

The Balanced System™

The Balanced System™ framework has been developed over ten years. It offers a theoretically driven but practically tested model through which to view the organisation of services to meet the needs of any given population which requires a multi agency approach. The model has been driven by the need to find a practical, holistic solution to the challenge of meeting the needs of children and young people with speech, language and communication needs (SLCN). However, the framework is also being applied to other allied health professions and has potential for wider services.

Model development

The need to express the complexity of provision for children and young people with SLCN was evidenced in the first national scoping study of provision for children in England and Wales which reported in 2000¹. The introduction of the Every Child Matters agenda in 2003 and the concept of universal, targeted and specialist services provided a way of considering the broad spectrum of speech, language and communication needs. The independent review of the provision for children and young people with SLCN in Hackney allowed an in-depth exploration of the multi-agency issues surrounding provision². Between 2003 and 2006, the pre-cursors to the *Balanced System™* were developed by the same author at two levels.

The RCSLT Position Paper: *Supporting Children with Speech, Language and Communication Needs within Integrated Children's Services*³ was the result of three years research and consultation at a national level. In parallel, the Children's Integrated Speech and Language Therapy Service for Hackney and the City was developed⁴. These two projects allowed the parallel development of theoretical and policy level thinking with practical application and testing.

The final phase of development between 2007 and 2009 has been informed by SLT service reviews, needs assessment to inform joint commissioning of SLCN services and strategy development for LAs and PCTs around raising attainment in SLCN. Data from 15 local authority / county council areas have informed the model development and the model has been tested with a wide range of audiences across agencies and including service users.

The *Balanced System™* framework provides a 'map' for considering the system as a whole. The *Balanced System™* audit tools provide the means to evaluate a system and inform specifications.

¹ Law J., Lindsay G., Peacey N., Gascoigne M.T., Soloff N., Radford J. and Band S. (2000) "Provision for Children with Speech and Language Needs in England and Wales: Facilitating Communication between Education and Health Services" DfEE research report 239

² Law J, Gascoigne M.T., Garrett Z (2003) Review of the provision for children with speech, language and communication needs in Hackney. Unpublished Report

³ Gascoigne M.T. (2006) Supporting Children with Speech, Language and Communication Needs within Integrated Children's Services. RCSLT London

⁴ Gascoigne M.T. (2009) Children's Integrated SLT service for Hackney and the City 2003-2009. Unpublished report

The *Balanced System*[™] explained

In considering commissioning, provision, workforce, training, and leadership within one framework, it is possible to gain a clearer understanding of the inter-relationship between the component areas and how change to one of these will have an impact across the whole system. This framework is the basis for ‘The Balanced System’ audit tool, core specification and outcome framework.

The Balanced System provides architecture on which local commissioners and providers can build in order to deliver better outcomes for service users. The model is heavily referenced in the DfE and DH jointly funded suite of tools including needs assessment, whole systems mapping and workforce⁵.

Figure 1: The Balanced System 2^{6,7}



The *balanced system audit tools* collect information regarding all the elements of the system. Both quantitative and qualitative information is included and different outcome measurement principles are used to evaluate the different elements of the system.

⁵ http://www.commissioningsupport.org.uk/pdf/SLCN_intro.pdf
http://www.commissioningsupport.org.uk/pdf/SLCN_tool1_Needs-assessment.pdf
http://www.commissioningsupport.org.uk/pdf/SLCN_tool2_Whole-system-mapping.pdf
http://www.commissioningsupport.org.uk/pdf/SLCN_tool4_workforce-planning.pdf
http://www.commissioningsupport.org.uk/pdf/SLCN_tool5_evaluating-outcomes.pdf

⁶ Second edition of the Balanced System which first appeared in 2008.

⁷ Gascoigne M.T. (2008) “*Transforming Integrated Children’s Services: where have we come from and where are we going to?*” Proceedings of the NAPLIC Conference, Warwick University, April 2008
<http://www.naplic.org.uk/?q=node/123>

The *Balanced System*[™] needs assessment

The Balanced System audit framework brings together needs assessment methodologies:

1. Statistical analysis of demographic and epidemiological data, caseload information and mapping of current provision (from any provider) at universal, targeted and specialist levels⁸.
2. A predictor of prevalence relating to SLCN due to disadvantage which, when triangulated with observation data from practitioner colleagues and survey data can provide an indication of relative need for universal and targeted services on a geographical basis⁹.
3. Evaluation of stakeholder views at a number of levels:
 - a) Service user/parent /carer
 - b) Practitioner
 - c) Operational Manager
 - d) Strategic Manager
 - e) Political level

Stakeholders at each of these levels are asked to contribute their view of the needs of children and young people in terms of speech, language and communication and what in their view will best facilitate the desired outcomes for this group. Engagement is via a mixed methodology including LA wide survey¹⁰, focus groups and individual interviews.

4. Analysis of the audit data allowing the evaluation of the impact of each level of the Balanced System in terms of impact, effect and effort matrix developed for the Balanced System¹¹.

⁸ See website for numerical data collection and service mapping templates

⁹ This tool is in pilot form and is only in use as part of consultancy projects at present

¹⁰ Suite of online surveys available

¹¹ A system developed based on the Turning the Curve framework, DCSF, 2008

The *Balanced System*[™] specification

The *Balanced System*[™] and the recently updated *Balanced System 2*[™], provide a ‘map’ for considering the system as a whole (figure 2, below). In considering support for children and young people with speech, language and communication needs, the framework makes a distinction between those children and young people who have some level of SLCN and those who require speech and language therapy. The latter group are a sub-set of the former and the workforce map to meet the overall need therefore has to consider the specialist workforce in the context of the workforce as a whole.

Figure 2: The *Balanced System*[™] Specification Levels

Children and young people & their parents and carers	<ul style="list-style-type: none"> Supporting children and young people, parents and carers with appropriate information and skills to enable them to be pro-active in making choices and in supporting speech, language and communication skills
Environments	<ul style="list-style-type: none"> Working with others to ensure that environments in which children and young people spend time for learning and leisure are communication friendly and have the appropriate enhancements and adaptations
Workforce	<ul style="list-style-type: none"> Using specialist knowledge and expertise to build skills in the wider workforce in order to ensure that speech, language and communication skills are appropriately supported across universal, targeted and specialist tiers
Early Identification	<ul style="list-style-type: none"> Ensuring efficient and accessible systems to enable early identification of speech, language and communication needs, including training of others to identify and providing pre-referral advice within community settings
Intervention	<ul style="list-style-type: none"> Providing appropriate and timely intervention, which may include direct or indirect work with individuals and groups of individuals, delivered in the most functionally appropriate context relative to specific need

It should be noted that identification of the wider SLCN of the child and young person population is an area that has received increasing attention over the past ten years. However, specifying the workforce map which is needed to deliver this wider agenda is an ongoing challenge at a national level. The *Balanced System* approach is contributing to this wider agenda through contributing to the evidence base with increased use and application as well as being the framework within which the Royal College of Speech and Language Therapists set the “*Resource Manual for Commissioning and Planning Services for SLCN*”¹². The consequence of the broader SLCN agenda for children and young people is a different set of demands on the core competencies of speech and language therapists within the workforce as a whole. This requires existing workforce benchmarking data to be taken with caution when looking at a ‘whole system’ approach as the historical data will be based on models of service delivery which increasingly do not fit the integrated agenda.

¹²http://www.rcslt.org/speech_and_language_therapy/intro/intro

Outcomes and provision to deliver

Universal level

All children need:

- 1.1. Parents and carers who are supported with information and resources to encourage their role as primary communicative partners for their children
- 1.2. Places where they spend time to be communication friendly environments (including community based settings that children access with their parents - libraries, leisure facilities etc)
- 1.3. Schools and settings where staff are confident in their role as facilitators of communication and have had access to appropriate training around speech, language and communication
- 1.4. Schools that share the responsibility for developing language and communication skills of all children
- 1.5. Children's centres and early years settings that are able to provide language rich environments and disseminate information to parents and carers regarding targeted and specialist services
- 1.6. Children's centres recognised as having a particular role in providing locally based hubs for language and communication development.

The role of the speech and language therapist in achieving universal outcomes

The role of the speech and language therapist at a universal level is primarily one of advice and training to parents, settings and schools. The delivery of national programmes such as the Every Child a Talker programme and the Inclusion Development Programme benefit from a speech and language therapist amongst the training team. Where possible, consistency between the speech and language therapists providing training and support and those providing more specific intervention at targeted and specialist levels is beneficial for settings and schools as the training process is then part of an ongoing supporting relationship.

Speech and language therapists have a role in supporting schools in the development of school communication plans as well as at a local authority level in advising on the communication accessibility of public facilities frequented by children and young people with SLCN.

Universal work can also include availability at specified times in settings, children's centres and schools to offer general advice to the wider workforce and to parents and carers.

Targeted level

Some children, who may have specific need or be felt to be vulnerable to particular need in respect of speech, language and communication need. **These children make up the majority in volume of children who benefit from specific speech and language therapy involvement.** The group is wide ranging including children with delayed language and communication skills who can be expected to respond to intervention, through to early identification of children who may go on to have more persistent need and potentially require specialist services.

This group should, by definition be a mobile group and children may go back to the universal level or move to the specialist level.

They will need:

- 2.1. Their parents to receive specific additional support in order to ensure their confidence in their role as a key communication partner for their child
- 2.2. Early identification where they are not making expected developmental gains in terms of speech, language and communication
- 2.3. Practitioners in settings and schools who have received training that raises awareness of the differing levels of need amongst children and increases practitioners' understanding of their influence in interactions within the setting
- 2.4. Programmes of targeted speech, language and communication interventions with the support of a speech and language therapist delivered in the most appropriate context for the child (typically early years setting, children's centre, school, home) by the most appropriate person (including speech and language therapist, parent / carer, other professional or support worker).
- 2.5. Interventions that are outcome focused with clearly defined functional goals.

The role of the speech and language therapist at a targeted level

The role of the speech and language therapist at the targeted level continues to involve training and advice with the difference from the universal level being that the training might be around a specific aspect of speech, language and communication or for specific groups of staff or parents with a given group of children in mind.

Intervention at the targeted level can take a variety of forms including direct speech and language therapy with individuals or groups but also setting up of specific interventions carried out by parents/carers or other workers within settings and schools. In all cases the interventions should be outcome focused with the aim of increasing functional communication ability for the child or young person. This can rarely be achieved with the speech and language therapist working in isolation and therefore shared responsibility with parents / carers and others is essential.

Specialist level

Children needing specialist provision are identified as having specialist needs over and above those that can be met via universal and targeted provision (although some elements of the child's overall need may be met by the offer at these levels and children should access these in addition to specialist services). They may include children who are cognitively able and have specific speech, language and communication difficulties as well as children with profound and multiple learning needs of which language and communication are a part.

This significant minority of 'all children' will need:

- 3.1. Specific specialist support for parents in order to ensure their 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
- 3.2. Joined up, multi-disciplinary support building on existing good practice such as the Early Support Programme and Team Around the Child
- 3.3. To be able to access a range of settings and schools in which appropriate support and learning opportunities can be provided for their child
- 3.4. Settings and schools where the infrastructure has been developed to support children with additional, specific or complex needs through adaptations, training and support with advice from specialist practitioners
- 3.5. Access to a range of specialist interventions for children with additional, specific or complex speech, language and communication needs under the guidance and / or management of a speech and language therapist as appropriate

The role of the speech and language therapist at a specialist level

Historically it has been assumed that the specialist tier is where speech and language therapists' time is most usefully directed. The outlines above of the role of the SLT at universal and targeted levels show that this is not necessarily the case.

There will be children and young people for whom intensive direct intervention from a speech and language therapist is entirely appropriate. These will represent a relatively small group of the overall body of children with SLCN and may not be children who, for other reasons, would necessarily be described as having additional specialist needs overall.

One of the sub-groups of children and young people with SLCN where this most clearly applies is those with 'specific language impairment' who are typically cognitively able with no other significant medical or learning issues but whose life chances and access to the curriculum can be significantly affected by their SLCN. Conversely, there will be children and young people with significant additional specialist needs due to medical or learning needs whose speech and language needs may not require the direct intervention of a speech and language therapist as opposed to the involvement of the SLT as part of the wider team around the child, supporting others who are in day to day contact with the child or young person.

Early Years and School age pathways

Typically services find it beneficial to work through pathways in order to provide the universal, targeted and specialist provision outlined above. Age related pathways are preferred in this model as opposed to disorder focussed pathway as these allow for maximum flexibility for individual children and young people to access what they need, when and where they need it. However, the framework is flexible and specific pathways can be accommodated within the model as a whole.

Early Years

Provision for children before school age should be delivered as far as possible in community settings which provide a functional communication environment.

Children's centres are key hubs within a given area for early years services and would potentially make a good base for speech and language therapists within the locality. If children's centres are not used as an admin base, they should nevertheless have allocated speech and language therapists who form part of the wider team. As part of the link therapist remit, the SLT would provide the universal training and information service to parents and the wider workforce, staff the drop-in and assessment sessions and also set up and oversee a programme of targeted interventions.

Activities would typically include:

- Advice and training sessions for parents attending groups
- Advice and training sessions for staff
- Specific SLT 'drop-in' sessions which can be the route into the SLT service
 - Children can be offered an initial screen from which a number of options may follow
 - Advice only – no further action
 - Inclusion in a targeted intervention without any further assessment at this stage
 - Further assessment
 - Referral on to a specialist pathway either SLT led or multi-disciplinary
- Targeted interventions including early language groups, phonological awareness, attention and listening etc
- Specialist specific interventions with individual children or groups of children

Colleagues from the wider workforce and parents will have a key part to play in all of the above.

Where this framework has been applied successfully, the role of the specialist has been defined in terms of specialist input to the 'whole system' which can take the form of some direct case management but must include time spent supporting less specialist colleagues in the given area to enable them to maintain their role as the main case manager for children within their link settings where appropriate.

School age

The Balanced System framework is applied across all school settings equitably, including mainstream schools alongside special schools and resource bases.

All schools should have a named link therapist who is the primary link between the school and the SLT service and the 'default' therapist in the first instance for all children within a given school. The role of specialists will need to be further defined for the given area but, as described above for Early Years, the assumption would be that specialists use their skills to not only work with a small number of children for limited periods but enhance the capacity to manage children appropriately within their functional settings.

The model allows for a tangible presence in schools on the basis that time currently spent in 'health' bases is effectively moved into school. Schools will need to be allocated an amount of time by the service based on a transparent formula which will include a range of parameters including the size of the school, attainment levels (giving a sense of the general level of need), number and complexity of children and young people already known to the SLT service or patterns of referrals, information about the infrastructure within the school to support SEN in general and SLCN in particular. These factors (and there may be other locally appropriate factors) will interact to enable schools to be grouped into several levels of need – each level receiving a different amount of resource.

In other areas where this model has been implemented, mainstream primary schools with high needs have received up to 36 days of therapist time over an academic year which can be used either for a day per week in term time or consolidated into 2 days per week for half of each term – the configuration being agreed locally.

Activities would typically include:

- Advice and information sessions for parents
- Advice and training sessions for staff
- A termly liaison meeting with the SENCO and ideally EP (often SLTs join a meeting structure which is already in place for the EP liaison with schools). At this meeting children can be discussed and the appropriate next steps agreed. This can help with timing of referrals to link with other factors for the child or to follow a logical sequence with other professionals who may be involved. The meeting also provides the forum for deciding on the priorities for the therapeutic time available for the term and identifying the training needs of the school.
- Initial assessment of children previously unknown to the SLT service may be appropriate or it may be possible to direct children to targeted interventions which are up and running in the school. Children arriving in school who have been known pre-school should not need to undergo significant reassessment unless their needs are felt to have changed significantly.
- Assessment of children undergoing the Statutory Assessment process should take place in school and be functionally driven.
- Targeted interventions which might include language groups, word finding, social skills, etc – always in conjunction with a member of school staff. Targeted interventions may be SLT led and /or maintained by designated school staff with the appropriate training.
- Specialist specific interventions with individual children or groups of children – again always with the involvement of a member of school staff who can ensure that the intervention is embedded into the wider school experience.

Colleagues from the wider workforce and parents will have a key part to play in all of the above. Due to the school based nature of this service model, concerted efforts will need to be made to maintain regular contact with parents and of course parents should always be welcome to come into school to meet the therapist if they wish.

The Balanced System integrated solution framework

The Balanced System integrated solution framework¹³ is a way of mapping the whole system which needs to be in place in order to deliver a given SLCN outcome. The core of this approach is identifying the factors within the whole system which will allow the outcomes to be achieved as opposed to historical specifications which focus on the inputs of the speech and language therapy service alone.

The framework is divided into two sections which broadly map onto the left and right hand sides of the Balanced System model:

1. Outcomes achieved through universal, targeted and specialist provision
2. The specialist and wider workforce to deliver those outcomes

What differentiates this approach from other specifications is the recognition that in order to achieve an outcome for a child or young person, the whole system must respond – it will not be adequate to think in terms of speech and language therapy response or indeed just in terms of training for the wider workforce. The integrated solution will require both.

Measuring the Balanced System

The Balanced system architecture allows for a range of outcome measures appropriate to the different strands, levels and elements of the system to be used within a whole system. The outcomes measurement matrix, considers a variety of parameters and allows mapping of the appropriate measures for each element. Some existing outcomes methodologies will map into the structure whilst some areas of the matrix may expose the need for novel outcome measurement tools. The added value of the framework is that it allows a balanced view of different outcomes measures which might otherwise be seen as competitive or unrelated. The framework allows the commissioner or provider to select appropriate measures to the particular outcome.

¹³ This framework is currently being piloted with two local authority areas – for more information please contact info@mgaconsulting.org.uk

For further information about any aspect of the Balanced System contact Marie Gascoigne at marie@mgaconsulting.org.uk