The Sustained Impact of COVID-19 on Speech and Language Therapy Services in the UK

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Contents

Executive summary

The COVID-19 pandemic has impacted speech and language therapy services significantly in several ways, captured by earlier surveys carried out by the Royal College of Speech and Language Therapists (RCSLT). In the acute stages of the virus outbreak, speech and language therapy services needed to respond not only to the urgent clinical needs of COVID-19 patients, but also to mandates for therapists' redeployment to urgent services, to the closure of settings in which their speech and language therapists (SLTs) work, as well as to the needs of the SLTs in their personal and professional lives. Over time, SLTs have also been increasingly required to respond to a new and growing cohort of individuals with post-COVID syndrome (known as Long COVID).

Now 18 months on from the 'start' of the pandemic in the UK, most speech and language therapy services have restarted – but the impact remains substantial. Since the survey was undertaken, the emergence and rapid escalating spread of the Omicron variant is having a further impact on service delivery, including high levels of sickness and absence of the healthcare and wider public sector workforce.

To capture a snapshot of and provide evidence for the sustained impact of the pandemic on the demand placed upon speech and language therapy services, the RCSLT undertook a survey of its members in October 2021.

The findings do not paint a positive picture for the pressures that are facing services or staff, and the effects of this on service users. **More than three quarters (77.1%)** of SLTs reported that the **demand on their service had increased** since before the pandemic, with **over a quarter of these (28.6%)** indicating that the **demand 'had at least doubled'**.

SLTs identified the timing of the shift in demand was associated with the waves of the virus: **those in schools or community settings** were *now* feeling a bigger impact as services try to catch up, whereas those in acute services observed an increase in demand in line with the peaks of infection. **Longer waiting times for service users** were identified as **the most common consequences** of a surge in demand. SLTs also reported a substantial negative impact of this on **their own mental wellbeing**.

The critical factors contributing to the increased levels of demand across the system were **addressing the backlog** that accrued in the initial pandemic response, the later consequences of the **redeployment of SLTs** to support that urgent response, and the **considerably high referrals to independent SLTs** in this period.

Our findings strongly align with other national pieces of work exploring the impact of COVID-19 on healthcare services generally (eg, Charlesworth, 2020 from the Health Foundation). The findings also bring to light the issue of variation with respect to the impact of COVID-19 on services and the complexities that have followed the national closure and reopening of healthcare, both in the NHS and independent sector.

We outline recommendations for urgent action by policy makers, trust directors and commissioners, local authorities, researchers and the professional community to 'build back' following the impact of COVID-19 and ensure that those with speech and language therapy needs receive the highest quality support and achieve the best outcomes. We call for:

1. **Substantial and sustained investment in public speech and language therapy services** to both manage the consequences of the pandemic in the short term but also in the long term to mitigate against further negative outcomes caused by a lack of services, including a perpetuation of health inequalities.
2. **Recognition** by stakeholders **of the risks to service users' safety and wellbeing** arising **from redeployment** of SLTs and an ask that therapists are not taken away from services that are already under extreme pressure.
3. **Development and implementation of effective strategies to recruit, retain and upskill SLTs** to take on new posts and to fill current vacancies to maximise the availability of the workforce and thus increase capacity.
4. **Research to be funded and undertaken to understand effective interventions and pathways to support individuals with speech and language therapy needs associated with COVID-19,** as well as for those with **more complex needs which** have developed during the pandemic.

5. **Research to be funded and undertaken to better understand the effectiveness of speech and language therapy service delivery methods** which may impact on service resources, including innovations such as in telehealth.
6. **Holistic, comprehensive and sustained support for SLTs' psychological wellbeing**, as a direct effect of the demands placed on healthcare services since March 2020.
7. **Guidance, support and resources for SLTs and the broader health workforce outlining strategies for service development and improvement** to specifically manage the backlog in care arising from the shutdown of services and redeployment efforts between 2020-2021. This must be coupled with additional guidance for the independent sector to help businesses sustainably adapt to a change in demand.

Acknowledgements

The RCSLT would like to acknowledge the support of RCSLT members in participating in this work, including the hundreds of members that spared time to offer responses to the survey. Members of the RCSLT COVID-19 advisory group were also crucial to the gathering of intelligence of which this survey and prior RCSLT surveys were based on.

An extended thank you goes to RCSLT members who voluntarily joined the expert working group: Gemma Clunie, Kate Harrall and Sophie Chalmers. Their dedication to the work, including their support in designing the survey, data analysis and production of the report was invaluable.

Background

In the UK, healthcare services including speech and language therapy, were majorly disrupted in the acute stages of the COVID-19 pandemic, leading to reduced and adapted service provision across all areas that SLTs work in (Chadd et al, 2021, RCSLT, 2020) and a reduction in service users accessing therapy (RCSLT, 2021a). Since then, services continue to manage ongoing and unprecedented level of challenge. The impact was felt across almost every area of speech and language therapy: whether it was redesigning provision to be delivered virtually via telehealth,

needing to change how therapy could be given because of issues related to personal and protective equipment, or indeed ceasing services altogether (Chadd et al, 2021).

Furthermore, there were direct consequences relating to individuals' speech, language communication or swallowing needs. Individuals were presenting to healthcare services later, which was often coupled with more advanced or severe needs. Examples include stroke (Padmanabhan et al, 2021), head and neck cancer (Tevetoğlu et al, 2021) among a wide range of other physical, mental and neurodevelopmental disorders (eg Williams et al, 2020). Not only this, but a brand new and large cohort of individuals with speech and language therapy needs arising from COVID-19 infection, its acute management, and post-COVID syndrome, have warranted input from speech and language therapy services (eg, Freeman-Sanderson et al, 2020; Boggiano et al, 2021; Ceruti et al, 2020).

Finally, the workforce itself is not immune to the impact of COVID-19. The presence of the virus and the subsequent lockdowns had direct consequences for SLTs who needed to shield, become home-educators, and acquire additional carer responsibilities. Where SLTs were able to work clinically, some were redeployed to work in potentially novel and likely high-stress areas, including those with critically ill and dying COVID patients and others had to redesign entire services, all while managing the personal effects of the pandemic on their own lives and wellbeing. Coupled with an inevitable higher-than-usual rate of staff absence due to sickness and self-isolation, and the continual burden of the pandemic for now almost two years – SLTs have experienced and continue to experience profound personal effects of COVID-19 (RCSLT, 2021a).

The impact of COVID-19 and all its repercussions on speech and language therapy has been made clear. What must be understood and evidenced, now, is the *sustained* impact of COVID-19, on the profession and its services (including the infrastructure for managing a new population group). The project undertaken here aimed to explore some of these gaps in the evidence and capture current experiences from the profession.

The purpose of this report

This report summarises the findings of a survey that was developed by the RCSLT to gather key information about the reported impact of the COVID-19 pandemic on speech and language therapy services in general.

It makes a call to action for wider recognition of the impact of the pandemic on speech and language therapy services, and for a holistic support package for the profession including additional and sustained funding and resources. The report makes recommendations for policy, practice, and research to make this happen, and to ensure effective and equitable support is given to all those with speech and language therapy needs across the UK.

Aim

The questions this part of the survey aimed to answer were:

- How (if at all) has the demand on speech and language therapy services changed since before the pandemic?
- If relevant, what are the reasons underlying an increase in demand?

Methods

The RCSLT established an expert working group consisting of SLTs who were clinicians and held research roles. The working group was involved in developing and testing a set of questions to form the basis of a survey for RCSLT members. Questions were developed through consultation with RCSLT staff in different functions of the organisation based on their intelligence from interactions with members. Questions were developed iteratively, and were based on current research evidence, clinical experience, and expertise. Closed and open questions were included in the survey covering the following categories: background information about respondents, the overall impact of the pandemic on the demand on their service, and further investigations into the impact of specifically a reported increase in demand.

The questions were built into an online survey using Survey Monkey. Questions were piloted for content and face validity as well as usability, with item reduction taking place as required.

The survey was disseminated to the RCSLT membership via numerous channels including e-newsletters, social media and member networks. All members currently subscribed to RCSLT e-communications were also sent a specific email about completing the survey. Practising SLTs were invited to complete the survey and could do so either independently or on behalf of their team/service (note: not all those that would have received information about the survey would have been eligible to complete it). The survey was open for the duration of one month, between 1 and 31 October 2021.

The data generated by the survey was analysed, and the full findings are detailed in the appendix. For quantitative data, descriptive statistics were produced using Microsoft Excel. For the qualitative data, thematic analysis was used to identify key themes (Braun and Clarke, 2006). All qualitative data was coded and analysed by two independent raters. Detail of the thematic process can be found in the appendix.

Results

Survey respondents

The survey received 676 responses. This represented 555 individual SLTs (82.1%) and 116 SLT teams/services (17.2%). Five respondents did not answer this question (0.7%).

All 676 respondents answered the first part of the survey exploring the demand on service resources. While 565 respondents (83.6%) only completed the first part of the survey, 111 (16.4%) indicated they would continue to the second part, exploring post-COVID syndrome.

For clarity, the results reported henceforth refer exclusively to the findings from the first part of the survey, exploring the impact of the pandemic on the demand on service resources.

The survey was completed by respondents from across the UK: 79.0% (n=537) of respondents were based in England, 10.0% (n=66) in Northern Ireland, 6.0% (n=43) in Scotland and 5.0% (n=37) in Wales. All RCSLT hub regions were represented.

Overall, most responses were from those employed (at least in part) by the NHS (56.6%, n=446). Independent sole traders were the next largest group of respondents (15.7%, n=124), with schools being the next most common employer (7.0%, n=47). Other employers included those in larger independent practises (more than one SLT working) (3.7%, n=29), a local authority (3.7%, n=29), or the third sector (3.1%, n=24). Respondents were also employed in the justice sector, social care, universities, social enterprises, private healthcare providers or working in the voluntary sector.

Respondents to the survey covered a wide range of clinical areas in which they practised. SLTs could select as many areas (from a given list of 30) as were relevant to them. Each clinical area was selected at least once, with the overall proportional range for selection being 0.6% (trans and gender diverse voice, n=27) to 7.9% (social communication difficulties, n=363). This indicates that there was a good spread of representation and the information obtained in the analysis is not dominated by any single clinical area.

Individuals of a range of ages were referred to the services represented in the survey. Some services (15.9%, n=268) indicated the acceptance of referrals for individuals under two years, with 25.7% indicating 2-11 years (n=433), 22.4% for 12-17 years (n=378), 20.0% for 18-24 years (n=337) and 16% for those 25 years and older (n=269).

Overall impact on the pandemic on demand on services

Most respondents (77.1%, n=488) identified that the demand on their service had increased since before the pandemic, with 28.6% (n=181) of these indicating it had ‘increased significantly (ie at least doubled)’ and 48.5% (n=307) indicating it had ‘increased somewhat’.

A smaller proportion suggested that demand had stayed the same (14.7%, n=93), with just 5.9% (n=37) of respondents reporting that demand had decreased either significantly (2.0%, n=13) or somewhat (3.8%, n= 24).

Respondents were invited to leave any further comments in response to this question. Responses were varied, representing the mixed roles of SLTs responding. Key issues reported were an increase in demand (or in referrals) for specific speech and language needs. Those cited by multiple respondents were needs arising from injuries due to suicide, head and neck cancers, behaviour difficulties, post-COVID syndrome and early years.

Respondents also used this opportunity to reflect further on the nature of the change. Many comments provided here were linked strongly with the reflections offered in subsequent questions. For example, another common observation given by respondents was the fluctuation in demand on services across the pandemic period. For some, this was higher in the acute pandemic response (for example, those working in hospitals or in rehabilitation) but for others the demand was significantly lower during this period (for example, when schools were closed, and such services could not operate). Some respondents reported that this pattern had reversed in more recent times, with relatively fewer people being severely ill with COVID (thus a more recent decline in demand for acute services) but an increased demand for others following the 'opening up' of services such as schools. Another theme identified in the free-text responses related to the issue of NHS waiting list times, and individuals with speech and language therapy needs wanting to 'be seen sooner', which was also given as reasons for people referring themselves to independent therapists.

Consequences of an increase in demand on services

The most frequently selected consequence of an increase in demand was 'Longer waiting times', which comprised 24.7% (n=360) of responses. Other common consequences were 'less face-to-face therapy given/ more remote therapy given' (14.8%, n=215) and "increase in advice-only support' (13.0%, n=146).

Respondents were invited to leave any further comments in response to this question. The most predominant theme in these responses was the consequences of this increase in demand on SLTs themselves, particularly pertaining to their wellbeing. 'Negative impact on staff wellbeing', 'staff burnout', 'staff leaving' and an 'increase in unpaid overtime' were frequently cited

consequences of concern. Another common observation in these comments were consequences relating to changes in services that were not adequately described in the given list. A theme emerged relating to an increase in use of a consultant model (including delegation, 'advice-only' services, and universal service provision) – where SLTs work with related professionals to carry out or implement strategies that support speech and language needs of individuals or groups/settings (for example, a nursery school), rather than delivering an intervention themselves.

Factors contributing to an increase in demand

Respondents identified several common factors they considered to be contributing to an increase in demand. The most frequently selected was 'Addressing the backlog due to providing a reduced service during the pandemic', which represented 24.0% (n= 337) of responses. Another very commonly identified factor was 'An increase in individuals requiring speech and language therapy due to deterioration/exacerbation of needs during lockdown', which was selected 22.8% (n=321) of the time.

Respondents were invited to leave any further comments in response to this question. An overwhelming theme identified was that the independent sector has been accessed much more over the pandemic. This was described as due to people with speech and language therapy needs not being able to access NHS resources or having to wait a substantial amount of time for input, leading to an increase in demand for independent practitioners. Respondents reported that they had seen this increase in demand in their independent services and accompanied this with reports from their clients regarding their experiences with the NHS – which is also in line with the findings reported above. For some respondents this preference for independent SLT input related to a desire for face-to-face intervention where only virtual provision was being offered to them in the NHS. Interestingly, another common issue highlighted in this section was the impact of the redeployment of SLTs in the public health systems' efforts to manage COVID-19.

Impact of acute clinical incidents following COVID-19 on service demand

A small proportion of respondents (16.3%, n=76) indicated that one contributing factor to the increase in demand was 'An increase in individuals requiring speech and language therapy due to additional acute clinical incidents following COVID-19 infection (eg, a stroke caused by COVID-19, or onset of a motor disorder after getting COVID-19)'.

The most identified acute clinical incident following COVID-19 infection contributing to this was stroke (37.2% of responses, n=48), followed by [an] 'other neurological incident' (21.7% of responses, n=28). A smaller proportion indicated Guillain-Barre syndrome (11.6%, n=15) or 'other nerve/motor disorder' (16.3%, n=21) as clinical incidents contributing to this increased demand. When asked to describe any other clinical incidents following COVID-19 infection, several participants described further effects of critical care (eg, neuromyopathy, intubation trauma and frailty) and laryngeal, voice or airway difficulties.

Discussion

The work presented here provides a snapshot of how the profession is managing, 18 months on from the first national lockdown in the UK due to COVID-19. While a substantial survey, this is far from a complete picture of the nations' experiences. Those who did respond constitute a reasonable spread, from all nations, clinical areas, employment sectors, and those seeing individuals of a range of ages. This discussion represents a consideration of how the findings impact the profession, within the acknowledged limitations of generalising survey findings.

The overall impact of the pandemic on speech and language therapy services

The survey findings and this report indicate an overall negative impact of the pandemic on speech and language therapy services, the individuals that therapists serve, and indeed

therapists themselves. Notably, it presents the stark finding that over three quarters of respondents indicated that demand on their services had increased since the onset of COVID-19 in the UK, with a substantial proportion of these specifying that it had at least doubled. This finding matches those from healthcare services across the board in the UK, where reports have similarly found surges in demand and subsequent backlogs (Macdonald et al, 2020; for broader examples see Armstrong et al, 2021). It is in line with earlier findings from the RCSLT in the 'early-pandemic' stage (RCSLT, 2020). The key new finding provided by this survey, is that the high level of demand on services has sustained for 18 months, which is not without consequences.

The themes identified through the qualitative analysis of data in response to this question highlighted a more nuanced understanding of the impact of the pandemic on services, which may be dependent on the setting in which SLTs work (for example, the impact on critical care SLTs would likely be different to that on SLTs working in schools), the sector that they work in (particularly whether this is within the NHS or the independent sector), and their respective service users. It also hints at an increase in specific clinical presentations which could be related to the pandemic and the environment of lockdown, including those associated with mental health or socio-emotional and behavioural needs. This is consistent with themes presented in other reports (eg, Tanir et al, 2021 and Asbury et al, 2020) though further exploration of this, particularly in relation to speech and language therapy needs, is warranted.

Consequences of an increase in demand

This increase in demand on speech and language therapy services has profound and inescapable effects (RCSLT, 2020; RCSLT, 2021a, 2021b; Chadd et al 2021). In this survey, the commonly reported consequence indicated that there was comparatively less therapy given to individuals who needed it when compared to be provided 'usual times' (whether through longer waiting times, less face-to-face/more remote therapy given, or only advice given). Crucially, the negative effects were broader than just on the users of speech and language therapy – which has been the focus of research to date. The increase in demand on services was reported to directly affect the therapists' wellbeing, with many respondents also citing that unpaid overtime, staff burnout and staff leaving the service were common in the aftermath of the pandemic.

Another common theme was an alteration in how therapy was delivered, such as an increase in delegation, advice-only and universal provision. While providing these forms of speech and language therapy are indeed a 'business as usual' role of SLTs and interventions delivered in this way can be effective for improving speech and language outcomes (Law et al, 2013; Smith et al, 2017; Law et al, 2017), this reported change in form of provision should be monitored. The utilisation of these approaches by SLTs should not be a 'means to an end' or 'surrogate' approach but should be a form of service delivery selected in an evidence-based way as appropriate to the needs of the clinical population. These findings suggest a much broader form of support is needed from the profession. This should not just include guidance and support on how to adapt services to meet the needs of individuals with speech and language therapy needs, but also on how to manage workloads and care for your psychological state.

Factors contributing to an increase in demand

It is important to also acknowledge the underlying reasons for this increase in demand, which can highlight key areas when adapting services in response. In this survey, the principal reason given was tackling a backlog of care needs following the shutdown of most healthcare services in the acute pandemic response. It may be assumed that this impact will therefore 'resolve over time' as services get back to full capacity. However, this is challenged when looking at the other reasons identified by respondents.

Respondents were clear that the backlog was not the only factor contributing to the increase in demand. Another key consideration was that once individuals on their caseloads were seen, there was an observable exacerbation or worsening of their speech and language therapy needs, potentially as a direct result of the pandemic. Early identification, diagnosis and timely intervention are known to improve speech and language therapy outcomes across a range of clinical areas (examples regarding communication include language disorder, Law et al, 2012; hearing impairment, Pimperton and Kennedy, 2012; autism, Zwaigenbaum et al, 2015; and further examples associated with dysphagia, in Parkinson's disease, Ciucci et al, 2013; and stroke, Mulheren et al, 2020). Consequences of an untreated or persistent speech and language therapy need are indeed quite likely to have a much broader ripple effect, into educational and

employment outcomes (Conti-Ramsden et al, 2018), likelihood of offending (Bryan et al, 2015), quality of life in general (Feeney et al, 2012) and in some instances mortality (Boaden et al, 2021). Therefore, it is *this* that will have a long-term and sustained impact not just on speech and language therapy services, but importantly the individuals with speech and language needs themselves and the wider world.

Some respondents also identified an increase in the demand on their services was associated with cases of individuals experiencing neurological consequences of COVID-19 and speech and language therapy needs, which may add a degree of evidence to the current debates surrounding the neurological sequelae of COVID-19 infection (eg, Chen et al, 2020)

The findings also reveal a complex interplay of contributing factors between those related to the pandemic 'defence' and meeting the needs of individuals with speech and language therapy needs. This appeared distinctly characterised in the private and public sectors specifically. While common contributing factors were identified by both (for example, the impact of closures to services and settings, and the exacerbation or increased complexity of needs) there were also unique factors that were reported to add different kinds of pressures on NHS and independent services (for example, the consequences of redeployment in the NHS and the surge in demand for the independent sector to compensate for the overwhelmed public sector).

Additional and sufficient investment in public speech and language therapy services now is essential for the consequences of the pandemic to be tackled, and to maximise the opportunity for individuals to receive the support they need in a timely manner to mitigate further negative (and indeed, potentially expensive) consequences in life. This is particularly true in the case of service users who do not have the resources to be able to access independent therapy options or indeed any services offered via digital means. Further to this, the independent sector must be sufficiently supported regarding both clinical and entrepreneurial knowledge and skills, to meet the needs of the volume and complexity of the individuals with speech and language therapy needs that they are now seeing. It must also be acknowledged that while funding services is essential, long-term planning and support for recruitment and retainment of SLTs, especially highly skilled therapists, is also vital to ensure all who require speech and language therapy can have access to high quality services.

Limitations

The findings of this survey should be interpreted with caution. The findings present feedback from SLTs themselves, thus it is not objective and does not represent actual service data. It also represents a proportion of practising SLTs, therefore comparisons made between the sample and actual population of SLTs have been made at a surface level. Nevertheless, the findings outlined here do concur with what has been reported previously by RCSLT surveys in the acute-pandemic stage, the anecdotal evidence gathered by the RCSLT through conversations with members working across the UK and the national picture of healthcare services, especially the NHS.

This survey was designed to gather insights into the experiences of RCSLT members working across the UK, rather than to provide a detailed study. Most questions contained in the survey were closed-ended questions, which required respondents to choose from a list of pre-set options. While these options were based on current and expert understanding, it is possible this narrowed respondents thinking. However, each question was accompanied by an optional space for respondents to freely describe anything that was not represented in the given options. The data yielded through this was considered highly valuable and provides further contexts to the responses.

The analysis procedure did lack some rigour. Due to the nature of the methods, the quantitative analysis was limited to descriptive evaluation only. Therefore, it is not possible to use this to make any observations that refer to differences between groups in a statistically robust way. It does, however, offer some useful insights. The qualitative data that was extracted was varied in terms of the relevance of the information that respondents offered regarding the given question, which posed some challenges to analysis and may be a limitation. The data was however analysed by two independent raters which offers a degree of reliability.

While it is acknowledged that the findings of the survey may not reflect the experiences of the whole RCSLT membership, it does provide some useful insights of a snapshot of time that may be used to guide future policy and practice.

Conclusions

Despite its limitations, this survey has been able to offer a unique insight into speech and language therapy services in the UK at a specific point in time, 18 months on from the outbreak of COVID-19.

The evidence provided here shows that the pandemic has had an acute and sustained impact on speech and language therapy services in the UK. The effect is largely negative, with many services reporting an increase in demand which has resulted in longer waiting times (especially for those accessing NHS services), considerably less provision of therapy and a substantial impact on the wellbeing of speech and language therapists.

Major causes of these difficulties are thought to be the need to now address the backlog of referrals and cases following the closures of health and social care and education in the acute pandemic response, coupled with an exacerbation in the severity and complexity of individuals' speech and language therapy needs. The requirements of SLTs to be redeployed in the NHS has also had a lasting effect, and the independent sector has seen a surge in subscription which may be in part due to NHS services being overwhelmed.

Recommendations

The RCSLT firmly believes that any person with a communication or swallowing difficulty has a right to access high quality speech and language therapy when and where they need it. Any person with such needs must receive timely, individual, person-centred rehabilitation. In addition, the RCSLT recognises that everyone within the profession has the right to a good and healthy work life. All members of the RCSLT should feel supported in maximising their wellbeing and have access to appropriate information and resources to do so.

To achieve this, the RCSLT recommends the following urgent actions:

1. **Substantial and sustained investment in public speech and language therapy services** to both manage the consequences of the pandemic in the short term but also in the long term to mitigate against further negative outcomes caused by a lack of services including a perpetuation of health inequalities.
2. **Recognition** by stakeholders **of the risks to service users' safety and wellbeing** arising **from redeployment** of SLTs and an ask that therapists are not taken away from services that are already under extreme pressure.
3. **Development and implementation of effective strategies to recruit, retain and upskill SLTs** to take on new posts and to fill current vacancies to maximise the availability of the workforce and thus increase capacity.
4. **Research to be funded and undertaken to understand effective interventions and pathways to support individuals with speech and language therapy needs associated with COVID-19** as well as for those with **more complex needs which** have developed during the pandemic.
5. **Research to be funded and undertaken to better understand the effectiveness of speech and language therapy service delivery methods** which may impact on service resources, including innovations such as in telehealth.
6. **Holistic, comprehensive and sustained support for SLTs' psychological wellbeing**, as a direct effect of the demands placed on healthcare services since March 2020.
7. **Guidance, support and resources for SLTs and the broader health workforce outlining strategies for service development and improvement** to specifically manage the backlog in care arising from the shutdown of services and redeployment efforts between 2020-2021. This must be coupled with additional guidance for the independent sector to help businesses sustainably adapt to a change in demand.

Next steps

As before, there are still many gaps in our understanding and knowledge of the impact of the pandemic on speech and language therapy services. To develop this further, we will consider repeating this survey again in future, and strengthen the questionnaire based on more recent evidence and developments. Furthermore, we may invite interested respondents to engage in focus groups that would enable us to understand some of the complexities highlighted in this survey in more detail. Another valuable next step would be engaging with individuals with speech and language therapy needs directly to understand their experiences more fully. Additionally, in response to the findings of this survey, the RCSLT will:

- Share the findings with our members to support innovation and practice, service improvements and improve outcomes for service users.
- Share the findings with the government to ensure that people's communication and swallowing needs after COVID-19 are identified and supported.
- Publish the findings in scientific journals and heighten the awareness in the academic and multi-professional community.
- Triangulate the information gathered with other sources of data, including clinical outcomes data collected routinely via the RCSLT Online Outcome Tool and the COVID-19 data collection tool.
- Work closely with the Association for Speech and Language Therapists in Independent Practice (ASLTIP) to ensure there is effective support available for all SLTs.
- Undertake further consultation with members and other stakeholders to inform future workforce models.

Appendix

Respondent information

Employer	**Responses**	
	n	**%**
National Health Service (NHS)	446	56.6%
Independent practice – sole trader	124	15.7%
Independent practice – more than one SLT working	29	3.7%
Independent practice – sole trader or more than one SLT working, contracted into the NHS	9	1.1%
School (NHS or independent)	55	7.0%
Justice (NHS or independent)	9	1.1%
Not-for-profit organisation/third sector	24	3.0%
Social care/services (NHS or independent)	12	1.5%
University or other higher education institution	12	1.5%
Local authority	29	3.7%
Private health service	6	0.8%
Voluntary sector	6	0.8%
Social enterprise/public sector mutual	13	1.6%
Other (please specify)	14	1.8%
TOTAL	*788*	*100.0%*
Clinical area		
Acquired speech difficulties	173	3.8%
AAC	239	5.2%
Aphasia	138	3.0%
Autism Spectrum Disorder	363	7.9%
Bilingualism	136	3.0%
Brain injury	172	3.7%
Cleft lip and palate / craniofacial	91	2.0%

Critical care	62	1.3%
COVID-19 (acute infection)	55	1.2%
Deafness	101	2.2%
Dementia	111	2.4%
Developmental language disorder	329	7.2%
Dysfluency	232	5.1%
Dysphagia (adults)	163	3.5%
Dysphagia (paediatrics)	122	2.7%
Head and neck cancer	64	1.4%
Learning disabilities	279	6.1%
Mental health (adults)	49	1.1%
Neonatal care	38	0.8%
Post- COVID syndrome/ 'Long COVID'	58	1.3%
Progressive neurological disorders	141	3.1%
Respiratory care	67	1.5%
Selective mutism	174	3.8%
Social communication difficulties	363	7.9%
Social, emotional and mental health	143	3.1%
Speech sound disorders	327	7.1%
Stroke	131	2.9%
Trans and gender-diverse voice and communication	27	0.6%
Visual and multi-sensory impairments	70	1.5%
Voice	134	2.9%
Other	41	0.9%
TOTAL	*4593*	*100.0%*
Region		
Channel Islands and Isle of Man	1	0.1%
East Midlands	40	5.9%
East of England	46	6.7%

London	97	14.2%
North East & Cumbria	28	4.1%
North West	49	7.2%
Northern Ireland	66	9.7%
Scotland	43	6.3%
South Central	19	2.8%
South East	102	14.9%
South West	58	8.5%
Wales	37	5.4%
West Midlands	55	8.1%
Yorkshire & the Humber	42	6.1%
TOTAL	*683*	*100.0%*
Age of referrals		
Under 2 years	268	15.9%
2-11 years	433	25.7%
12-17 years	378	22.4%
18-24 years	337	20.0%
25 years +	269	15.7%
TOTAL	*1685*	*100.0%*

Thinking about your referrals, current caseloads, wait times and other factors, what has been the overall impact on the demand on your service, compared with before the pandemic?

Impact	**Responses**	
	n	**%**
N/a	15	2.4%
Decreased significantly	13	2.1%
Decreased somewhat	24	3.8%
Stayed the same	93	14.7%
Increased somewhat	307	49.0%

increased significantly	181	28.6%
TOTAL	*633*	*100.0%*

Thematic analysis of comments pertaining to this question.

Coder 1 key themes	**Illustrative excerpts**	**Coder 2 key themes**	**Illustrative excerpts**
Fluctuating referral rates	*"Initially a big increase but now slowing back to normalise rates"* *"During covid first wave it decreased but now back to normal"*	Fluctuating demand	*"Referrals numbers have fluctuated during the pandemic"* *"During covid first wave it decreased but now back to normal"*
Increased referrals	*"Referral rate has increased exponentially"* *"significant increase in caseload numbers"*	Referral rates	*"our referrals are up by 25% on average"* *"referrals into services have been extremely low"*
Backlog of referrals	*"backlog waiting for us"* *"Being a suspended service throughout the first lockdown led to a large backlog"*	Backlog	*"Backlog due to not being able to complete intervention as pre-pandemic and things taking longer due to eg PPE wearing"*
Demand on independent therapists	*"I now have a 3-4 month waiting list as all Independent SALTs in my area are full to capacity."*	Private and public sector resources	*"Significant rise in frustration with lack of nhs appointments or offers of teletherapy only from nhs"*

	"The main reason parents contact me is because they say their child is on an NHS waiting list of 1-2 years and they want to have an assessment/start intervention sooner than this."		*"referrals are saying the they are on a waiting list with NHS and want to be seen sooner"*

What have been the consequences of this increased demand on your therapy provision/service?

Consequences	**Responses**	
	n	**%**
Declining more referrals eg at triage	110	7.6%
Longer waiting times	360	24.3%
Shorter assessment/therapy sessions offered	127	8.7%
Increase in advice-only support	189	13.0%
Less one-to-one support given / More group therapy given	58	4.0%
Less face-to-face therapy given / More remote therapy given	216	14.8%
Agreement given for additional staff recruitment to take place	89	6.1%
Service redesign	149	10.2%
Increased use of bank staff/locums	74	5.1%
Other (please specify)	84	5.8%
TOTAL	*1456*	*100.0%*

Thematic analysis of comments pertaining to this question.

Coder 1 key themes	Illustrative excerpts	Coder 2 key themes	Illustrative excerpts
Staff wellbeing/ personal factors	*"Staff burnout and loss of staffing"* *"Staff morale impacted"* *"A sense of relentless fatigue"* *"Higher rate of staff leaving service due to huge demands"*	**Negative impact on staff wellbeing and retention**	*"Staffing leaving the service and negative impact on staff health & well-being"* *"Burnout, stress, staff retention* *"Staff burnout and loss of staffing"* *"Higher rate of staff leaving service due to huge demands"*
Changes to provision structure/local offer	*"Increase in SLTs training others to provide support. Increase in requests for screening and whole class provision."* *"Reducing care packages and redefining referral criteria so that we are only accepting children with very specific needs."* *"Increase in assistant providing therapy"*	**Increased delegation/more universal provision**	*"Increase in assistant providing therapy"* *"Less input than previously, more reliant on school staff who have very variable skills and the 'delegate appropriately' principle is being stretched."* *"trying to improve our universal and targeted offers"*
		Reduced therapy / package	*"Reducing care packages and redefining referral criteria so that we are only accepting children with very specific needs."*

			"Therapy has stopped in clinic - children are only being given one off reviews!"

What do you understand to be contributing factors to this increased demand?

Contributing factors	**Responses**	
	n	**%**
A reduction in staff availability due to acute COVID-19 infection	114	8.1%
A reduction in staff availability due to long-term absence/sickness arising from COVID-19 related issues (eg shielding, 'long' COVID or mental health difficulties)	109	7.8%
An increase in vacant posts due to staff leaving the service	156	11.1%
A difficulty in recruiting staff to vacant posts	183	13.0%
An increase in individuals requiring speech and language therapy due to deterioration/exacerbation of needs during lockdown	320	22.7%
An increase in individuals requiring speech and language therapy due to additional acute clinical incidents following COVID-19 infection (eg a stroke caused by COVID-19, or onset of a motor disorder after getting COVID-19)	76	5.4%
Addressing the backlog due to providing a reduced service during the pandemic	338	24.0%

n/a	0	0.0%
Other (please describe)	110	7.8%
TOTAL	*1406*	*100.0%*

Thematic analysis of comments pertaining to this question.

Coder 1 key themes	**Illustrative excerpts**	**Coder 2 key themes**	**Illustrative excerpts**
Service user dissatisfaction with NHS services – increase in independent referrals	*"Increased referrals to independent practise as a result of increased waiting times for input from NHS services"* *"My clients are approaching me due to lack of NHS service"* *"the local NHS department offering mostly virtual appointments which parents didn't want so they sought independent support"*	Higher demand for independent SLT	*"Not being seen by NHS teams as they were deployed or stopped"* *"Increase in nhs waiting list and nhs offer of remote support"* *"We are an 8ndependent free teaching clinic and pressurising NHS services has led to more families coming to us"* *"higher demand on independent practitioners due to the reduced input offered by NHS services"* *"Increased referrals to independent practise as a result of increased waiting times for input from NHS services"*

Redeployment	*"Staff redeployment to hospital means all but actually speech therapy services paused Jan-April 2021. Clearing the backlog from 4 months of no speech therapy service."* *"Redeployment meaning no service for around 1 month during 2nd wave"* *"Service was paused for about 2 months at the start of Covid as we were all meant to be redeployed a caused a massive backlog"* *"loss of SLT capacity due to redeployment."*	Redeployment leading to reduced service capacity	*"Redeployment of staff to adult services. Redeployment of staff to different areas of the service"* *"Addressing the backlog as a large portion of our team were redeployed for several months."* *"Staff redeployment to hospital means all but actually speech therapy services paused Jan-April 2021. Clearing the backlog from 4 months of no speech therapy service."* *"loss of SLT capacity due to redeployment."*
Staffing issues	*"Layoffs in public service during pandemic"* *"recruitment is very challenging - demand is rising form schools/EY settings and there is a backlog"* *"Current staff reducing their hours."*	Funding cuts, staff issues and movement across sectors	*"Current staff reducing their hours."* *"Regional difficulties with recruitment of band 6 posts in particular… Unable to fill temp mat leave posts."* *"Staff leaving in order to access careers in the private sector because of the stress of working with unmanageable caseloads."*

	"Vacant posts not always retained - cutting service costs"		*"Vacant posts not always retained - cutting service costs"*

What are the clinical incidents following COVID-19 infection that individuals have presented to your services with, in this regard?

Responses	**n**	**%**
Stroke	48	37.2%
Other neurological incident	28	21.7%
Guillain-Barre syndrome	15	11.6%
Other nerve/motor disorder	21	16.3%
Other (please specify)	17	13.2%
TOTAL	*129*	*100.0%*

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