



0-18 years survey: descriptive data and analysis of the survey findings

There were 414 responses to the 0 to 18 years survey. For some questions, responses were received from all 414 respondents. For other questions, responses from a smaller sample of the 414 respondents were received. The number of respondents completing each question is given in the description of the results. The design of the survey meant for some questions respondents were able to select more than one option, often selecting 2 or 3 responses. The descriptive results are described in detail for each question.

The questions and the results are grouped into five sections and the questions addressed in each section are given.

- Section 1 gives the demographic data about the respondents who completed the survey.
- Section 2 describes the respondents' background history of receiving SLT.
- Section 3 describes the respondents' experiences of SLT during lockdown (March to June 2021).
- Section 4 describes the delivery of SLT during lockdown (March to June 2020) and the respondents' experiences of this.
- Section 5 details the respondents' experiences of SLT during and after the end of lockdown.

The quantitative descriptive data is given along with the qualitative data. Qualitative data originates from the free text comments for some of the questions. These comments have been grouped into categories for ease of reference.

Section 1: Demographic data of the respondents

The demographic data is presented first. This data was obtained from the following questions:

Question 1: What is your postcode?

Question 2: Which country do you live in?

Question 3: Please tell us who you are.

Question 30: How old are you?

Question 31: How would you describe your gender?

Question 32: What is your ethnicity?

Who were the respondents?

414 people completed the 0 to 18 years survey.

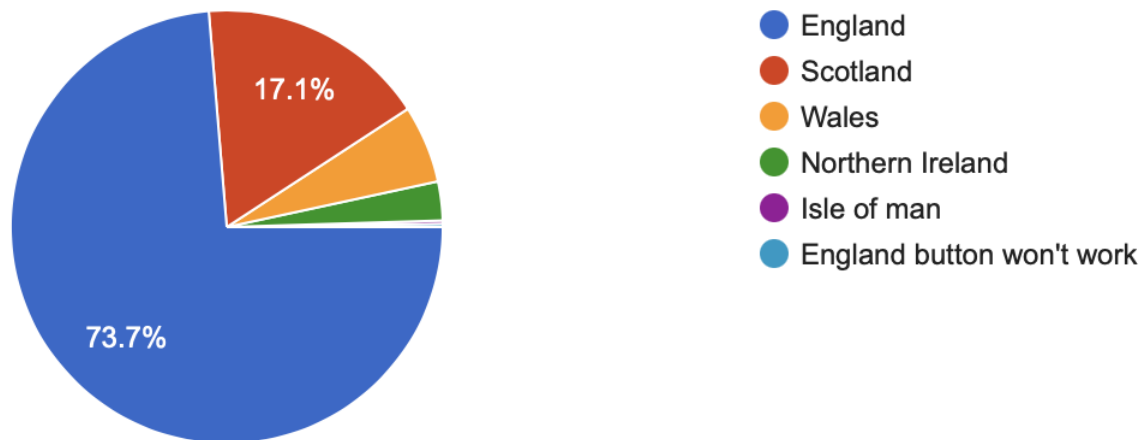
The majority of the respondents (n=345) (83.3%) were family members/unpaid carers of people with speech, language and communication difficulties.

This was followed by:

- Individuals who receive SLT (n=51) (12%).
- Paid carers (n=6) (2%).
- Special Educational Needs Co-ordinators (SENCOs)/other support staff (n=4) (1%).
- Individuals trying to access SLT (n=3) (0.7%).

Country

- The majority of the respondents lived in England (n=306) (74%).
- 71 (17%) lived in Scotland.
- 24 (6%) lived in Wales.
- 12 (3%) lived in Northern Ireland.
- 1 (0.2%) lived on the Isle of Man.



Postcodes

Of the 414 responses, there were 234 valid postcode entries. The other 180 postcode entries were either incorrect or from Scotland and Wales. The English indices of deprivation (Ministry of Housing, Communities and Local Government 2019) were used to obtain data about the level of deprivation of each postcode. The indices use categories of income, living environments, employment, education, skills and barriers to housing and services. The English Indices of Multiple Deprivation (IMD) were used to identify the IMD decile for the postcodes for these 235 respondents. The IMD decile range from 1 (10% most deprived) to 10 (10% least deprived). The following table shows the decile rankings of the postcodes of the 234 respondents.

IMD Decile	Number of respondents (n=49)	Percentage of respondents
1 Most deprived	9	2.2
2	13	3.1
3	17	4.1
4	20	4.8
5	33	8.0

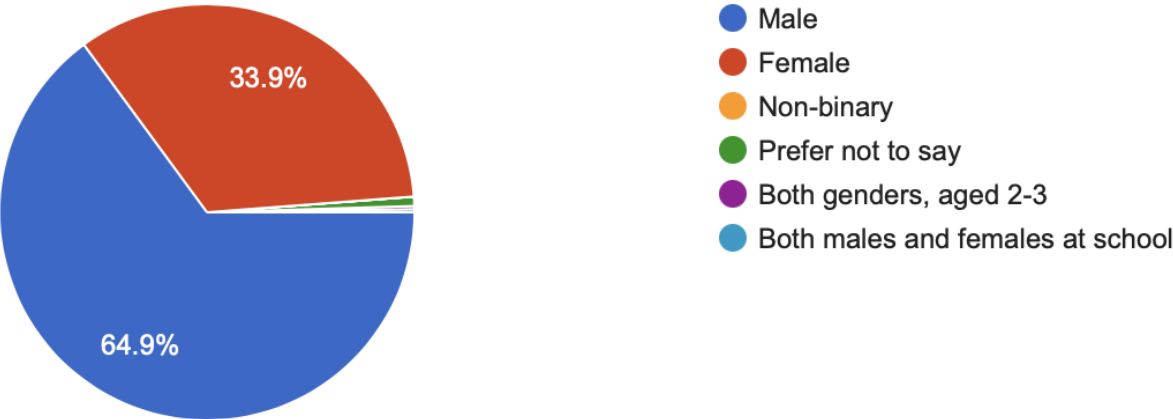
6	20	4.8
7	22	5.3
8	27	6.5
9	36	8.7
10 Least deprived	37	9.2
Total	234	100%

Gender

With respect to gender, 413/414 responses were received.

- More than half of the respondents (n=268) (65%) identified as male.
- 140 (34%) identified as female.

3 (0.7%) respondents preferred not to say and the remaining response was unclear, because the individuals reported being from a school for male and female students.

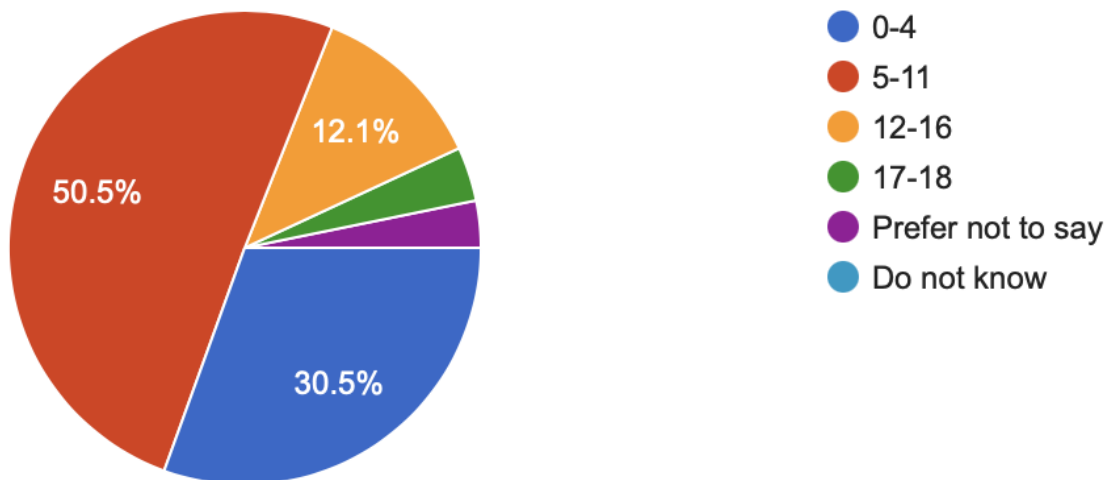


Age

In terms of age, 406/414 responses were received.

- Approximately half of the respondents (n=205) (51%) were aged 5 to 11 years.
- The remaining half of the respondents was split across the age categories of:
 - 0 to 4 years (n=124) (31%).
 - 12 to 16 years (n=49) (12%).
 - 17 to 18 years (n=15) (4%).

13 (3%) respondents preferred not to say.

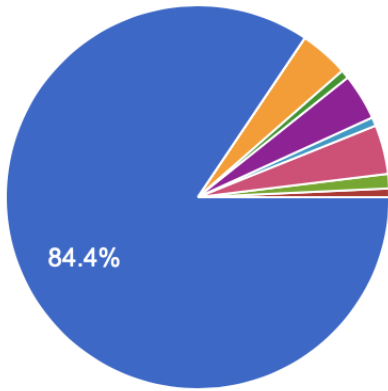


Ethnicity

Almost all the respondents (411/414) reported their ethnicity.

- The majority of the respondents (n=347) (84%) were White British/Irish.
- 17 (4%) were mixed or multiple ethnic groups.
- 17 (4%) were another white background.
- 16 (4%) were Asian/Asian British.
- 3 (0.7%) were Black/African/Caribbean/Black British,
- 3 (0.7%) were another ethnic group.

5 (1.2%) preferred not to say and 3 (0.7%) did not know.



- White British/Irish
- Gypsy or Irish Traveller
- Other white background
- Black/African/Caribbean/Black British
- Asian/Asian British
- Other ethnic group
- Mixed/Multiple ethnic groups
- Prefer not to say
- Do not know

Section 2: Background history of receiving SLT

In this section, the reasons for having SLT and when SLT started are presented. This covers the following survey questions:

Question 6: Why are you having SLT?

Question 5: What does SLT help you with?

Question 4: When did you start having SLT?

Question 24: How does your SLT help you?

Question 11: How did you have your SLT before the virus lockdown (March to June 2020)?

Condition

All respondents identified the condition for which they are in receipt/ever in receipt of SLT.

Many respondents selected more than one condition. Conditions selected included:

- Developmental delay (n=148) (35%) – the condition with the most responses.
- Learning disability (n=128) (31%).
- Developmental language disorder or another language disorder (n=106) (26%).
- Autism (n=100) (24%).
- Hearing loss or deafness (n=61) (15%).
- Speech sound disorder (n=52) (13%).
- Brain injury (n=25) (6%).
- Down's syndrome (n=23) (6%).
- Stammer (n=22) (5%).
- Attention Deficit Hyperactivity Disorder (ADHD) (n=17) (4%).
- Cleft lip and palate (n=15) (4%).
- Selective mutism (n=15) (4%).

38 (9%) respondents were waiting for a diagnosis and 6 (1%) respondents did not know.

47 respondents selected the other category and cited the following conditions:

- Genetic condition (n=11) (3%).
- Verbal dyspraxia (n=9) (2%).
- Speech delay (n=9) (2%).
- Dysphagia (n=5) (1%).
- Cerebral palsy (n=2) (0.5%).
- Support with articulation (n=2) (0.5%).
- Craniosynostosis (n=2) (0.5%).

- Tourette's syndrome (n=1) (0.2%).
- Parkinson's (n=1) (0.2%).
- Rett syndrome (n=1) (0.2%).
- Aphasia due to stroke (n=1) (0.2%).
- Oropharyngeal cancer (n=1) (0.2%).

Reason for having speech and language therapy

All 414 respondents confirmed the reasons for receipt of SLT.

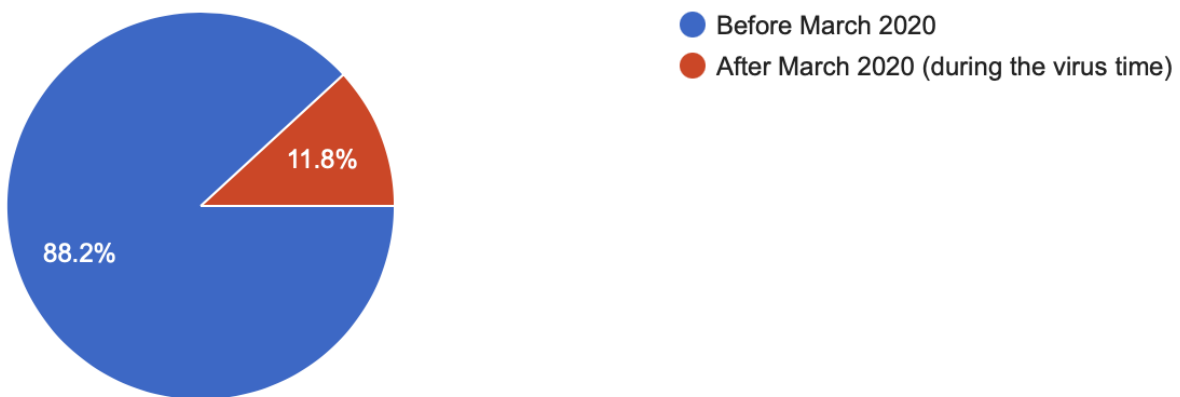
- The majority of the respondents (n=406) (98%) received SLT for their speech, language and communication.
- 57 (14%) received it for their eating and drinking.

Five respondents selected other citing the following reasons:

- Behaviour.
- Social communication.
- Language understanding.

When speech and language therapy started

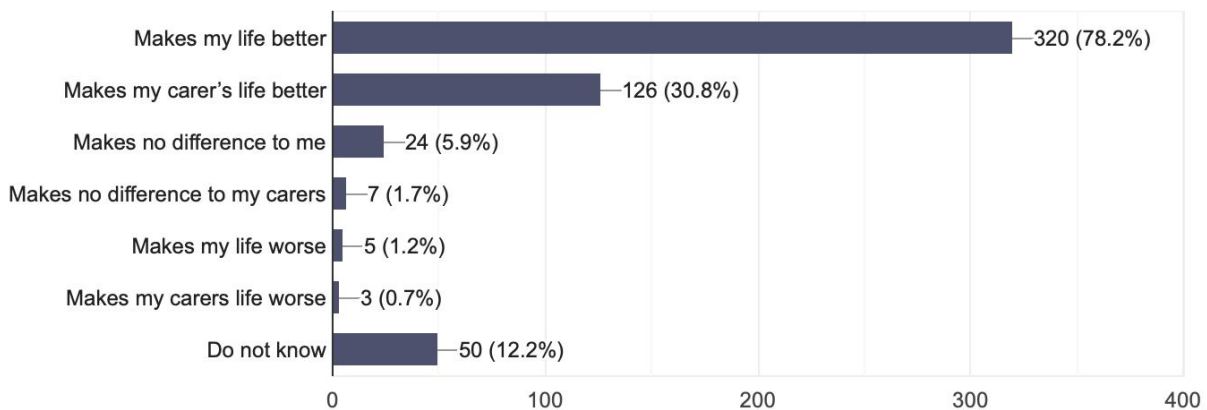
Of the 414 respondents, the majority (n=365) (88%) were in receipt of SLT before March 2020 and 49 (12%) after March 2020.



How speech and language therapy helps

409 of the 414 respondents described how SLT helps them.

- For the majority (n=320) (78%), SLT makes their life better.
- 126 (31%) said it makes their carer's life better.
- 8 people (1.7%) explained it makes their lives and/or their carer's lives worse.
- 31 people (8%) explained it makes no difference to their lives or the lives of their carers.
- 50 respondents (12%) did not know.



How speech and language therapy was delivered before lockdown

408 respondents reported how their SLT was delivered before lockdown in March 2020.

Respondents selected more than one option.

- The majority, 57% (n=234) received SLT in person either at school or college.
- 14% (n=56) received SLT in person at home.
- 29% (n=118) received SLT in another location.

Some respondents were receiving SLT in other ways before lockdown:

- 3% (n=14) reported also receiving SLT by phone.
- 3% (n=12) online.
- 2% (n=8) through other means.

32 respondents (8%) were not receiving SLT before lockdown.

Section 3: Experiences of SLT during lockdown (March to June 2020)

In this section, the experiences of receiving SLT during lockdown are presented. This covers the survey questions of:

Question 7: Did your SLT change during lockdown (March to June 2020)?

Question 8: What happened to your SLT appointments?

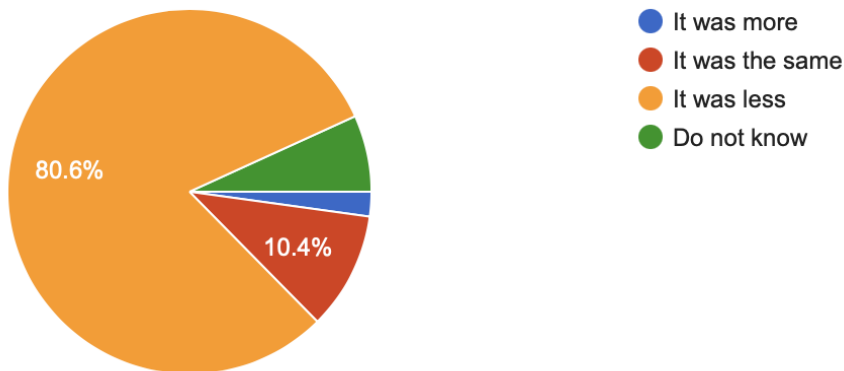
Question 9: Why were your SLT appointments cancelled?

Changes to speech and language therapy

Nearly all the 414 respondents reported changes in their receipt of SLT.

- Only 43 respondents (10%) reported they received the same amount of SLT before and during lockdown.
- The majority (n=333) (81%) received less SLT.
- 9 respondents (2%) received more.

28 respondents (7%) were unable to confirm.



Changes to speech and language therapy by postcode area

Responses were broken down using the English Indices of Multiple Deprivation (IMD). IMD decile 1 to 5 was collapsed into Group 1/More deprived and IMD decile 6 to 10 was collapsed into Group 2/Least deprived. There were 92 respondents in Group 1 (most deprived) and 142 respondents in Group 2 (least deprived). Group 1 and Group 2 were then compared.

This has revealed that:

- A higher percentage of respondents in the most deprived areas had less speech and language therapy than the least deprived areas.
- A higher percentage of people living in the least deprived areas had the same amount of SLT than people living in the most deprived areas.
- Where people received more SLT during lockdown, a higher percentage lived in the most deprived areas of England than in the least deprived areas.

	Group 1 Most deprived	Group 2 Least deprived
It was more	4 (4.3%)	2 (1.4%)
It was the same	6 (6.5%)	20 (14.1%)
It was less	75 (81.5%)	114 (80.3%)
I don't know	7 (7.6%)	6 (4.2%)
Total	92 (100%)	142 (100%)

What happened to speech and language therapy appointments

335 of the 414 respondents were able to report what happened to their SLT appointments.

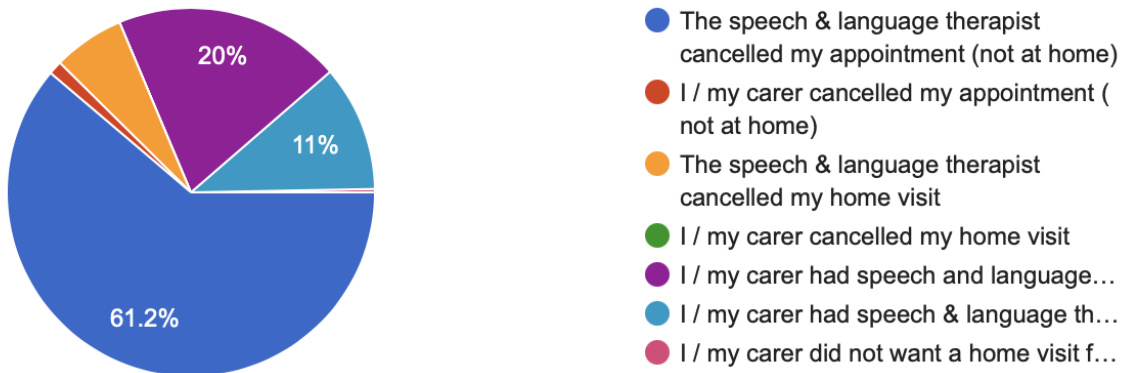
- For 226 of the 335 respondents (67%), the speech and language therapist cancelled their appointment.
- 67 respondents (20%) received their SLT appointments online.
- 37 respondents (11%) received phone appointments.
- 5 respondents (1%) cancelled their own appointments.

235 respondents reported reasons for cancellations. These ranged across:

- Their school/college being closed (n=76) (32%).
- Closure of health centres (n=43) (18%).
- Redeployment of SLT services (n=19) (8%).
- Being unable to get to the appointment (n=7) (3%).
- Shielding or carer shielding (n=8) (3.8%),

Other reasons cited were:

- The speech and language therapist was unable to come into school (n=11) (5%).
- Feeling unsafe and/or carers feeling unsafe to attend appointments (n=6) (3%).
- The speech and language therapist was shielding (n=1) (0.4%).
- For 13 respondents (6.4%), no contact was received from the SLT service.
- 68 respondents (29%) reported not knowing the reasons for cancellations of appointments and/or suspension of SLT services.



What people told us about why their appointments were cancelled during lockdown

Those whose school or college was closed had difficulty accessing SLT, even when this was part of an Education Health and Care Plan. When schools reopened, external visitors were limited, so for many SLT did not restart. In cases where speech and language therapists were redeployed within the NHS, some respondents lost all contact and were not given alternative appointment options, while others were discharged completely. In cases where the service was not running face-to-face appointments, some were offered online appointments (although this did not always work), while others were not offered any other option.

In certain cases, service users could not access SLT due to adjustments in the speech and language therapist's caseload prioritisation and changing risk assessments. Some could not access any appointments due to short staffing in their local services, while others were not offered online alternatives due to inadequate technology resources at the service. The only reason some were given for cancelled appointments was "due to the pandemic" or "due to lockdown". Families were not given further details as to why appointments were cancelled or when they would restart. While some respondents had

been contacted with a vague reason for cancellation, others were not contacted at all or offered a next appointment.

Section 4: Delivery of SLT and experiences of SLT delivery during lockdown (March to June 2020)

In this section, how SLT was delivered during lockdown is presented. This covers the survey questions of:

Question 11: Did you get SLT in person during the virus lockdown (March to June 2020)?

Question 12: Did you get your SLT over the phone during the first virus lockdown (March to June 2020)?

Question 13: How was your SLT over the phone?

Question 14: Did you get your SLT by video during the virus lockdown (March to June 2020)?

Question 15: How was your SLT help on video (online)?

Question 16: How easy was it to use the computer/laptop/tablet/smartphone?

Question 17: If you found it hard, why was this?

Question 18: Did you get your SLT through other support, for example social media or printed materials during the virus lockdown (March to June 2020)?

Question 19: Did you get help updating things on your communication support tools (for example communication pictures, communication books, electronic aids)?

Question 21: What has it been like if you have to wear a mask during your SLT?

Question 22: What has it been like if your SLT has to wear a mask during your SLT?

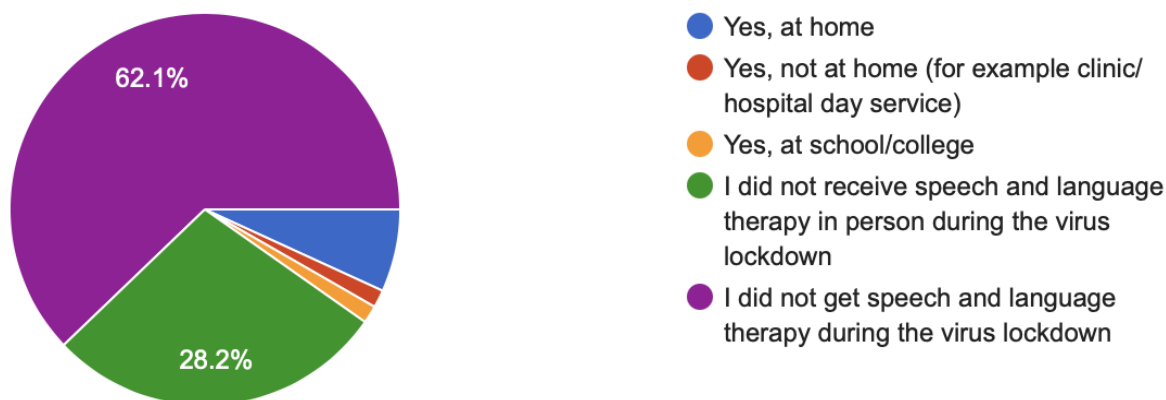
The delivery of speech and language therapy

412 of the 414 respondents reported on the delivery of SLT.

- Nearly two-thirds of respondents (n=256) (62%) did not receive any SLT during lockdown.
- 28% (n=116) did not receive SLT in person.

Of the remaining 30 respondents (11%) who did receive SLT in person:

- 28 (7%) received SLT at home.
- 6 (2%) at school or college.
- 6 (2%) in other contexts.



Speech and language therapy in person by postcode area during lockdown

In relation to whether people had in person SLT during lockdown:

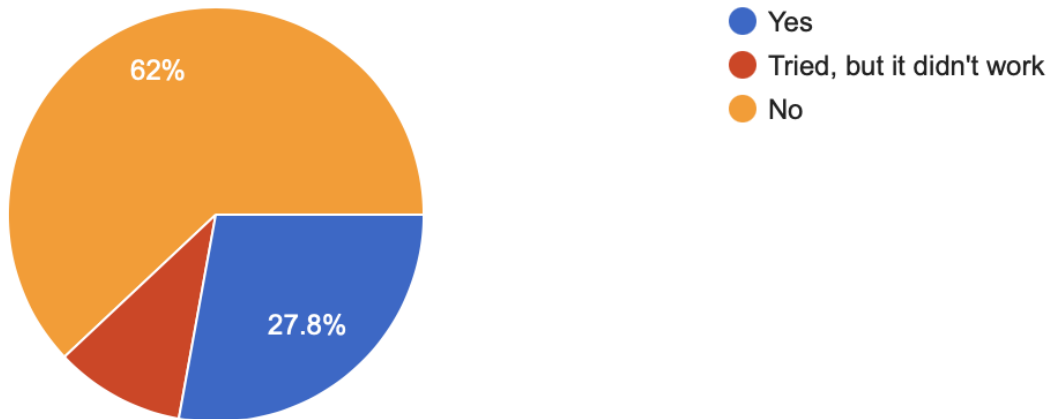
- A higher percentage of people living in the least deprived areas received in-person SLT than those living in the most deprived areas.
- A higher percentage of people living in the least deprived areas received no in-person SLT.
- A higher percentage of people living in the most deprived areas had no SLT at all.

	Group 1 Most deprived	Group 2 Least deprived
Yes	6 (6.5%)	19 (13.4%)
I did not receive SLT in person during the virus lockdown	20 (21.7%)	41 (28.9%)
I did not get any SLT during the virus lockdown	65 (70.7%)	82 (57.7%)
Missing	1	0
Total	92 (100%)	142 (100%)

Speech and language therapy over the phone

158 of the 414 respondents reported on the delivery of SLT over the phone.

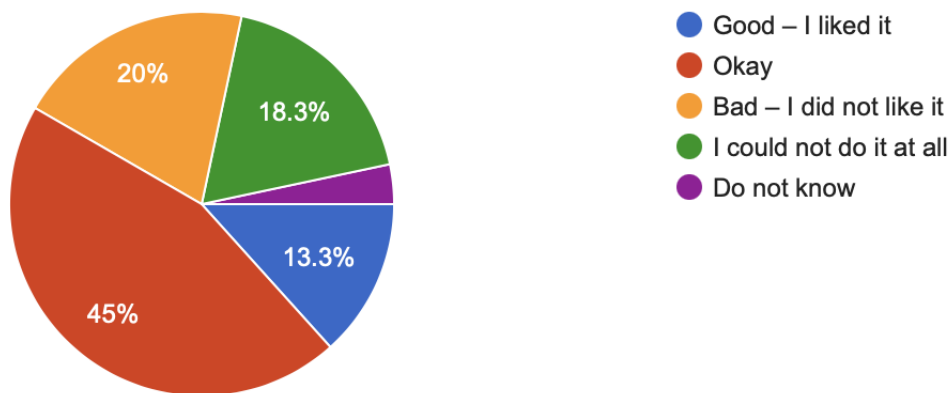
- 44 (28%) of the 158 respondents received SLT over the phone.
- 98 of the 158 respondents (62%) did not.
- 16 respondents (10%) attempted to receive SLT via the phone but this proved unsuccessful.



Experiences of having speech and language therapy over the phone

60 respondents reported on their experiences of receipt of SLT over the phone.

- 8 respondents (13%) liked the phone delivery,
- 27 (45%) found the phone delivery 'OK'.
- 12 (20%) did not like it.
- 11 (18%) could not do it.
- 2 (3%) did not know.



What people liked about speech and language therapy over the phone

Those who accessed SLT on the phone were glad to have some way to contact their therapist, particularly in an otherwise isolating time. Parents and carers primarily used it to ask for advice, guidance and new ideas from the speech and language therapist. Some appreciated phone contact as it was easier to fit the appointments into their day, and provided a way to ask questions in the short term without having to wait until the next appointment. These aspects improved the accessibility of SLT.

What people did not like about speech and language therapy over the phone

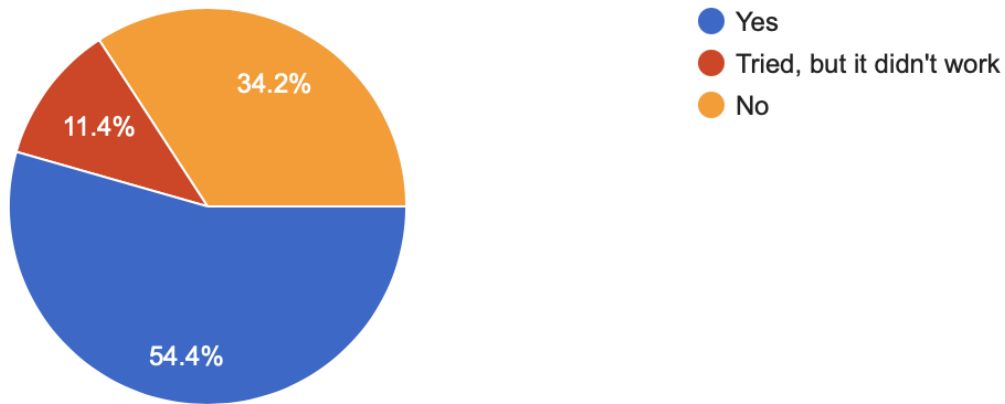
Some parents and carers did not feel that assessment over the phone gave an accurate or complete picture of their child's difficulties. In some cases, particularly with regard to swallowing issues, they felt virtual assessment was not only ineffective but also unsafe. Without in person access, some felt unsupported or that they were lacking guidance.

Many found that limitations of technology such as poor sound quality and connection issues had a large impact on the speech and language therapist's understanding of their needs and thus the efficacy of SLT. Others, particularly parents/carers working with young children, found it difficult to get their child to focus and engage on virtual platforms. In some cases, accessing SLT by phone was not possible for the service user, which led to the parent or carer being the only connection with the speech and language therapist.

Speech and language therapy by video

158 respondents from the total 414 respondents reported on the delivery of SLT by video (online).

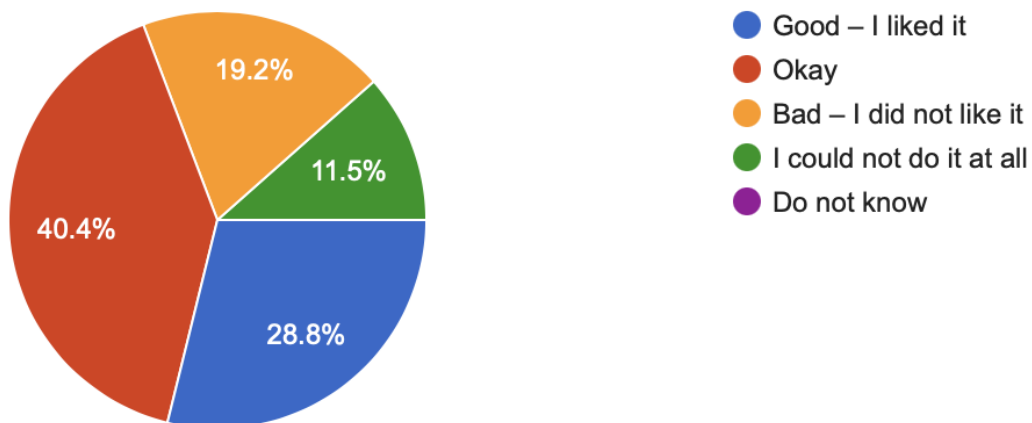
- 86 (54%) of the 158 respondents reported receipt of SLT delivery by video (online).
- 54 (34%) did not receive SLT in this mode of delivery.
- 18 respondents (11%) attempted to secure SLT by video (online) but this proved unsuccessful.



Experiences of speech and language therapy online

104 respondents reported on their experiences of video (online) delivery.

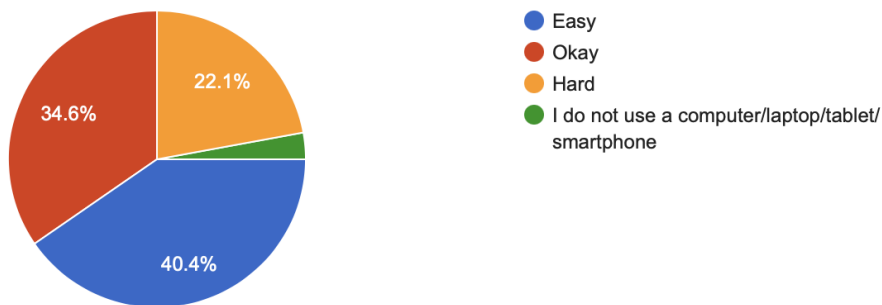
- 30 of the 104 respondents (29%) liked this delivery.
- 42 (40%) found this delivery 'OK'.
- 20 (19%) did not like it.
- 12 (12%) were not able to engage in this delivery.



Ease of using technology

In terms of the ease of the use of the technology:

- 42 of the 104 (40%) respondents found it easy to use.
- 36 (35%) found it 'OK'.
- 23 (22%) found it hard.
- 3 (3%) did not use any of this technology.



Difficulties using technology

47 respondents were able to give reasons as to why it was hard to engage with this technology.

- 17 respondents (36%) reported unreliable internet connections.
- 7 (15%) cited a lack of experience with the technology.

The remaining 23 respondents (47%) cited reasons across:

- Children finding it challenging to engage with a SLT online.
- Poor sound quality.
- Difficulties understanding the SLT due to a lack of visual aids.
- Reduced non-verbal communication.
- Reliance on parents to aid translation for deaf service users.

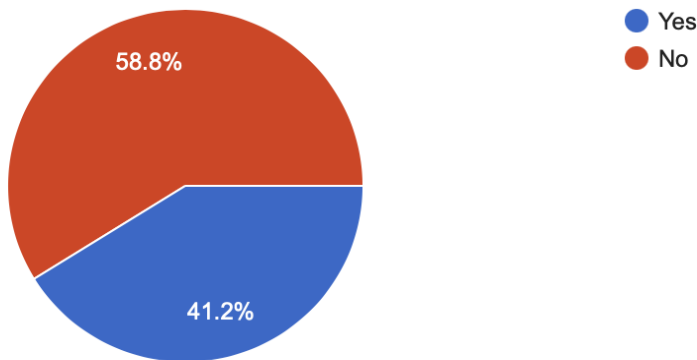
What people told us about why they found speech and language therapy by video hard

Bad connection and technological lags made it difficult for some to capture non-verbal communication, as well as verbal communication in some cases where sound was distorted. Deaf service users and young children in particular found it difficult to access SLT on video. Deaf service users in some cases found it hard to follow the speech and language therapist and struggled with poor sound and image quality, while parents and carers of young children found it difficult to keep them engaged and concentrated within range of the screen. Some could not interact at all virtually. This made many extremely reliant on parents and carers to support and interpret.

Other speech and language therapy support

102 of the 414 respondents responded to the question about receiving SLT for other support, such as printed materials or social media.

- 42 respondents (41%) received this support.
- 60 (59%) did not.

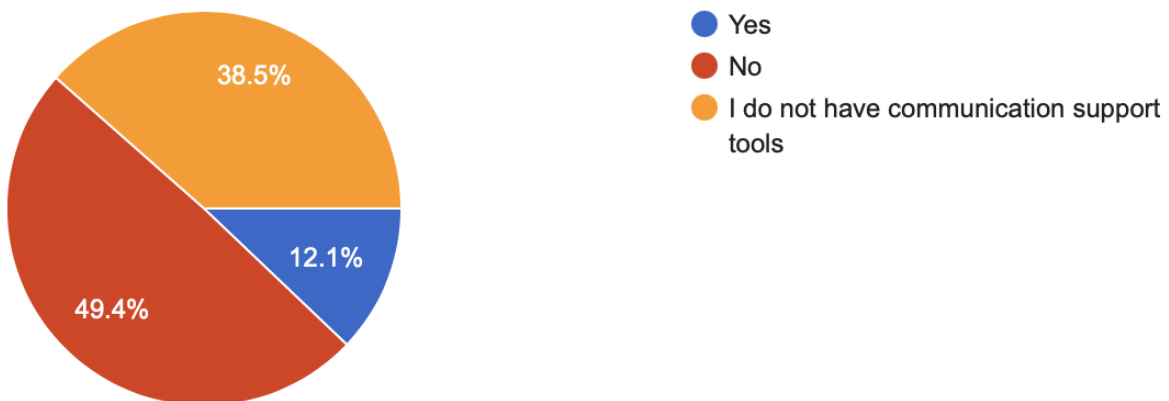


Communication tools

Almost all of the complete respondents (n=413) responded to the question asking if they had received help in updating their communication supporting tools. 159 (39%) reported not having any communication support tools.

Of the 254 (61%) who did have communication support tools:

- 50 (12%) did receive help.
- 204 (49%) did not receive help.



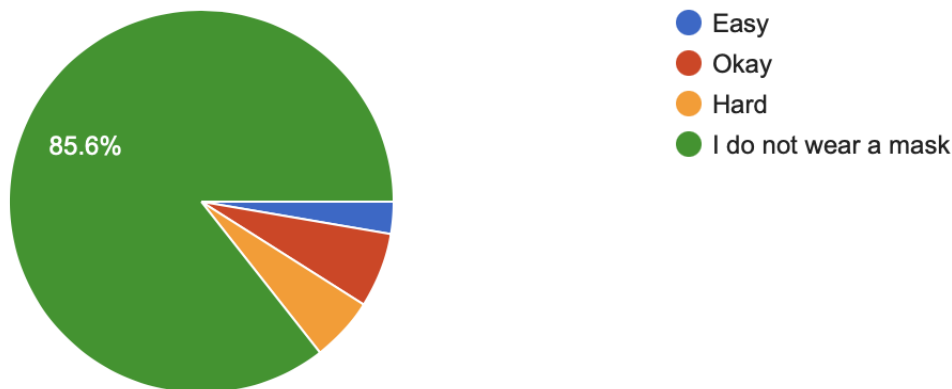
Face masks

Respondents were asked if they or their speech and language therapist had worn a mask during their appointments and their experiences of this. 111 responses were received.

- 95 of the 111 (86%) respondents reported not wearing a mask.
- 16 (14%) did.

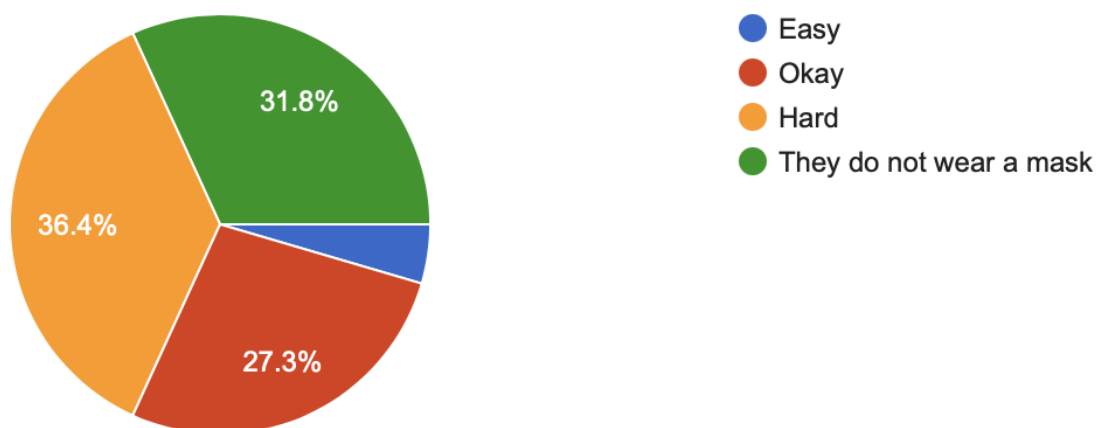
Of the 16 who did wear a mask:

- 3 (3%) found it easy.
- 7 (6%) found it OK.
- 6 (5%) found it hard



76 of the same 111 respondents reported their speech and language therapist wore a mask. Of these 76 respondents:

- 5 (5%) found it easy.
- 30 (27%) found it OK.
- 41 (36%) found it hard.



What people told us about their communication support during lockdown

A significant number of respondents received limited or no support during lockdown. Some received a check-in at the very start via phone or had options for phone support, but many had no contact. Some were offered online support, but this was not always accessible, either because the service user did not have a pre-existing relationship with the speech and language therapist or because focus and engagement on a video call were difficult to achieve. Where phone or Zoom appointments were utilised, in many cases they were primarily communication with the parent or carer to provide advice and support rather than direct intervention with the service user. Some received support through printable or online resources. For some, families provided the primary communication support, with a few receiving at-home resources from the speech and language therapist. For those who received SLT primarily through their school, all SLT was suspended even once schools reopened. Some received online support and others received support via teachers, but some lost support completely.

What people told us about their speech and language therapy

Many mentioned how vital SLT is in their daily lives. Respondents discussed how SLT has supported effective communication, helped them understand the world and the world understand them, improved their confidence, reduced frustration, supported safe eating and drinking, and provided advice and support to parents and carers. In particular, parents and carers felt supported in goal-setting, future progression, and with at-home resources. A lack of SLT during lockdown has led to significant concerns about delayed diagnosis and treatment. While some had little support before lockdown which only got sparser during it, others had very strong support prior that completely disappeared when lockdown began. Many mentioned that this has made it difficult to progress. For some, lack of therapy during lockdown or lack of continuity led to slower

progression, or in some cases regression. Some have not yet received SLT help from the NHS, as lack of resources in the NHS have led families to either still be on waiting lists or seek private SLT.

Section 5: Experiences of SLT during and after the end of lockdown

In this section, data on people's experiences of SLT during and after lockdown is presented. This covers the survey questions of:

Question 23: Has your communication or swallowing become worse during COVID-19?

Question 25: If you had less SLT help during lockdown (March to June 2020) tick the things it made worse.

Question 26: If you are a family member or carer of someone who had less SLT during lockdown (March to June 2020) tick the things it made worse for you.

Question 20: Have you received SLT face to face since the end of lockdown (June 2020)?

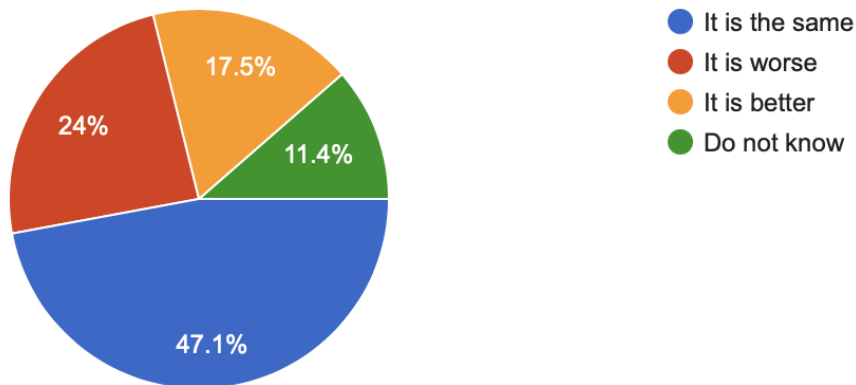
Question 27: Are you worried about getting your SLT help in the future?

Question 28: What are you worried about (if you don't have SLT help)?

Impact on communication and swallowing

Nearly all respondents (412/414) reported if their communication or swallowing became worse during lockdown.

- Most respondents reported their communication and swallowing was the same (n=194) (47%).
- Only 72 (18%) felt their communication or swallowing was better.
- 99 (24%) considered it was worse.
- The remaining 47 (11%) respondents did not know.



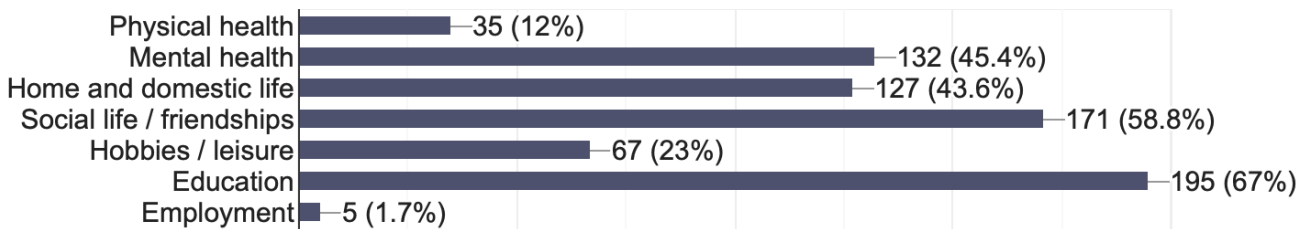
impact on people's lives of having less speech and language therapy

291 of the 414 respondents confirmed they had less SLT during lockdown (March to June 2020). These 291 respondents identified things that were now worse for them because of having less SLT. Respondents selected more than one option.

The thing that people most identified as getting worse was a negative impact on education (n=195) (67%).

People identified other areas of their lives that had also got worse because of having less SLT:

- Social life and friendships identified by 59% (n=171).
- Mental health reported by 45% (n=132).
- Home and domestic life identified by 44% (n=127).
- Hobbies and leisure reported by 23% (n=67).
- Physical health (n=35) (12%).
- Employment (n=5) (2%).



Other aspects reported were:

- A lack of progress or regression in speech, language and communication (n=14) (5%).
- Difficulties managing routines (n=2) (0.7%).
- A deterioration in eating and drinking (n=6) (2%).

6 respondents (2%) reported nothing got worse and they actually improved.

What people told us about what got worse for them due to less speech and language therapy in lockdown

In addition to the options provided, respondents mentioned that a decrease in access to SLT led to worsening of eating and drinking and speech and communication development, as well as stunted or delayed progression.

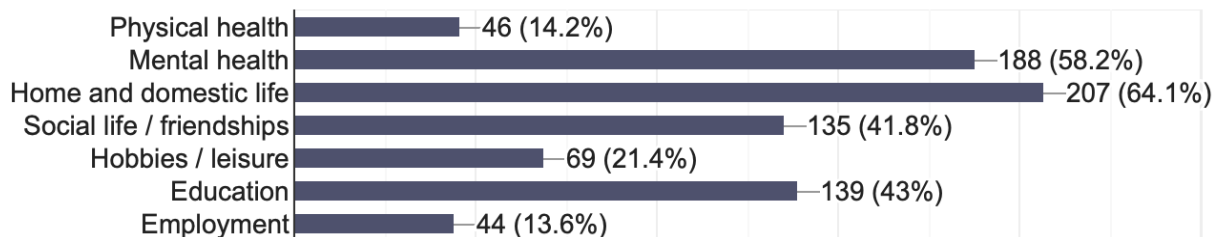
Impact on families and carers of having less speech and language therapy

Family members and carers were also asked to describe the impact of less SLT on their own lives with respect to things that were now worse for them. Of the total 414 respondents, 323 described this impact on their own lives. Respondents selected more than one option.

The area which people most said had got worse due to having less SLT was home and domestic life. This was identified by 64% of respondents (n=207).

Families and carers said their lives got worse in other ways too because of having less SLT:

- Mental health (n=188) (58%).
- Education (n=139) (43%).
- Social life and friendships (n=135) (42%).
- Hobbies and leisure (n=69) (21%).
- Physical health (n=46) (14%).
- Employment (n=44) (14%).



Other aspects reported were:

- Not knowing how to support their child effectively (n=4) (1%).
- A deterioration in their relationships and communication with their child (n=3) (0.9%).

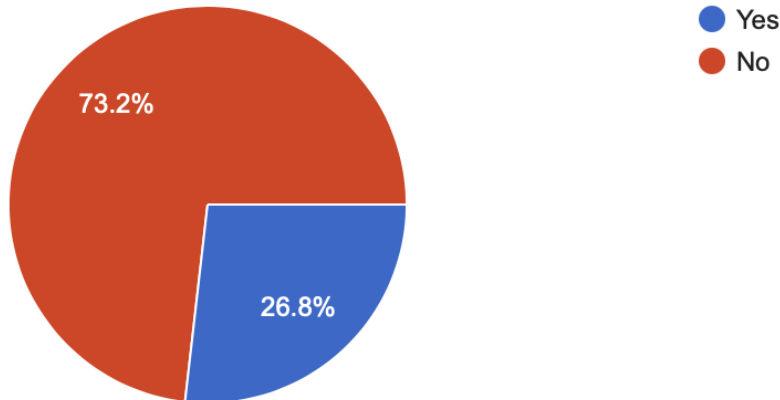
What parents and carers told us about what got worse for them due to less speech and language therapy in lockdown

Parents and carers primarily mentioned feeling unsure and concerned about the support they were providing. In some cases, a lack of access to SLT increased pressure and responsibility on carers.

Face-to-face speech and language therapy after lockdown ended

All respondents confirmed if they had received SLT face to face since the end of lockdown.

- The majority (n=303) (73%) had not received any face-to-face SLT since June 2020.
- 111 (27%) had.



Face-to-face speech and language therapy after lockdown ended by postcode area

In relation to whether people had in-person SLT after lockdown ended:

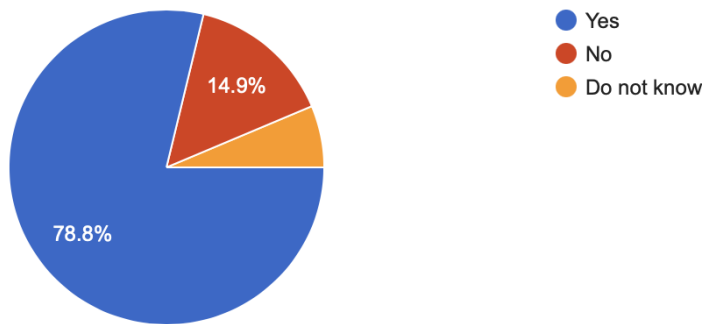
- Of the people who had face-to-face SLT after lockdown, a considerably higher percentage did so in the least deprived areas.
- A lower percentage of people living in the more deprived areas had access to face to face SLT after lockdown ended than those living in least deprived areas.

	Group 1 Most deprived	Group 2 Least deprived
Yes	20 (21.7%)	52 (36.8%)
No	72 (78.3%)	90 (63.4%)
Total	92 (100%)	142 (100%)

Access to speech and language therapy in the future

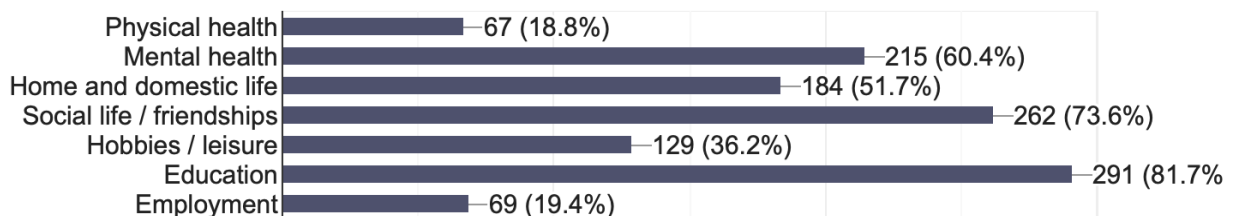
410 respondents described if they were concerned about receiving SLT in the future.

- The majority of respondents (n=323) (79%) was concerned.
- 61 (15%) were not concerned.
- 26 respondents (6%) did not know.



356 respondents from the initial 410 respondents went on to describe their concerns. Respondents were able to select more than one response. Concerns people identified if they had less SLT in the future were:

- Education (n=291) (82%).
- Social life and friendships (n=262) (74%).
- Mental health (n=215) (60%).
- Home and domestic life (n=184) (52%).
- Hobbies and leisure (n=129) (36%).
- Employment (n=69) (19%).
- Physical health (n=67) (19%).



Other aspects of concern were:

- Access and availability of SLT services after the first lockdown (n=13) (4%).
- Progress with speech, language and communication (n=7) (2%).
- The holistic impact on health and wellbeing (n=4) (1%).

What people told us about the future if they had less speech and language therapy

Due to prior experiences with the length of waiting lists, some were concerned that services would run into issues of expanded waiting lists and may not restart. Many worried that the combination of lack of access to SLT during lockdown and the high pressures on services which they predicted following lockdown would lead to service users being lost in the system and unable to progress or access care as they had before (or at all, if they had not had previous access).

Other things people told us about their speech and language therapy

Many brought up the value of SLT and how important it is to their communication. Respondents mentioned how grateful they are for the support they have received from their therapists, discussing both the value of support throughout lockdown as well as the difficulties they have faced if they lost this support during lockdown. Many respondents mentioned that a lack of resources played a large role in difficulty accessing SLT. They discussed a shortage of speech and language therapists and general underfunding, which led to lower levels of pre-lockdown provision, and these issues were compounded by the pressures of lockdown. Some brought up that despite the importance of SLT, services are under resourced which makes them difficult to access consistently. Others struggled particularly in lockdown being unable to access face to face appointments. Some were glad to have online/video call appointments, although they see them as a substitute for face-to-face appointments, while others could not access online appointments at all. In particular, those who received SLT through school were concerned that the suspension of services during lockdown delayed or stunted progress. Some mentioned feeling abandoned or like they did not know how to help their child without contact from a speech and language therapist.

Considerations for the descriptive analysis

Response rates varied across the 29 questions in the survey with some questions receiving a complete response rate of 414 responses and others a minimum of 158 responses. This variation in responses did limit the extent of the descriptive analysis completed. Some of the questions in the survey overlapped in content, which meant there was not always a consistent response rate across these questions. This means there were some differences in the responses received to questions asking the same content.