



# Fail to plan, plan to fail: speech and language therapy workforce planning in England

April 2023

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## Introduction

Speech and language therapy transforms the lives of people with communication and/or swallowing needs and their families. People who access it and their families have told us how much they value it and what a difference it makes to them.<sup>1</sup>

But, at the same time, there are simply not enough speech and language therapists to meet current and future demands, in both the NHS and the private sector. Speech and language therapy is recognised by the UK Government as a shortage profession.

### New survey results

A recent survey by the RCSLT of vacancies in the profession found an average **vacancy rate of 25%** in children's speech and language therapy services in England and **24% in adult services**. 96% of children's speech and language therapy services and 90% of adult services say recruitment is more or much more challenging than at any time in the last three years.<sup>2</sup> (The full results of our survey can be found in [fig 1.](#))

This has not happened overnight. Its cause is clear and still present: for far too long, workforce planning for speech and therapy language in England has not been - and is not - fit for purpose. Planning and provision for speech and language therapy services has:

- Failed to take into account the different settings in which speech and language therapists work.
- Focussed primarily on those employed in health settings.
- Failed to take into account the different types of employers who employ speech and language therapists.
- Focussed primarily on those employed by the NHS.

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*DHSC say that speech and language therapists should be added to the Shortage Occupation List because the profession is facing a range of pressures including increasing demand, mental health in particular, and limited education and training course output."*

Migration Advisory Committee, Full Review of the Shortage Occupation List, May 2019<sup>1</sup>

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<sup>1</sup> <https://www.rcslt.org/get-involved/building-back-better-speech-and-language-therapy-services-after-covid-19/>

<sup>2</sup> The report is in press.

In addition, speech and language therapists tell us that an aggressive approach to commissioning removed specialist posts, stripping out senior leaders, leaving services unable to deal with more complex cases.

The result is that, at a time of unprecedented need for speech and language therapy services, we are at a crisis point.<sup>3</sup>

- The NHS and independent sector are overwhelmed with demand for speech and language therapists.<sup>4</sup>
- Vacancy rates remain extremely high in both the NHS and independent sector (see [fig 1](#)).

This is despite the increase in the number of qualified speech and language therapists in the UK which has risen by 2000 since December 2019.<sup>5</sup>

The impact on the health and wellbeing of speech and language therapists is significant.<sup>6</sup> Ultimately, the people who are paying the biggest price for the sustained failure to properly plan the speech and language therapy workforce are children and adults with communication and/or swallowing needs and their families. The detrimental impact of not being able to access speech and language therapy is well documented, with people telling us the lack of provision makes their education, mental health, home and domestic life, social life and friendships, and employment much harder.<sup>7</sup>

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*“The Royal College of Speech and Language Therapists and Chartered Society for Physiotherapists pointed to a lack of specific targets and workforce planning for allied health professionals (AHPs). Both organisations argued that declining workforce numbers, and the lack of attention paid to other parts of the healthcare workforce such as AHPs is impairing the ability to integrate care to maximise patient care and safety.”*

Expert Panel: evaluation of Government’s commitments in the area of the health and social care workforce in England, July 2022<sup>1</sup>

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<sup>3</sup> <https://www.nhsconfed.org/news/urgent-action-needed-staff-shortages-children-face-missing-out-life-changing-treatments>

<sup>4</sup> <https://www.rcslt.org/news/long-covid-and-sustained-impact-reports/>

<sup>5</sup> <https://www.hcpc-uk.org/about-us/insights-and-data/the-register/>

<sup>6</sup> <https://www.rcslt.org/news/long-covid-and-sustained-impact-reports/>

<sup>7</sup> <https://www.rcslt.org/get-involved/building-back-better-speech-and-language-therapy-services-after-covid-19/>

There is no quick fix which can resolve the situation in the short term. However, there are short- and medium-term actions presented here that can lessen the impact. We are ready to help the profession innovate and transform. We are also ready to support the Government and others to deliver better workforce planning. Given the length of time it takes to recruit and train speech and language therapists, work needs to begin immediately if we are to have any hope of relief in the next five years.<sup>8</sup>

We welcomed the Government's announcement in November 2022's Autumn Statement that it will be publishing a comprehensive NHS workforce plan this year, including independently verified workforce forecasts. We also welcome the inclusion of measures to make the best use of training to get doctors, nurses and allied health professionals into the workforce, and increase workforce productivity and retention.<sup>9</sup>

We welcomed the Government's commitment in its *SEND Review: Right support, right place, right time* consultation document that it will commission analysis to better understand the support that children and young people with SEND need from the health workforce so that there is a clear focus on SEND in health workforce planning.<sup>10</sup>

As the #SENDInTheSpecialists coalition has highlighted, this is urgent - and improved workforce planning must be matched by investment in the specialist workforce for children and young people.<sup>11</sup> While we have welcomed the Government's announcement of a joint Department for Education and Department of Health and Social Care approach to SEND workforce planning in its *Special Educational Needs and Disabilities (SEND) and Alternative Provision (AP) Improvement Plan*, the plan is silent about investment in the workforce, and the SEND workforce planning work is not due to be completed until 2025.<sup>12</sup> Inevitably, it will then take time to train and recruit any new workforce that is identified as being necessary.

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<sup>8</sup> <https://www.rcslt.org/news/urgent-action-needed-to-meet-growing-demand/>

<sup>9</sup>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1118417/CCS1\\_022065440-001\\_SECURE\\_HMT\\_Autumn\\_Statement\\_November\\_2022\\_Web\\_accessible\\_1.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1118417/CCS1_022065440-001_SECURE_HMT_Autumn_Statement_November_2022_Web_accessible_1.pdf)

<sup>10</sup> <https://www.rcslt.org/news/getting-it-right-for-communication-rcslt-response-to-send-green-paper/>

<sup>11</sup> <https://www.rcslt.org/news/send-in-the-specialists-coalition-three-month-update>

<sup>12</sup> <https://www.rcslt.org/news/send-and-ap-improvement-plan-our-initial-response/>

## Failure to plan

For too long, workforce planning in England has not adequately planned for speech and language therapists.

It has failed to take into account speech and language therapists who are:

- employed by non-health employers – for example, those working in independent practice, the third and voluntary sector, or those directly employed by schools.
- employed by the NHS but working in non-health settings – for example, those working in schools or in criminal justice settings.

No national assessment has been undertaken to assess the demand and unmet need for speech and language therapy.

In addition, there has also been no assessment undertaken of:

- how many speech and language therapists are needed to support people with long Covid.
- the number of children and young people and adults whose needs were not diagnosed or have become worse because of the pandemic's impact on access to services.
- the number of children whose language needs were missed during the pandemic.

In addition, the Government has admitted that neither the Department of Health and Social Care nor NHS England hold any central data in relation to speech and language therapy services.<sup>13</sup>

Nationally, we neither know what level of service is needed nor what services are actually available.

As a result, there are not sufficient speech and language therapists to meet demand. This includes in newer areas for speech and language therapists, including CAMHS (child and adolescent mental health services), Alternative Provision, care-experienced children or those on the edge of care, violence reduction units, liaison and diversion, respiratory care, mental capacity, palliative and end of life care, and domestic abuse.

Other Government policies are also likely to increase demand on children and young people's speech and language therapy services, for example the SEND and Alternative Provision Improvement Plan and Family Hubs.

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<sup>13</sup> <https://questions-statements.parliament.uk/written-questions/detail/2023-02-27/153766>

The UK Government had planned to introduce a range of policies aimed at supporting people with specific conditions, which might involve the need for increased provision of speech and language therapy services. These include the Down Syndrome Act and strategies for people with acquired brain injury<sup>14</sup>, dementia, head and neck cancer<sup>15</sup>, and the ten year plan to improve mental health<sup>16</sup>. These policies are now being brought together in the Major Conditions Strategy.<sup>17</sup> This strategy may also result in increased demand on speech and language therapy services.<sup>18</sup>

Crucially, the crisis in supply of speech and language therapists also means that they are not able to play their full role in helping both to promote improvements in population-level health and to address the significant health inequalities that people of all ages face. In addition, health inequalities in support for communication and/or swallowing needs have been widened by the pandemic, significantly exacerbating existing speech, language and communication inequalities that have existed for too long, particularly in areas of social disadvantage and among certain ethnic groups.<sup>19</sup>

Long Covid has created a new clinical area for which workforce planning has not been considered. It can have significant effects on people's communication and swallowing, further increasing demand on speech and language therapy services.<sup>20</sup>

We estimate that the scale of backlog - unmet needs and increased demand post-Covid - requires a minimum increase in the skilled workforce in the region of 15%. In recent years the number of qualified speech and language therapists has grown by 1.7% net per year.<sup>21</sup>

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<sup>14</sup> <https://www.rcslt.org/news/rcslt-welcomes-proposed-acquired-brain-injury-strategy/>

<sup>15</sup> <https://www.rcslt.org/news/rcslt-responds-to-10-year-cancer-plan-call-for-evidence/>

<sup>16</sup> <https://www.rcslt.org/news/rcslt-responds-to-evidence-call-for-10-year-plan-to-improve-mental-health/>

<sup>17</sup> <https://hansard.parliament.uk/commons/2023-01-24/debates/23012433000010/MajorConditionsAndDiseases>

<sup>18</sup> [https://twitter.com/RCSLTpolicy/status/1618511492466511875?s=20&t=exuxnmy3l\\_Ch1x3qTouHwg](https://twitter.com/RCSLTpolicy/status/1618511492466511875?s=20&t=exuxnmy3l_Ch1x3qTouHwg)

<sup>19</sup> <https://www.rcslt.org/wp-content/uploads/2021/03/Building-back-better-March2021.pdf>

<sup>20</sup> <https://twitter.com/RCSLTpolicy/status/1628295704262090755?s=20>

<sup>21</sup> <https://committees.parliament.uk/writtenevidence/42651/html/>

## What we are hearing from speech and language therapists

These four short case studies provide just a flavour of the challenges currently facing the speech and language therapy workforce.

### Children and young people's NHS service

One children's speech and language therapy service is struggling with a combination of increased demand, low staff morale and challenges in recruitment. The service is strictly measured on a KPI that assessments are completed within 12 weeks – as a result, no child is currently waiting more than this length of time for their initial appointment.

However, there is not the same scrutiny on interventions provided and how outcomes are measured; this has resulted in high caseloads and large numbers of children waiting for intervention. This is demoralising for staff, and the service has high resignation rates and difficulties attracting qualified staff.

The service has seen a significant increase in requests for Education Health and Care plan (EHC) needs assessments in the last few years, with requests in 2021/22 up by 83% on the number in 2018/19. Last year they secured funding for new posts but were unable to recruit to them – they instead took the difficult decision to employ into unqualified speech and language therapy assistant roles. Currently, approximately a third of the potential qualified posts in the service are unfilled.

### Adults' NHS services

NHS adults' services report that access has got significantly worse, with people waiting months, sometimes over a year, for an assessment and then being added to another waiting list for intervention. People are presenting with greater needs and when they do eventually receive therapy, it can be arbitrarily time limited. In addition, speech and language therapy is not included in all service models, so it will not be available to all people who could benefit from it. There is also a focus on dysphagia in many adult services, with few being commissioned to provide crucial support for communication needs. Recruitment and retention are also issues, with some speech and language therapists experiencing low morale and low job satisfaction meaning they are more likely to leave. On top of this, when experienced speech and language therapists leave, they cannot always be replaced with therapists with similar levels of experience.

### An independent practice

One independent practice offers multi-disciplinary services to mainstream and specialist schools across London and the Home Counties. Since starting in 2009, it has grown from providing only speech and language therapy to responding to the broader needs of children with special



educational needs. It is now providing occupational therapy, educational psychology, play therapy and counselling services to schools.

One of the major challenges currently facing the practice is finding therapists to meet the demand with daily requests from schools to buy in support. They are endeavouring to meet this challenge through domestic and international recruitment. Both come with barriers.

- Domestically, the practice is striving to overcome this challenge by linking with universities and offering high quality student placements. However, many student placements tend to go to NHS trusts before looking to independent practise. The practice is seeking to forge greater links between independent practise and NHS by working jointly with NHS staff in schools and building links with Service Leads in the local health services.
- Internationally, the length of time it takes for HCPC to approve the overseas qualifications means that therapists are often unable to start working, usually waiting four to six months for HCPC approval.

## **An independent practitioner**

An independent speech and language therapist has shared their experiences with us.

Their demand is through the roof, with referrals from across six counties. A round trip from their furthest south client to their furthest north is six hours. There can be tax – and therefore earnings – implications when the distances travelled exceed HMRC mileage and fuel rates and allowances. On top of the demand for in-person therapy, there is an increase in demand for teletherapy when people are further away.

This massive increase in demand means that the support they usually provide to NHS services, including in supporting people with more complex needs, is being ever more stretched. It also means that their ability to provide support to people on very lengthy NHS waiting lists, for example of longer than 12 months, or those who receive little or no support from the NHS, such as those with traumatic brain injury, those needing long-term support, or those going through litigation, is also stretched.

They are currently seeking other speech and language therapists to work with them on an associate basis, but this is proving difficult. They are now having to consider employing a speech and language therapist. This brings its own challenges within the model of a small business.

## What needs to happen

### Improve workforce planning

Fundamentally, the failings of workforce planning in England will only be addressed if the UK Government ensures a national workforce strategy is undertaken<sup>22</sup> that is based on an independent assessment of how many health and social care staff we need now and in the future.<sup>23</sup>

This includes the need for Integrated Care Systems (ICSs) to plan the workforce across NHS boundaries covering all sectors, so speech and language therapy services do not fall through gaps of definition.

### Improve funding

A national workforce plan must be accompanied by sufficient funding to ensure that:

- the speech and language therapy workforce is trained, developed, retained, supervised and supported to develop clinical specialisms and maximise career opportunities such as leadership and advanced practice roles. For some of these roles, the legal barriers facing speech and language therapists must be removed.<sup>24</sup>
- services are commissioned and available to everyone with communication and/or swallowing needs so they get the help and support they and their families require, when they need it.

### Train more students

We need to train more speech and language therapy students, both to help meet current demand and to secure the long-term future of the profession to meet increasing demand.

While in England, the number of students joining programmes has increased strongly in recent years, there is evidence this growth in applications and the rate of increase of places is now plateauing.

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<sup>22</sup> <https://www.nhsconfed.org/news/urgent-action-needed-staff-shortages-children-face-missing-out-life-changing-treatments>

<sup>23</sup> <https://www.rcplondon.ac.uk/news/over-100-health-organisations-sign-open-letter-prime-minister-urging-him-strengthen-workforce>

<sup>24</sup> <https://www.rcslt.org/news/rcslt-responds-to-uk-governments-vision-for-year-ahead/>

Some of this the RCSLT and the Association of Speech and Language Therapists in Independent Practice (ASLTIP) can help to deliver. However, the UK Government needs to act, including in the following areas:

- **Increase awareness of speech and language therapy** – we need to improve awareness and promotion of the profession as a career choice, including, and especially, to mature students, under-represented communities and those just finishing other undergraduate degrees or career changers.
- **Bust myths about loan funding** – we need to improve potential students' understanding of the special funding arrangements, for example, the £5,000 per year grant, in addition to the student loan in England and special funding for master's courses.
- **Equity with nursing for funding of backfill for apprentices** – we need to improve support for the speech and language therapy degree apprenticeship by funding the backfill for apprentices while on off the job training, or providing funding for supernumerary posts and also allowing use of the placement tariff for apprentices.
- **Support student placements to grow with increasing student numbers:**
  - **Fund student placements properly** - placement tariff needs to be paid directly and quickly to those services who provide placements to improve the incentive to provide them.
  - **Fund independent providers to provide placements** – the placement tariff must be made easily available to independent providers, so offering a placement is no longer a passion project resulting in loss of income.
  - **Provide a templated contract to independent providers wishing to set up placements** - this will help, as most do not have access to legal or HR departments.
  - **Make the system more equitable for independent practitioners** - as smaller organisations they have a greater burden in setting up placements, such as purchasing software seats and liability insurance.
  - **Introduce similar support for voluntary organisations** that are interested in providing placements.

## Retain and develop the workforce

We need to do more to retain speech and language therapists and to support their continuing professional development.

- **Address why some speech and language therapists are leaving the NHS and the profession altogether** – the Government must work with NHS England and others to understand and tackle the reasons why some speech and language therapists are choosing to leave the NHS or the profession altogether. This could involve both addressing issues identified in NHS staff surveys<sup>25</sup> as well as issues speech and language therapists have highlighted to RCSLT and ASLTIP.
- **Remove barriers preventing speech and language therapists being able to develop their skills** – for example, we need the Government to start the process of extending independent prescribing responsibilities to speech and language therapists so they can deliver better care for their patients.<sup>26</sup>

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<sup>25</sup> <https://www.nhsstaffsurveys.com/>

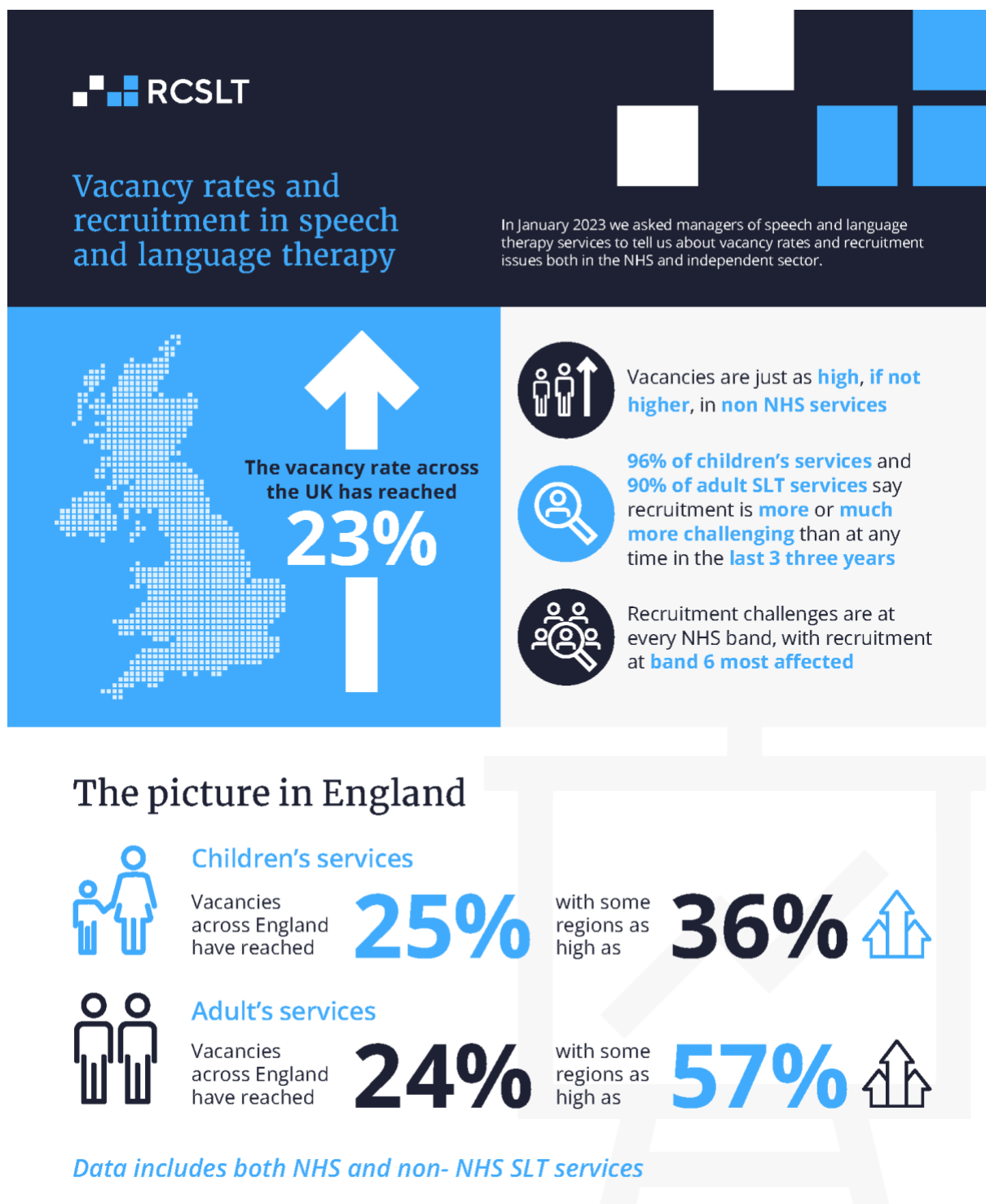
<sup>26</sup> <https://www.rcslt.org/news/prescribingnow-campaign-launched/>

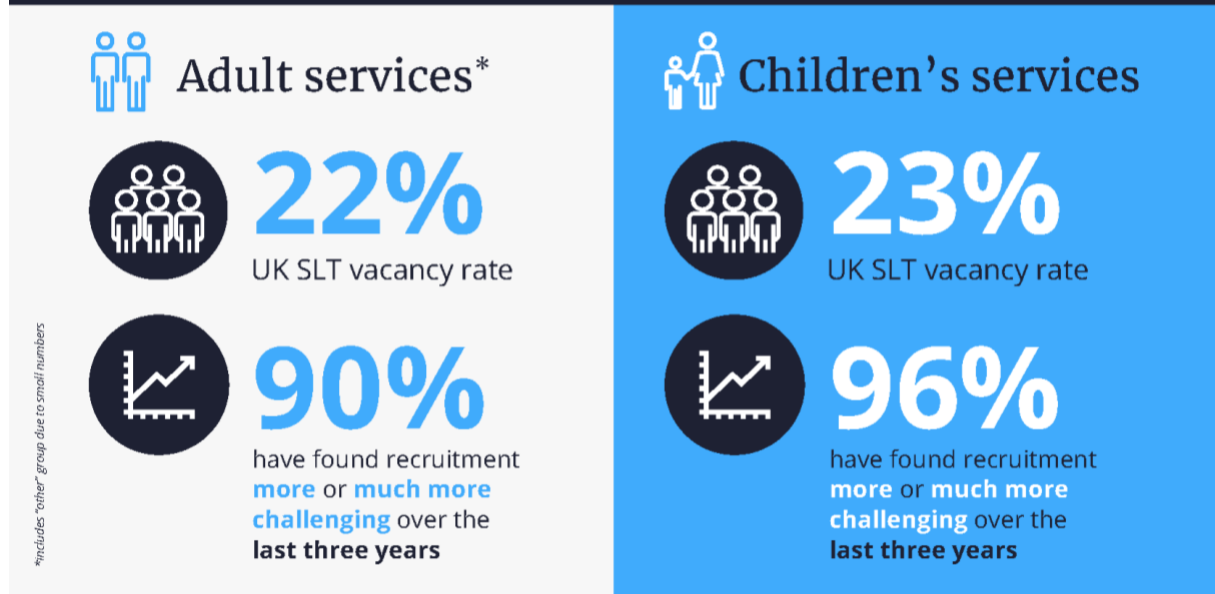
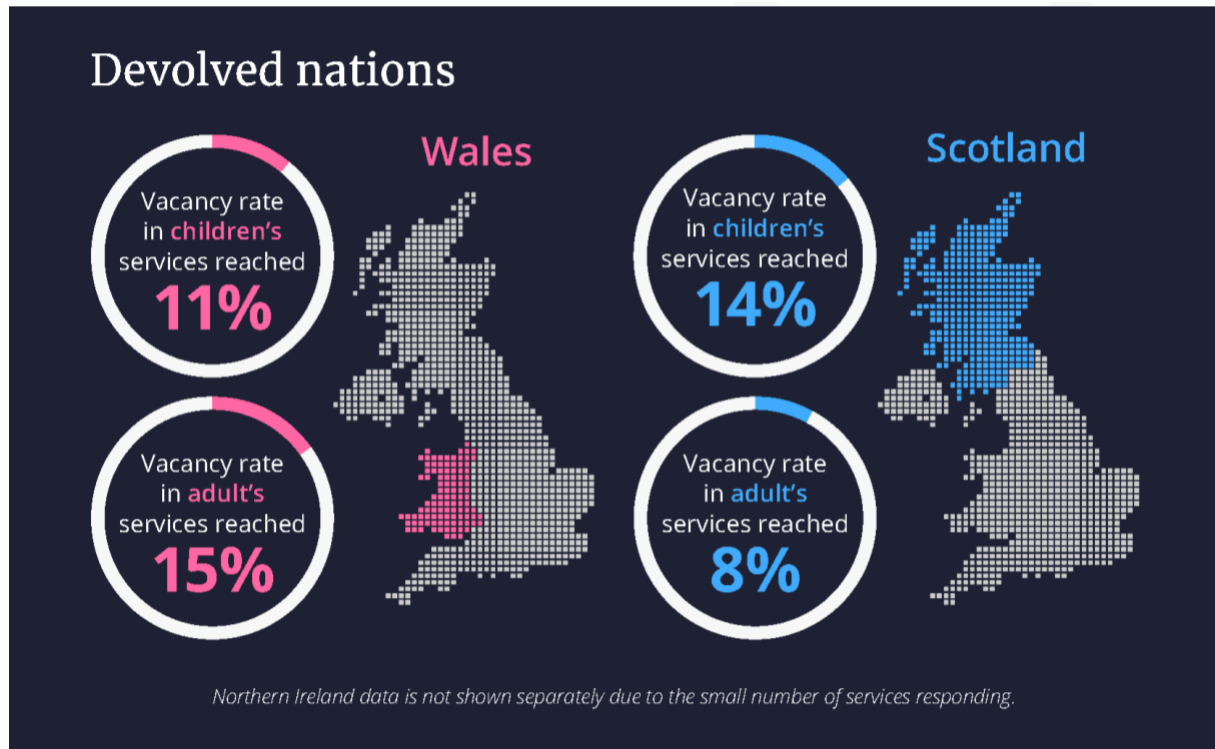
## Conclusion

Speech and language therapy has the power to transform lives. But to ensure that all those with communication and/or swallowing needs and their families are able to have their lives transformed, we need to increase, develop and retain the speech and language therapy workforce, including having a funding plan to train more students and retain and develop specialists.

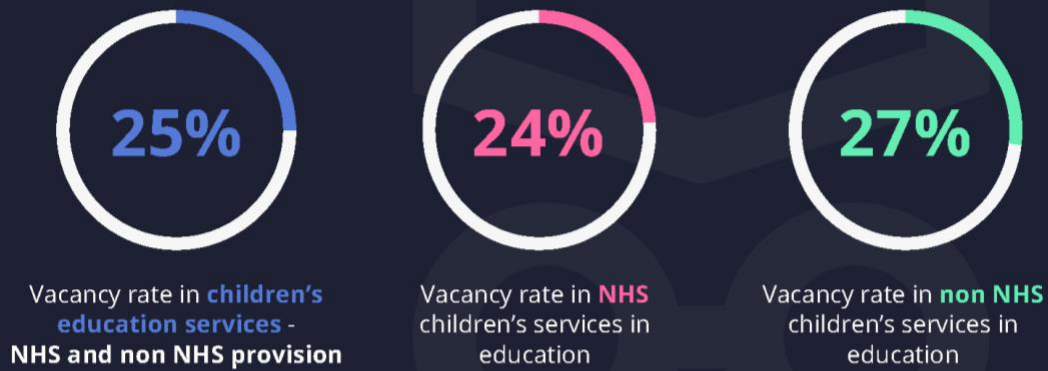
While the RCSLT and ASLTIP will continue to do all we can to ensure that our members are able to continue to transform lives, the UK Government must act urgently to improve workforce planning, including a framework for career progression and retention. If the government does not improve workforce planning, too many people will be at risk of not getting the speech and language therapy they need, with all the social, emotional, educational, employment, health and economic risks we know that poses to them and their families, wider society and the country overall.

## Figure 1: Vacancy rates and recruitment in speech and language therapy: survey results

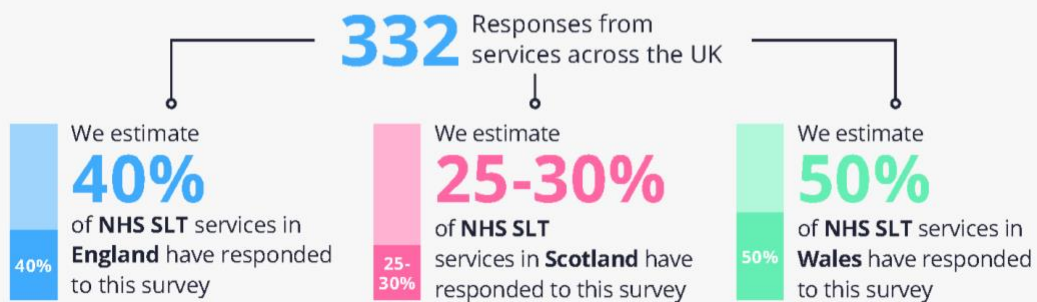




## Education



## Response data



*Northern Ireland data is not shown separately due to the small number of services responding.*



## Acknowledgements

The RCSLT and ASLTIP would like to thank the many speech and language therapists who have shared their experiences with us and especially those who have provided the case studies. We are very grateful. This report has been prepared by Peter Just, RCSLT's head of external affairs and influencing, and Berenice Napier, RCSLT Policy Adviser.

**The Royal College of Speech and Language Therapists** is the professional body for speech and language therapists in the UK, representing over 20,000 members. It facilitates and promotes research into the field of speech and language therapy – the care for individuals with communication, swallowing, eating and drinking difficulties. It promotes better education and training of speech and language therapists and is responsible for setting and maintaining high standards in education, clinical practice and ethical conduct.

**The Association of Speech and Language Therapists in Independent Practice (ASLTIP)** provides support and information on working as an independent speech and language therapist within the UK.

The Royal College of Speech and Language Therapists (RCSLT) is the professional body for speech and language therapists in the UK. As well as providing leadership and setting professional standards, the RCSLT facilitates and promotes research into the field of speech and language therapy, promotes better education and training of speech and language therapists, and provides its members and the public with information about speech and language therapy.

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