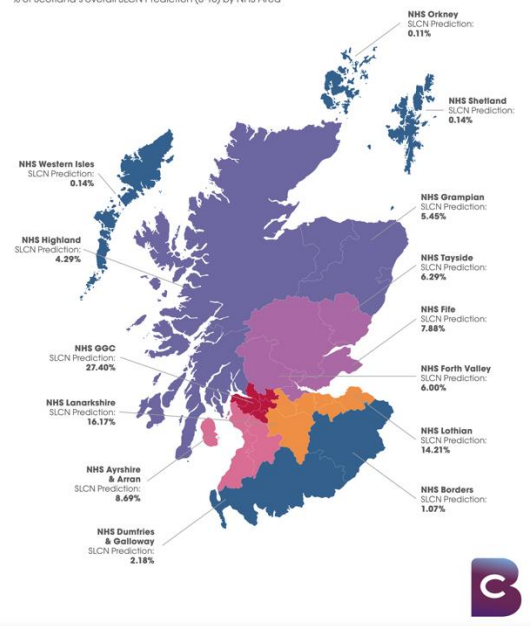




The how?

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**Figure 7: Showing the distribution as a percentage of the predicted SLCN for CYP 0-18 across Scotland**





# Impact not Input EQUITY VS Equality



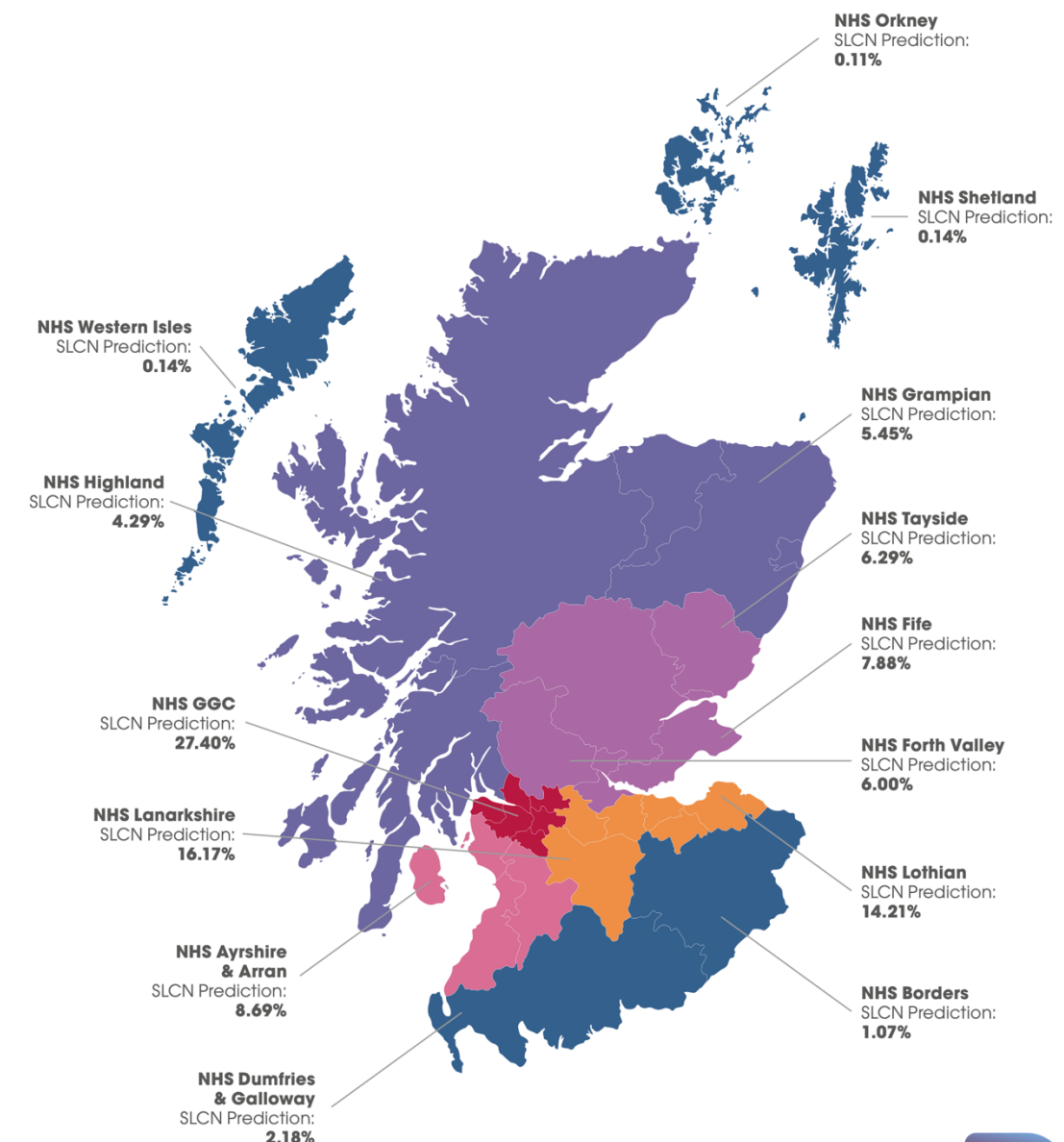
**DIFFERENT INPUTS REQUIRED TO ACHIEVE  
SIMILAR OUTCOMES**



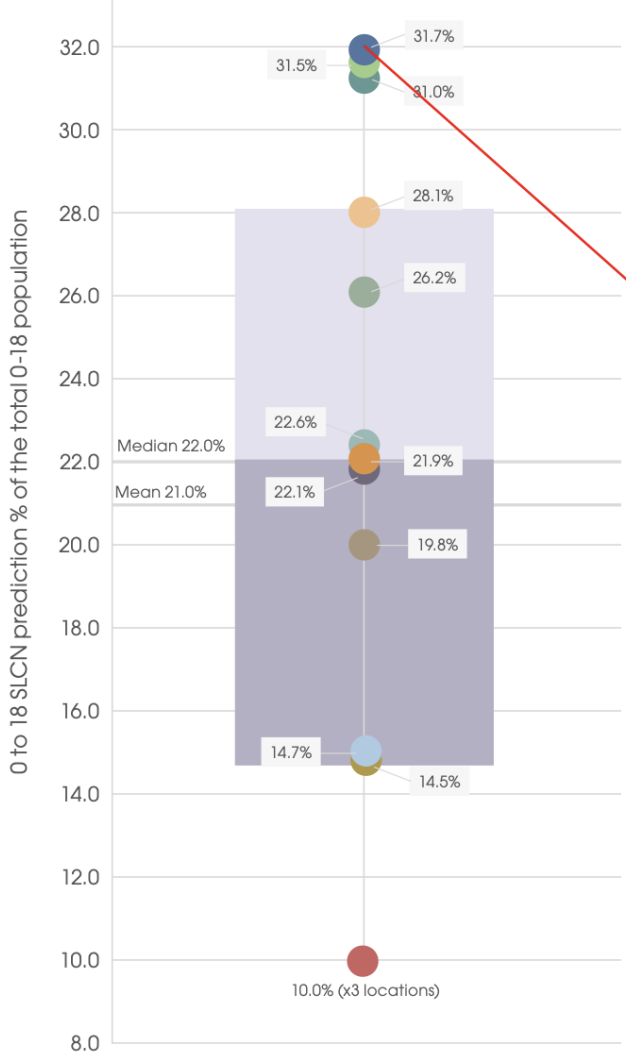
<https://www.bettercommunication.org.uk/downloads/2022%20Equity%20for%20All%20Final%20for%20Publication.pdf>

**Figure 7: Showing the distribution as a percentage of the predicted SLCN for CYP 0-18 across Scotland**

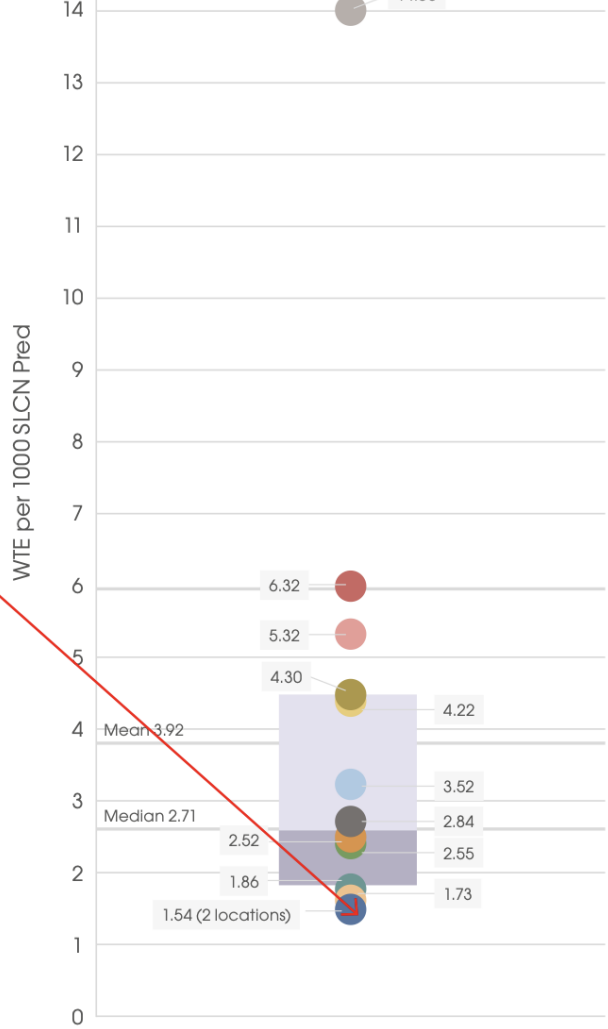
% of Scotland's overall SLCN Prediction (0-18) by NHS Area

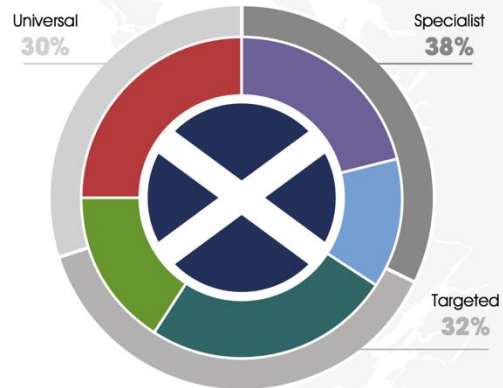


**Figure 11** Showing the percentage of CYP 0-18 predicted to have SLCN in each of the Health Board area in Scotland

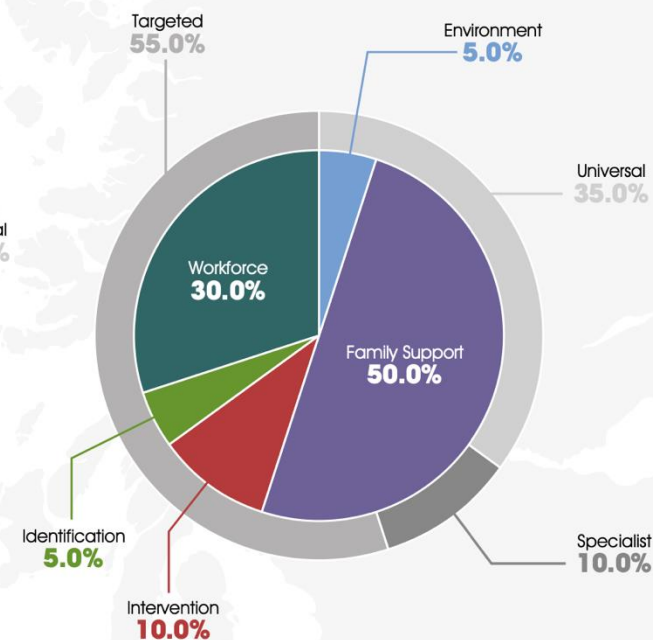
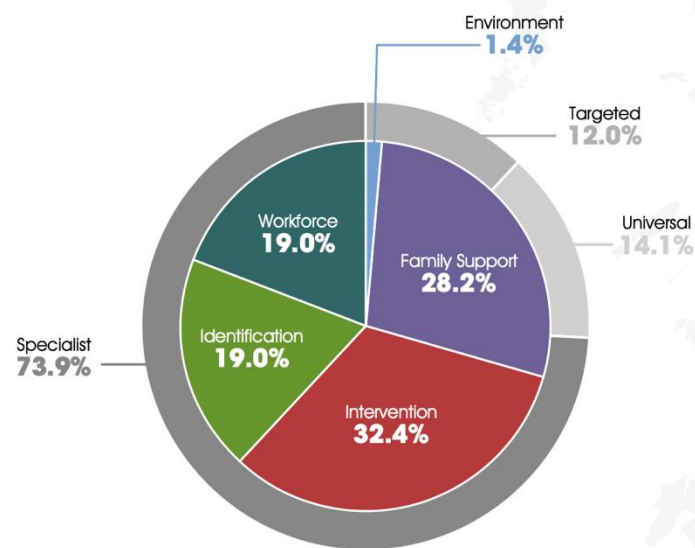


**Figure 12** Showing the reported WTE per 1000 0-18 SLCN predicted need in each Health Board area across Scotland





	21%	13%	25%	16%	25%	
	FAMILY SUPPORT	ENVIRONMENT	WORKFORCE	IDENTIFICATION	INTERVENTION	TOTAL
SPECIALIST	337	139	232	237	468	1413
TARGETED	220	161	364	181	269	1195
UNIVERSAL	232	169	327	185	187	1100
TOTAL	789	469	923	603	924	3708



# Core Delivery Principles

Accessible high-quality information and resources from across the system  
Eg <https://pathway.thebalancesystem.org>

Developed in Leicester, Nottingham and Derby

Therapists working at place where CYP need to use their communication skills for functional impact

Moving away from the 'refer – assess – treat' paradigm towards easy access to the most immediate support even if more specific intervention may also be indicated

**5.  
Information**

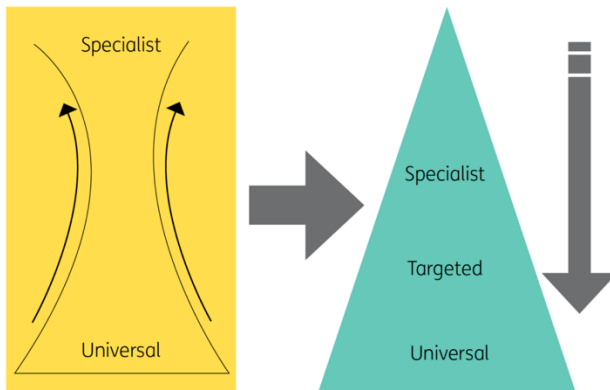
**3.  
Place  
Based**

**4.  
Targeted**

**2.  
Access**

**1.  
OUTCOMES MEASURED  
THROUGH IMPACT**

Figure two: The vortex effect – the implication of underinvestment in targeted provision





# Culture transformation



- Strategic leadership
  - eg systems change owned by most senior governance partnership board including local authority; health commissioner, schools, NHS providers - chaired by DfE commissioner
- Operational development
  - eg local system leaders specifically identified to support the transformation working with system partners

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# Culture transformation



- Practitioner confidence
  - eg specific programme of engagement with practitioners to develop skills and confidence at whole system working
- Parents, carers, young people and service users
  - eg representative involvement in all the strategic and operational groups; co-creating and advising on service transformation

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# Away from PATHWAYS & TRAIN TRACKS towards STEPPING STONES



Outcome

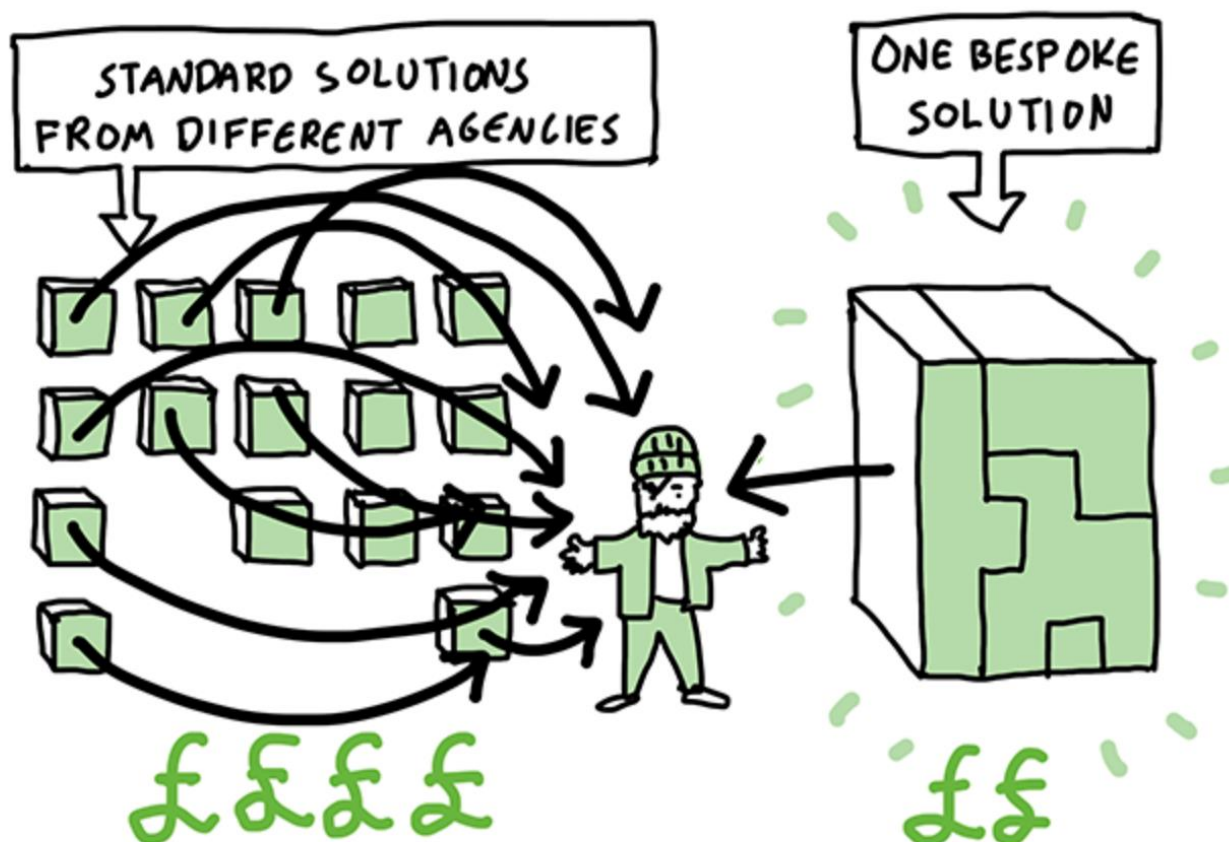
B



A



# Create flexible system solutions



<https://www.busine ssillustrator.com /efficient-vs-effective-public-services-animation/#>

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# Sustainability

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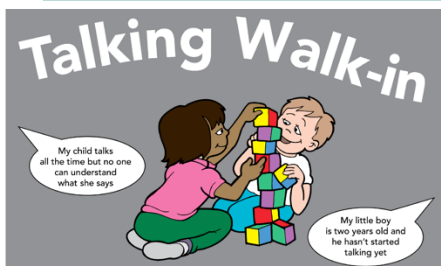
## 2003 - Children's Integrated SLT Service for Hackney and the City

## 2011 - Worcestershire

## 2021 - Forth Valley

## 2022 - Lancashire

## 2023 - East Kent, Dorset, Birmingham, Stockport



**Do you have questions or concerns about your pre-school child's speech, language or communication development?**

Come along to a local "Talking Walk-In", where your child can enjoy play in a small group and you can chat to one of our speech and language therapists.

This is the first point of contact for the Early Years Speech and Language Therapy Service for children under 5 in Hackney.  
(For children in Hackney Schools please contact your school SENCO)

**Everyone is welcome. No appointment necessary. Please bring your child's Red Book**

For more information please contact the Speech and Language Therapy Hotline on Tel: 0207 683 4587 E-mail: [slinfo@chpct.nhs.uk](mailto:slinfo@chpct.nhs.uk)

City and Hackney the learning trust  
Teaching Primary Care Trust  
Children's Integrated Speech and Language Therapy Service for Hackney and the City

Is your child  
0 – 5 years old?

Are you worried about  
your child's talking or  
understanding?

Would you like some advice  
from your local speech and  
language therapist?

**'Drop in' to a Talking Walk-In**  
Chestnut Children's Centre  
Every 2nd and 4th Monday of the month  
From 10-12 noon

Your chance to talk to a speech and language therapist about any concerns you may have. No appointment necessary. Check with your Children's Centre for more information and further details.



### Ready **STEADI** Chat

The NEW easy access pathway to speech and language therapy for children who have not started school, will commence from the 17 April 2023.

You will be able to bring your child along to one of our regular NHS:

**Speech T**herapy **E**arly **A**dvice **D**rop **I**n's

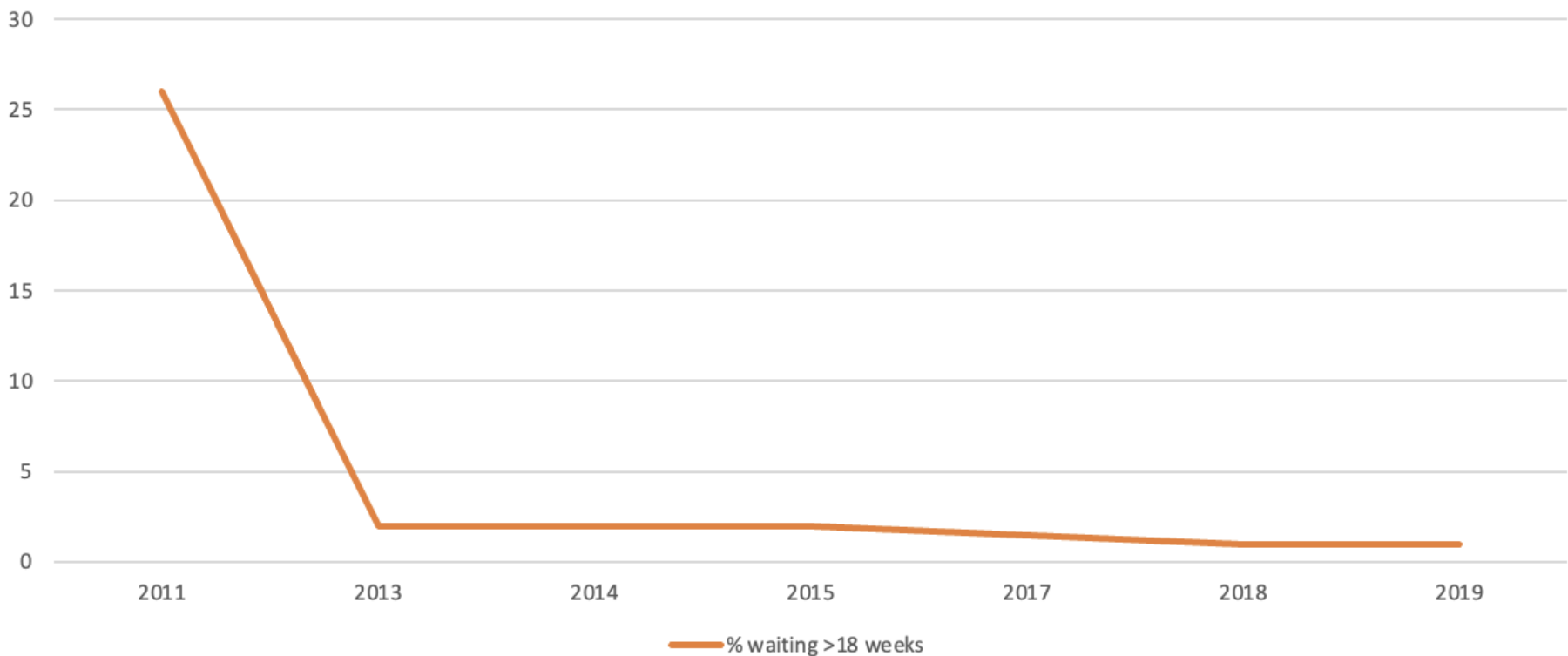
The Drop-In session is a pre-bookable session for parents/carers who have concerns about their child's speech, language and/or communication development. You will have the opportunity to discuss your concerns with a Speech and Language Therapist.

If you feel your child may struggle being in a group with other children, or become distressed in new or unfamiliar places then we offer a virtual session instead.

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Change in % waiting over 18 weeks over time



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# Sustainability challenges



- Ongoing 'systems practice' required as people, roles, structures change
- Ongoing collection of impact evidence
- Ongoing training and development for practitioners across the system
- Ongoing co-production and engagement with those that use our services

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## Opportunities and next steps

① Start presenting to display the poll results on this slide.



## Last word



“Great big innovative world changing ideas are plentiful.  
People who take tiny baby steps towards them are rare”

Mike Dooley, philosopher

**HOLD YOUR NERVE!**

(Gascoigne, 2024)

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# Reference documents

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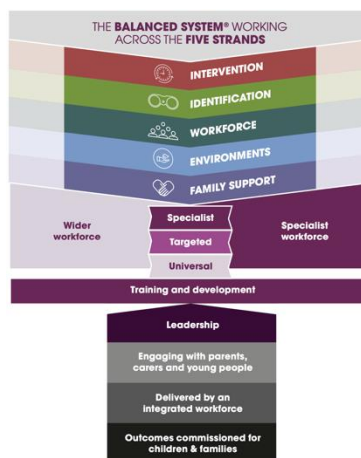




# 2003 - 2023



Supporting children with speech, language and communication needs within integrated children's services

Position Paper  
Marie Gascoigne  
January 2006



**The Bercow Report**

A Review of Services for Children and Young People (0-19) with Speech, Language and Communication Needs

Speech, language and communication needs

Tools for commissioning better outcomes: introduction




**Better Communication:**

Shaping speech, language and communication services for children and young people



**Implementing the SEND reforms**


Joint commissioning for children and young people with speech, language and communication needs



**COMMISSIONING FOR SPEECH, LANGUAGE AND COMMUNICATION NEEDS (SLCN): USING THE EVIDENCE FROM THE BETTER COMMUNICATION RESEARCH PROGRAMME**


MARIE GASCOIGNE

[HTTP://WWW.BETTERCOMMUNICATION.ORG.UK/SUPPORT-FOR-COMMISSIONERS/](http://www.bettercommunication.org.uk/support-for-commissioners/)



**Talking About a Generation**

CURRENT POLICY, EVIDENCE AND PRACTICE FOR SPEECH, LANGUAGE AND COMMUNICATION



MARIE GASCOIGNE AND IAIN GROSS  
BETTER COMMUNICATION CIC



## Bercow: Ten Years On

An independent review of provision for children and young people with speech, language and communication needs in England

Public Health England

Education Endowment Foundation

**Early Language Development:**  
Needs, provision, and intervention for preschool children from socio-economically disadvantaged backgrounds

A Report for the Education Endowment Foundation  
October 2017

Law, J.  
Charlton, J.  
Dockrell, J.  
Gascoigne, M.  
McKean, C.  
Theakston, A.

Contact: James Law PhD  
Professor of Speech and Language Science  
Newcastle University E: [james.law@ncl.ac.uk](mailto:james.law@ncl.ac.uk)



Public Health England

Protecting and improving the nation's health

## Best start in speech, language and communication:

Guidance to support local commissioners and service leads

Department of Health & Social Care

Department for Education



**EQUITY FOR ALL: CHILDREN'S SPEECH AND LANGUAGE THERAPY SERVICES IN SCOTLAND**

Marie Gascoigne

© Better Communication CIC 2021 December 2021

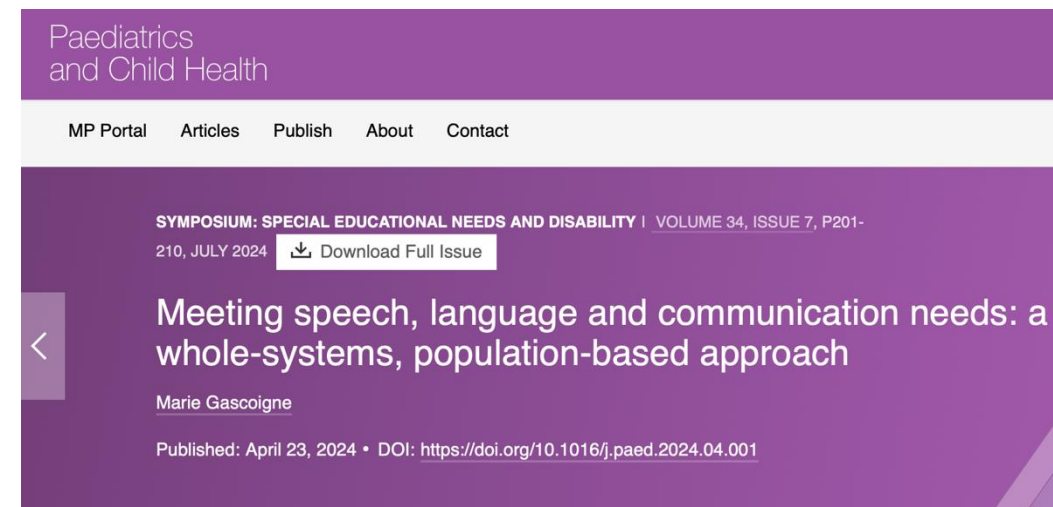
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# Latest publication



Gascoigne, Marie. "Meeting Speech, Language and Communication Needs: A Whole-Systems, Population-Based Approach." *Paediatrics and Child Health* 34, no. 7 (2024/07/01/ 2024): 201-10.  
<https://doi.org/10.1016/j.paed.2024.04.001>.  
<https://www.sciencedirect.com/science/article/pii/S1751722224000519>.



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# Delivering the Balanced System®

## Principles in Practice



Delivery Principle 1: Focus on **functional outcomes** and **measures of impact**

The whole delivery model is underpinned by a focus on delivering **functional outcomes** – the ‘so what?’ and measuring **impact not inputs** rising to the ‘**Prove It!**’ challenge

- Child and young person or adult outcomes
- Family or carer outcomes
- School, setting, class or group outcomes
- Area cohort outcomes
- Population outcomes





# Delivering the Balanced System®

## Principles in Practice



### Delivery Principle 2: Access

**Simple and easy** access to the right **information**, **assessment** and **support** for children, young people and their families, adults and those who care for them

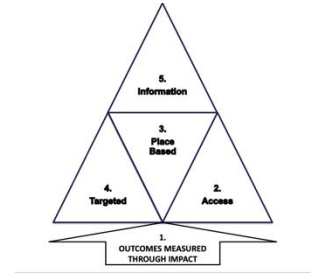


- Early identification – meaning not only early in life but early in the emergence of need at any age
- Easy access – simplest route to support at the lowest level even if further progression through the system required
- Appropriate assessment - enquiry based process, with the option to signpost to appropriate support that may be part of the whole even if further assessment becomes indicated



# Delivering the Balanced System®

## Principles in Practice



### Delivery Principle 3: Placed based support

Support is delivered in the most **functionally appropriate** and **relevant place** for the person

- Resources are allocated based on **need – differential** in either or both the **nature of the offer** or the **volume of the offer** based on evidence of need
- **Link therapist** – meaning a **school or setting** based key therapist whose **time is consolidated** into their schools and settings and who work regularly as **part of the school or setting team**
- Intervention focused on **functional outcomes** – the therapeutic offer must be focused on functional, ideally child and family or young person led, outcomes





# Delivering the Balanced System®

## Principles in Practice



Delivery Principle 4: Build the targeted offer as part of the continuum



Development of strong **universal and targeted** provision is key to facilitating access to **specialist** support as and when **needed** for a **finite** time



- Targeted offer – building a **robust targeted offer** across **all five strands** is key activity for all: therapy teams and wider workforce





# Delivering the Balanced System® Principles in Practice



## Delivery Principle 5: Information



**High quality, accessible and consistent** information and advice are available in a **range of media** and **culturally appropriate** forms to **enable** parents and carers, young people, older adults and professionals to be **well informed**. These typically have been **quality assured** by the appropriate therapy professionals





# Better Communication CIC



- Better Communication CIC is a not-for-profit social enterprise established in 2011
- We support system transformation across the UK using the Balanced System Framework and methodology

*supporting change*



# Contacts



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