



# **A profession under pressure:**

## **speech and language therapy retention and waiting times**

July 2025

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# Introduction

In March 2024, following a commission from NHS England, the RCSLT began work on a collection of projects to support the ongoing educational priorities for speech and language therapists (SLTs) through all stages of their careers. The aim was to ensure an effective supply of SLTs through an all-encompassing educational curriculum, with a long-term goal of transforming and improving the retention of SLTs. The expectation was that enabling SLTs to feel confident in their roles and providing opportunities to develop their careers through defined education should ultimately promote workplace satisfaction and improve retention. The programme was funded by NHS England; however, the RCSLT planning included all four nations and in line with our wider objectives, we aimed to engage with SLTs from the entire UK.

This report is an output of one of these projects, which explored the workforce implications of waiting lists in children and young people's services. As part of the project, we also surveyed SLTs working in adult services.

The objectives for this project were to:

1. Deliver a fully evaluated survey focused on the retention of SLTs to identify the following:
  - a. the attitudes to the role of SLTs
  - b. the reasons why SLTs choose to stay in their role
  - c. what influences their reasons for staying or leaving their role.
2. Investigate and evaluate the range of funding streams of children's speech and language therapy services across the UK to understand challenges and opportunities to support future service and workforce delivery.
3. Collate examples of how waiting is managed within children's speech and language therapy services to inform future service delivery.

Part 1 of this report presents the results of the RCSLT retention survey that was carried out between 18 September and 31 October 2024. SLTs working with a range of client groups (children and adults) completed the survey. Full survey results are available in Appendix 1.

Part 2 presents additional survey results where responses relating to speech and language therapy services for children and young people are presented and discussed. It also

outlines what is currently known about recent policy, priorities, funding and waiting for children's speech and language therapy services across each of the four UK nations.

Part 3 describes initiatives and strategies used to manage waiting times and support available for individuals who wait within children's speech and language therapy services. It has been informed by the survey results, feedback from RCSLT staff and a collection of examples provided by practice partners from across the four nations.

## Survey

### Design

The survey was created between August and September 2024 through an iterative co-design process that all members of the working group were able to contribute to.

In order to avoid over-representing the experiences of individuals with portfolio careers, respondents were asked to complete the survey only once, answering the questions in relation to their main role. If their time was equally split across roles, they were asked to select the one they felt it would be most useful for the RCSLT to know about.

The survey was split into seven sections:

1. About you (questions about where the respondent worked, their employer, number of years since qualification, etc).
2. Job satisfaction (questions exploring respondents' satisfaction levels for their job overall, as well as for specific aspects of their jobs, such as workload, recognition and pay).
3. Retention (questions about factors influencing respondents' decisions to stay in or leave their current roles).
4. Wellbeing (questions about respondents' access to wellbeing support and experiences of burnout).
5. Professional development (questions about access to and opportunities for continuing professional development, plus facilitators and barriers to gaining leadership experience).
6. Management (questions which explored respondents' experiences of their direct line manager).

7. Service provision and waiting (these questions were specifically related to children's speech and language therapies and explored levels of concern about waiting within services and strategies being utilised to manage waiting).
8. Diversity (optional questions that provided information about respondents' age, ethnicity, gender, sex, sexual orientation and whether respondents were disabled).

Pilot testing within the working group indicated that the survey would take approximately 15 minutes to complete.

## **Distribution**

The survey was distributed through the following channels:

- RCSLT e-news.
- Social media channels (including LinkedIn and X).
- Relevant RCSLT networks, including clinical excellence networks
- The Association for Speech and Language Therapists in Independent Practice.
- The RCSLT's Connect England event in Manchester (October 2024).

## **Results and analysis**

The full survey results can be found in appendix 1. An overview of results was presented to the wider project team who agreed the focus for analysis, guided by the project objectives. Data was reviewed and analysed to produce descriptive statistics and identify patterns and correlations across respondents. Analysis of the data was led by the project's data analyst and lead author.

## **Strengths and limitations**

The survey provides valuable 'snapshot' data from a broadly representative sample of the speech and language therapy profession across England, Wales, Scotland and Northern Ireland. Data has been analysed to compare results across different groups (e.g. how responses have varied by employer, or banding, for example), led by the project objectives as detailed on page 3. There are, therefore, limitations to the scope of this report, which should be recognised. For example, some variables that are likely to impact on the experiences of therapists within the profession (such as race, ethnicity and disability) have not been focused upon beyond a discussion of the overall profile of respondents. Furthermore, where differences in experiences across groups have been identified, the

information that is available does not enable us to draw any clear conclusions about the reasons for these differences (causation), nor is it possible to use the results to make definitive recommendations for change. Instead, we present this information as a description of the current experiences of SLTs and their perceptions of services currently offered, hoping that this is useful in furthering the conversation about what the profession looks like, now and in the future.

# Part 1: Retention survey results

## Executive summary

More than 1,000 SLTs responded to RCSLT's retention survey in September – October 2024, evidencing both the significant level of interest in this issue and the desire for change. The results provide an overview of the experiences of therapists across the four UK nations and the data is clear: the speech and language therapy profession is under considerable pressure. Echoing the findings of the RCSLT (2024) workforce and vacancy survey, therapists describe services that are close to breaking point, with unrealistic time pressures and unmanageable workloads.

## What we found

### Job satisfaction

- A significant portion of SLTs are satisfied with their jobs (68%), but there is a notable percentage who are dissatisfied (17%).
- Many SLTs feel proud of their profession (81%) and look forward to going to work (48%). Three quarters (74%) report that their work with service users is a factor influencing them to stay in their roles.
- 61% of SLTs reported that they often or always experience unrealistic time pressures, with this rising to 68% for therapists working within the NHS.
- 36% of SLTs reported that their workload is rarely or never reasonable, with this rising to 39% of therapists within the NHS. Almost half (47%) of therapists working in the NHS reported that they were dissatisfied or very dissatisfied with their workload.

### Work-life balance

- Achieving a good work-life balance is a significant concern for many SLTs, with 33% citing this as a factor that is somewhat or strongly influencing them to leave the profession. This rises to 42% of therapists in charities, social enterprise and non-profit organisations.
- Opportunities for flexible working patterns are appreciated, but not universally available, with 20% of SLTs across sectors reporting they are dissatisfied or very dissatisfied.

## Professional development

- Only 51% of therapists working in the NHS agreed or strongly agreed that there were opportunities to develop their career, with more than a quarter (28%) disagreeing or strongly disagreeing. The picture was even worse for SLTs working in charities, social enterprises and non-profit organisations, with only 21% agreeing they had access to career development opportunities.
- Despite continuing professional development (CPD) being both a professional expectation and a regulatory requirement (HCPC, 2024), 26% of SLTs reported that they do not have time to engage in CPD as part of their job. Lack of time, funding and clinical cover are cited as barriers to accessing CPD opportunities.
- 42% of SLTs reported needing to use their own time to complete the necessary CPD to remain clinically safe.
- Only 15% of SLTs reported they were able to access supervision, despite the importance of this being recognised by the regulatory body, the Health and Care Professions Council.

## Wellbeing and burnout

- Access to wellbeing support varies, with many SLTs having access to employee support lines (53%), peer support (86%) and counselling services (45%).
- More than half (55%) of SLTs report experiencing burnout in the 12 months prior to completing the survey as a result of their work, with workload pressures, caseload complexity and insufficient staffing levels cited as significant contributing factors.

## Retention

- A considerable number of SLTs are considering leaving their current job (39%) or the profession altogether (8%, included in the 39%), citing factors such as workload, pay and lack of support.
- Nearly a half (49%) of SLTs said that administrative load was influencing them to leave their current jobs.
- Between 40-45% of therapists working for the NHS, education providers and charity, social enterprise and non-profit organisations are considering leaving their current jobs. This is in comparison to 11-28% of therapists working independently.



## Action needed:

Change is urgently needed to support the speech and language therapy workforce. Stakeholders, commissioners, decision-makers and service providers need to work together with SLTs and service users, both strategically and operationally, to design and adequately resource speech and language therapy services that are safe, fit for purpose and clinically effective. As part of this work:

- The importance of access to CPD opportunities for safe and effective practice should be explicitly recognised and time should be built into workloads to accommodate this.
- Employers should review the wellbeing support that they offer and evaluate the benefit to SLTs in light of the survey results and what is known about local uptake.
- Service provision, caseload sizes and time pressures should be reviewed by services through review of local data and conversations with SLTs employed within the service to better understand local issues, challenges and opportunities, and escalated as appropriate to those who plan and fund services.
- Workforce planning, locally and nationally, needs to recognise the importance of the retention and wellbeing of therapists already delivering services, as well as the need for the ongoing development of routes into the profession to ensure that services are sufficiently staffed and sustainable as we look to the future.
- Progress should be monitored and reviewed to evaluate the changes in services and experiences over time, as well as the response(s) to any initiatives.

## Detailed overview of retention survey results

This section reports on the responses from SLTs working with children and/or adults in relation to the following sections:

- About you.
- Job satisfaction (questions exploring respondents' satisfaction levels for their job overall, as well as for specific aspects of their jobs, such as workload, recognition and pay).
- Retention (questions about factors influencing respondents' decisions to stay in or leave their current roles).
- Wellbeing (questions about respondents' access to wellbeing support and experiences of burnout).
- Professional development and leadership (questions about access to and opportunities for CPD, plus facilitators and barriers to leadership).
- Management (questions which explored respondents' experiences of their direct line manager).
- Diversity (optional questions that provided information about respondents' age, ethnicity, gender, sex, sexual orientation and whether respondents were disabled).

### Profile of respondents

A total of 1,168 responses were received from SLTs. Respondents appear to be broadly representative of the wider profession, with detailed summary and comparison data presented and discussed below.

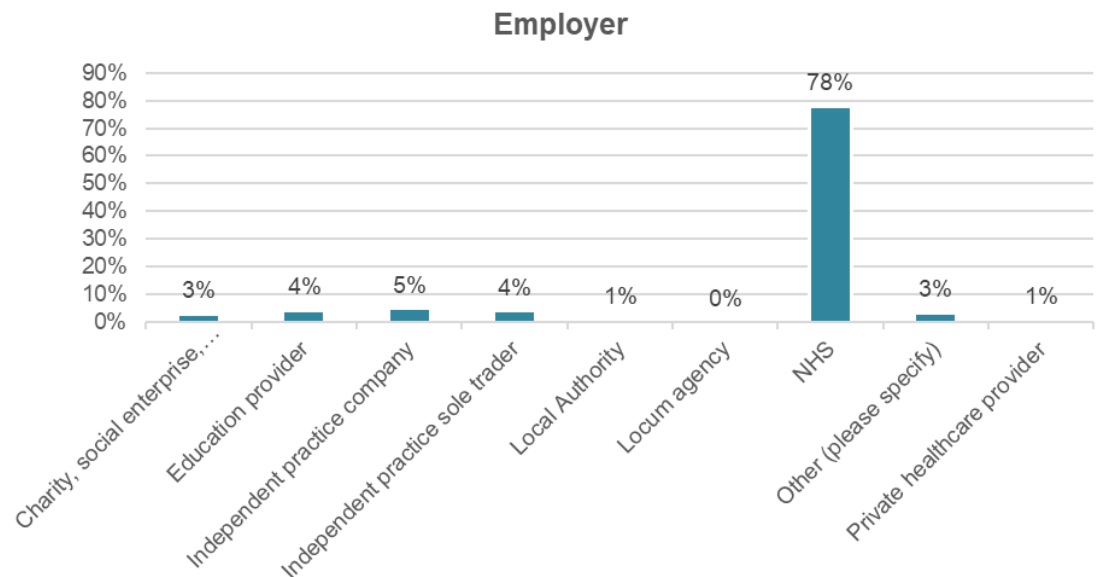
### Region

Survey respondents were well distributed across nations and regions. Comparison of the split of responses by region with data from a freedom of information request response received from the Health and Care Professions Council (HCPC) in June 2024 reveals that Northern Ireland and Wales are overrepresented, Scotland is well represented and England is underrepresented. Comparison data is not available for the regions within England.

Region	% of respondents	% of HCPC registrants (SLT)
England (East of England)	4.2%	
England (London)	9.5%	
England (Midlands)	18.3%	
England (North East and Yorkshire)	6.3%	83.4%
England (North West)	10.2%	
England (South East)	12.3%	
England (South West)	7.3%	
Northern Ireland	11.9%	4.7%
Scotland	7.4%	7.3%
Wales	11.8%	4.6%
Other (please specify)	0.9%	-
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>

## Employer

More than three-quarters (78%) of respondents' main role was with the NHS. This may be skewed higher than expected due to the overrepresentation of respondents from Northern Ireland and Wales, where a higher proportion of SLTs work in the NHS. Most of the 3% of respondents who selected 'other' indicated that they worked across two or more roles, e.g. in the NHS and for a charity.



## Service user group

Nearly two-thirds (63%) of respondents worked with children and young people, 29% worked with adults and 6% worked with both children and adults. This compares to the RCSLT member survey in 2024 which received 54% of responses from SLTs who work with children and young people, 34% who work with adults, and 8% who work with both children and adults. Although responses to the retention element of the survey were welcomed from therapists working with any service user group, it is likely that the accompanying focus on paediatric waiting lists contributed to the slight overrepresentation of SLTs working with children and young people.

Service user group		
Response	Number of respondents	% of respondents
Adults	339	29.0%
Both	69	5.9%
Children and young people (0-18 years old)	734	62.8%
Not applicable to my role	26	2.2%
Total	1,168	100%

## Setting

As would be expected, respondents indicated that they worked across a wide range of settings, with therapists most commonly working in the community (64%), education (47%) and early years settings (29%).

Setting (multi-select)		
Response	Number of selections	% of responses
Acute and inpatient	213	18.2%
Outpatients	153	13.1%
Community (e.g. clinics or clients' homes)	745	63.8%
Early years settings	343	29.4%
Education (4-18 years old)	554	47.4%
Higher education	63	5.4%
Justice	45	3.9%
Other	83	7.11%
<b>Total</b>	<b>2,199</b>	<b>N/A</b>

## Length of service

Responses were received by SLTs with varying lengths of service. The 0-5 year category was further broken down to give an indication of the potential number of newly-qualified practitioners who may be working towards their competencies. When added together this gives a total percentage of 23.4%, which is broadly in line with the other groups.

Length of service		
Response	Number of respondents	% of respondents
Up to 2 years	114	9.8%
2-5 years	159	13.6%
5-10 years	226	19.3%
10-20 years	303	25.9%
20+ years	366	31.3%
<b>Total</b>	<b>1,168</b>	<b>100.0%</b>

## Working pattern

More than half (57%) of respondents reported that they work full time and 43% part time, which is in line with the data received through the latest RCSLT member survey.

Working pattern		
Response	% of respondents	% from RCSLT member survey
Full time	57%	59%
Part time	43%	41%
<b>Total</b>	<b>1,168</b>	<b>2,693</b>

## Banding or banding equivalent

Speech and language therapists were also asked to indicate their banding, or their equivalent banding if they worked outside of the NHS. Again, the profile of respondents was broadly in line with those to the latest RCSLT member survey.

Banding or banding equivalent		% from RCSLT	
Response	% of respondents	member survey	
Band 5 – e.g. SLT	14%	14%	
Band 6 – e.g. Specialist SLT	29%	33%	
Band 7 – e.g. Highly specialist/clinical specialist SLT	35%	38%	
Band 8a – e.g. Clinical lead SLT	13%	11%	
Band 8b and above – e.g. Service manager	5%	4%	
If no band, please explain why	4%	-	
<b>Total</b>	<b>1,168</b>	<b>1,880</b>	

## Diversity data

The profile of respondents was also compared to the latest diversity data published by the HCPC (2023a) to understand how representative the responses might be of the wider profession. Results indicate that the respondents were broadly representative of the wider profession with the exception of:

- A higher percentage of responses from individuals who consider themselves to have a disability or to be a disabled person (13% compared to 6%).
- A higher percentage of responses from white SLTs (92% compared to 87%) and a lower percentage of responses of responses from Asian or Asian British therapists (3% compared to 5%).
- A lower percentage of responses from individuals who considered themselves to fall under the protected characteristic 'pregnancy and maternity', as per the Equality Act 2010 (4% compared to 7%).

Detailed comparison tables are provided below.

<b>Question: Do you consider yourself to have a disability or to be a disabled person?</b>			
<b>Response</b>	<b>Retention survey responses</b>		<b>HCPC diversity data</b>
No	85%		90%
Yes	13%		6%
Prefer not to say	3%		4%
<b>Total</b>	<b>1,012</b>		<b>18,610</b>

<b>Question: Which of the following best describes your ethnic origin?</b>			
<b>Response</b>	<b>Retention survey responses</b>		<b>HCPC diversity data</b>
White	92%		87%
Asian or Asian British	3%		5%
Black, African, Caribbean or Black British	1%		1%
Mixed or multiple ethnic groups	2%		2%
Other ethnic group	1%		1%
Prefer not to say	2%		3%
<b>Total</b>	<b>1,012</b>		<b>18,605</b>

<b>Question: Is the gender you identify with the same as your sex registered at birth?</b>			
<b>Response</b>	<b>Retention survey responses</b>		<b>HCPC diversity data</b>
Yes	98%		97%
No	0%		0%
Prefer to self-describe	0%		0%
Prefer not to say	2%		3%
<b>Total</b>	<b>1,008</b>		<b>18,600</b>



**Question: Do you consider yourself to fall under the protected characteristic of  
'pregnancy and maternity', as per the Equality Act 2010?**

<b>Response</b>	<b>Retention survey responses</b>	<b>HCPC diversity data</b>
No	94%	89%
Yes	4%	7%
Prefer not to say	1%	5%
<b>Total</b>	<b>1,013</b>	<b>18,605</b>

**Question: What is your religion or strongly held belief, if any?**

	<b>Retention survey responses</b>	<b>HCPC diversity data</b>
Any other religion or belief	1%	1%
Buddhist	0%	0%
Christian (Including Church of England, Catholic, Protestant and all other Christian denominations)	38%	37%
Hindu	0%	1%
Jewish	0%	2%
Muslim	1%	3%
No religion or strongly held belief	52%	47%
Prefer not to say	5%	8%
Sikh	0%	0%
Spiritual	1%	2%
<b>Total</b>	<b>1,010</b>	<b>18,605</b>

**Question: What is your sex? This is the sex you were assigned at birth. For births registered in the UK, this will either be male or female. However, some other countries may include 'intersex' as an option.**

Response	Retention survey responses	HCPC diversity data
Female	96%	95%
Male	3%	3%
Prefer not to say	2%	2%
<b>Total</b>	<b>1,010</b>	<b>18,665</b>

**Question: Which of the following best describes your sexual orientation?**

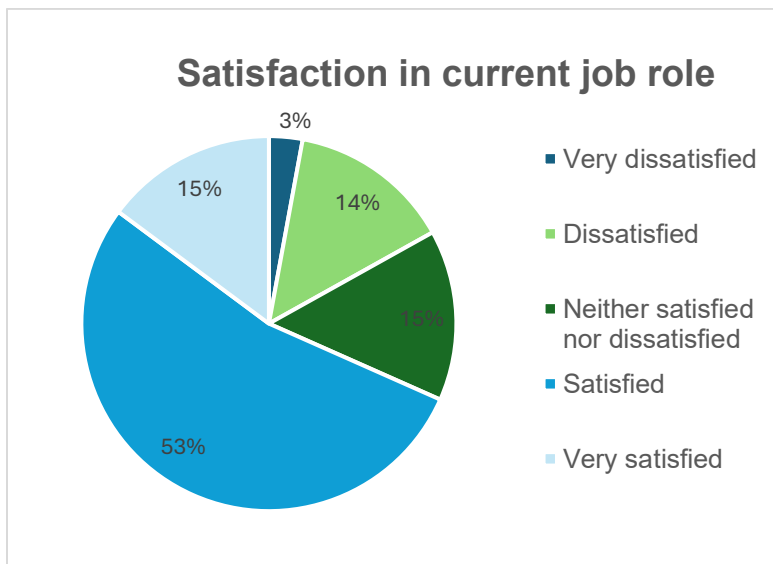
Response	Retention survey responses	HCPC diversity data
Asexual	0%	0%
Bisexual	4%	3%
Gay man	1%	1%
Gay woman/lesbian	1%	1%
Heterosexual/straight	85%	86%
Pansexual	1%	0%
Prefer not to say	6%	9%
Prefer to self-describe	1%	0%
Queer	0%	0%
<b>Total</b>	<b>1,011</b>	<b>18,605</b>

## Job satisfaction

Within this section of the survey, SLTs were asked about their level of satisfaction with their current job. They were asked to rate how they felt about their job in relation to a range of dimensions, including how they feel about going to work, their level of enthusiasm, their pride in their role and their working conditions. They were also asked about their level of satisfaction with respect to specific aspects of their job, such as the recognition that they receive, remuneration and workload. Finally, SLTs were asked to consider the extent to which they felt their role made a difference to patients and service users, their work/life balance and their ability to raise concerns with their immediate line manager.

### Satisfaction within current role

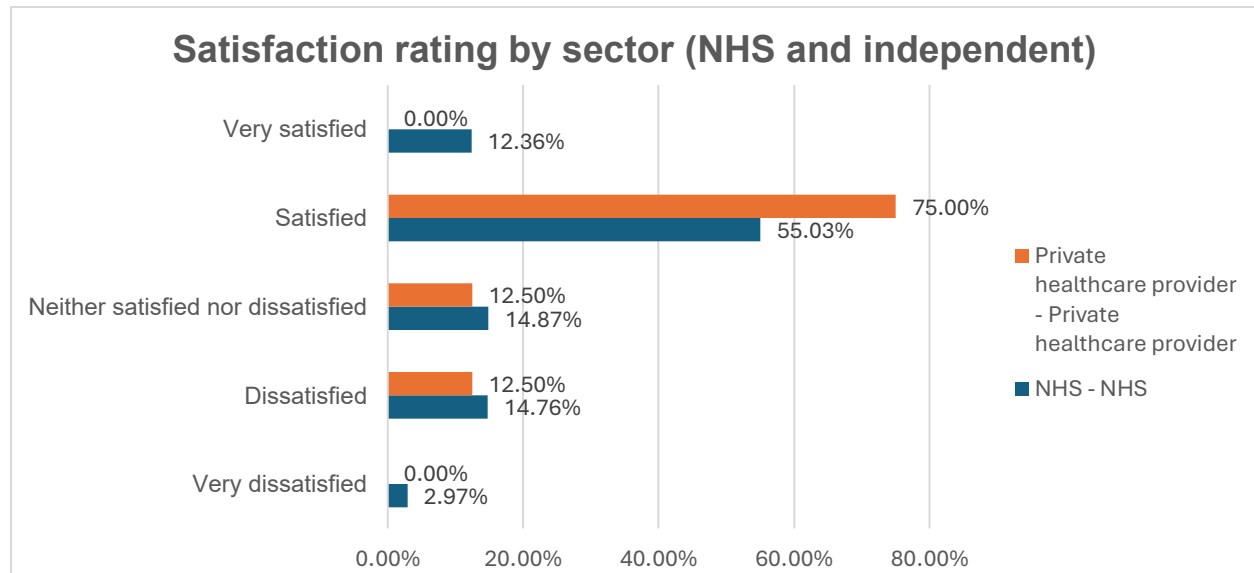
Overall, 68% of respondents were satisfied or very satisfied with their current job.



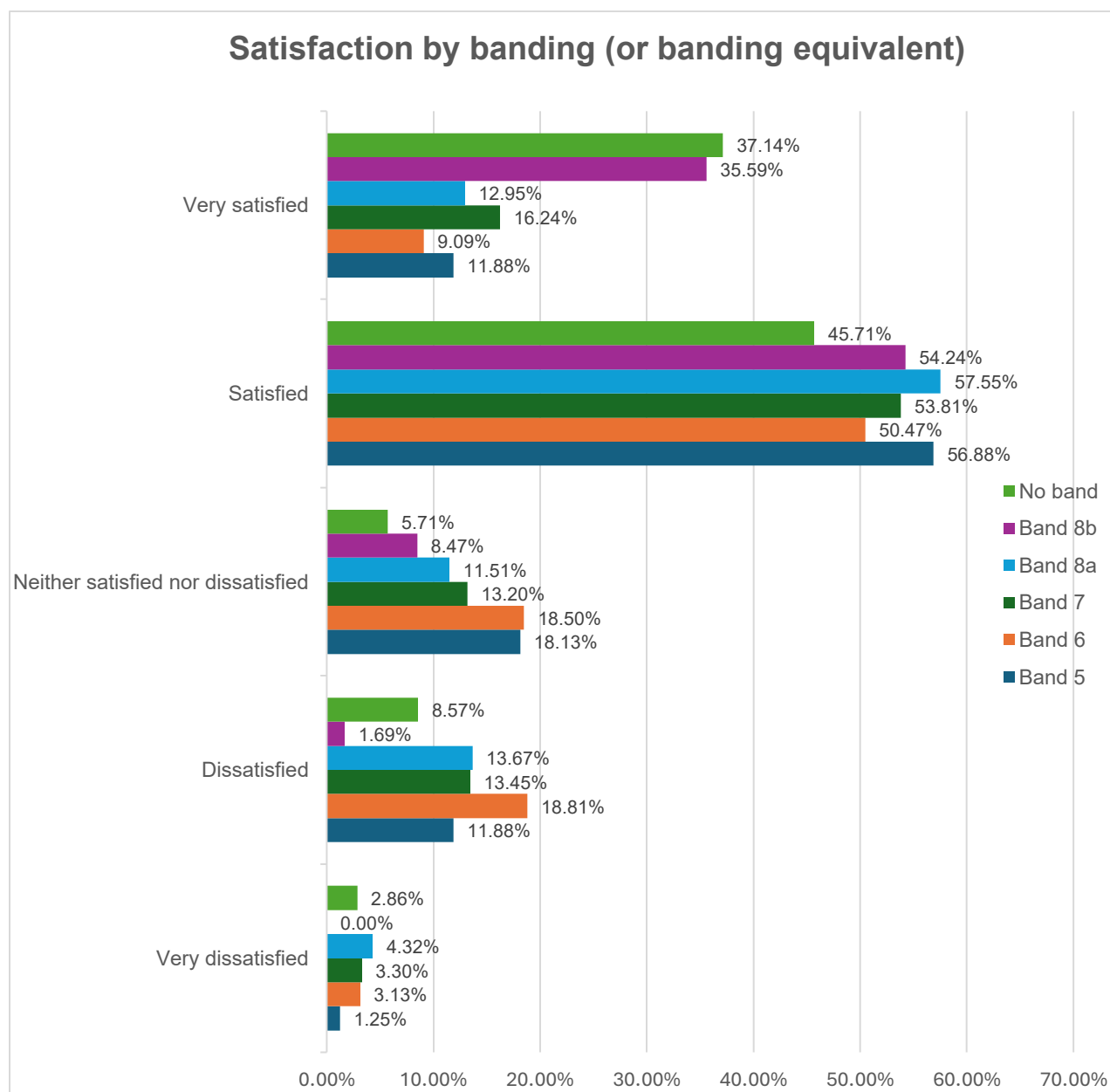
There was little variation in responses between SLTs working with children and young people (69% were satisfied or very satisfied) compared to those working with adults (66% were satisfied or very satisfied). There was significant variation in reported levels of satisfaction by region, however, with the highest levels of satisfaction being in Wales (77%), the Midlands (74%), South East England (71%) and South West England (70%). The lowest levels of satisfaction were reported by therapists working in South West England (55%), London (59%) and Scotland (63%).

Question: Overall how satisfied are you with your job? (By region)					
Region	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
England (East of England)	2%	18%	13%	53%	13%
England (London)	5%	16%	20%	44%	15%
England (Midlands)	1%	12%	13%	61%	13%
England (North East & Yorkshire)	4%	20%	7%	51%	18%
England (North West)	2%	14%	15%	49%	20%
England (South East)	1%	13%	14%	58%	13%
England (South West)	11%	1%	15%	40%	14%
Northern Ireland	3%	11%	15%	61%	9%
Scotland	1%	15%	21%	49%	15%
Wales	3%	8%	13%	57%	20%
<b>Total</b>	<b>3%</b>	<b>14%</b>	<b>15%</b>	<b>54%</b>	<b>15%</b>

The starkest difference is seen in the level of satisfaction across employing organisations, with 84% of those in independent practice (either in a company or working as a sole trader) rating themselves as satisfied or very satisfied, compared to 67% in the NHS. There was no variation between therapists working with children and young people and those working with adults.



There were also differences in the satisfaction ratings across SLTs employed on different NHS bandings (or the equivalent thereof). Those who were band 8b or above had an average satisfaction rating of 90% compared to 70% for those on bands 5,7 and 8a, and 59% for those on band 6.



## Anticipation about going to work

Overall, 48% of therapists reported that they looked forward to going to work. Again, responses varied significantly by banding. Only 38% of band 6 therapists said that they always or often looked forward to going to work, compared to 51% of band 5s, 56% of band 8a and 78% of band 8bs.

Statement: I look forward to going to work (overall)		
Rating	Number of respondents	% of respondents
Always	74	7%
Often	461	41%
Sometimes	431	39%
Rarely	122	11%
Never	24	2%
<b>Total</b>	<b>1,112</b>	<b>100%</b>

Statement: I look forward to going to work (by banding)					
Rating	Band 5	Band 6	Band 7	Band 8a	Band 8b
Always	6%	4%	7%	8%	14%
Often	45%	34%	39%	48%	64%
Sometimes	36%	44%	42%	36%	20%
Rarely	11%	14%	11%	9%	2%
Never	2%	4%	1%	0%	0%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

## Enthusiasm about job

The same difference in experience across bandings is seen in responses to the statement 'I feel enthusiastic about my job'. Whilst 60% of SLTs said that they 'always' or 'often' felt enthusiastic about their job, positive ratings were most common from those employed in band 8b roles or above (81%) compared to band 5 (66%), band 8a (62%), band 7 (61%) and band 6 (51%).

Statement: I feel enthusiastic about my job (overall)		
Rating	Number of respondents	% of respondents
Always	149	13%
Often	526	47%
Sometimes	347	31%
Rarely	81	7%
Never	8	1%
<b>Total</b>	<b>1,111</b>	<b>100%</b>

Statement: I feel enthusiastic about my job (by banding)					
					Band 8b
Response	Band 5	Band 6	Band 7	Band 8a	and above
Always	14.20%	9.97%	13.85%	13.14%	22.03%
Often	51.85%	41.43%	47.10%	48.91%	59.32%
Sometimes	27.78%	37.69%	30.98%	29.93%	18.64%
Rarely	4.94%	9.97%	7.56%	8.03%	0.00%
Never	1.23%	0.93%	0.50%	0.00%	0.00%
<b>Total</b>	<b>14.58%</b>	<b>28.89%</b>	<b>35.73%</b>	<b>12.33%</b>	<b>5.31%</b>

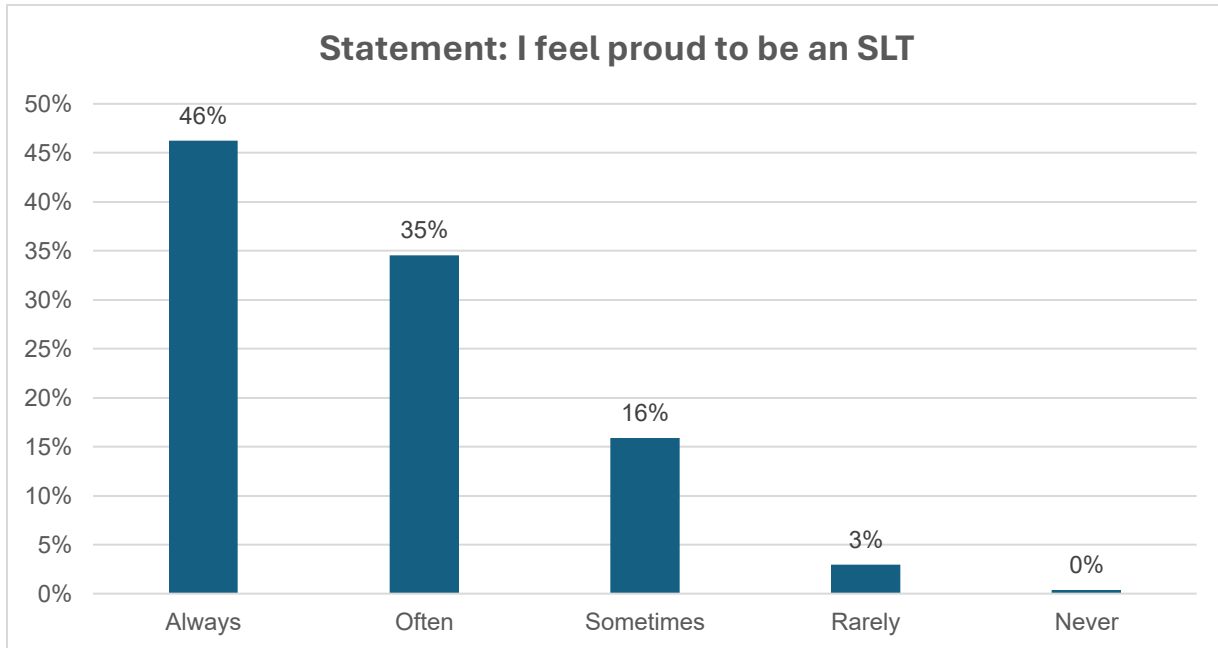
The highest self-ratings for enthusiasm about their job were from SLTs working in North West England (69%), the Midlands (67%) and Wales (66%). The lowest self-ratings for enthusiasm about their job came from therapists working in South West England (49%) and East of England (51%) and other areas (40%).



Statement: I feel enthusiastic about my job (by region)					
Region	Always	Often	Sometimes	Rarely	Never
England (East of England)	13%	38%	33%	16%	0%
England (London)	13%	44%	28%	12%	3%
England (Midlands)	13%	54%	29%	4%	0%
England (North East & Yorkshire)	13%	45%	32%	10%	0%
England (North West)	16%	53%	28%	2%	1%
England (South East)	11%	46%	36%	6%	1%
England (South West)	7%	42%	39%	11%	1%
Northern Ireland	14%	47%	30%	9%	1%
Scotland	12%	46%	36%	6%	0%
Wales	18%	48%	26%	6%	1%
Other	30%	10%	40%	20%	0%
<b>Total</b>	<b>13%</b>	<b>48%</b>	<b>31%</b>	<b>7%</b>	<b>1%</b>

## Pride in being a speech and language therapist

Despite the concerns that respondents expressed about their specific jobs, SLTs were generally very positive about the profession, with 81% reporting that they were always or often proud to be an SLT.



This feeling of pride was highest in SLTs working in North West England (87%), Wales, East of England and the Midlands (all 84%) and lowest in South West England (73%), London and North East and Yorkshire (both 75%).

When results were sorted by region, there was no significant difference in ratings of pride between SLTs working independently (88%), within education providers (87%) and within charities, social enterprises and non-profits (84%). Therapists working within the NHS were more likely to rate themselves as only sometimes or never feeling proud to be an SLT, with 79% rating themselves as always or often being proud.

## Unrealistic time pressures

When asked about their experiences of unrealistic time pressures, 61% of respondents said that this is something they experienced 'always' or often within their role.

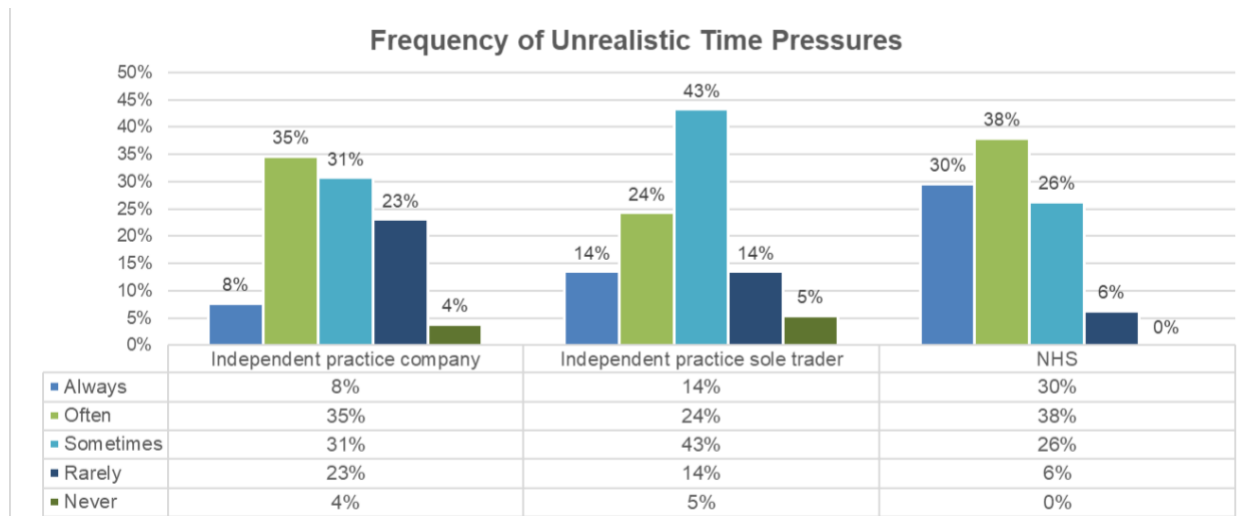
Statement: My job involves unrealistic time pressures (overall)		
Rating	Number of respondents	% of respondents
Always	285	26%
Often	384	35%

Sometimes	342	31%
Rarely	93	8%
Never	5	<1%
<b>Total</b>	<b>1,109</b>	<b>100%</b>

There was a little variation between the experiences of SLTs working with children and young people (63%) compared to those working with adults (57%).

<b>Statement: My job involves unrealistic time pressures (by client group)</b>		
<b>Response</b>	<b>Therapists working with children and young people</b>	<b>Therapists working with adults</b>
Always	26%	26%
Often	37%	31%
Sometimes	28%	37%
Rarely	9%	6%
Never	1%	0%
<b>Total respondents</b>	<b>710</b>	<b>315</b>

The most variation in responses was seen by sector, with 68% of NHS SLTs responding that their jobs always or often involve unrealistic time pressures compared to 43% of those working in independent companies and 38% of those working as independent sole traders.



## Choice in decisions related to work

Nearly two-thirds (63%) of respondents said they always or often have a choice in deciding how to do their work. Unsurprisingly, this proportion increased with seniority from 53% of therapists working at a band 6 to 85% of therapists working at a band 8b or above.

Statement: I have a choice in deciding how to do my work (overall)		
Rating	Number of respondents	% of respondents
Always	164	15%
Often	531	48%
Sometimes	332	30%
Rarely	74	7%
Never	11	1%
<b>Total</b>	<b>1,112</b>	<b>100%</b>

Speech and language therapists working independently were also more likely to respond that they always or often had a choice in deciding how to do their work (81%) compared to 60% of NHS therapists.

<b>Statement: I have a choice in deciding how to do my work (by sector)</b>		
<b>Response</b>	<b>Independent practice combined</b>	<b>NHS</b>
Always	38%	13%
Often	43%	47%
Sometimes	17%	32%
Rarely	2%	7%
Never	0%	1%
<b>Total</b>	<b>94</b>	<b>879</b>

## **(Un)reasonable workloads**

When asked about the reasonableness of their workload, 28% of SLTs reported that it was always or often reasonable, while 36% reported that it was rarely or never reasonable.

<b>Statement: My workload is reasonable (overall)</b>		
<b>Rating</b>	<b>Number of respondents</b>	<b>% of respondents</b>
Always	41	4%
Often	264	24%
Sometimes	409	37%
Rarely	275	25%
Never	121	11%
<b>Total</b>	<b>1,110</b>	<b>100%</b>

There was significant variation in responses across sectors, with 61% of therapists in independent practice reporting that their workload was always or often reasonable, compared to 24% of NHS therapists. Two-fifths (39%) of SLTs working in the NHS report that their workload is rarely or never reasonable.

Statement: My workload is reasonable (by sector)		
Response	Independent practice combined	NHS
Always	17%	3%
Often	44%	21%
Sometimes	27%	38%
Rarely	9%	27%
Never	4%	12%
<b>Total</b>	<b>100%</b>	<b>100%</b>

### Recognition for good work

Overall, 53% of therapists were satisfied or very satisfied with the recognition that they receive for good work, with 25% of therapists reporting that they were dissatisfied or very dissatisfied.

The recognition I get for good work (overall)		
Rating	Number of respondents	% of respondents
Very dissatisfied	52	5%
Dissatisfied	216	20%
Neither satisfied nor dissatisfied	255	23%
Satisfied	463	42%
Very satisfied	121	11%

<b>Total</b>	<b>1,107</b>	<b>100%</b>
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In line with previous results, SLTs in independent practice were more likely to be satisfied or very satisfied with the recognition they receive (66%) compared to 51% of those who work in the NHS. Therapists working at a band 5 or 6 level were less likely to report that they were satisfied or very satisfied (47% and 44% respectively), increasing with banding to 78% of therapists working at a band 8b or above. There was no significant variation between therapists working with children and young people compared to those working with adults.

<b>Satisfaction with the recognition I get for good work (by sector)</b>		
<b>Response</b>	<b>Independent practice combined</b>	<b>NHS</b>
Very dissatisfied	0%	5%
Dissatisfied	12%	20%
Neither satisfied nor dissatisfied	22%	23%
Satisfied	45%	41%
Very satisfied	21%	10%
<b>Total number of respondents</b>	<b>94</b>	<b>874</b>

<b>Satisfaction with the recognition I get for good work (by banding or banding equivalent)</b>					
<b>Response</b>	<b>Band 5</b>	<b>Band 6</b>	<b>Band 7</b>	<b>Band 8a</b>	<b>Band 8b</b>
Very dissatisfied	8%	6%	3%	3%	3%
Dissatisfied	14%	24%	22%	16%	2%

Neither satisfied nor dissatisfied	30%	25%	23%	17%	17%
Satisfied	35%	38%	42%	50%	56%
Very satisfied	12%	6%	10%	15%	22%
<b>Total</b>	<b>161</b>	<b>320</b>	<b>395</b>	<b>137</b>	<b>59</b>

## The extent to which therapists feel their work is valued by their organisations

Overall, 44% of therapists reported that they were satisfied or very satisfied to the extent to which their organisation valued their work. This varied by client group, with 47% of therapists working with children and young people reporting that they were satisfied, compared to only 35% of therapists working with adults. Therapists working with both children and adults were most likely to report that their organisation valued their work, with 56% of respondents rating themselves as satisfied or very satisfied.

Satisfaction with the extent to which my organisation values my work (overall)		
Rating	Number of respondents	% of respondents
Very dissatisfied	85	8%
Dissatisfied	226	20%
Neither satisfied nor dissatisfied	299	27%
Satisfied	378	34%
Very satisfied	115	10%
<b>Total</b>	<b>1,103</b>	<b>100%</b>



Satisfaction with the extent to which my organisation values my work (by client group)					
Response	Children and young people (0-18 years old)	Adults	Both	Not applicable to my role	Total
Very dissatisfied	7%	10%	8%	0%	8%
Dissatisfied	18%	27%	14%	20%	20%
Neither satisfied nor dissatisfied	27%	28%	22%	25%	27%
Satisfied	35%	31%	35%	40%	34%
Very satisfied	12%	4%	21%	15%	10%
<b>Total</b>	<b>705</b>	<b>315</b>	<b>63</b>	<b>20</b>	<b>1,103</b>

## Levels of pay

Overall, 43% of therapists reported that they were satisfied or very satisfied with their levels of pay. This varied significantly according to the respondent's banding or banding equivalent, with only 27% of therapists working at a band 5 reporting that they were satisfied or very satisfied with their level of pay, compared to 80% of those working at a band 8b or above. There was no variation between the reported satisfaction levels between therapists working with children and young people, and therapists working with adults.

Satisfaction with level of pay (overall)		
Rating	Number of respondents	% of respondents
Very dissatisfied	104	9%
Dissatisfied	297	27%
Neither satisfied nor dissatisfied	234	21%
Satisfied	410	37%
Very satisfied	63	6%
<b>Total</b>	<b>1,108</b>	<b>100%</b>

Satisfaction with level of pay (by banding or banding equivalent)					
Response	Band 5	Band 6	Band 7	Band 8a	Band 8b and above
Very dissatisfied	16%	11%	9%	2%	3%
Dissatisfied	33%	34%	23%	26%	10%
Neither satisfied nor dissatisfied	24%	23%	22%	17%	7%
Satisfied	24%	29%	43%	51%	51%
Very satisfied	3%	3%	5%	4%	29%
<b>Total</b>	<b>161</b>	<b>321</b>	<b>395</b>	<b>137</b>	<b>59</b>

## Opportunities for flexible working

Overall, 64% of therapists reported that they were satisfied or very satisfied with the opportunities available for flexible working patterns.

Satisfaction with the opportunities for flexible working patterns (overall)		
Rating	Number of respondents	% of respondents
Very dissatisfied	63	6%
Dissatisfied	150	14%
Neither satisfied nor dissatisfied	178	16%
Satisfied	478	43%
Very satisfied	238	21%
<b>Total</b>	<b>1,107</b>	<b>100%</b>

There were no significant differences in the responses between therapists working with children and adults, but again there were differences in the ratings of therapists working in the NHS compared to those working independently. 63% of NHS therapists reported that they were satisfied or very satisfied with opportunities for flexible working patterns, compared to 79% of therapists working in independent practice.

Satisfaction with the opportunities for flexible working patterns (by sector)		
Response	Independent practice combined	NHS
Very dissatisfied	2%	6%
Dissatisfied	6%	14%
Neither satisfied nor dissatisfied	13%	17%
Satisfied	39%	44%
Very satisfied	40%	19%
<b>Total</b>	<b>94</b>	<b>874</b>

## Workload

Overall, only 32% of SLTs reported that they were satisfied or very satisfied with their workload, with 43% reporting that they were dissatisfied or very dissatisfied.

Satisfaction with workload (overall)		
Rating	Number of respondents	% of respondents
Very dissatisfied	134	12%
Dissatisfied	342	31%
Neither satisfied nor dissatisfied	271	25%
Satisfied	322	29%
Very satisfied	36	3%
<b>Total</b>	<b>1,105</b>	<b>100%</b>

There was little variation between therapists working with children and families compared to those working with adults. However, there was variation across sectors and therapists working at different bandings. Consistent with findings reported earlier in this report, NHS therapists were less likely to report that they were satisfied or very satisfied with their workload (29%) compared to therapists working in independent practice (60%). Almost half (47%) of therapists working in the NHS reported that they were dissatisfied or very dissatisfied with their workload.

Satisfaction with workload (by sector)		
Response	Independent practice combined	NHS
Very dissatisfied	2%	13%
Dissatisfied	17%	34%

Neither satisfied nor dissatisfied	20%	25%
Satisfied	40%	27%
Very satisfied	20%	2%
<b>Total</b>	<b>94</b>	<b>872</b>

Two-fifths (39%) of therapists working in a band 8b role or above reported that they were satisfied or very satisfied with their workload, compared to 39% of those at band 5, 33% of those at band 7, 28% of those at band 6 and 27% of those at band 8a.

Satisfaction with workload (by banding)					
Response	Band 5	Band 6	Band 7	Band 8a	Band 8b
Very dissatisfied	9%	14%	13%	9%	7%
Dissatisfied	24%	32%	31%	41%	25%
Neither satisfied nor dissatisfied	29%	26%	22%	23%	29%
Satisfied	36%	26%	30%	25%	29%
Very satisfied	3%	2%	3%	2%	10%
<b>Total</b>	<b>160</b>	<b>320</b>	<b>394</b>	<b>137</b>	<b>59</b>

## Perceived benefit to patients/service users

The vast majority of SLTs felt that their role made a difference to patients/service users, with 87% of therapists agreeing or strongly agreeing with this statement. There was little variation in responses across therapists working at different bandings or with different client groups.

<b>Statement: I feel that my role makes a difference to patients/service users.</b>		
<b>Response</b>	<b>Number of respondents</b>	<b>% of respondents</b>
Strongly agree	517	47%
Agree	447	40%
Neither agree nor disagree	83	7%
Disagree	48	4%
Strongly disagree	9	1%
Not applicable to me	5	<1%
<b>Total</b>	<b>1,109</b>	<b>100%</b>

There was some variation in ratings by region. Therapists working in other regions (100%), Wales (93%) and North West England (90%) most often agreed or strongly agreed that their role made a difference to patients/service users. Therapists working in the South West and the East of England only agreed with this statement 75% and 77% of the time respectively.

<b>Statement: I feel that my role makes a difference to patients/service users (by region)</b>					
<b>Region</b>	<b>Strongly agree</b>	<b>Agree</b>	<b>Neither agree or disagree</b>	<b>Disagree</b>	<b>Strongly disagree</b>
England (East of England)	44%	33%	16%	0%	4%
England (London)	38%	49%	7%	5%	1%
England (Midlands)	49%	37%	7%	5%	0%
England (North East & Yorkshire)	41%	44%	7%	4%	3%
England (North West)	48%	42%	4%	4%	1%
England (South East)	48%	40%	5%	5%	2%
England (South West)	36%	39%	20%	5%	0%

Northern Ireland	50%	38%	7%	5%	0%
Scotland	42%	46%	8%	4%	0%
Wales	56%	37%	4%	3%	0%
Other	60%	40%	0%	0%	0%
<b>Total</b>	<b>47%</b>	<b>40%</b>	<b>7%</b>	<b>4%</b>	<b>1%</b>

## Organisational support to balance work and home life

Overall, 53% of SLTs agreed or strongly agreed that their organisation supported them to balance their work and home life. A fifth (21%) of therapists disagreed or strongly disagreed with this statement.

<b>Statement: My organisation is committed to helping me balance my work and home life</b>		
<b>Rating</b>	<b>Number of respondents</b>	<b>% of respondents</b>
Strongly agree	159	14%
Agree	428	39%
Neither agree nor disagree	263	24%
Disagree	175	16%
Strongly disagree	60	5%
Not applicable to me	25	2%
<b>Total</b>	<b>1,110</b>	<b>100%</b>

There were no significant differences in ratings between SLTs working with children compared to those working with adults. Again, there were differences in experiences reported across regions, with therapists more likely to agree or strongly agree with this statement when working in South East England (61%), East of England (60%) and South West England (57%). Less than half of therapists agreed or strongly agreed with this statement in Scotland (38%), other areas (40%), Northern Ireland (42%) and London (49%).

**Statement: My organisation is committed to helping me balance my work and home life (by region)**

Region	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
England (East of England)	20%	40%	13%	18%	2%
England (London)	20%	29%	21%	18%	11%
England (Midlands)	16%	40%	26%	13%	4%
England (North East & Yorkshire)	14%	51%	13%	15%	3%
England (North West)	13%	42%	22%	18%	4%
England (South East)	20%	41%	19%	10%	5%
England (South West)	11%	46%	24%	13%	4%
Northern Ireland	7%	35%	23%	24%	9%
Scotland	10%	28%	41%	14%	6%
Wales	13%	38%	28%	16%	5%
Other	20%	20%	30%	20%	0%
<b>Total</b>	<b>14%</b>	<b>39%</b>	<b>24%</b>	<b>16%</b>	<b>5%</b>

## Balance between work and home life

More than half (54%) of SLTs said they were able to achieve a good balance between their home and work lives, agreeing or strongly agreeing with this statement. Concerningly, more than a quarter (27%) of therapists reported that they were not able to achieve this, disagreeing or strongly disagreeing with this statement.

**Statement: I achieve a good balance between my work life and my home life**

Response	Number of respondents	% of respondents
Strongly agree	153	14%
Agree	446	40%



Neither agree nor disagree	207	19%
Disagree	238	21%
Strongly disagree	63	6%
Not applicable to me	4	<1%
<b>Total</b>	<b>1,111</b>	<b>100%</b>

There were no overall differences in the ratings of therapists working with children and young people compared to adults. Speech and language therapists working in the charity, social enterprise and non-profit sectors were least likely to report a good work-life balance, with only 41% of therapists agreeing or strongly agreeing with this statement. Therapists working in the NHS and education agreed or strongly agreed with this statement 53% and 50% of the time respectively. The most positive responses came from those working in the independent sector; 76% of therapists working in independent companies and as sole traders agreed or strongly agreed that they were able to achieve a good balance between their work and home life.

<b>Statement: I achieve a good balance between my work life and my home life (by employer)</b>				
<b>Response</b>	<b>Charity, social enterprise, non-profit</b>	<b>education provider</b>	<b>Independent practice (company/sole trader)</b>	<b>NHS</b>
Strongly agree	15%	9%	38%	12%
Agree	26%	41%	38%	41%
Neither agree nor disagree	15%	24%	25%	19%
Disagree	32%	26%	0%	22%
Strongly disagree	12%	0%	0%	6%

## Level of safety/comfort in raising concerns with immediate manager

Overall, 73% of SLTs reported that they felt safe and/or comfortable approaching their immediate manager to raise any concerns.

Statement: I feel safe/comfortable approaching my immediate manager to raise any concerns (overall)		
Response	Number of respondents	% of respondents
Strongly agree	417	38%
Agree	391	35%
Neither agree nor disagree	107	10%
Disagree	96	9%
Strongly disagree	52	5%
Not applicable to me	47	4%
<b>Total</b>	<b>1,110</b>	<b>100%</b>

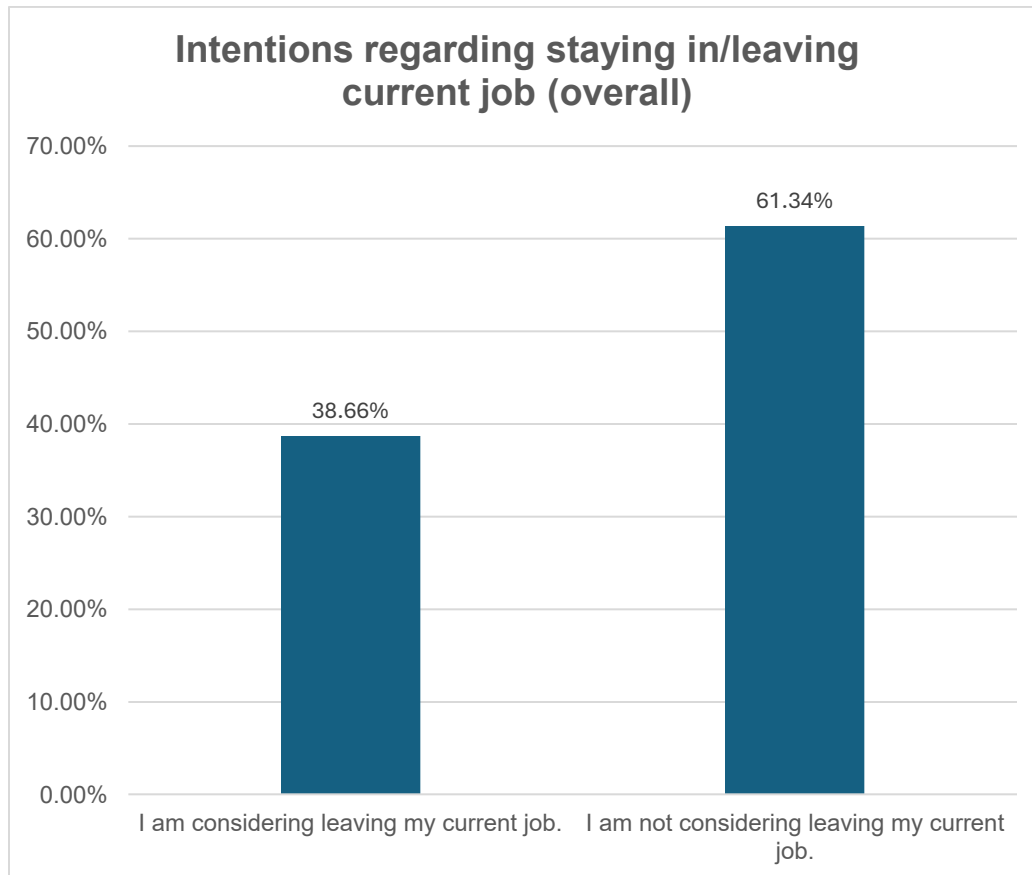
Speech and language therapists employed within independent practice, the NHS and education were more likely to say they felt safe/comfortable with approaching their immediate manager to raise concerns with 88%, 78% and 72% of therapists respectively agreeing or strongly agreeing with this statement. Concerningly, only 62% of therapists working in the charity, social enterprise and non-profit sector agreed or strongly agreed with this statement, with almost a quarter (24%) disagreeing or strongly disagreeing.

**Statement: I feel safe/comfortable approaching my immediate manager to raise  
any concerns (by employer)**

<b>Response</b>	<b>Charity, social enterprise, non- profit</b>	<b>Education provider</b>	<b>Independent practice (company/sole trader)</b>	<b>NHS</b>
Strongly agree	24%	39%	50%	39%
Agree	38%	33%	38%	37%
Neither agree nor disagree	12%	9%	0%	10%
Disagree	18%	15%	13%	9%
Strongly disagree	6%	4%	0%	4%

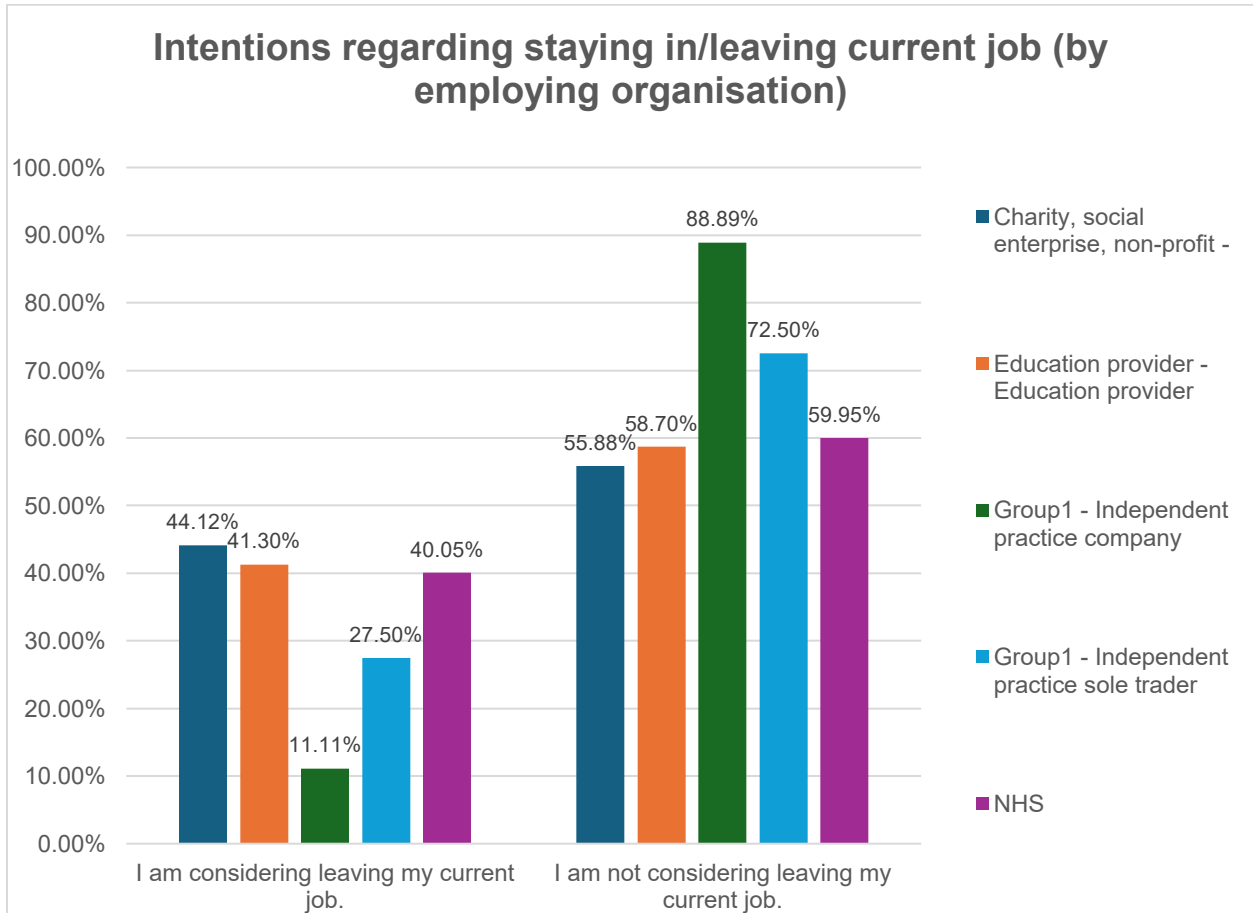
## Retention

In this section, SLTs were asked whether they were planning to leave their current job and what factors were influencing them to stay or leave. Nearly two-thirds (61%) of therapists said that they were planning to stay in their current job, whilst 39% said they were considering leaving.



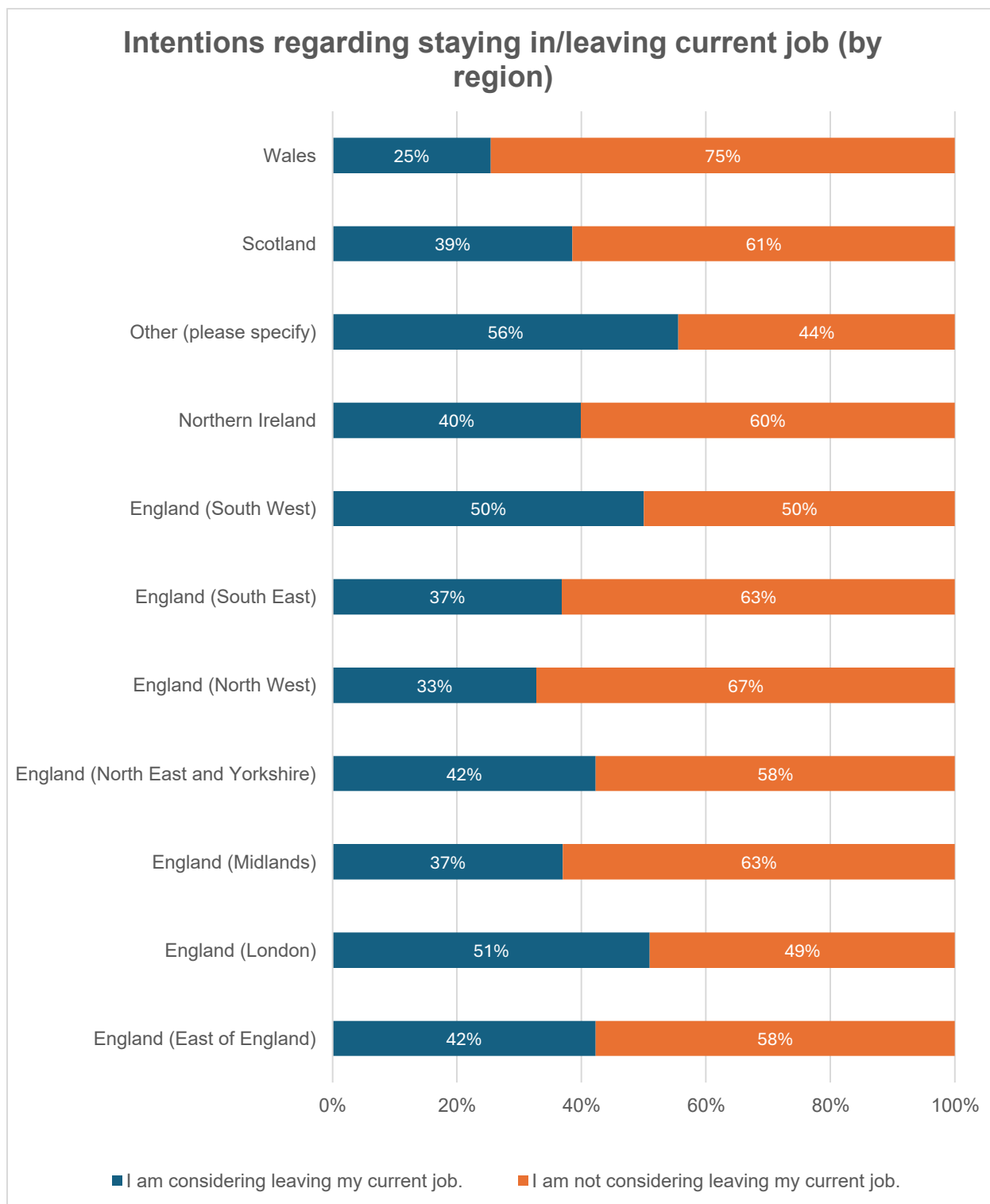
There was some variation between SLTs working with children and young people compared to those working with adults. More than a third (36%) of therapists working with children and young people reported that they were considering leaving their job, compared to 46% of therapists working with adults.

Stated intentions varied significantly across employing organisations. Speech and language therapists working in independent practice were most likely to report that they were not planning to leave their current job, with 89% of therapists working in independent companies and 73% of therapists working as sole traders stating their intention to stay.



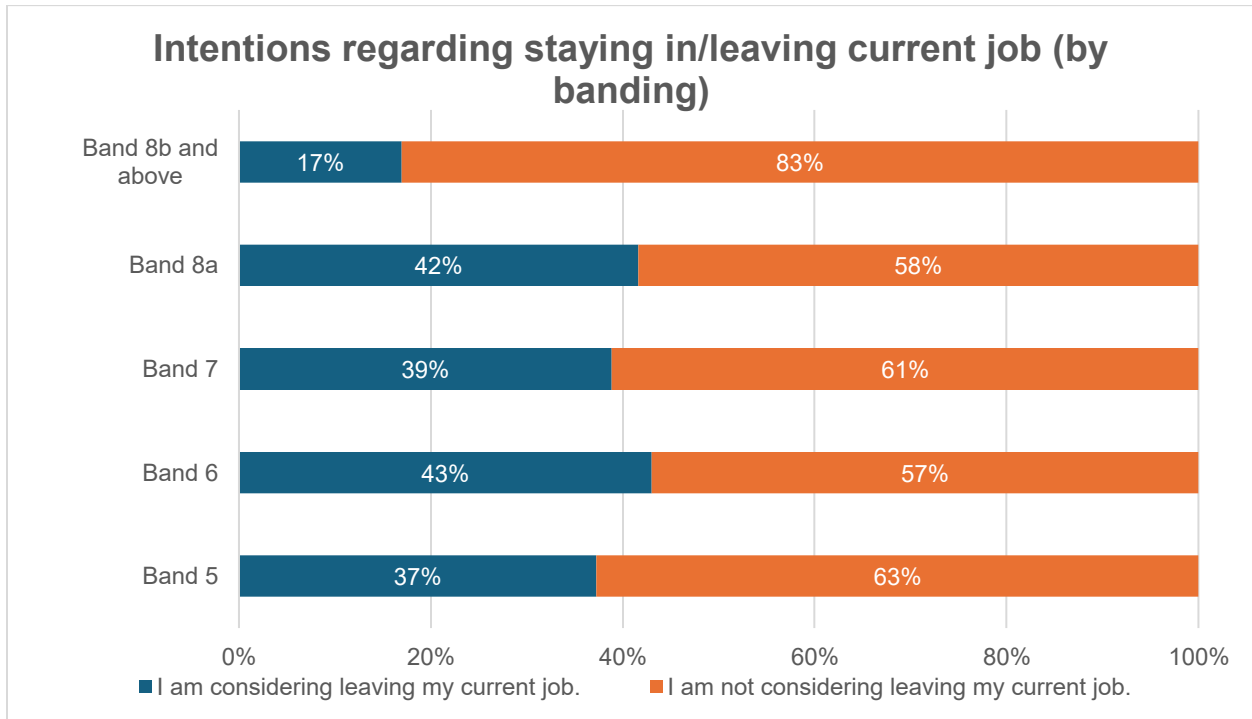
In line with reported varying levels of job satisfaction, SLTs' intentions to stay or leave their current job varied by geography and the banding that they were working at (or banding equivalent).

Speech and language therapists working in Wales (75%), North West England (67%), South East England (63%) and the Midlands (63%) were more likely to report that they were not considering leaving their current job. Therapists working in other areas (56%), London (51%) and South West England (50%) were more likely to report that they were considering leaving their current job.



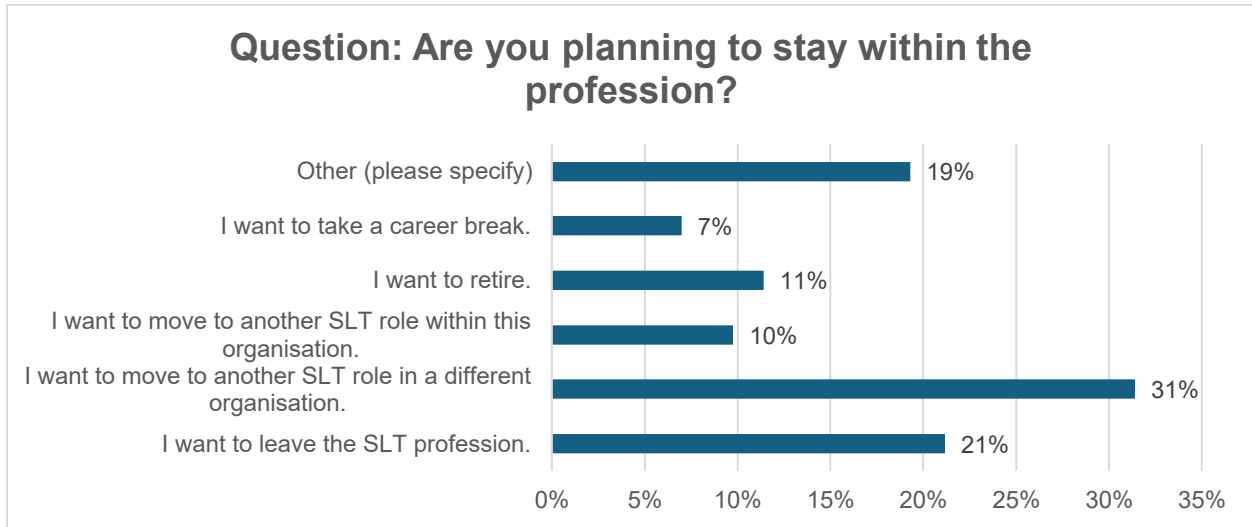
Speech and language therapists working at band 8b or above were least likely to be considering leaving their current job, with 83% of therapists expressing their intention to

stay. More than a third of therapists at all other bandings were considering leaving their current job (37% of band 5s, 43% of band 6s, 39% of band 7s and 42% of band 8as).



## Plans to stay within the speech and language therapy profession

Respondents who were considering leaving their current job were asked whether they were planning to stay within the speech and language therapy profession. Out of these 430 respondents, 21% reported they wanted to leave speech and language therapy (8% of all respondents to the survey). A further 18% are looking to retire or take a career break (7% of overall respondents). A greater proportion of SLTs working with adults wanted to leave the profession (27%) compared to therapists working with children and young people (19%).



There was a range of explanatory comments provided by therapists who answered 'other'. Respondents commonly reported that they were undecided at this stage and made reference to factors that they were taking into consideration, including those discussed earlier in this report and throughout this section. Examples of comments include:

*"I do not really want to leave as I value the clinical aspect and my skills, but the job has changed so much from where I started – so much universal, or webinars, or telepractice. So much admin staring at a screen sitting at a desk. I used to be active, constant face-to-face individual work with families that was satisfying. Not really now."*

*"I am currently considering my options. I have trained hard and have been an SLT for over 18 years but have reached a point that I am unsure if the trust values align with my own personal and professional values. It really saddens me to be experiencing this current state of mind around my profession within the NHS."*

*"I want things to be better, but see no other viable options since it will just be the same everywhere so I will most likely stay, even with the issues as at least I have a supportive manager and flexible working here."*

*"I do not want to leave the profession but feel forced out of my current role by poor management and stress and due to the size of the trust any other roles will involve more travel than I feel able to manage considering I have a community role which involves travelling throughout the day."*

*"I will likely stay, but I do often think about roles which have less pressures re: waiting list/ unnecessary paperwork etc."*



*"I'm considering leaving my role due to the cost of living in the city. If I did the same job in a town it would be cheaper and I think pay scales should take into account the costs of rent in city jobs."*

*"I want to stay in the NHS but there are very little band 8 opportunities."*

*"Service changes meaning we are no longer delivering the quality of service that I believe to be impactful, which is disheartening."*

Of the 135 respondents who said that they wanted to stay in the profession but move into another speech and language therapy role, 64 (47%) reported that they wanted to move into a NHS role. However, it should be noted that 104 (77%) of the respondents already work in a NHS role, indicating that many are planning to leave the NHS to pursue opportunities in the independent sector, education and other areas.

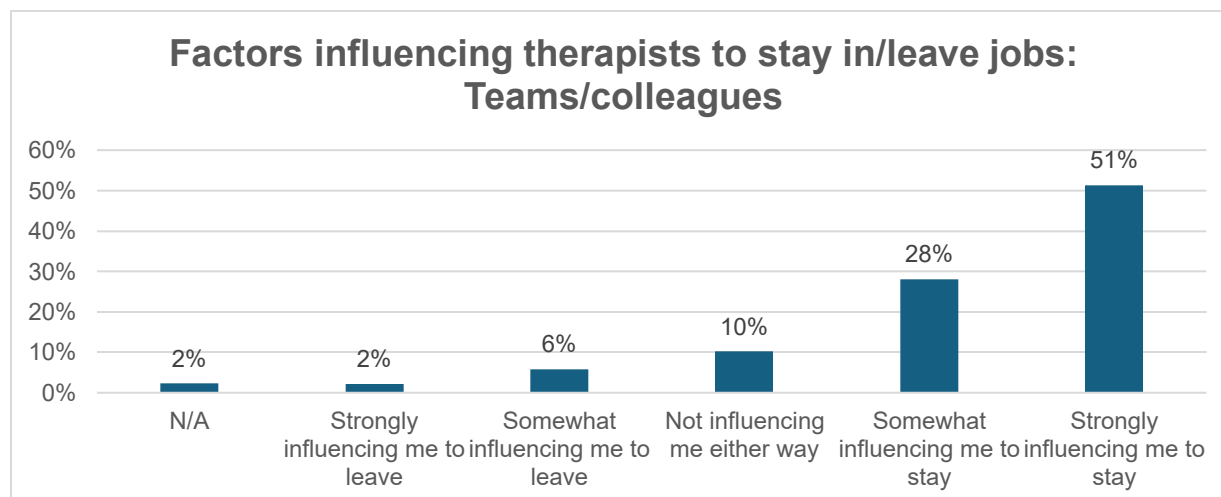
#### **Selected option: I want to move to another SLT role in a different organisation:**

##### **Intentions regarding next steps**

<b>Statements</b>	<b>Number of respondents</b>	<b>% of respondents</b>
I want to move to an SLT role in a different kind of organisation.	15	11%
I want to move to an SLT role in education.	13	10%
I want to move to an SLT role in the independent sector.	43	32%
I want to move to an SLT role in the NHS.	64	47%
<b>Total</b>	<b>135</b>	<b>100%</b>

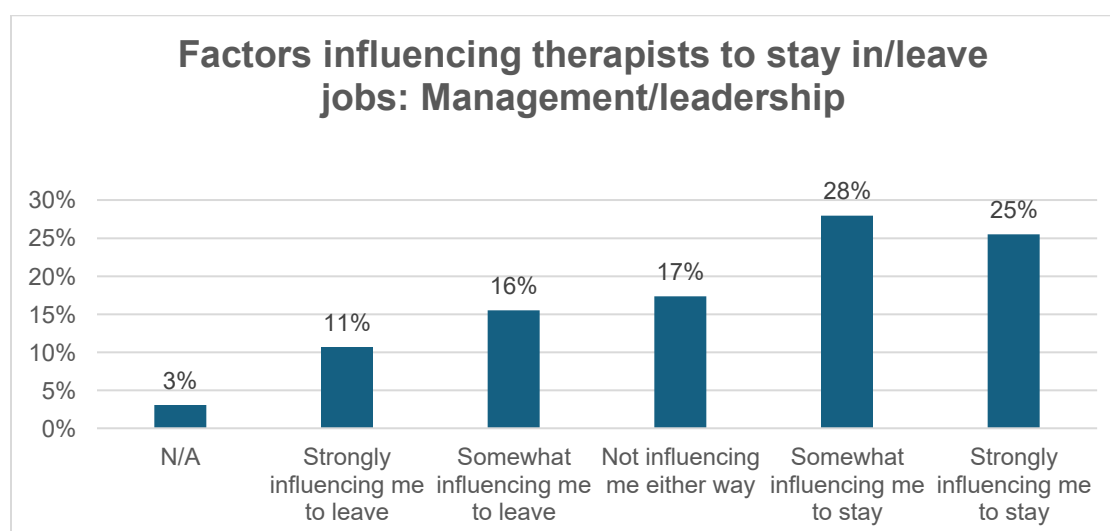
## **Factors influencing therapists' decisions to stay in or leave jobs**

**Teams and colleagues:** 79% of SLTs reported that their team and/or colleagues were somewhat or strongly influencing them to stay in their current jobs. This did not vary significantly across any of the subcategories of respondents, with the exception of sole traders in independent practice who were more likely to state that this was not applicable (55%).



**Management/leadership:** 53% of SLTs reported that management/leadership was a factor somewhat or strongly influencing them to stay in their current jobs. This varied across therapists working across the age ranges, with 57% of therapists working with children and young people saying it influences them to stay (somewhat or strongly) compared to 45% of therapists working with adults.

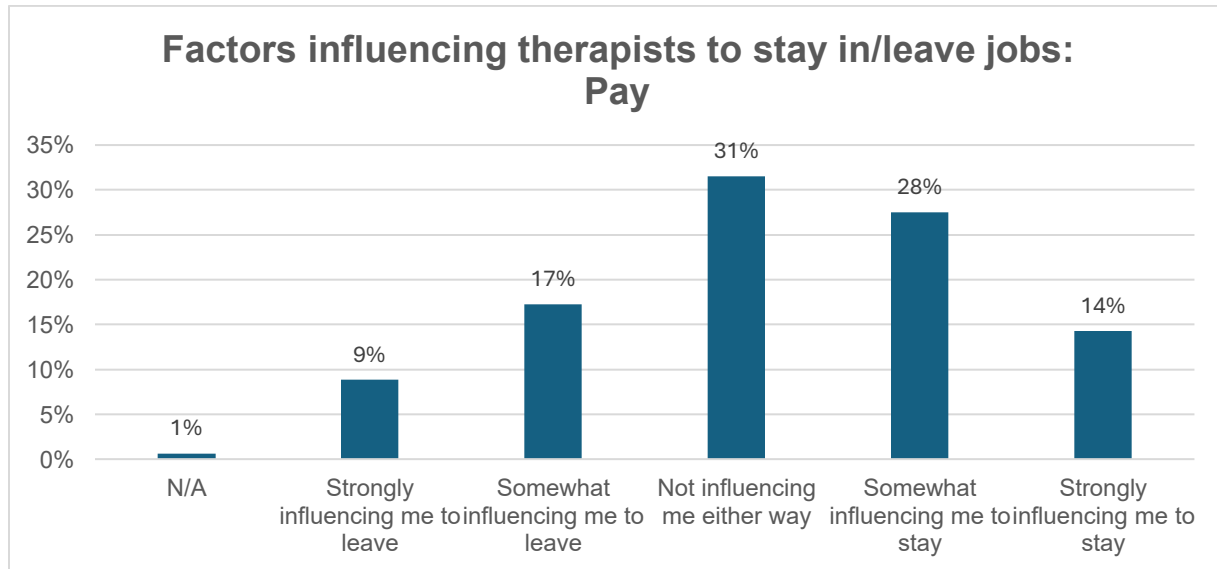
The response is only slightly different between those whose direct line manager is an SLTs compared to those who do not have a line manager of the same profession, with 56% and 52% respectively saying this is a factor that influences them to stay.



**Factors influencing therapists to stay in/leave jobs: Management/leadership**

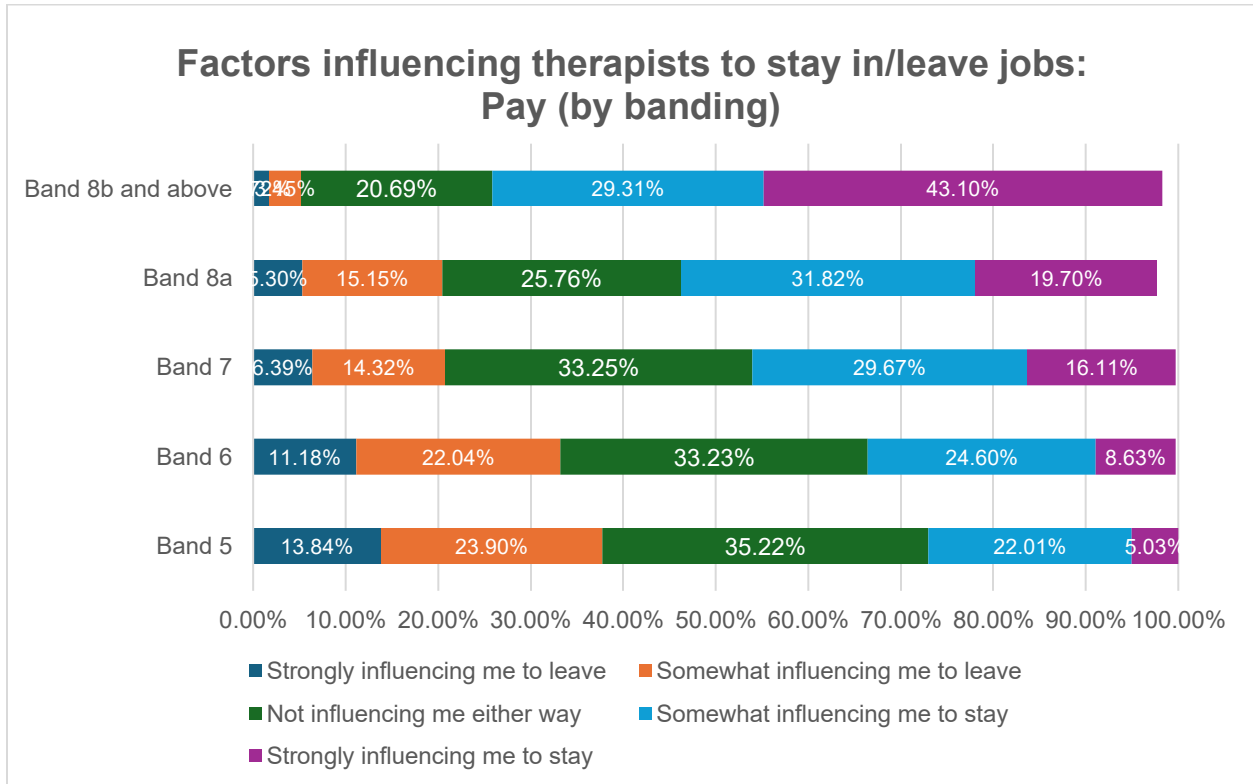
<b>Is your direct line manager an SLT?</b>	<b>No</b>	<b>Yes</b>
N/A	0%	0%
Strongly influencing me to leave	13%	10%
Somewhat influencing me to leave	18%	15%
Not influencing me either way	17%	18%
Somewhat influencing me to stay	29%	29%
Strongly influencing me to stay	23%	27%
<b>Total</b>	<b>251</b>	<b>750</b>

**Pay:** Pay emerges as a factor both influencing SLTs to stay (42%) and to leave (26%) their current roles.

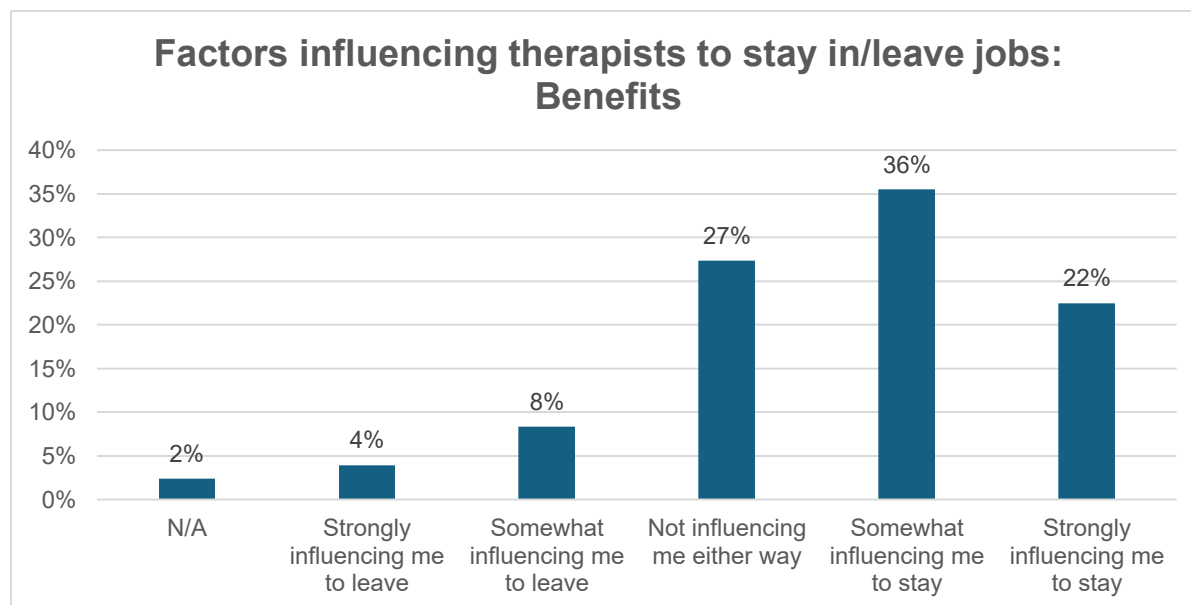


There was some variation in the responses between SLTs working with children and young people compared to those working with adults, with the former more likely to say it influences them to stay (43%) than the latter (35%).

The most significant variation in response is associated with banding or banding equivalent. The higher the banding an SLT is employed at, the more likely it is to influence them to stay in their current roles. Nearly two-fifths (38%) of SLTs working in a band 5 role or equivalent said that their pay was influencing them to leave, compared to 5% of band 8bs and above.

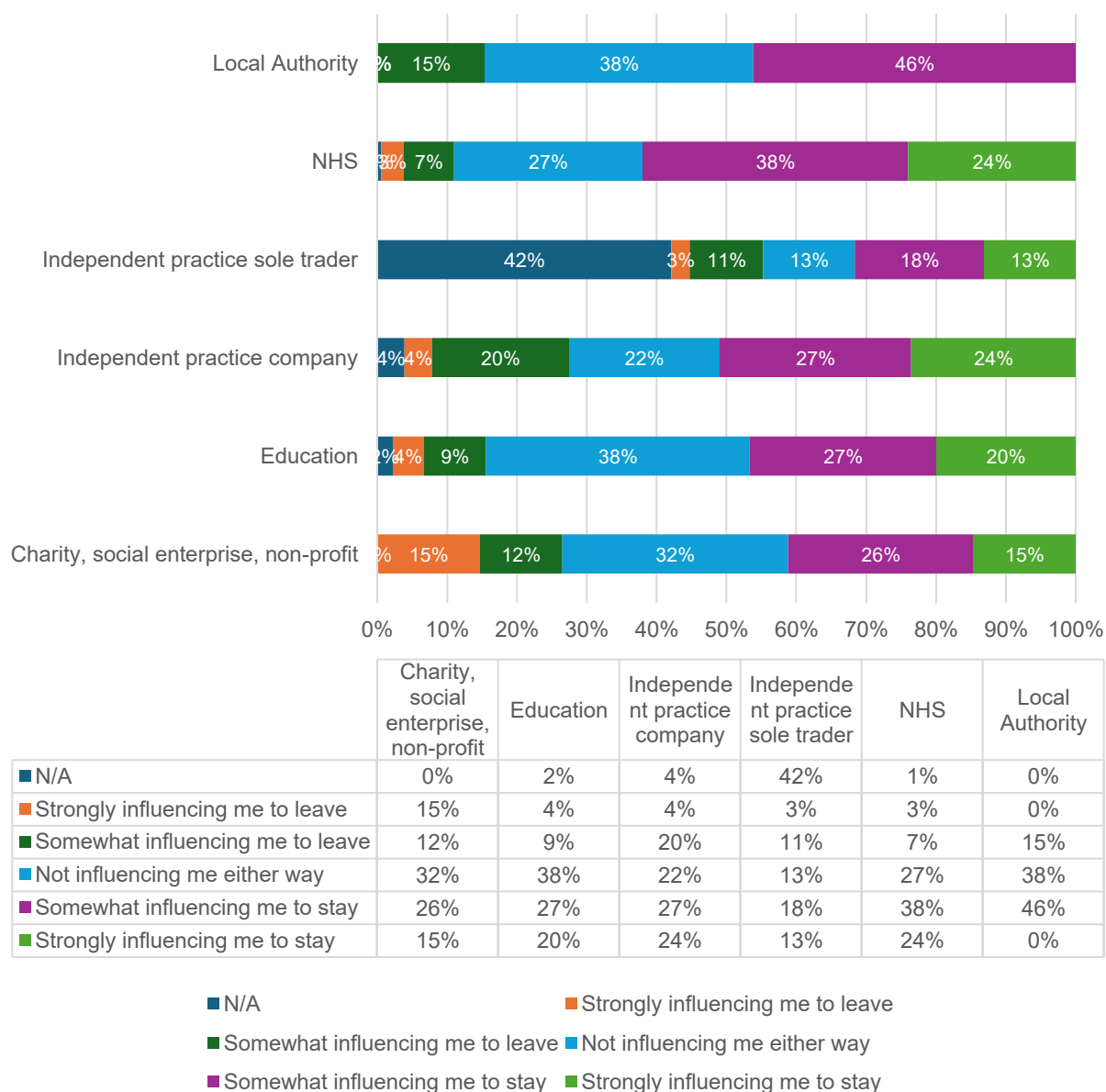


**Benefits (pension, parental leave, flexible working, etc):** Benefits were generally a factor that influenced people to stay in their current jobs, with 58% of respondents saying benefits somewhat or strongly influence them to stay.

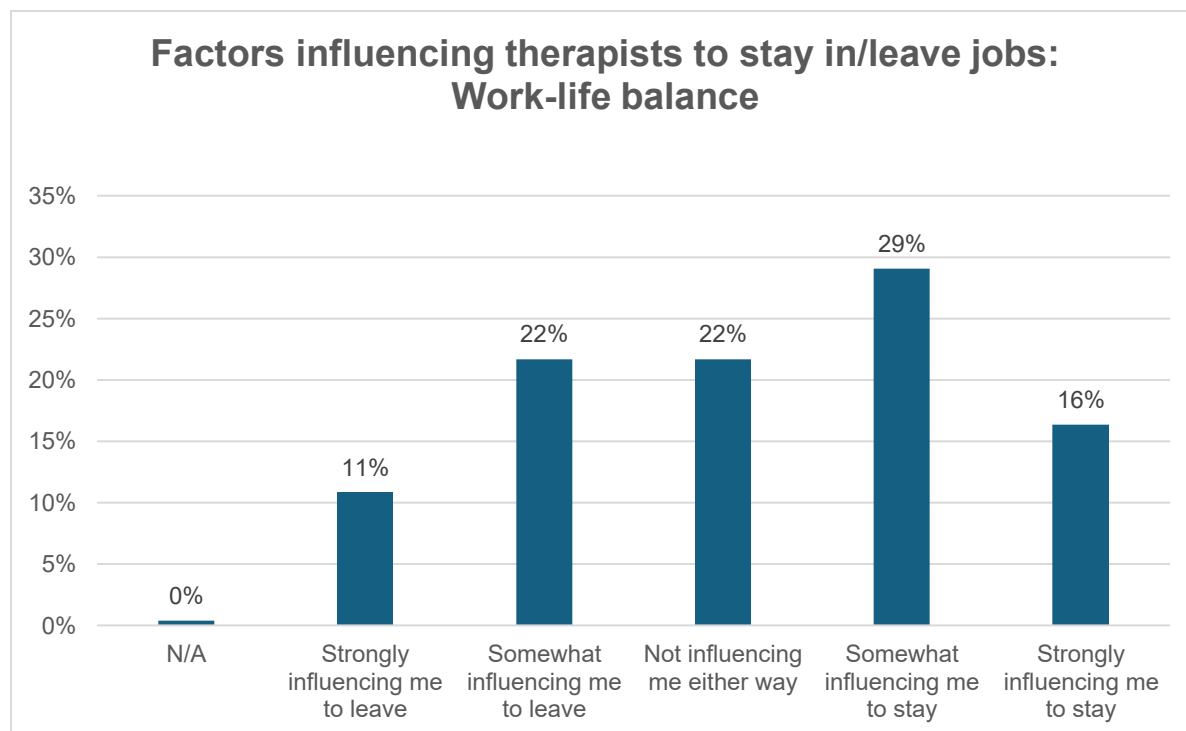


Benefits were a significant influencing factor for SLTs working in the NHS, with 62% of therapists reporting that the benefits they received were somewhat or strongly influencing them to stay. Speech and language therapists working as a sole trader in independent practice were least likely to describe benefits as a factor influencing them to stay but nor was it a factor driving them to leave, with only 11% of therapists reporting this would somewhat or strongly influence them to leave. Benefits seemed to be an issue of most concern to those working in the charity, social enterprise and non-profit sector, with more than a quarter (27%) or respondents stating that this is a factor somewhat or strongly influencing them to leave.

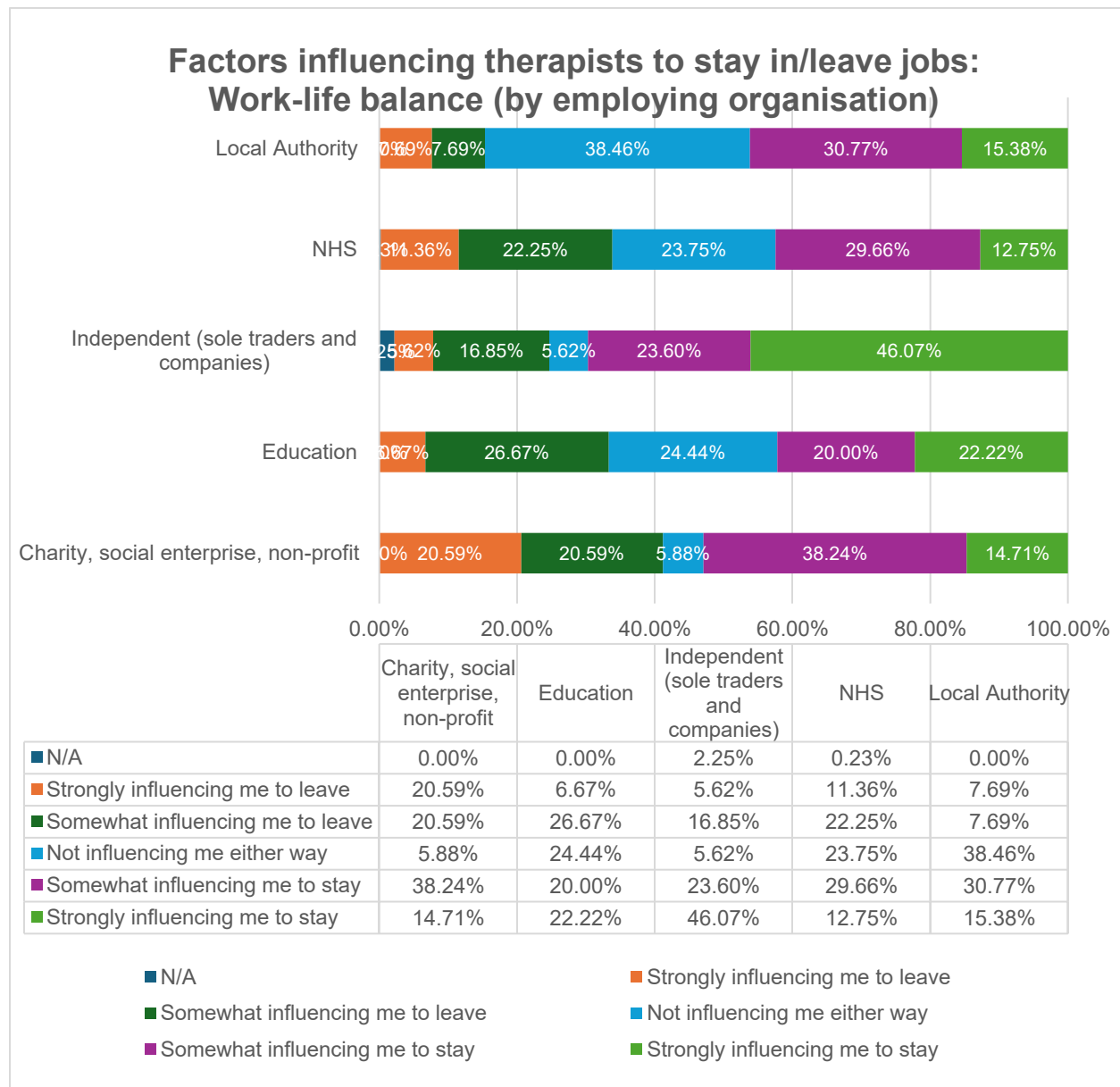
### Factors influencing therapists to stay in/leave jobs: Benefits (by employing organisation)



**Work-life balance:** 45% of respondents rated work-life balance as a factor influencing them to stay (strongly or somewhat). There was only a slight difference in responses from those in part-time roles (49% influencing to stay) versus full time (43% influencing to stay).



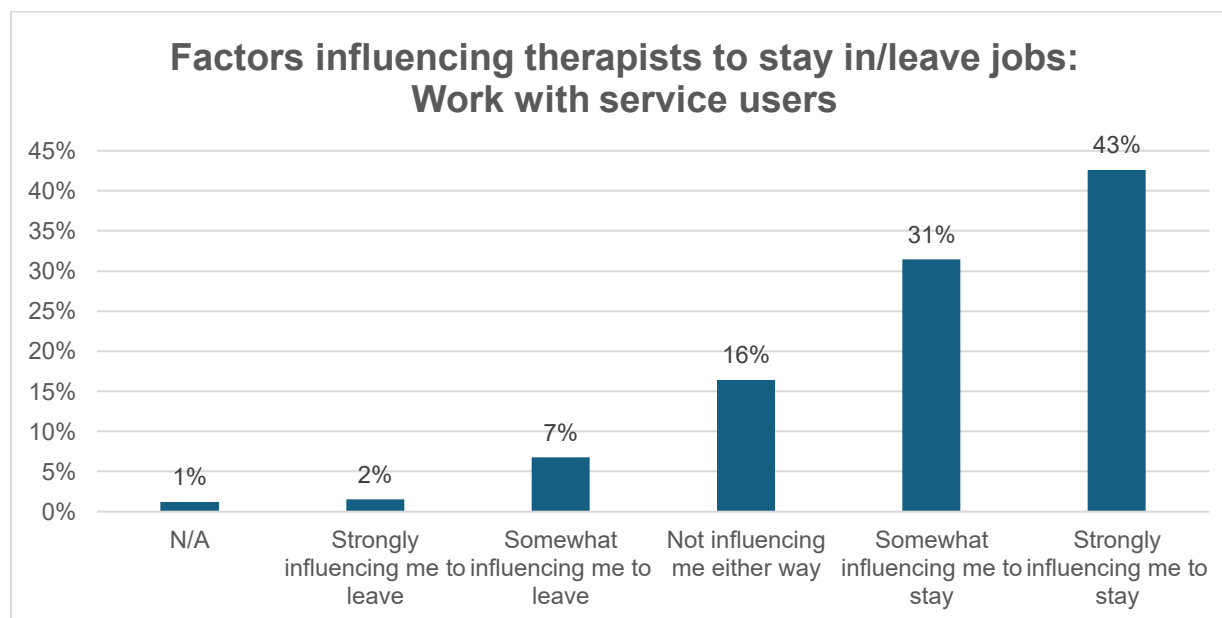
Speech and language therapists working in independent practice were most likely to report work-life balance as a factor influencing them to stay, with 70% of therapists reporting that this is a factor which somewhat or strongly influences them to stay in their current role. In line with previous findings, work-life balance is a significant area of concern for therapists working in charity, social enterprise and non-profit organisations, where 42% of therapist reported work-life balance was influencing them to leave. Although lower, work-life balance was also a strong factor influencing more than a third of therapists to leave the NHS (34%) and education (33%).



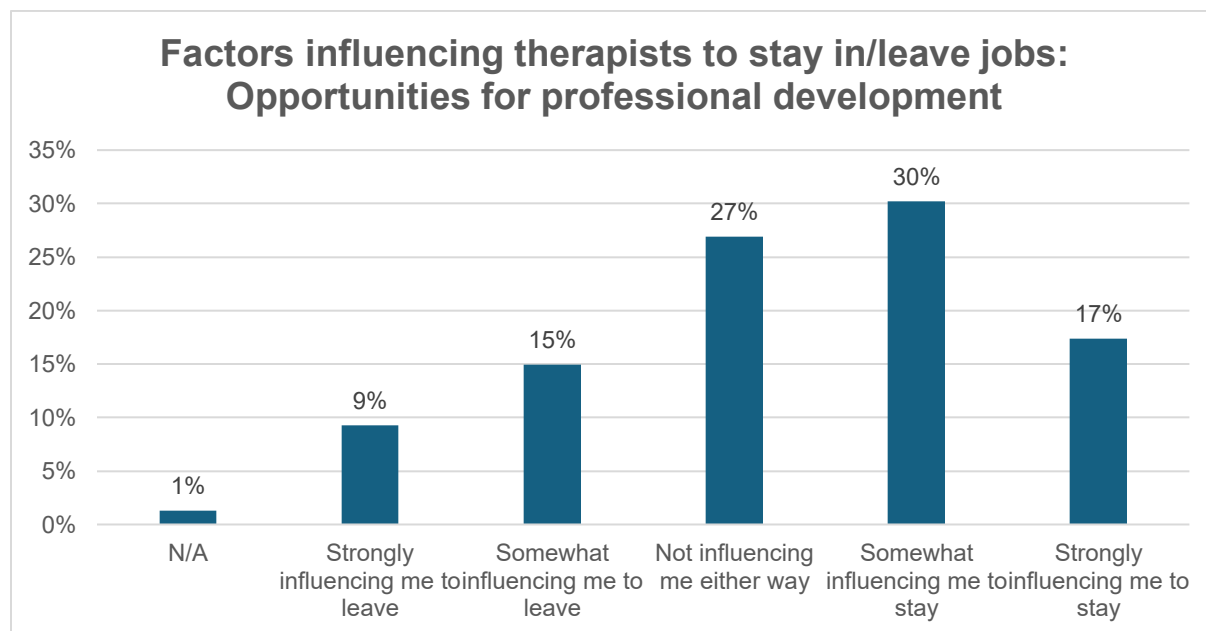
**Work with service users:** Work with service users is the second strongest influence to stay in jobs (after team/colleagues), with 74% of respondents rating it as a factor influencing them (strongly or somewhat) to stay. There was little variation in the responses between SLTs working with children and young people (74%) and those that work with adults (78%) or across bandings (70-76% for bands 5-8b). The range for SLTs responding that work with service users was somewhat or strongly influencing them to stay was 62-81%. Therapists in



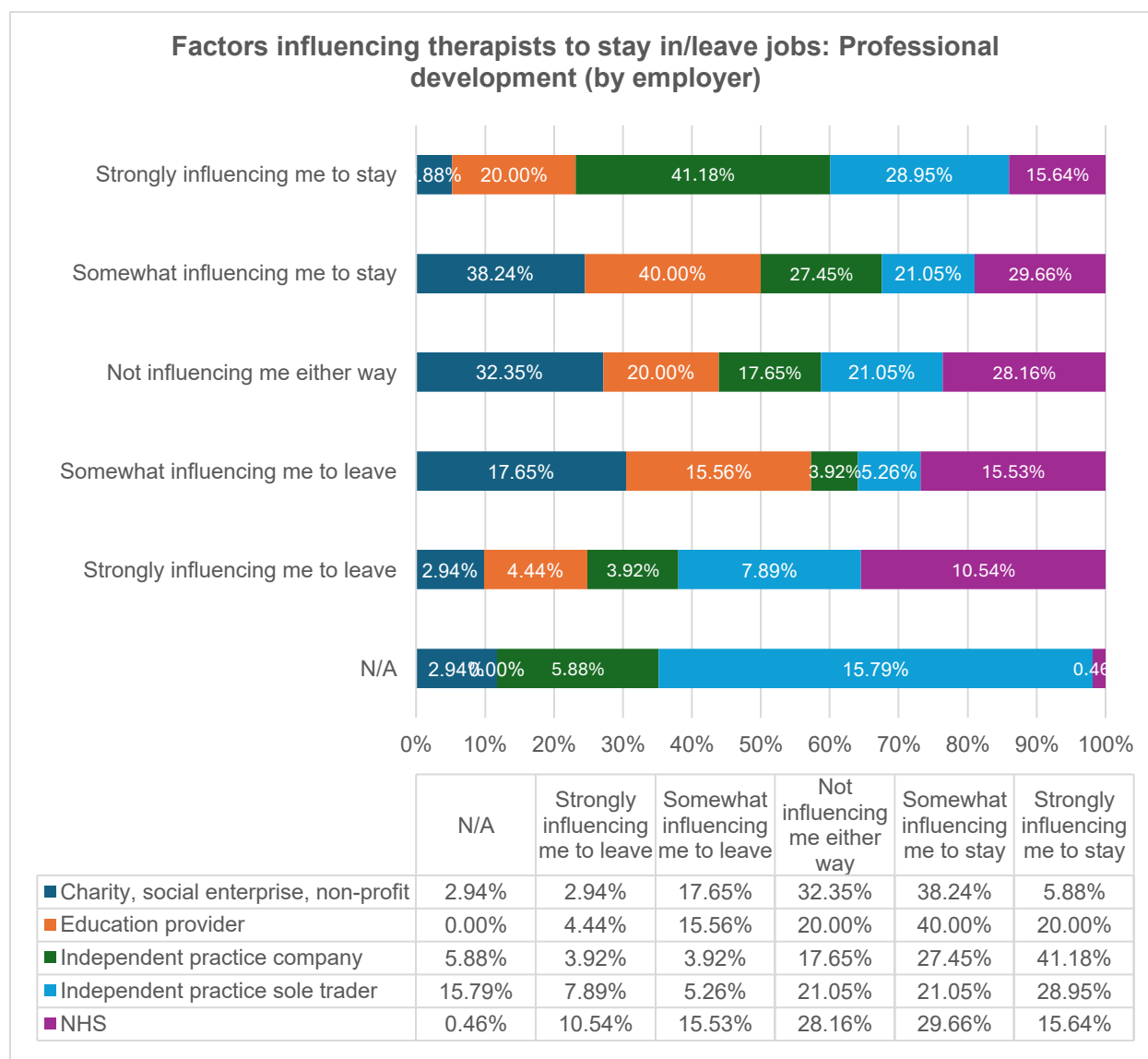
the North East and Yorkshire (81%), North West England (81%) and Scotland (80%) most commonly reported this as a factor influencing them to stay, whereas therapists in London (62%), South West England (66%) and other areas (67%) reported this less frequently.



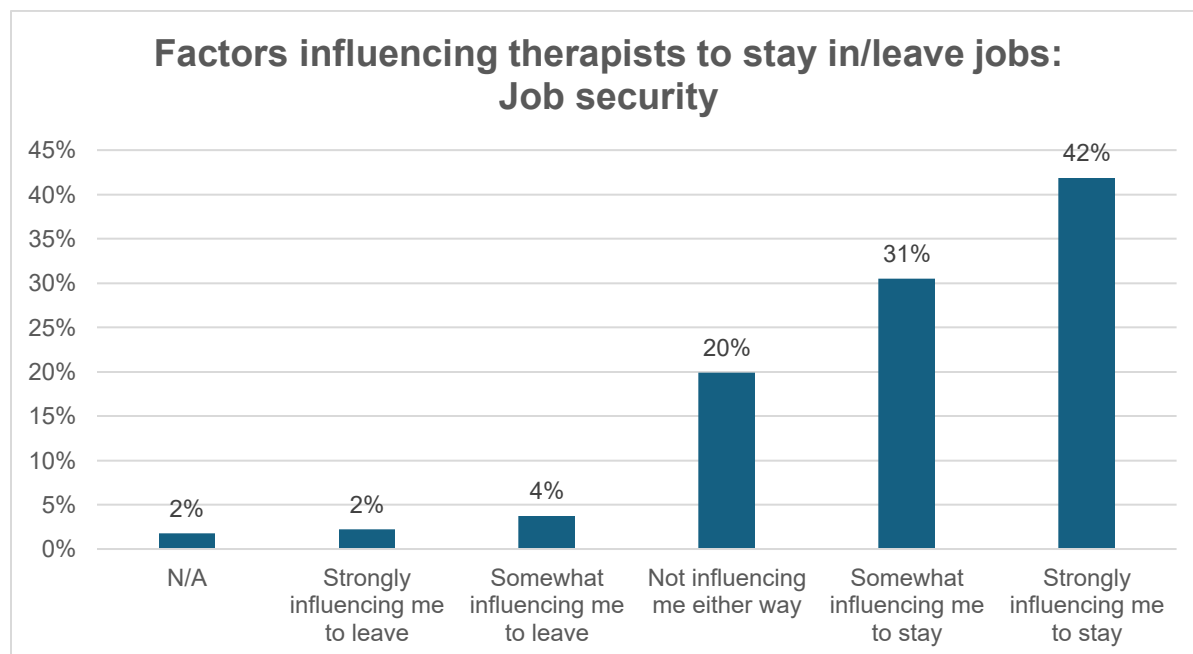
**Opportunities for professional development:** Overall, 47% of SLTs reported that opportunities for professional development were somewhat or strongly influencing them to stay. However, almost a quarter (24%) of therapists reported that this was a factor somewhat or strongly influencing them to leave.



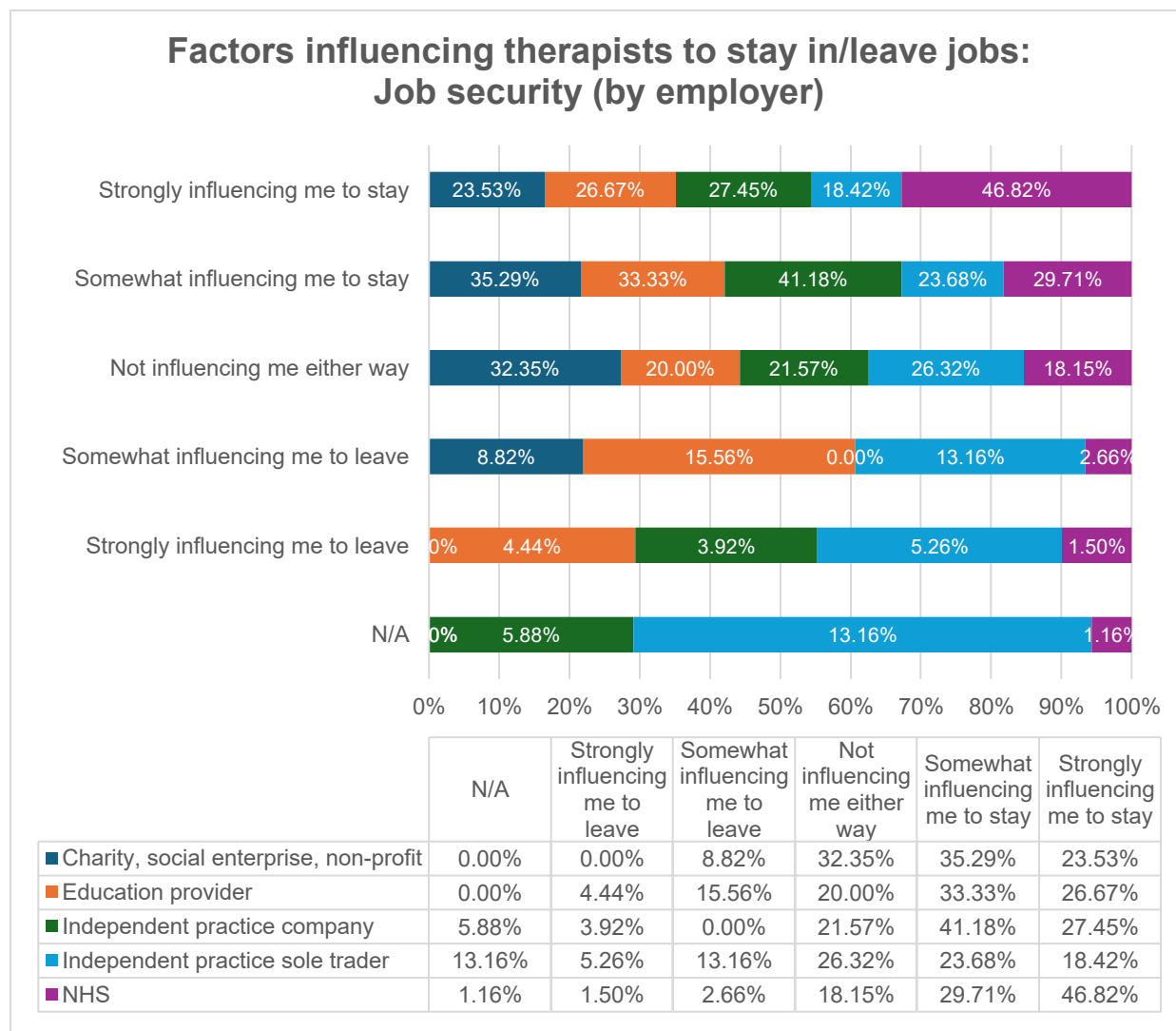
Speech and language therapists working in independent practice companies were more likely to report opportunities for professional development as a factor influencing them to stay in their jobs, with 69% reporting this was somewhat or strongly influencing them compared to 60% in education, 50% of independent practitioners (sole traders), 45% in the NHS, and 44% in charity, social enterprise and non-profit organisations. Access to professional development opportunities was a significant source of concern for those working in education, charity, social enterprise and non-profit organisations and the NHS, with more than a fifth of therapists in these groups reporting that this was a factor somewhat or strongly influencing them to leave.



**Job security:** Overall, 73% of respondents said that job security was a factor (somewhat or strongly) influencing them to stay in their current role. This was the third highest of the factors listed after team/colleagues and work with service users.

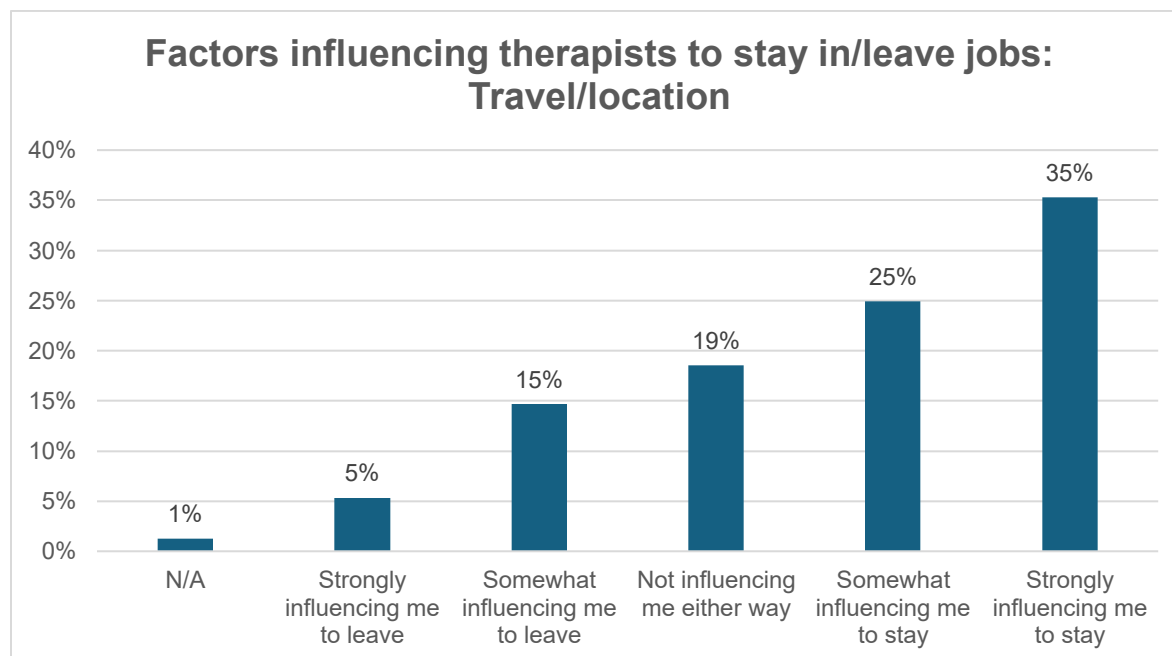


Job security was a significant factor influencing SLTs to stay within roles in the NHS, with 77% of respondents rating this as somewhat or strongly influencing them, compared to 42% of independent practitioners (sole traders), 59% of those in charity, social enterprise and non-profit organisations, 60% of education providers and 69% of those in independent practice companies. Independent practitioners (sole traders) were significantly more likely to report this factor as not applicable to them (13%).



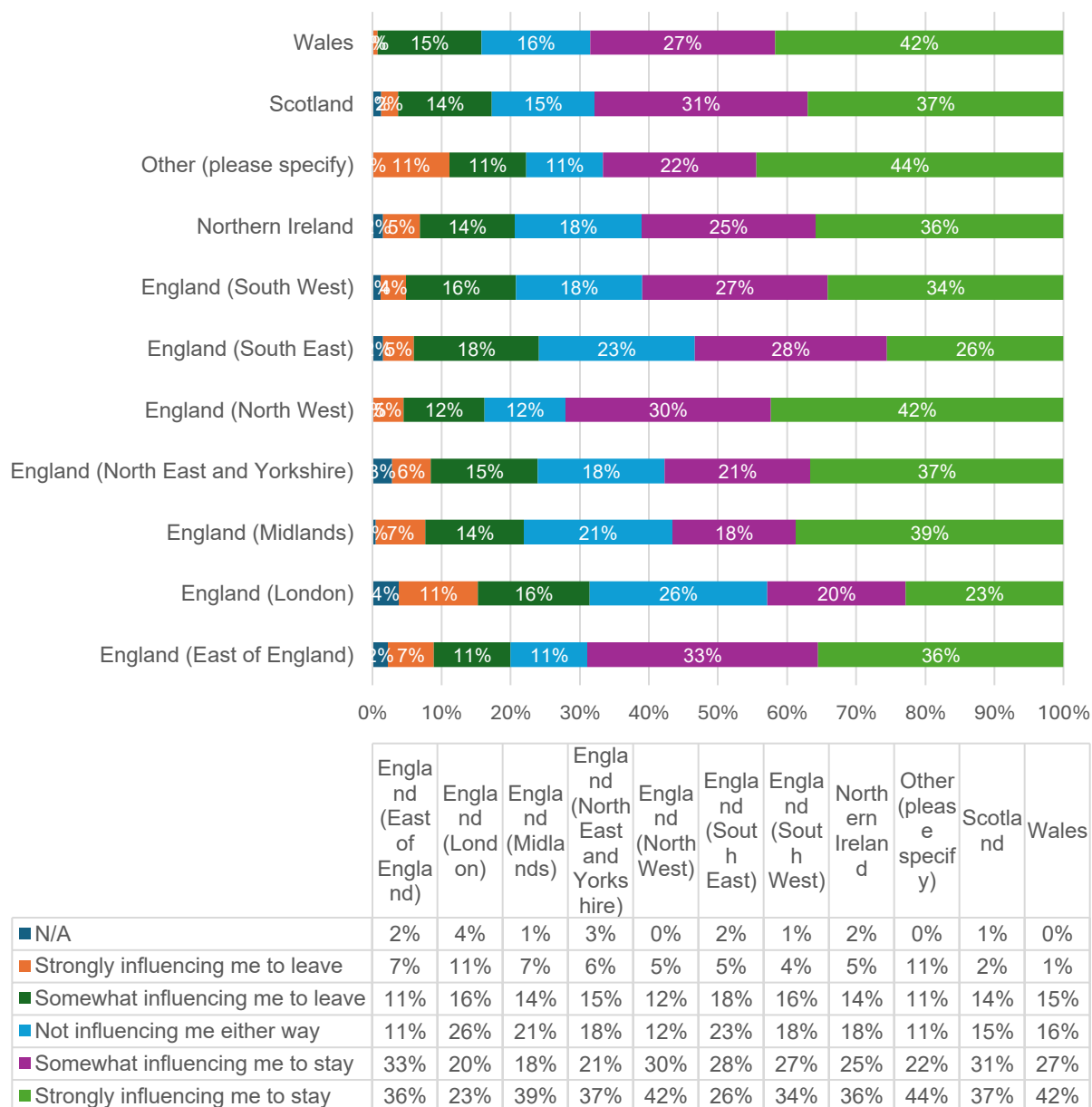
### Travel/location of job:

Travel and/or the location of a job was a factor somewhat or strongly influencing 60% of SLTs to stay in their jobs, whilst somewhat or strongly influencing 20% of therapists to leave.



Speech and language therapists working in London were significantly more likely to report travel/location as a factor influencing them to leave (28%) compared to other areas where the range was 16-23%. Respondents working in North West England (72%), East of England (69%), Wales (69%) and Scotland (68%) were most likely to report travel/location as a factor influencing them to stay in their jobs.

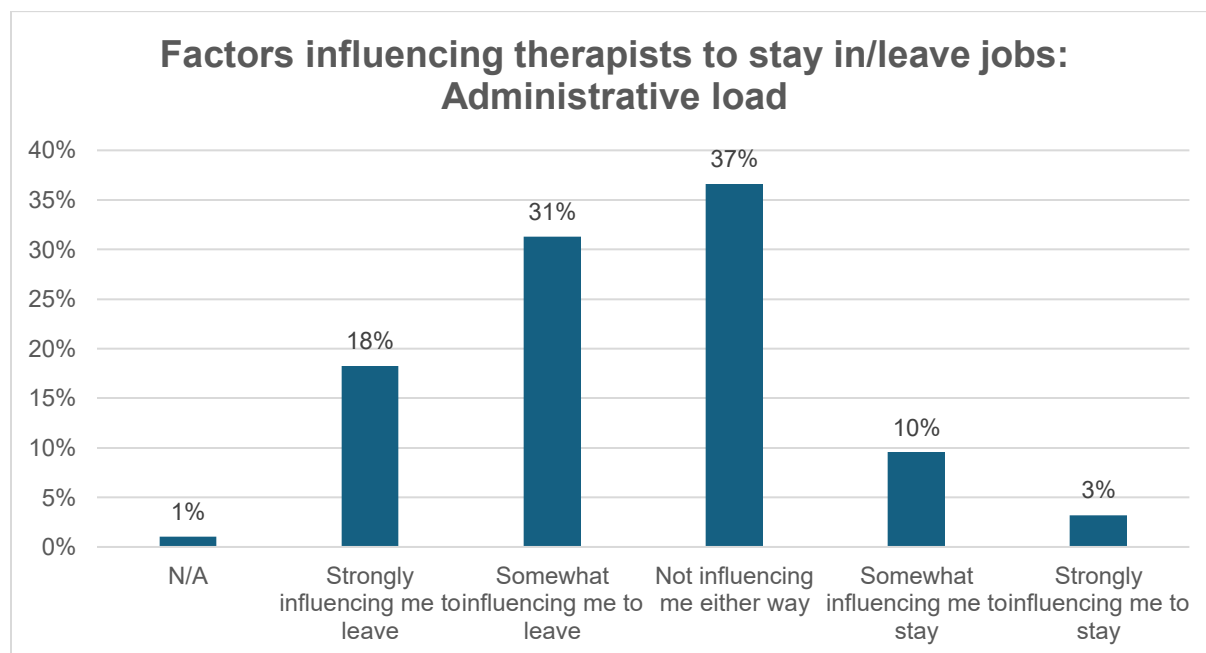
## Factors influencing therapists to stay in/leave jobs: Travel/location (by region)



### Administrative load:

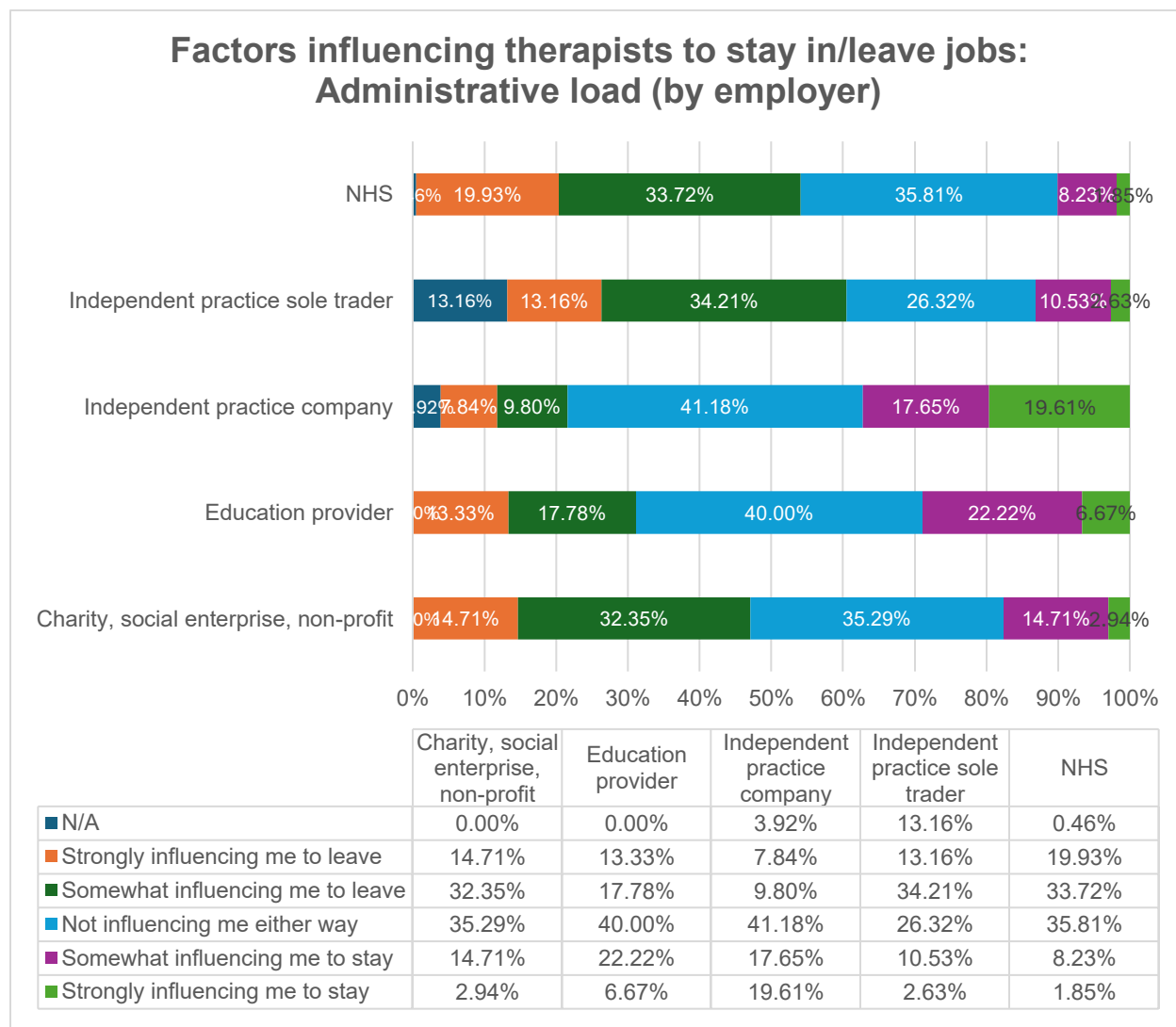
Administrative load is the only factor that is influencing more respondents to leave than to stay, although this may be related to the negative framing of the question. Nearly half

(49%) of respondents said administrative load was influencing them to leave, with a 37% saying it wasn't influencing them either way.



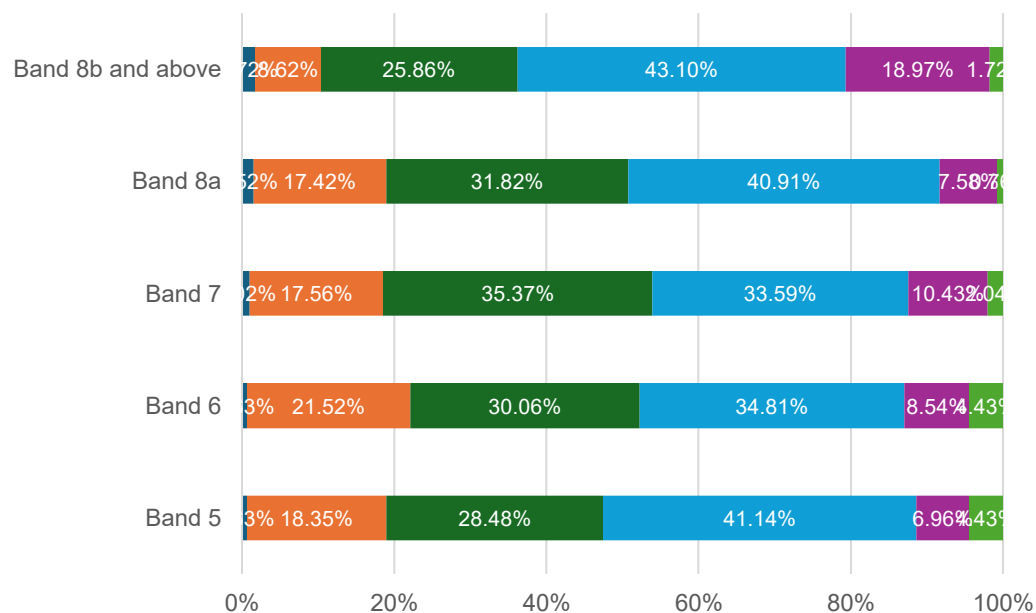
In independent practice companies, the proportion of respondents reporting that administrative load was somewhat or strongly influencing them to leave was much lower at 18%, but sole traders and those in the NHS said it was influencing them to leave at rates of 47% and 54% respectively.





Therapists working on a band 8b or above are least likely to report this as a factor somewhat or strongly influencing them to leave (34%) compared to 47% of those working at band 5, 52% of band 6s, 53% of band 7s and 49% of band 8as.

### Factors influencing therapists to stay in/leave jobs: Administrative load (by banding)



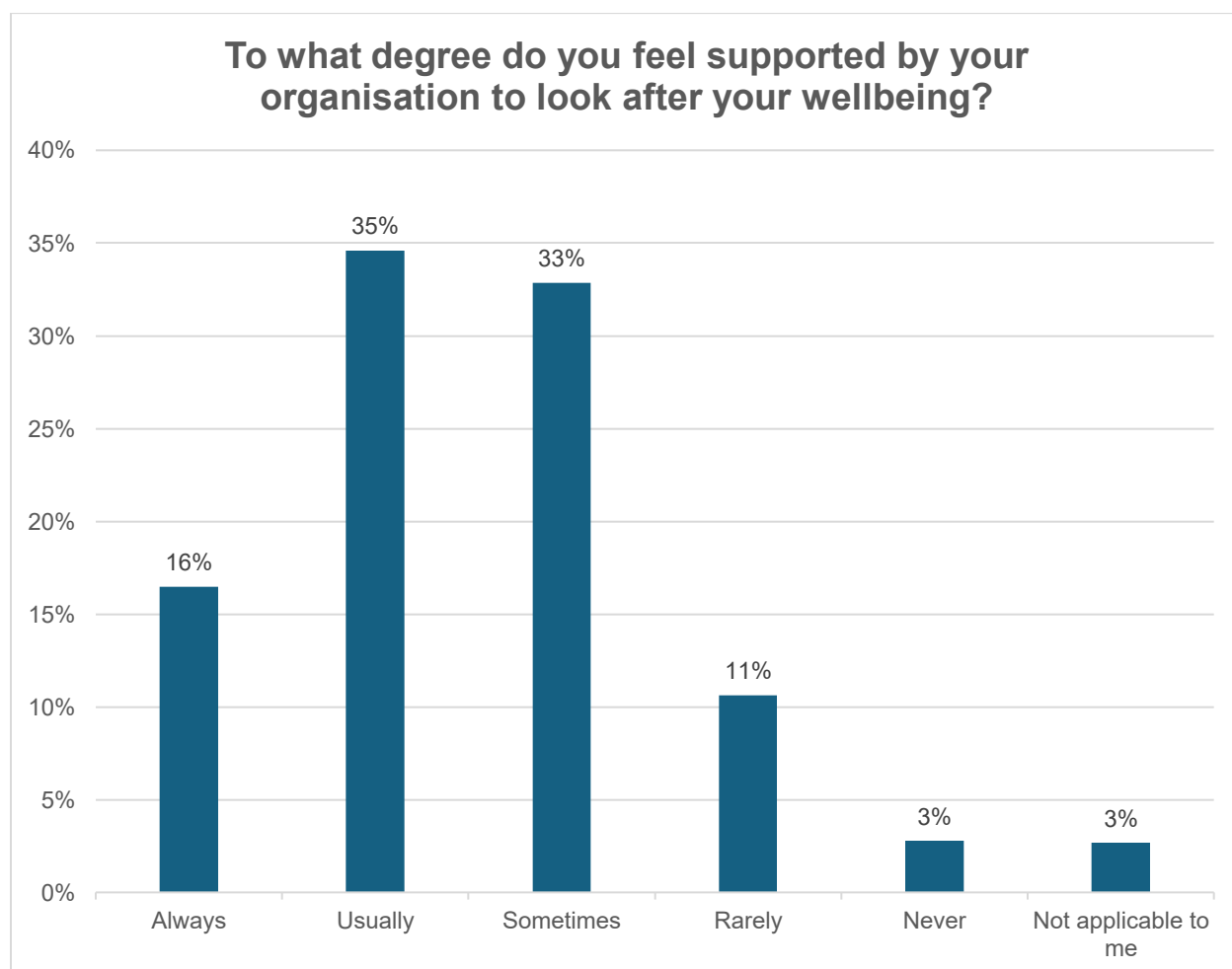
	Band 5	Band 6	Band 7	Band 8a	Band 8b and above
■ N/A	0.63%	0.63%	1.02%	1.52%	1.72%
■ Strongly influencing me to leave	18.35%	21.52%	17.56%	17.42%	8.62%
■ Somewhat influencing me to leave	28.48%	30.06%	35.37%	31.82%	25.86%
■ Not influencing me either way	41.14%	34.81%	33.59%	40.91%	43.10%
■ Somewhat influencing me to stay	6.96%	8.54%	10.43%	7.58%	18.97%
■ Strongly influencing me to stay	4.43%	4.43%	2.04%	0.76%	1.72%

## Wellbeing

In this section we asked respondents to evaluate the degree to which they felt supported at work to manage their wellbeing; the resources they had access to as part of this and their experience of burnout.

### Degree to which respondents felt supported by their organisation

Only 16% of respondents reported that they always felt supported by their organisation to look after their wellbeing; this rose to 57% for those working in independent companies.



Question: To what degree do you feel supported by your organisation to look after your wellbeing? (by employer)				
Response	Charity, social enterprise, non-profit	Education provider	Independent practice company	NHS
Always	18%	22%	57%	14%
Usually	26%	29%	22%	38%
Sometimes	32%	31%	14%	35%
Rarely	21%	13%	6%	10%
Never	3%	4%	0%	3%
Not applicable to me	0%	0%	2%	0%
<b>Grand Total</b>	<b>34</b>	<b>45</b>	<b>51</b>	<b>855</b>

Almost a quarter (24%) of therapists working in roles within the charity, social enterprise and non-profit sector reported that they rarely or never felt supported by their organisation to look after their wellbeing.

## Access to wellbeing support

In terms of wellbeing support, the majority of therapists reported having access to personal support, such as family and friends (89%), peer support from colleagues (86%) and supervision (85%).

Question: Which of the following do you have access to in order to support your wellbeing?		
Wellbeing support	Number of respondents	% of respondents
Personal support (friends, family)	967	89%
Peer support (colleagues)	935	86%

Supervision	922	85%
Supportive relationship with management	696	64%
Employee support/advice line	573	53%
Occupational health	552	51%
Counselling services	487	45%
Other	68	6%
<b>Total</b>	<b>1,081</b>	<b>N/A</b>

Positive comments about wellbeing support included:

*"We have Headspace and other wellbeing apps which I really love."*

*"We already have a good wellbeing offer – however, it would be good to have more time to access these, especially when we are really busy as some of the workshops/offers of complementary therapy clash with clinics or we have to travel to another location for them."*

Only 64% reported they had a supportive relationship with management and when asked what support therapists would like to access but cannot, this was the most frequently selected response (33%). More than a quarter of respondents (28%) said they would like to be able to access counselling services and 32% selected 'other', raising a range of issues and concerns in the comments. A common theme was summed up by one participant as:

*"There is lipservice paid to wellbeing."*

Concerns were expressed that whilst wellbeing initiatives might exist, they did not always address the key issues, or they were not as well developed as they should be. For example:

*"Things are provided by work but these feeling like a sticking plaster as there is no support to deal with the root cause of stress – unrealistic workloads."*

*"Supervision is often cancelled and I work in schools so access to colleagues is limited."*

*"I have joined a trust with established supervision practices, but I still had to be forthright in asking for regular supervision to be set up in accordance with their policy and supervision often seems to be more managerial than me bringing things to the meetings."*

In addition to the suggestions listed, respondents often expressed a desire for changes to their working conditions that would facilitate a greater work-life balance and improve job satisfaction. For example:

*“Reduced caseload pressures that will allow me to finish on time and not take work home most evenings and weekends. There is no down time.”*

*“Flexible working and more working from home would help. More access to functioning computer systems + admin support would reduce the workload, and reduce the frustrating parts of the workload which can feel unnecessarily complicated.”*

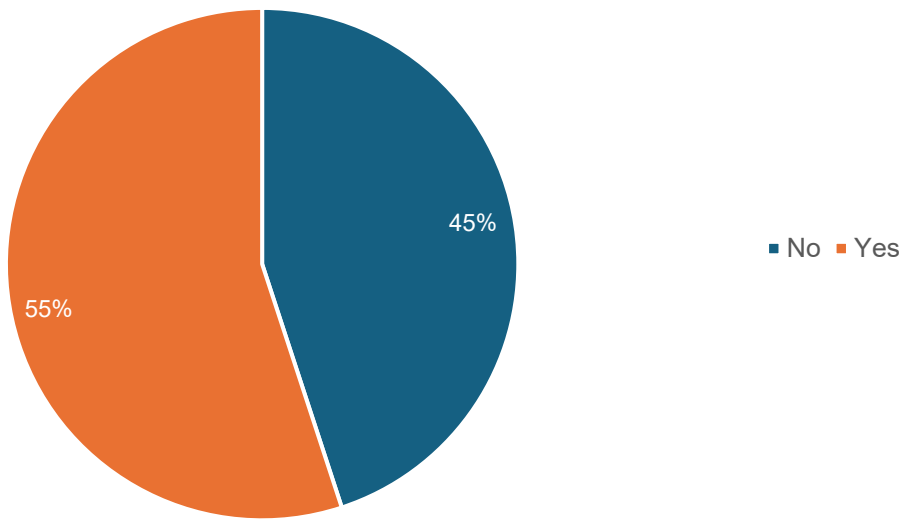
## **Experience of burnout**

Therapists were then asked whether they had experienced burnout as a result of their work in the past 12 months. The ICD-11 definition of burnout was presented alongside the question. As described by the World Health Organisation (2019), this definition recognises burnout as an occupational phenomenon (rather than a medical condition) that has three core dimensions:

- Feelings of energy depletion or exhaustion.
- Increased mental distance from one's job, or feelings of negativism or cynicism related to one's job.
- Reduced professional efficacy.

More than half (55%) of respondents said they had experienced burnout in the past 12 months.

**In the past 12 months, have you experienced burn-out as a result of your work?**



Responses varied by region with therapists in London reporting experiencing burnout most commonly (62%) and those in the East of England reporting lower levels (44%).

Question: In the past 12 months, have you experienced burnout as a result of your work? (by region)										
Response	East of England	London	Midlands	North East and Yorkshire	North West	South East	South West	Northern Ireland	Scotland	Wales
No	56%	38%	41%	47%	46%	51%	47%	46%	42%	45%
Yes	44%	62%	59%	53%	54%	49%	53%	54%	58%	55%
Total										
(n=)	45	103	195	70	110	132	81	131	81	126

Looking across employers, burnout was reported by 66% of those working in education, compared to 56% of therapists working in the NHS and 35% working in independent practice (averaged out between companies and sole traders).

Question: In the past 12 months, have you experienced burnout as a result of your work? (by employer)					
Response	Charity, social enterprise, non-profit	Education provider	Independent practice company	Independent practice sole trader	NHS
No	44%	34%	67%	63%	44%
Yes	56%	66%	33%	37%	56%
<b>Total (n=)</b>	<b>34</b>	<b>44</b>	<b>51</b>	<b>38</b>	<b>858</b>

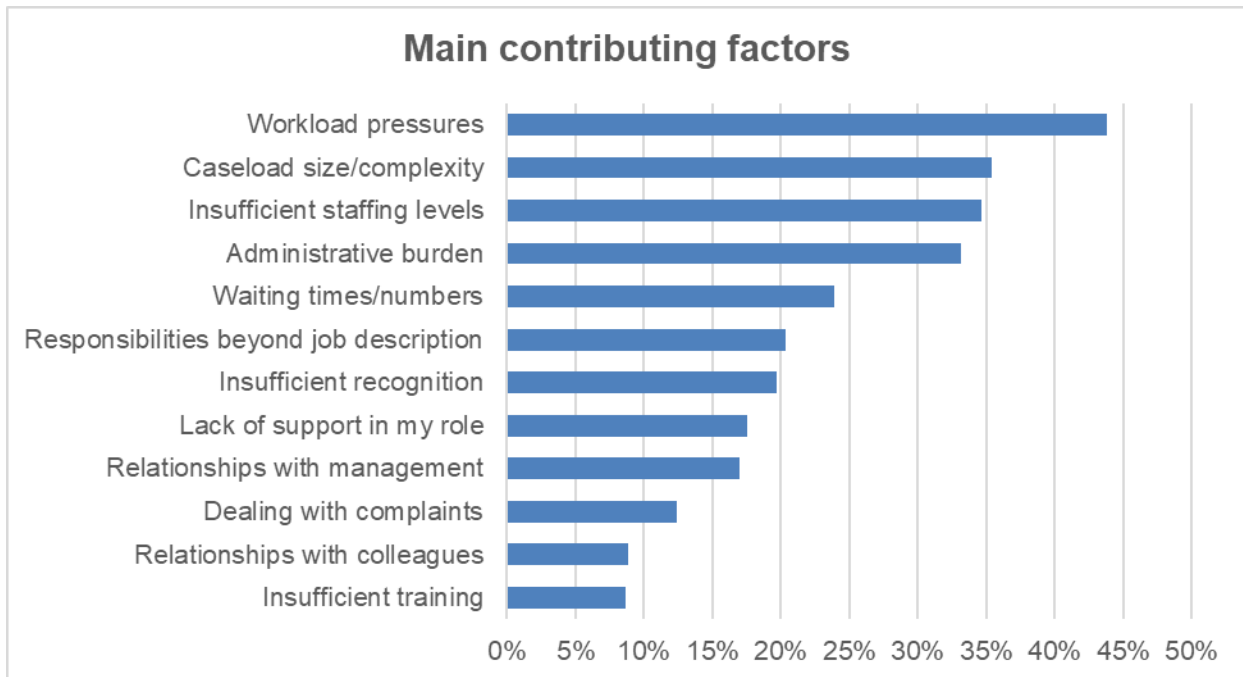
Despite the higher rates of burnout experienced by SLTs working in education, the average level of burnout experienced by therapists working with children and young people was lower (53%) compared to those working with adults (63%). In line with their previously reported higher satisfaction levels, therapists working in a band 8b role or higher reported significantly lower rates of burnout (36%) compared to therapists in band 5-8a roles (54-61%).

Question: In the past 12 months, have you experienced burnout as a result of your work? (by banding)					
Response	Band 5	Band 6	Band 7	Band 8a	Band 8b
No	46%	39%	46%	45%	64%
Yes	54%	61%	54%	55%	36%
<b>Total (n=)</b>	<b>153</b>	<b>314</b>	<b>393</b>	<b>132</b>	<b>58</b>



## Factors contributing to burnout

The 596 therapists who reported experiencing burnout were asked to identify the main contributing factors. The key theme in the responses was workload, with the most frequent selections being workload pressures (86%), caseload size/complexity (70%), insufficient staffing levels (68%) and administrative burden (65%).



It is clear that workload is having a significant impact on wellbeing and job satisfaction and that this is linked to decisions that therapists are making about whether to stay in or leave the profession. As one respondent wrote:

*"I left my job and am working on bank now as a way to manage work/life balance and the unrealistic pressures we are all under. I don't know how anyone does this full time at present and am fortunate I don't need to."*

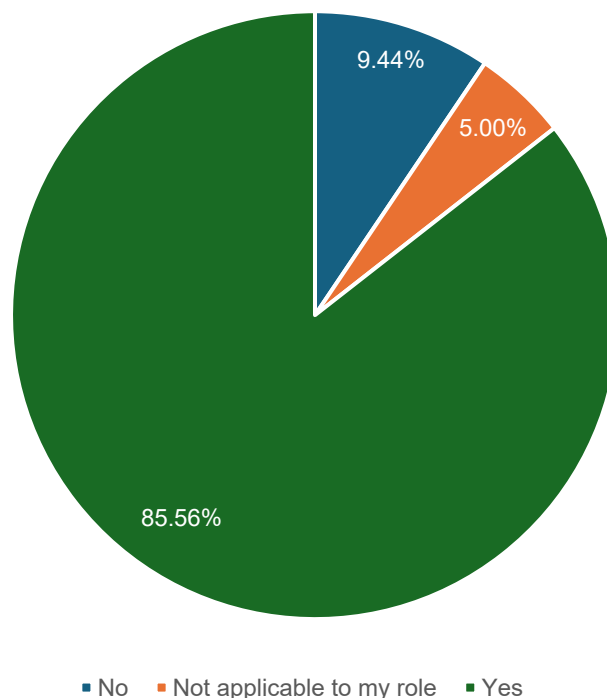
## **Professional development and leadership**

In this section we asked SLTs about their experiences of and opportunities for professional development, including their access to professional development reviews and continuing professional development (CPD). The terms 'professional development review' and 'annual review' are used interchangeably in this section and are considered equivalent to other terms used to describe a yearly conversation with an employer to review progress, goals and development needs (e.g. individual performance review, performance development reviews, annual appraisals, etc).

### **Access to professional development reviews**

The majority (86%) of respondents reported that they had taken part in an annual review or personal development review over the past 12 months. Only 5% of SLTs reported that this question was not applicable to them. Almost one in 10 of the respondents (9%) that the question was applicable to said they had not had a review in the past year.

**Question: In the past 12 months have you had an annual review or professional development review?**



Speech and language therapists who had been working for fewer than two years were significantly more likely to say that they had not had a personal development review, so it is possible that a number of these individuals are receiving other means of support (e.g. mentoring and supervision) and/or have been in post for less than 12 months, so have not yet been due an annual review.

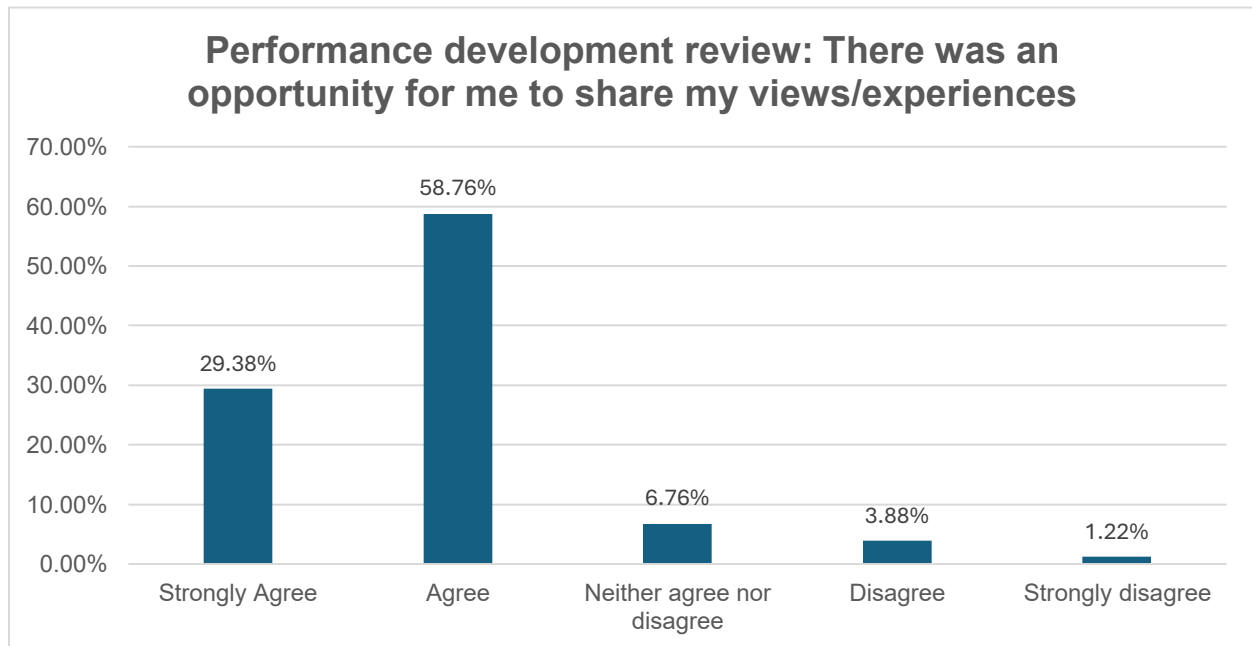
Access to professional development reviews in the past 12 months (by length of service)						
Response	< 2 years	2-5 years	5-10 years	10-20 years	20+ years	Grand Total
No	21%	11%	11%	9%	4%	9%
Not applicable	11%	2%	2%	5%	7%	5%
Yes	68%	87%	87%	86%	89%	86%
<b>Total</b>	<b>101</b>	<b>153</b>	<b>210</b>	<b>281</b>	<b>335</b>	<b>1,080</b>

## Experience of professional development reviews

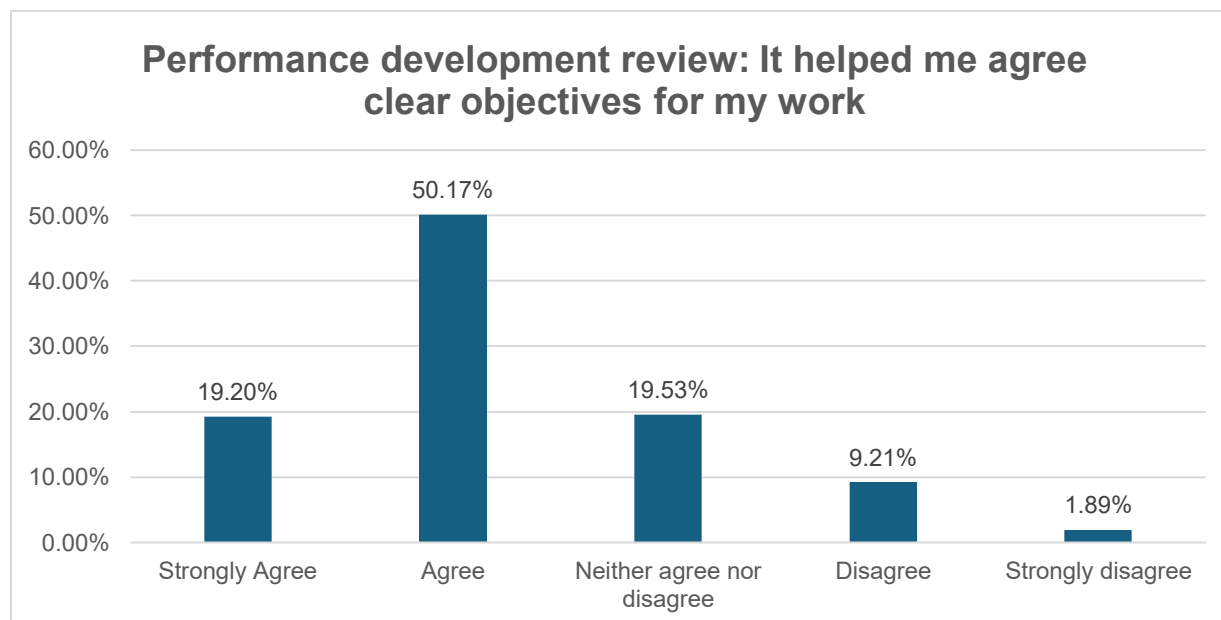
The 924 SLTs who had received an annual review were then asked to express their relevant agreement/disagreement with three statements:

- There was an opportunity for me to share my views/experiences.
- It helped me agree clear objectives for my work.
- It left me feeling that my work is valued by my organisation.

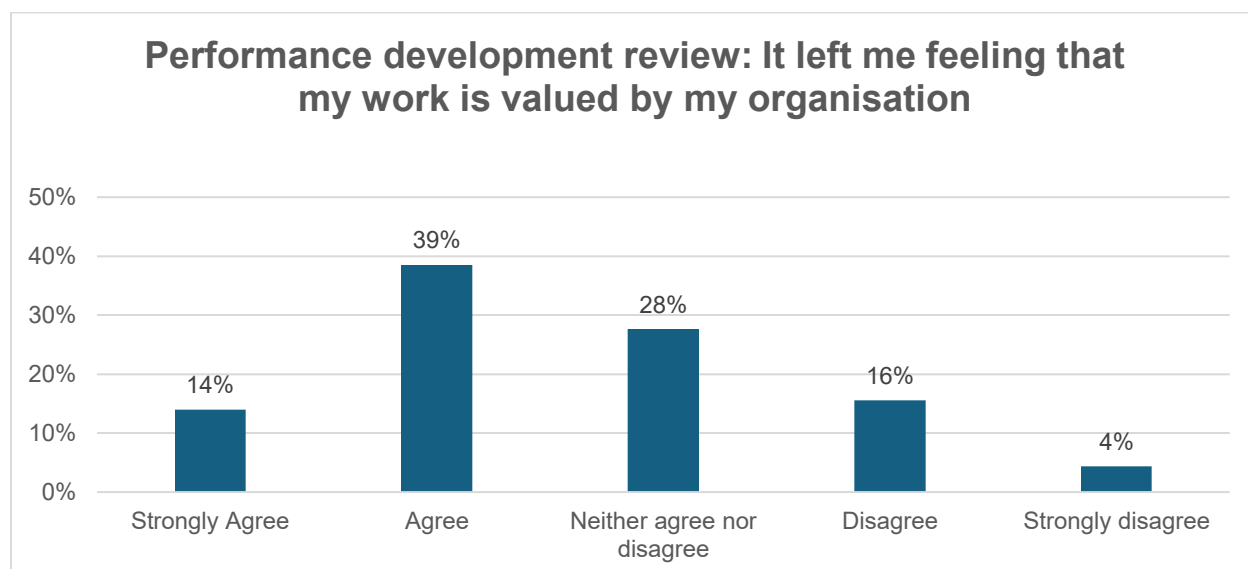
Most SLTs surveyed reported that they had had the opportunity to share their views and experiences within their development review, with 88% of therapists agreeing or strongly agreeing with this statement.



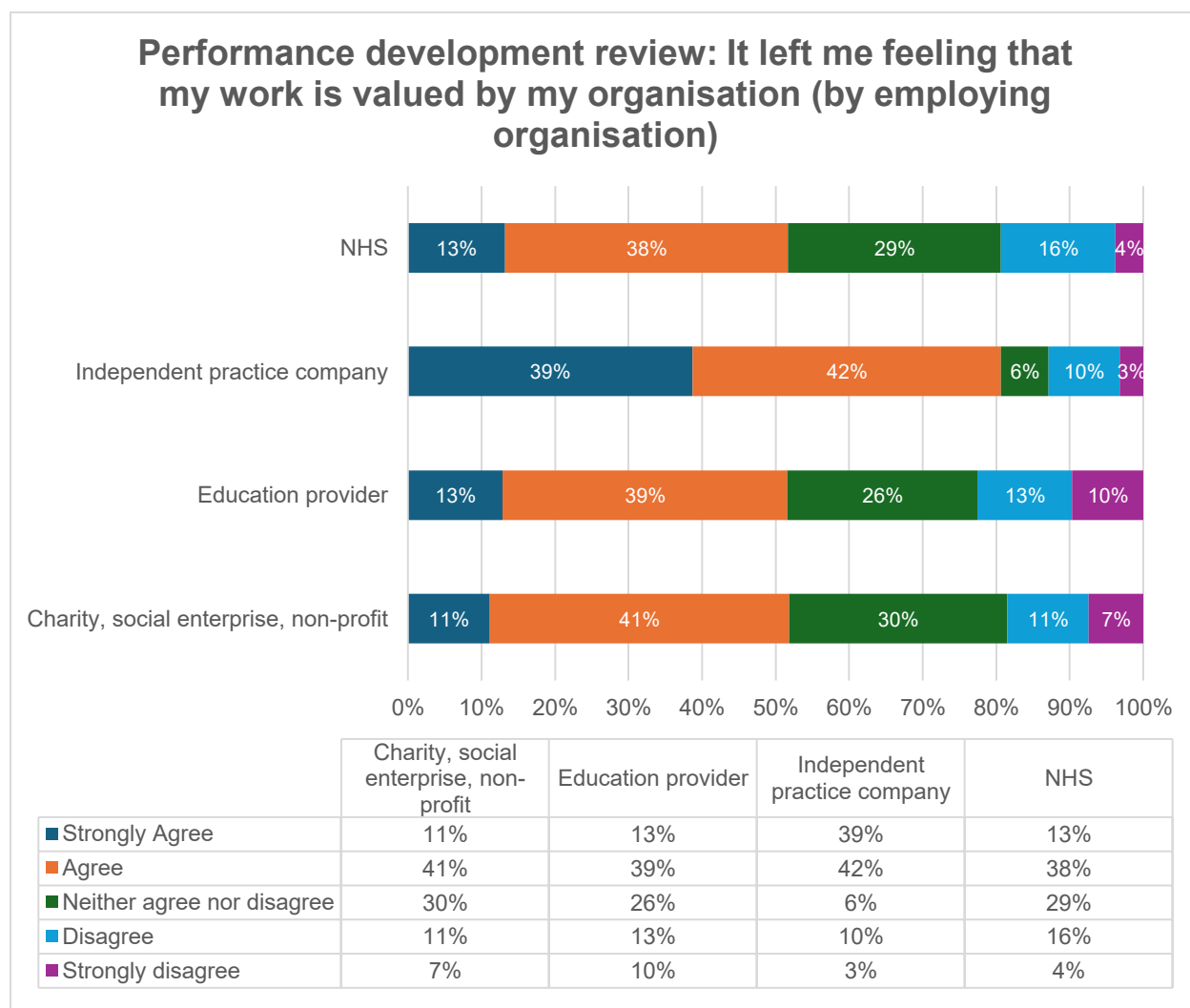
Speech and language therapists were less positive about goal setting, with only 69% of respondents agreeing or strongly agreeing that the development review helped them set clear objectives for their work. More than one in 10 (11%) said they disagreed or strongly disagreed with this statement.



Overall, 53% of SLTs agreed or strongly agreed that their development review left them feeling valued by their organisation. A fifth (20%) of respondents disagreed or strongly disagreed with this statement.



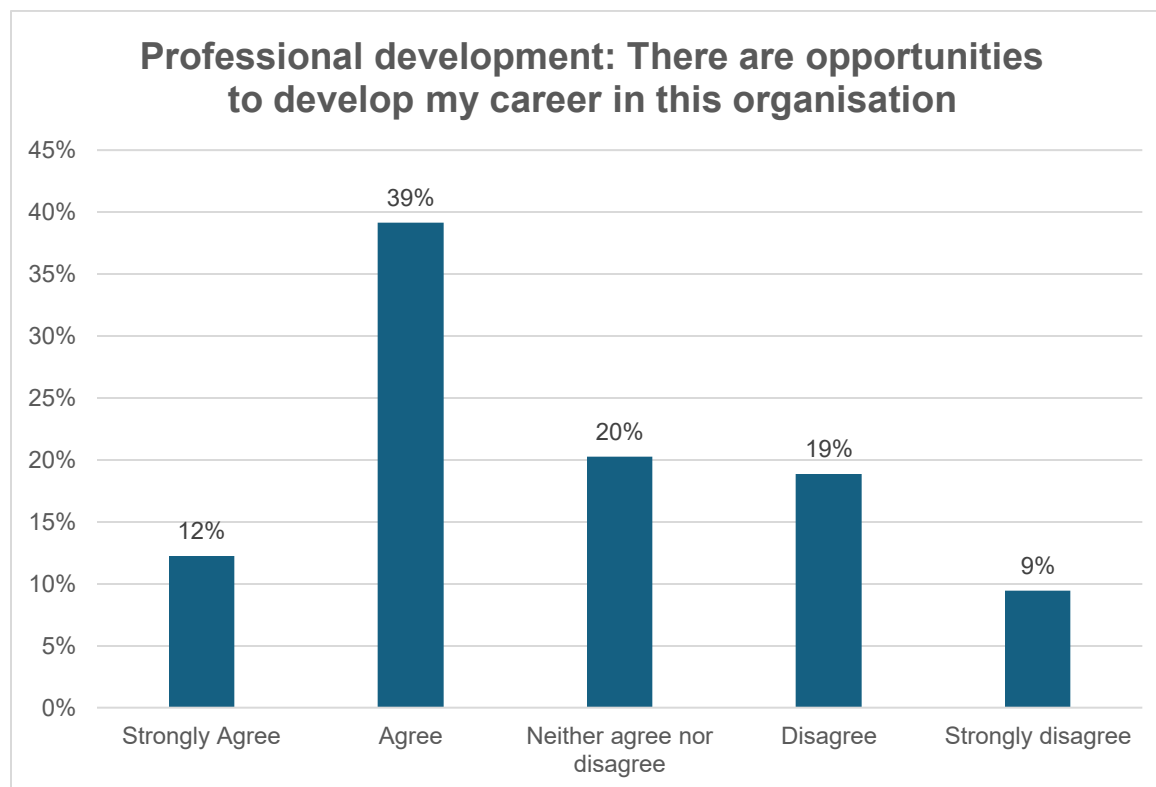
Speech and language therapists working in independent practice companies were significantly more likely to report feeling that their work was valued, with 81% reporting this was the case, compared to 52% of therapists working in the NHS, education and charity, social enterprise and non-profit organisations.



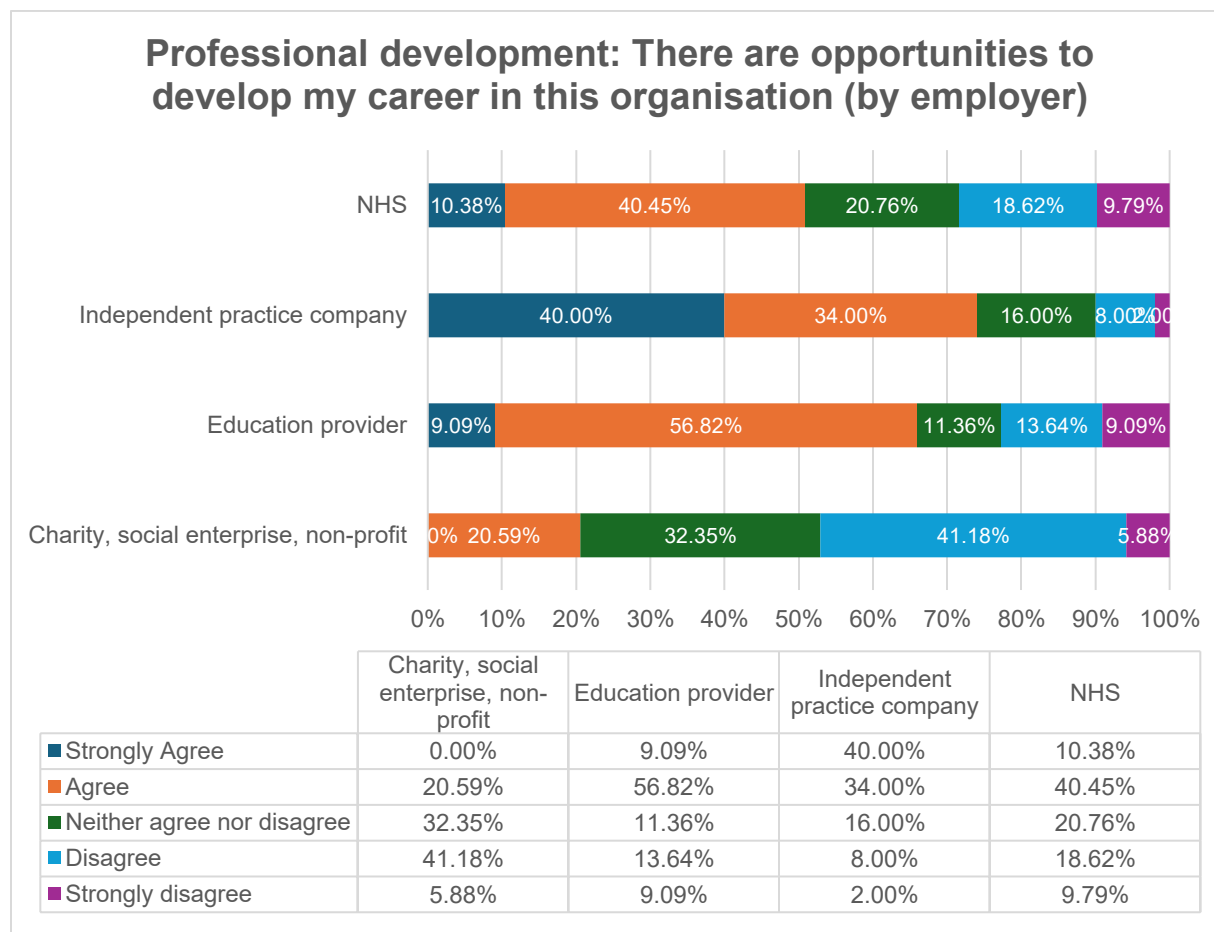
## Experiences of professional development

Overall, 51% of SLTs agreed or strongly agreed that there were opportunities to develop their career within their current organisation. There was some difference in the experiences of therapists working with children and young people, and those working with adults, with 53% of the former group agreeing or strongly agreeing with the statement, compared to 44% of therapists working with adults.

More than a quarter (28%) of respondents disagreed or strongly disagreed that there were opportunities to develop their career within their current organisation.

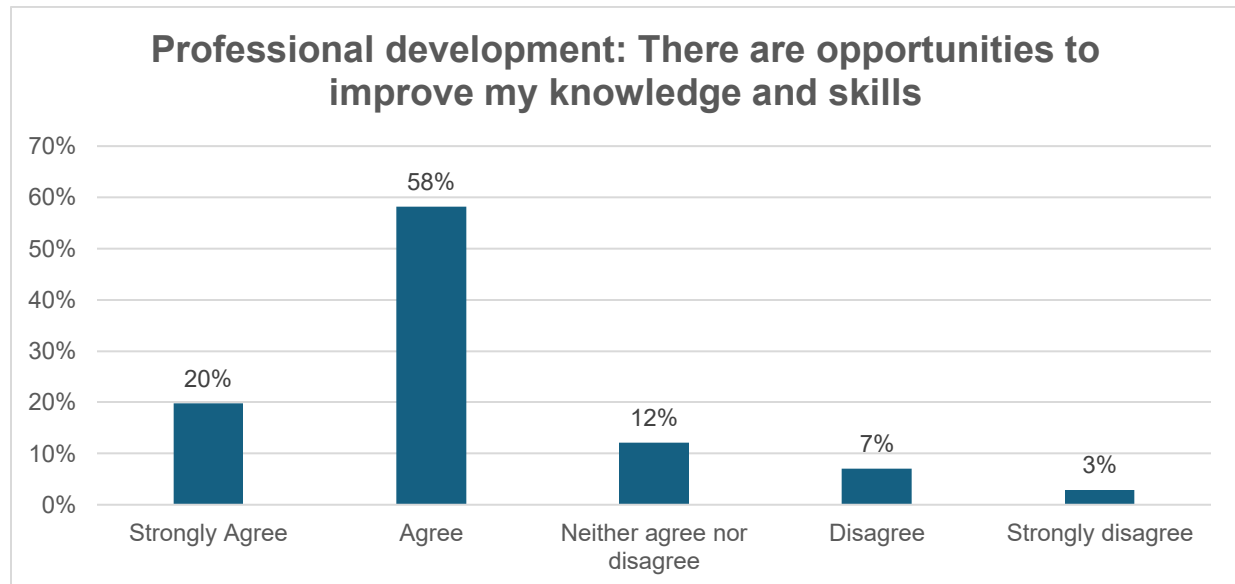


Speech and language therapists working in independent practice companies were the most positive about opportunities to develop their career within their organisations, with 74% of respondents agreeing or strongly agreeing with this statement, followed by 66% of those working in education. Only 51% of therapists working in the NHS agreed or strongly agreed that there were opportunities to develop their career, with more than a quarter (28%) disagreeing or strongly disagreeing. Most concerning, only 21% of therapists working in charity, social enterprise and non-profit companies agreed or strongly agreed with this statement, with 42% disagreeing or strongly disagreeing that opportunities were available.

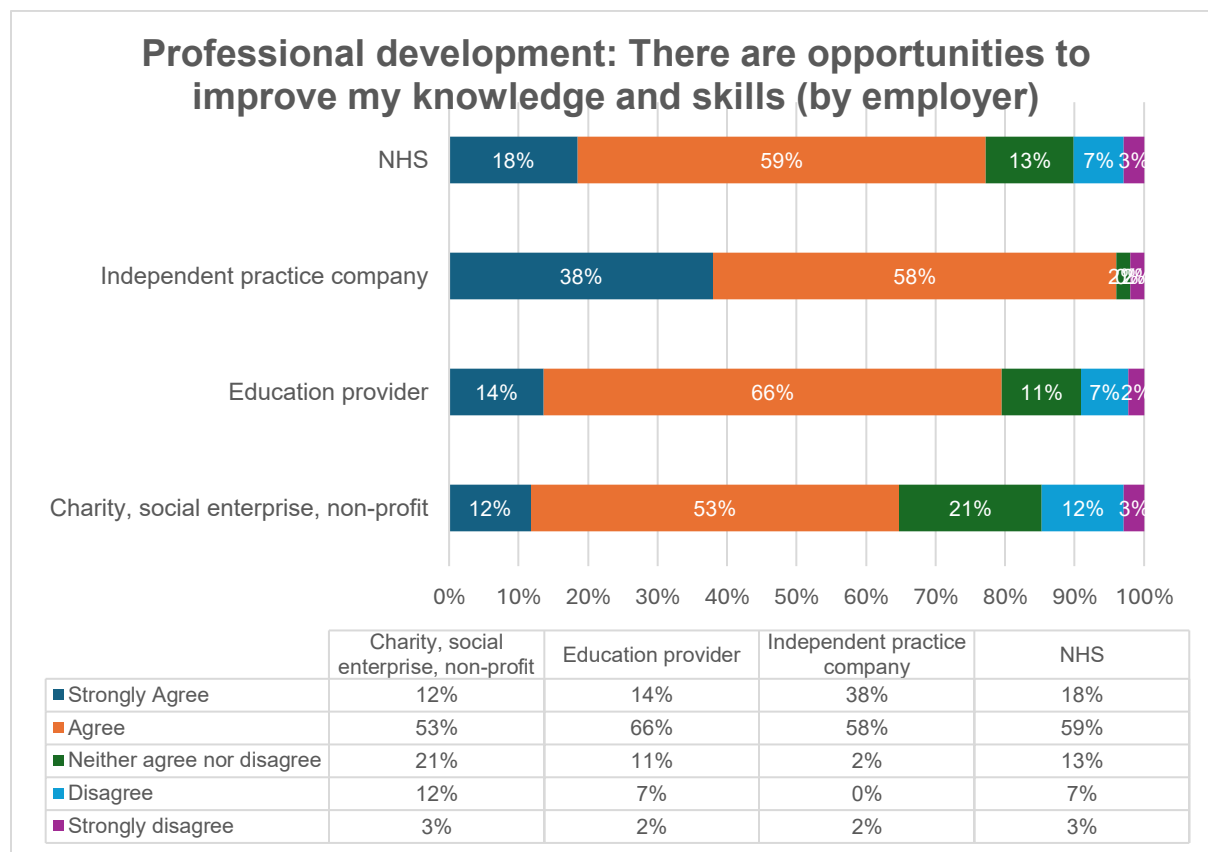


Speech and language therapists reported better access to opportunities to develop their knowledge and skills, with an overall 78% of respondents reporting that they agreed or strongly agreed with this statement and 10% disagreeing or strongly disagreeing.

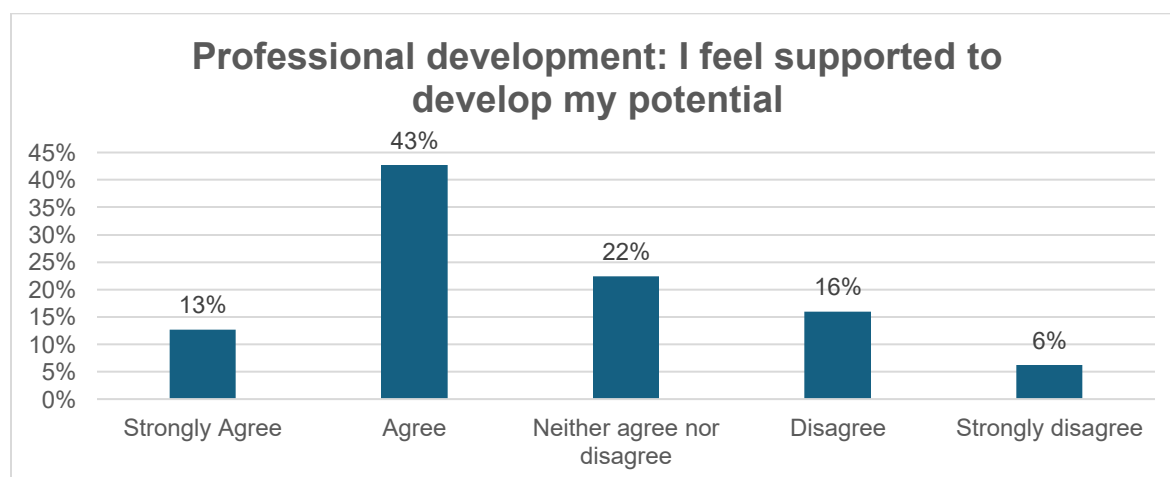




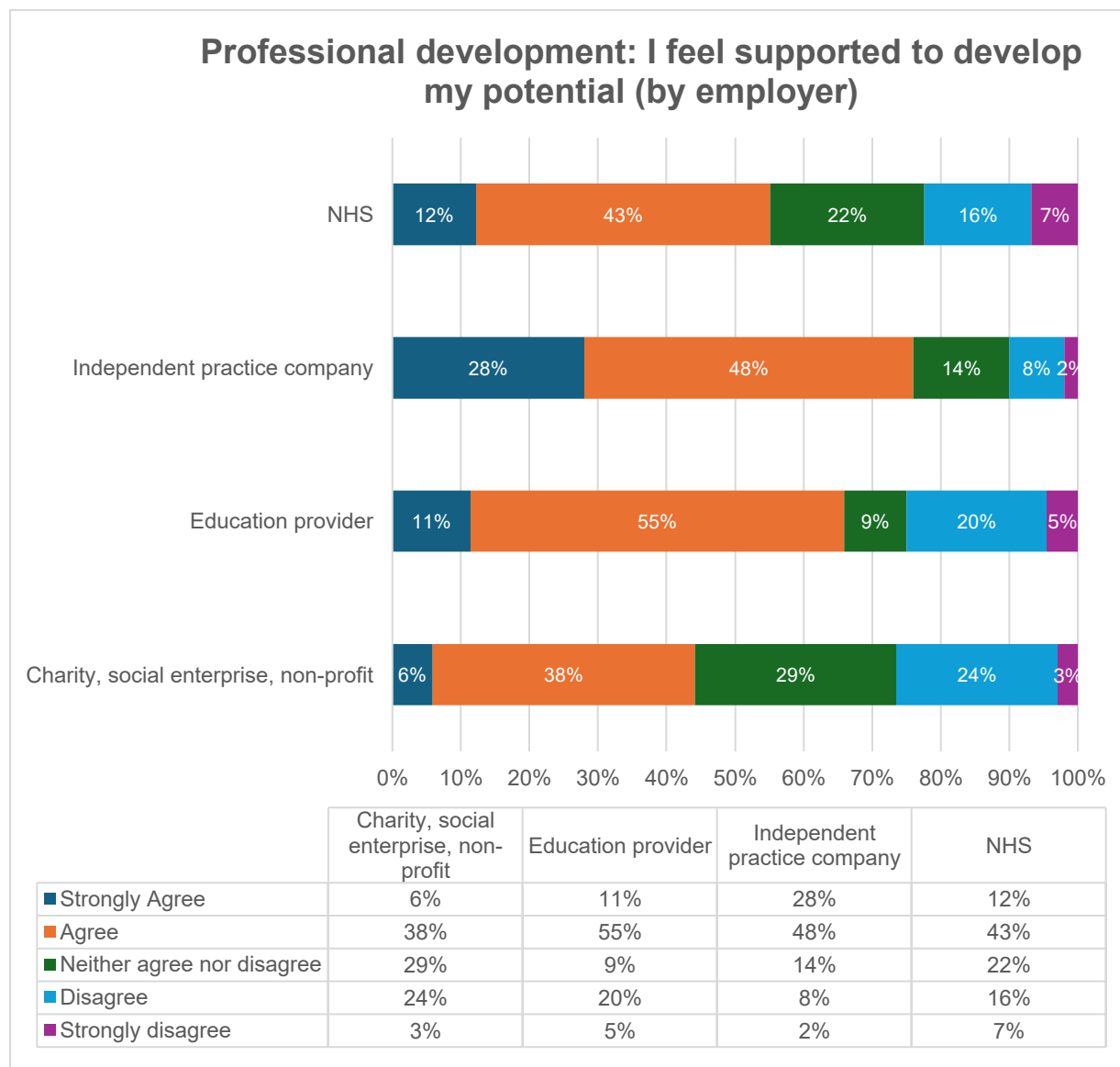
Again, results varied by employer, with 96% of those employed in independent practice agreeing or strongly agreeing that they had opportunities to develop their knowledge and skills, compared to 80% in education, 77% in the NHS and 65% in charity, social enterprise and non-profit organisations.



Overall, 56% of respondents agreed or strongly agreed that they felt supported to develop their potential, with 22% disagreeing or strongly disagreeing with this statement.



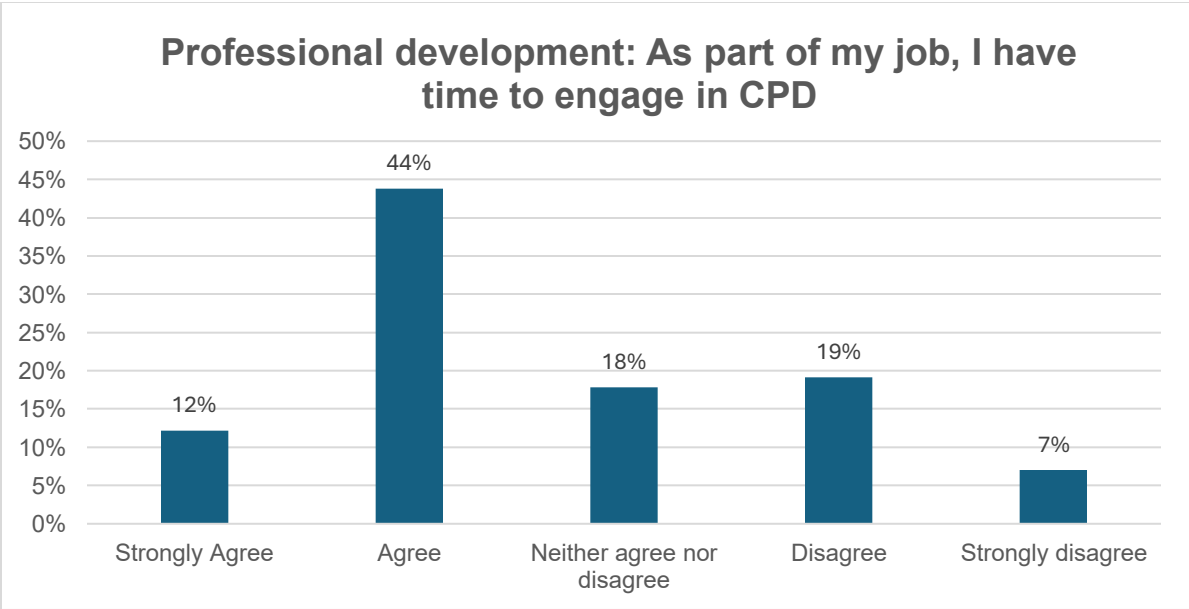
Again, SLTs in independent practice were more likely to report feeling supported, with 76% agreeing or strongly agreeing with this statement, compared to 66% in education, 55% in the NHS and 44% in charity, social enterprise and non-profit organisations.



Speech and language therapists working at a band 5 are more likely to report feeling supported to develop their potential, potentially reflecting the enhanced supervision and mentoring often in place for newly-qualified practitioners. More than half (59%) of therapists working at a band 5 agreed or strongly agreed with this statement, compared to 46% of band 6s, which was the least positive rating from any group. In keeping with previous findings relating to job satisfaction, SLTs working at band 8b or above were most likely to report feeling supported to develop their potential, with 82% agreeing or strongly agreeing with this statement, compared to 61% of band 8as and 55% of band 7s.

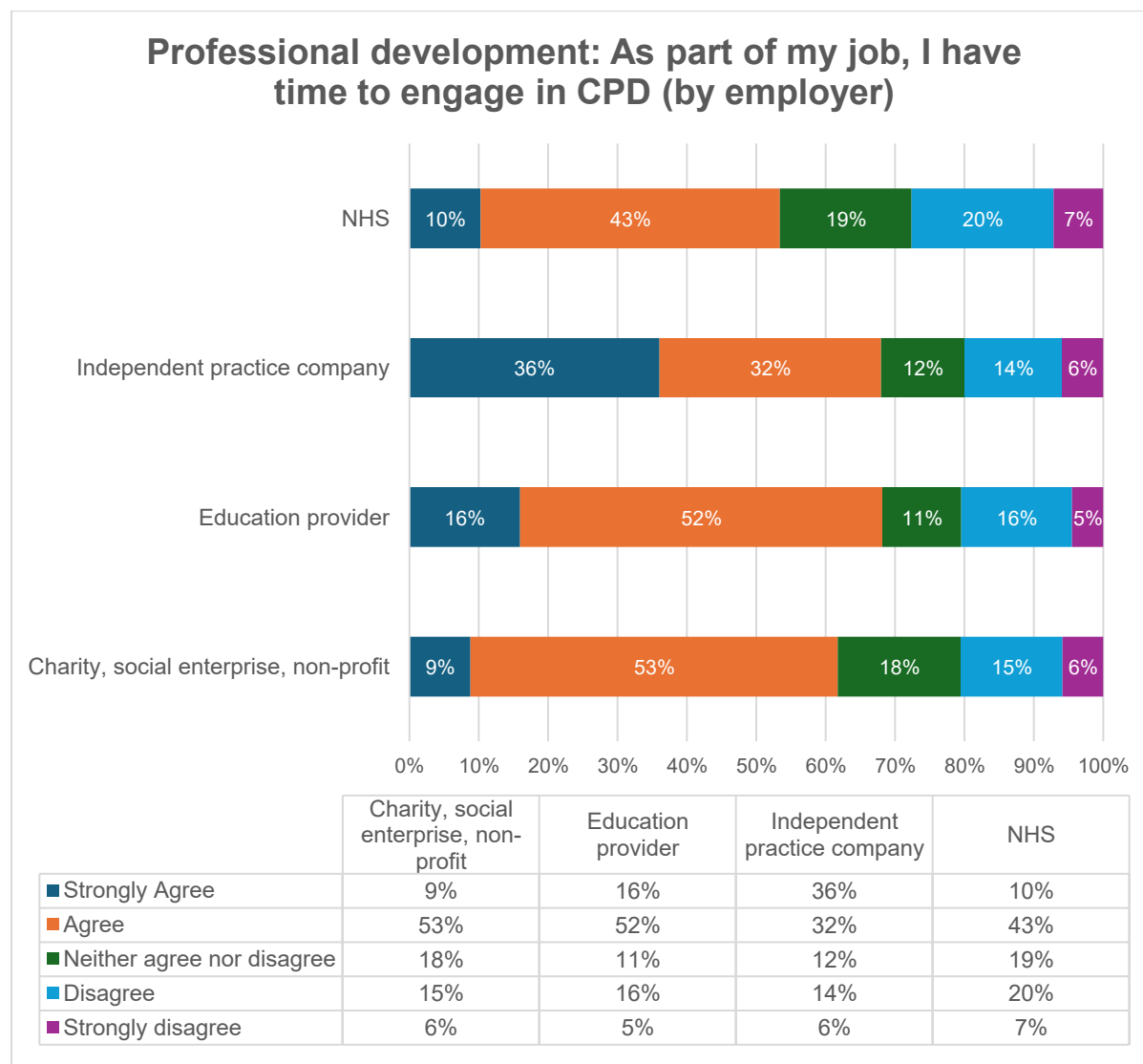
Statement: I feel supported to develop my potential (by banding)					
Response	Band 5	Band 6	Band 7	Band 8a	Band 8b
Strongly agree	16%	10%	11%	13%	27%
Agree	43%	36%	44%	48%	55%
Neither agree nor disagree	20%	24%	25%	20%	5%
Disagree	16%	21%	16%	12%	7%
Strongly disagree	5%	9%	4%	8%	5%
Total	148	305	386	130	56

Despite CPD being both a professional expectation (RCSLT, n.d.-a, CPD Together, 2022) and regulatory requirement (HCPC, 2024), 26% of SLTs reported that they do not have time to engage in CPD as part of their job.

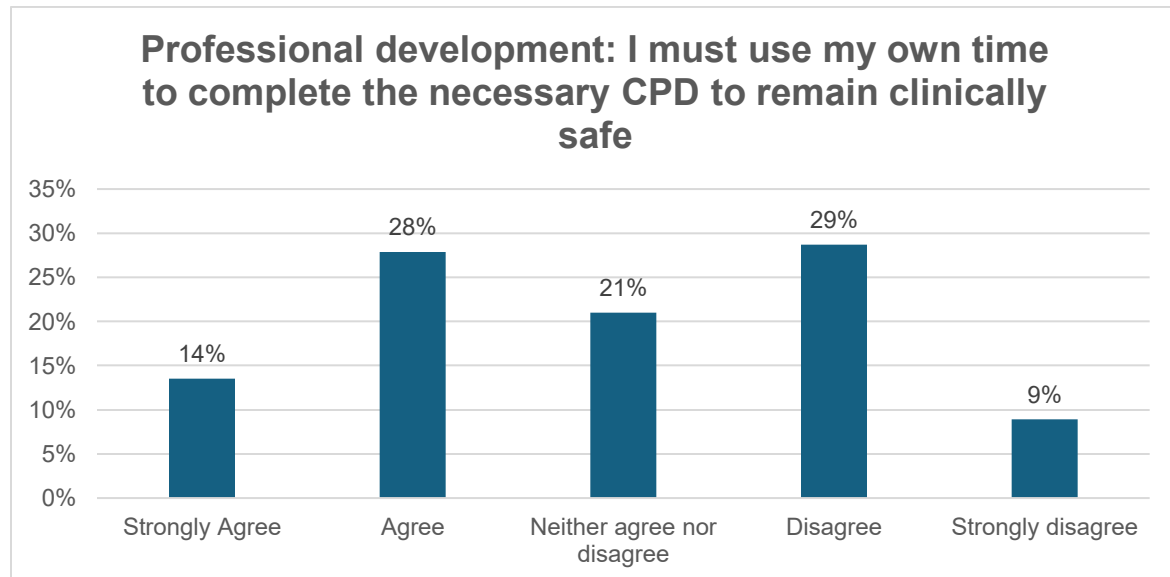


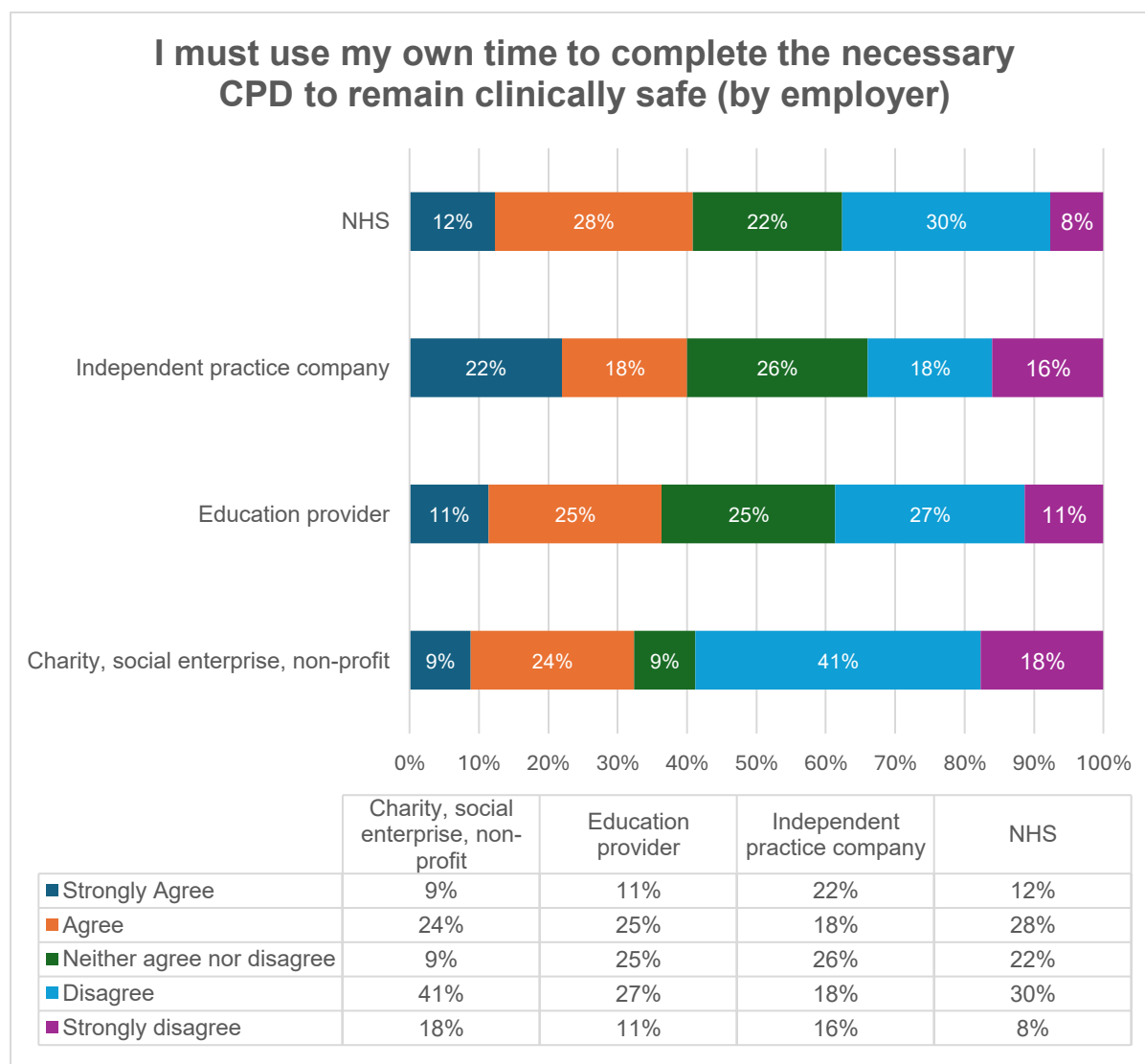
These figures were similar across employers with 20-21% of SLTs employed within independent practice companies, education and charity, social enterprise and non-profit organisations disagreeing or strongly disagreeing that they had time to engage in CPD. This

figure rose to 27% in NHS therapists, with only 53% of respondents reporting that they had time to engage in CPD.

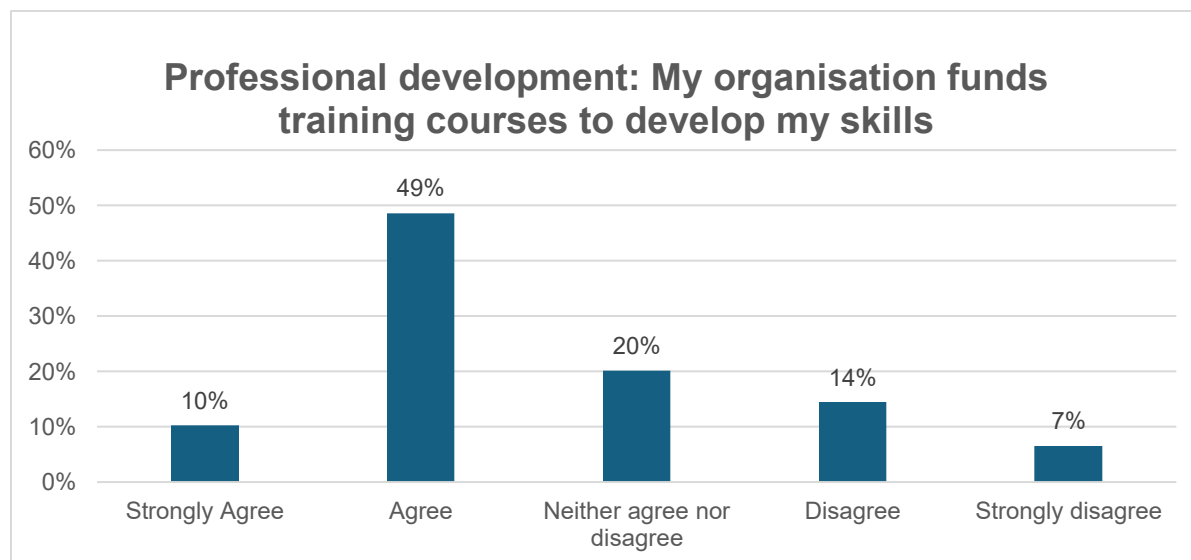


Following on from this, 42% of respondents agreed or strongly agreed that they needed to use their own time to complete the CPD required in order to remain clinically safe. There were no significant differences between therapists working with children and young people (41%) compared to those working with adults (43%), nor were there significant differences between therapists employed by different organisations, with at least a third of therapists in all sectors reporting this as an issue.



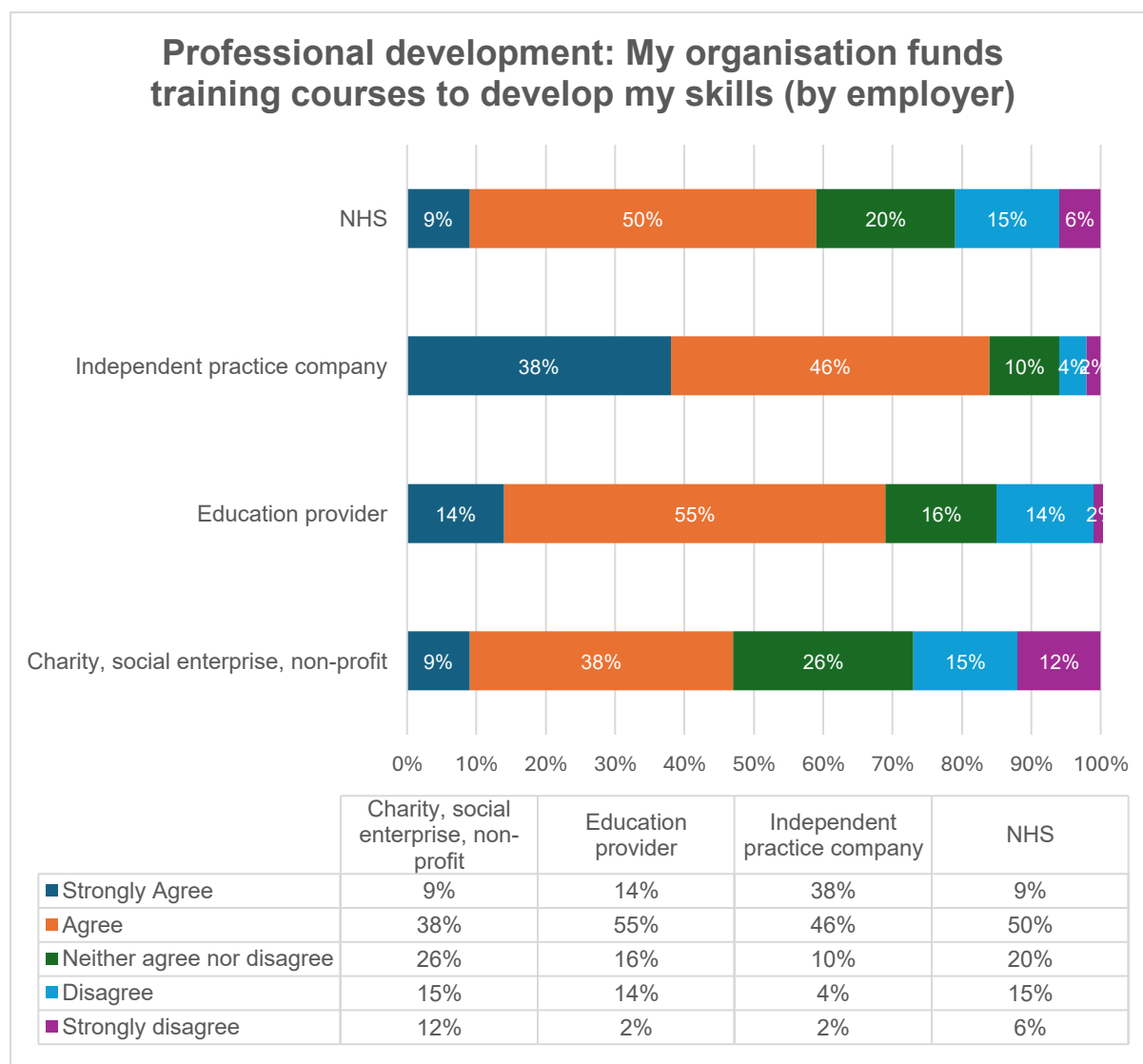


Overall, more than half (59%) of SLTs agreed or strongly agreed that their organisation funds training courses to develop their skills, with more than a fifth (21%) disagreeing or strongly disagreeing with this statement.



In line with responses to previous questions, experiences varied significantly across therapists in different organisations. Therapists working in independent practice companies fed back most positively, with 84% of respondents agreeing or strongly agreeing that their organisation funded training courses to develop their skills, compared to 69% of those in education, 59% of those in the NHS and 47% of therapists working in charity social enterprise and non-profit companies.



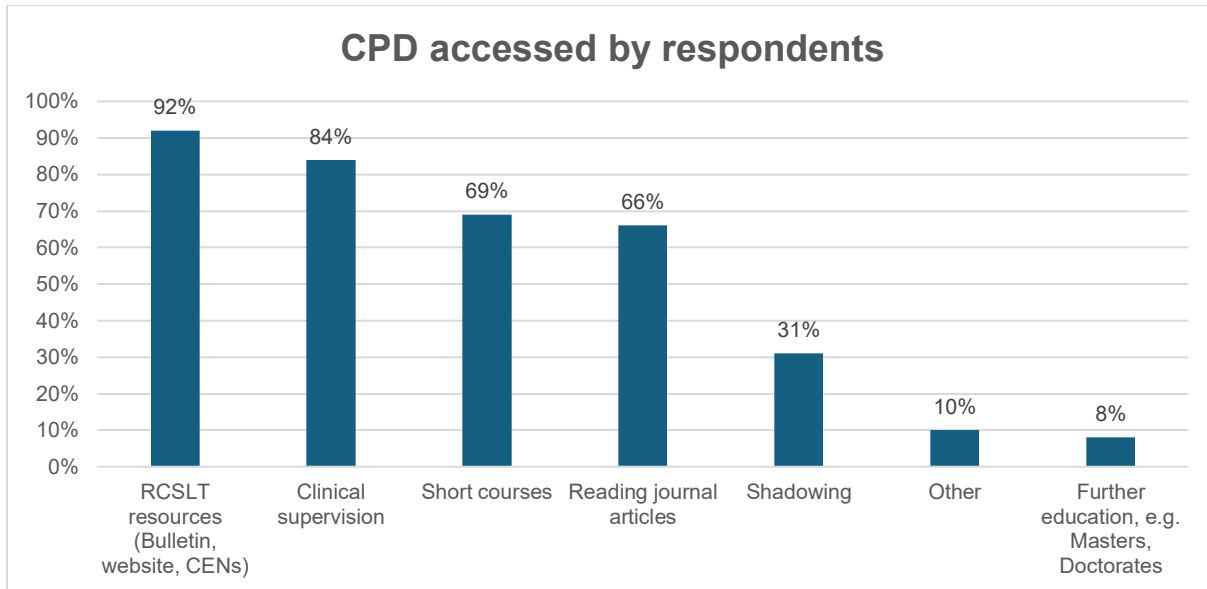


## Access to continuing professional development resources

Despite the workload challenges and time pressures, SLTs reported accessing a wide range of CPD materials:

- Most commonly accessed (92% of respondents) were RCSLT resources, such as the professional magazine, *Bulletin*, the website and clinical excellence networks.
- 85% of respondents reported accessing clinical supervision, which although positive, prompts the question about the missing 15%. This is a particular concern in light of the HCPC's acknowledgement of the importance of supervision in professional development and learning (HCPC, 2023b).

- Short courses and reading journal articles were the next most commonly accessed resources, with 69% and 66% of respondents selecting these options.



Speech and language therapists were then asked about what resources they would like to access but cannot, and why they cannot. There was interest across respondents in accessing a variety of activities and opportunities, with the most commonly selected being further education, reading journal articles, short courses and shadowing. Time, funding and workload pressures (lack of clinical cover) were the most commonly identified barriers, though lack of support from management is identified as a particular barrier to accessing clinical supervision.

	DON'T KNOW HOW	DON'T HAVE TIME	INSUFFICIENT ACCESS TO FUNDS	LACK OF SUPPORT FROM MANAGEMENT	LACK OF CLINICAL COVER FOR EXTRA CPD TIME	OTHER (PLEASE ADD IN COMMENTS)	TOTAL RESPONDENTS
RCSLT resources (Bulletin, website, CENS)	3.67% 13	60.17% 213	16.10% 57	9.04% 32	37.57% 133	9.60% 34	354
Reading journal articles	6.11% 30	75.15% 369	5.30% 26	3.67% 18	25.87% 127	5.91% 29	491
Short courses	4.35% 21	36.23% 175	60.25% 291	16.36% 79	27.95% 135	4.76% 23	483
Clinical supervision	2.01% 4	38.19% 76	7.54% 15	27.14% 54	24.62% 49	20.60% 41	199
Shadowing	4.63% 21	64.76% 294	1.76% 8	16.30% 74	34.36% 156	10.13% 46	454
Further education e.g. masters, doctorates	12.04% 62	46.41% 239	51.65% 266	19.03% 98	27.96% 144	8.74% 45	515

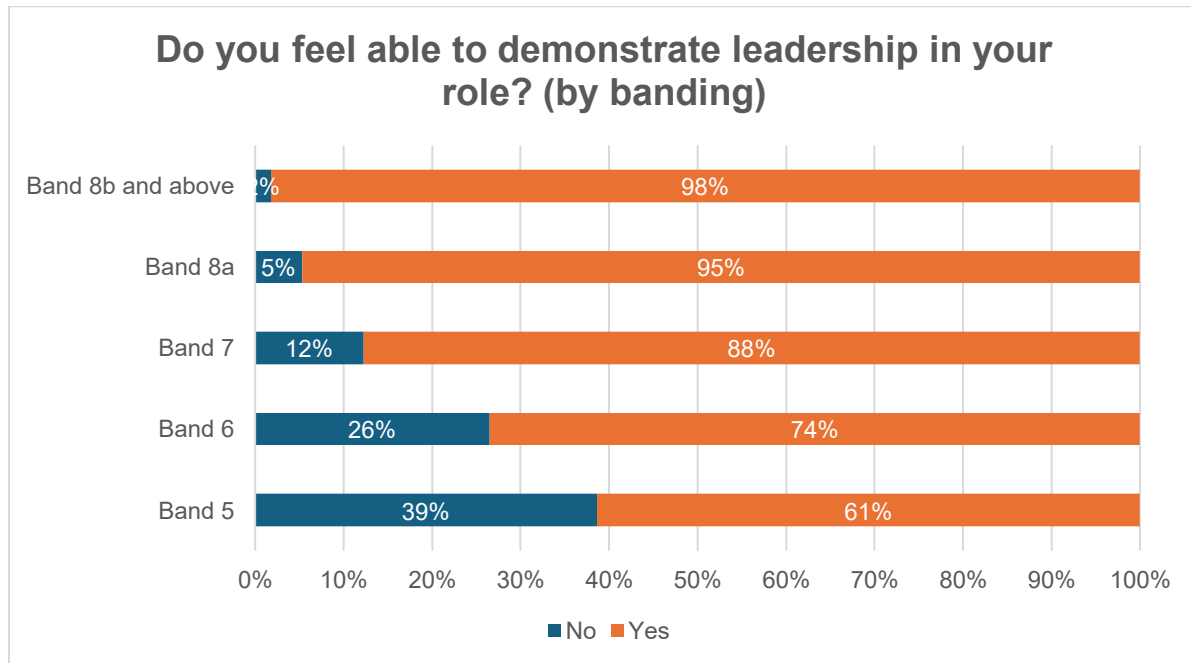
## Leadership

At the start of this section, SLTs were presented with the following definition of leadership, informed by the RCSLT (n.d.-b):

*“Leadership is not a person or a position, a leader is someone who is able to make a difference and have a positive impact on those around them. An effective leader is often defined as someone with the confidence and capability to directly or indirectly motivate others to act towards achieving a common goal.”*

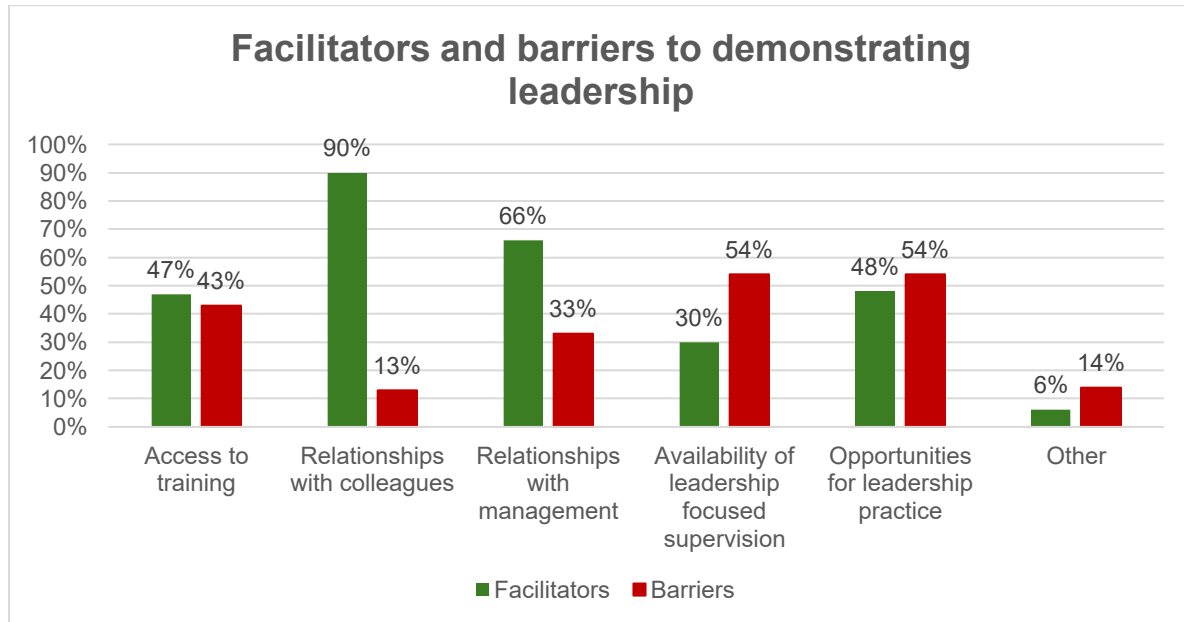
Using this definition as a reference point, 81% of respondents reported that they feel able to demonstrate leadership in their roles.

There was little variation across employers, working patterns and service user groups. However, the proportion responding ‘yes’ increased as their seniority (banding) increased. Whereas only 61% of band 5s felt able to demonstrate leadership, almost all (95+%) of band 8s felt able to. Despite a strong message from the RCSLT (n.d.-b) that “In your professional life, you can be a leader at any stage of your career”, this is clearly not the experience of many SLTs.



## Facilitators and barriers to leadership

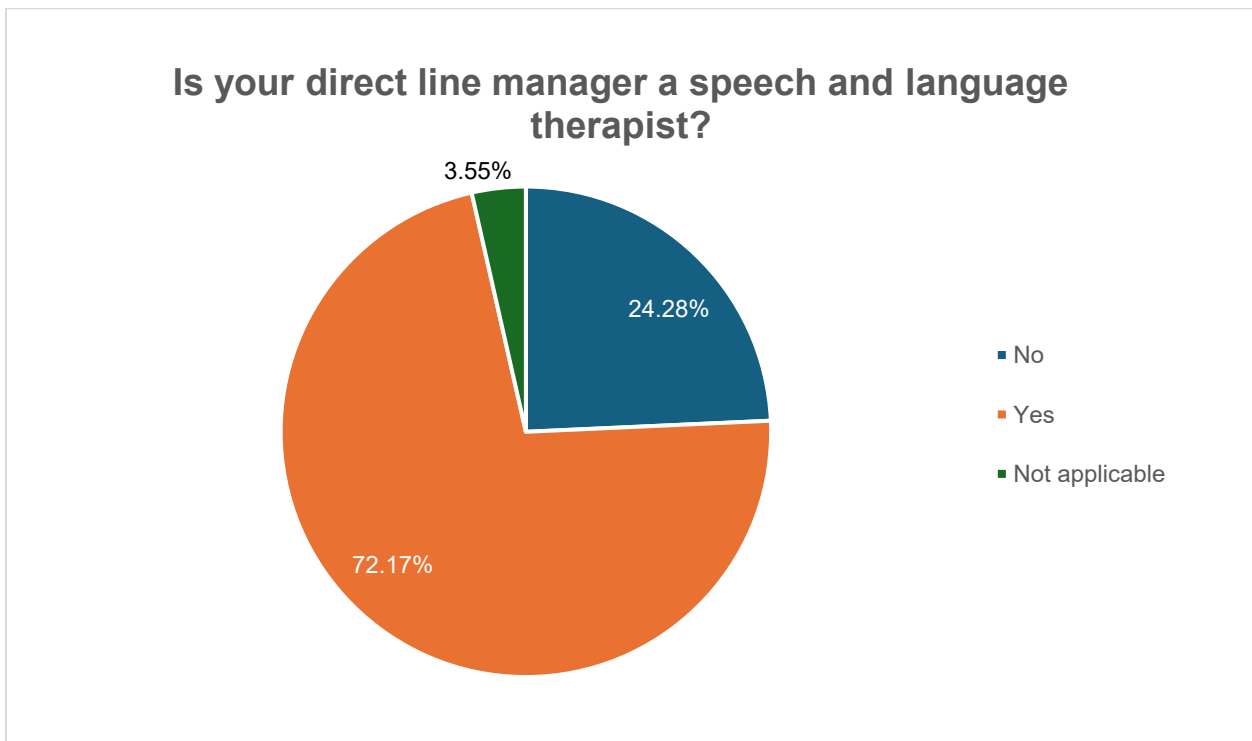
Respondents were asked to consider whether listed factors were facilitators and/or barriers to demonstrating leadership in their roles. The most commonly identified facilitators were relationships with colleagues (90%), relationships with management (66%), opportunities for leadership practice (48%) and access to training (47%). The most commonly identified barriers were availability of leadership focused supervision (54%), opportunities for leadership practice (54%), access to training (43%) and relationships with management (33%).



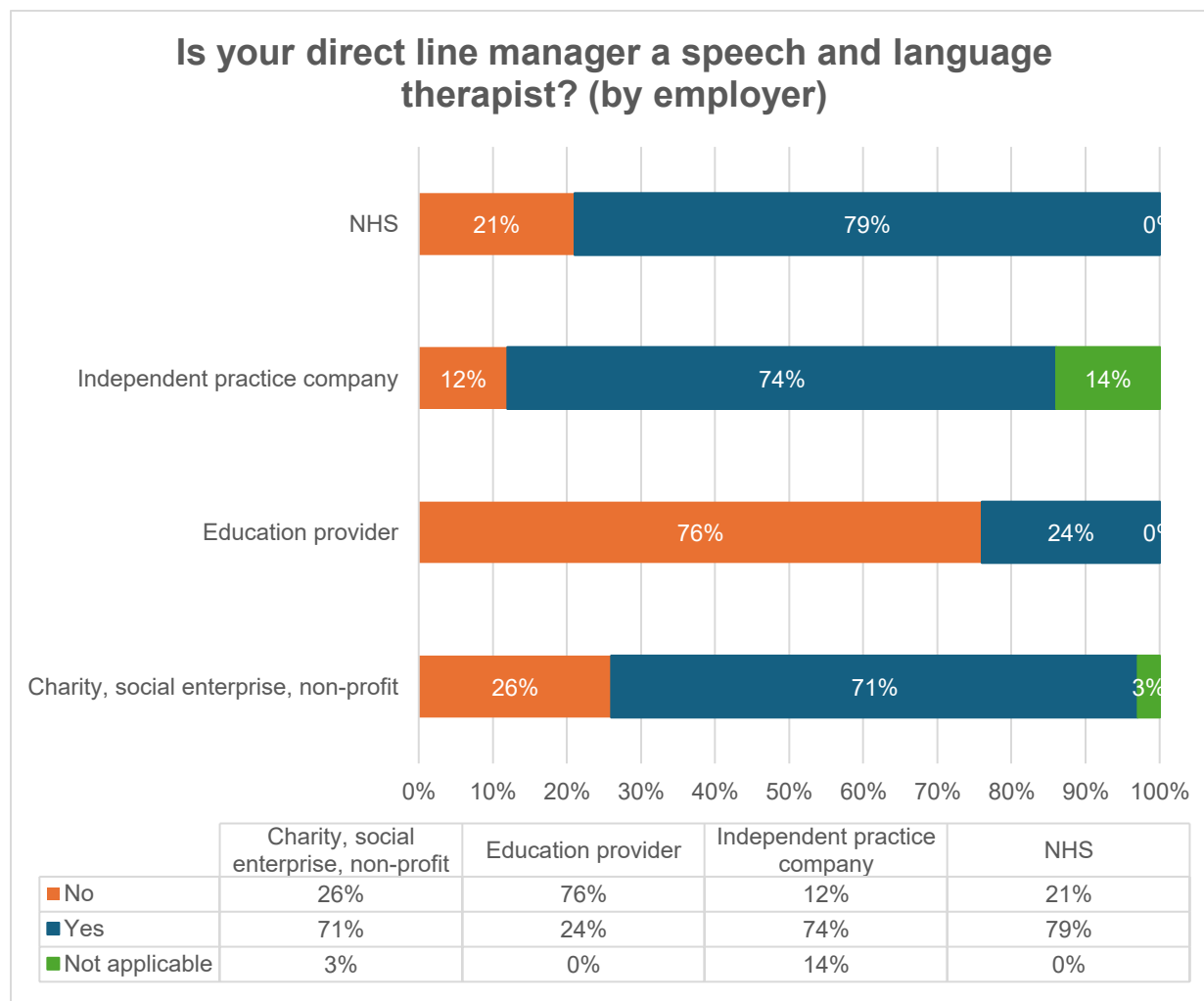
## Management

In this section, SLTs were asked questions related to their experiences of their direct line manager, including whether they are also an SLT, their activities and approach as a line manager and their availability.

The majority of respondents (72%) reported that their line manager was an SLT. A quarter (24%) said that they were not and 4% said that this question was not applicable (e.g. because they were a sole trader, or the most senior person in their organisation).



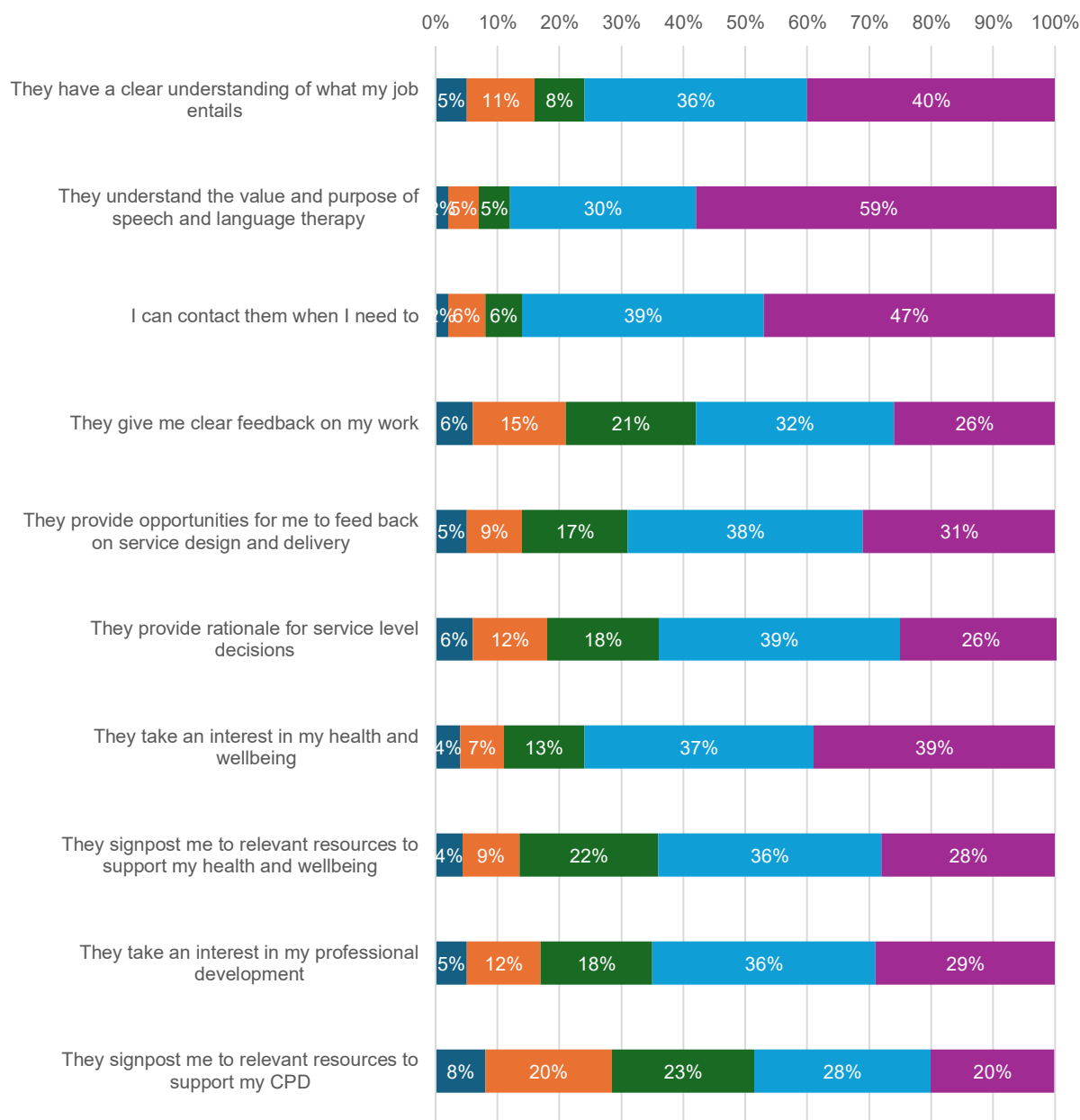
Speech and language therapists were most likely to report having a direct line manager of the same profession if they were working in the NHS (79%), independent practice companies (74%) and charities, social enterprises or non-profit organisations (71%). Only 24% of therapists working in education reported having a line manager who was an SLT.



Speech and language therapists were then asked to rate a series of statements relating to their experiences of their line manager from strongly disagree to strongly agree. More than half of respondents agreed or strongly agreed with all statements with the exception of 'they signpost me to relevant resources to support my CPD', which only 48% of respondents agreed with and 28% of respondents disagreed or strongly disagreed with. The statements rated most positively were:

- *They understand the purpose and value of speech and language therapy* (89% agreed or strongly agreed)
- *I can contact them when I need to* (86% agreed or strongly agreed)
- *They take an interest in my health and wellbeing* and *They have a clear understanding of what my job entails* (76% agreed or strongly agreed)

## Experiences of line management



	They signpost me to relevant resources to support my CPD	They take an interest in my professional development	They signpost me to relevant resources to support my health and wellbeing	They take an interest in my health and wellbeing	They provide rationale for service level decisions	They provide opportunities for me to feed back on service design and delivery	They give me clear feedback on my work	I can contact them when I need to	They understand the value and purpose of speech and language therapy	They have a clear understanding of what my job entails
Strongly disagree	8%	5%	4%	4%	6%	5%	6%	2%	2%	5%
Disagree	20%	12%	9%	7%	12%	9%	15%	6%	5%	11%
Neither agree or disagree	23%	18%	22%	13%	18%	17%	21%	6%	5%	8%
Agree	28%	36%	36%	37%	39%	38%	32%	39%	30%	36%
Strongly agree	20%	29%	28%	39%	26%	31%	26%	47%	59%	40%



Respondents who were line managed by a fellow SLT (SLT managers) generally reported more positive experiences than those managed by other professions (non-SLT managers). For example:

- 36% of those with SLT-managers disagreed or strongly disagreed that *'They have a clear understanding of what my job entails'* compared with 9% of those with SLT managers.
- 97% of those with SLT managers agreed or strongly agreed that *'They understand the value and purpose of SLT'* versus only 65% of those with non-SLT managers.
- 26% of those with non-SLT managers disagreed or strongly disagreed that *'They take an interest in my professional development'* compared to only 15% of those with SLT managers.
- Only 26% of those with non-SLT managers agreed *'They signpost me to relevant resources to support my CPD'* compared to 57% of those with SLT managers.

Whilst it will not be possible for SLTs to always be line managed by other SLTs, there is a need to consider the benefits and limitations of individual line management arrangements to ensure that the relationship is as positive and productive as possible. Where speech and language therapy services are led by professionals who are not SLTs, it is important that they develop their knowledge and experience to ensure that they are aware of the value and purpose of speech and language therapy, as well as having an understanding of the specific jobs undertaken by their team members.

## Conclusions

Speech and language therapy is often celebrated as a profession that offers diversity in its career paths. From feeding support shortly after birth to communication and eating and drinking interventions as part of palliative care, SLTs have the privilege of supporting individuals and their families across the lifespan. Speech and language therapists also work in a wide range of settings, including people's homes, community clinics, schools, day centres, hospitals, residential homes, prisons and hospices.

In light of such variety in the specific jobs that SLTs can have, the commonalities throughout the profession in relation to their experiences and concerns are particularly startling. Across settings, client groups and employers, many SLTs are expressing significant concerns about working conditions and service provision.

Speech and language therapists express pride in their profession and a commitment to the people who access their services, but too many are feeling demoralised and experiencing burnout. There is uneven access to wellbeing support and there are significant barriers to continuing professional development – a professional expectation and regulatory requirement that directly contributes to the planning and delivery of safe and effective services.

With 40-45% of therapists in the NHS, education providers and charity, social enterprise and non-profit organisations considering leaving their current jobs, the situation is unsustainable and urgent action is needed to address the issues.

It is not just time to listen, it is time for change.

# Part 2: Children and young people's services

## Executive summary

Governments across the four UK nations have recognised the value of speech, language and communication skills, the unique value of speech and language therapy and the importance of joined-up services for children, young people and their families. While there are initiatives and services across the UK that are delivering positive outcomes for children, young people and their families and these are to be celebrated, unfortunately, this is far from standard. There are longstanding concerns about difficulties accessing services, waiting times and variation in service design and provision creating a 'postcode lottery' that have resulted in inequity of provision and outcomes within and across nations.

Within this part of the survey we surveyed SLTs who work with children and young people to better understand the situation and what change is needed.

## What we found

- One-third (66%) of SLTs are concerned about the waits that children, young people and families are experiencing for first appointments. This rises to 71% for therapists employed within the NHS.
- Nearly three-quarters (73%) of SLTs are concerned about the waits that children, young people and families are experiencing for further intervention and support. This rises to 81% for therapists employed within the NHS.
- Only 40% of SLTs reported that their service was able to always or usually provide the speech and language therapy that children and young people need. Nearly one-fifth (18%) of SLTs reported that it was rarely or never possible to provide what was needed for children and young people.
- Speech and language therapists who were concerned about waiting within their service were more likely to report experiencing burnout in the past 12 months. More than half (59%) of therapists who were concerned about the wait for first appointments reported experiencing burnout in the past 12 months, compared to 43% of therapists who were not concerned. Similarly, 59% of therapists who were

concerned about the wait for further intervention and support reported experiencing burnout, compared to 38% of those who were not concerned.

- Two-fifths (79%) of SLTs reported that staffing levels were a barrier to providing therapy to children and young people.
- Staff expertise and skillset, administrative support and room access/space were reported to be facilitators in providing therapy for children and young people.
- Speech and language therapy services are using a range of strategies and approaches to reduce waiting and/or to minimise the impact of waiting, with varying levels of success.
- More than a fifth (22%) of SLTs reported that their services have changed the criteria for referrals to the service. For example, they are no longer accepting referrals for children under three years of age. Only 3% of therapists felt that this had impacted positively on children, young people and their families.

## Action needed

Change is urgently needed to support children, young people and their families and the speech and language therapy workforce:

- Stakeholders, commissioners, decision-makers and service providers need to work together, with SLTs, children and families, both strategically and operationally to ensure that children, young people and families are able to access timely and effective speech and language therapy support.
- The performance of speech and language therapy services should be measured by outcomes, rather than by inputs, in order to ensure that support is making a meaningful difference to those that the profession serves.
- Workforce planning needs to recognise the importance of the retention and wellbeing of therapists already delivering services, as well as the need for the ongoing development of routes into the profession to ensure that services are sufficiently staffed and sustainable as we look to the future.
- Progress should be monitored and reviewed to evaluate the changes in services and experiences over time, as well as the response(s) to any initiatives.

## Context

This section provides a non-exhaustive summary of current policy, priorities, funding and waiting lists across each of the four UK nations.

### England

#### Policy and priorities

The change of government in July 2024 has initiated a period of uncertainty within public services. Labour's election campaign was focused on change, with a focus on building "an NHS fit for the future" (Labour, 2024). Following the election, Secretary of State for Health and Social Care Wes Streeting has reinforced this message, stating the policy of the Department for Health and Social Care (DHSC) is that "the NHS is broken". He reported, "that is the experience of patients who are not receiving the care they deserve, and of the staff working in the NHS who can see that – despite giving their best – this is not good enough." (DHSC, 2024).

Darzi (2024) expressed similar concerns in his independent investigation, stating that, "the National Health Service is in serious trouble", with too many people having difficulty accessing the services that they need and quality of care being too variable. Darzi recommended a focus on re-engaging staff and re-empowering patients and a move to embrace new multidisciplinary models of care that bring together primary, community and mental health services. In October 2024, Change NHS was launched to bring together members of the public, health and social care staff and other interested individuals and organisations and provide them with the opportunity to input into the development of the new 10-Year Health Plan for England (Change NHS, 2024; DHSC, 2024b).

Darzi's report recommended reform to clarify roles and accountabilities within the NHS, ensuring a balance of management resources in different parts of the structure. Despite an acknowledgment that, "a top-down reorganisation of NHS England and integrated care boards is neither necessary nor desirable", it was announced in March 2025 that NHS England would be brought back into the DHSC in a move intended to reduce duplication, increase efficiency and deliver significant savings (DHSC *et al.*, 2025).

## Funding

With reference to NHS funding specifically, following the passage of the Health and Care Act, integrated care systems (ICS) were established in 2022 in an effort to move towards more joined up services for local communities (NHS England, n.d.; The King's Fund, 2022). There are 42 ICSs in England. These are made up of two key components:

- Integrated care boards (ICBs) - statutory bodies responsible for planning and funding NHS services.
- Integrated care partnerships – statutory committees comprised of wide range of partners including NHS organisations, local government, the voluntary sector, social care and other areas such as housing, employment, education, justice and business.

The RCSLT (2022) recommend that SLTs research their individual ICS, because each one is different, varying in size, complexity and maturity.

Darzi (2024) highlighted financial factors contributing to what he has described as the “dire state of the NHS”, namely austerity in funding (spending has not matched levels of inflation) and capital starvation (outdated buildings and resources which result in additional costs). He also raised concerns about distribution of NHS funding, suggesting that too much is being spent in hospitals and too little in the community.

Funding pressures are an issue affecting services for children and young people with special educational needs more broadly, with evidence that resourcing issues are impacting upon care quality (Kessler and Boaz, 2024). As noted in the 2019 Children's Commissioner report, funding of speech and language therapy services in England is a “postcode lottery”, with inconsistent spending across the country and funding in many areas decreasing over time. “There is no ringfenced central funding” (House of Commons Library, 2025) and “there is no publicly available, reliable information about what is being spent, and there is no single body to hold to account for that spending” (Children's Commissioner, 2019, p2). There are multiple funders and providers, and variation between how services are funded across local areas. Funders include ICBs, local authorities, schools (individually or as a collective across an area), voluntary and community sector organisations, and families. NHS England funds a small number of highly-specialised services, some of which might include speech and language therapy input. These are typically services for very rare and/or complex conditions, provided to usually no more than 500 patients a year. Providers may also access time-limited project funding from

organisations, such as the Department for Education, NHS England and the National Lottery.

The new government has made a clear commitment to investment in the NHS (e.g. an increase of £22.6 billion for DHSC in 2025-2025 compared to the 2023-2024 overrun (House of Commons Library, 2025)) and in the early years (a £126 million investment, including £57 million to support the Start for Life initiative (DHSC, Department for Education, Andrew Gwynne, MP and Janet Daby, MP, 2025)). Funding is being prioritised for areas with high-levels of deprivation, but within this there is no ring-fenced budget for speech and language therapy. Concerns about funding for speech and language therapy are ongoing, as evidenced by the recent E-petition debate on speech and language therapy (HC Deb 27 January 2025 vol 761 cc2-4; House of Commons Library, 2025).

## **Waiting lists**

Waiting within children's speech and language therapy services has been a longstanding cause for concern. The Bercow: Ten Years On Report (2018) identified long waits for assessment and intervention, with significant variations across the country. The Children's Commissioner (2019) suggested that variation in funding across England "risks children waiting months to be seen, or never receiving support at all". During the pandemic, many people found they had reduced access to speech and language therapy services, due to services pausing their work and/or SLTs being redeployed to other areas. This disproportionately affected individuals living in more deprived areas of the country, exacerbating existing health inequalities (RCSLT, 2021). Although the reasons for this inequity are not clear, there were differences reported in people's access to in-person therapy, with people living in the most deprived areas reporting less access to this than those in the least deprived areas. Waiting within services has also been exacerbated by high vacancy rates and workforce planning issues (RCSLT, 2023), which has meant that supply of services does not sufficiently meet the needs of the population.

Children and young people continue to experience significant waits for speech and language therapy services. Figures from NHS England in January 2025 (2025b) indicates that 66,612 children and young people are waiting for a first appointment; 20,929 have been waiting for more than 18 weeks, 4,686 more than a year and 511 have been waiting for two years or more. However, as with many other NHS services (Healthwatch, 2022), children and families attending their first appointment are often told that they need to wait

again for intervention. Waiting times for this further intervention and support are not collected nationally.

## **Northern Ireland**

### **Policy and priorities**

There is a strong commitment to improving the lives of children and young people in Northern Ireland. The introduction of the Children's Services Co-operation Act (Northern Ireland) 2015 created a legal duty for public authorities and others to collaborate to support the wellbeing of children and young people and required the development of a specific strategy for children and young people. Alongside the broader outcomes identified in the Children and Young People's Strategy 2020-2030, a specific area of focus is "improving communication with children and young people who have a learning disability, autism or communication barrier" (Northern Ireland Executive, 2020). Whilst communication and speech and language therapy are not specifically mentioned in the Every Child Corporate Plan 2023-2028 (Department of Education, 2023), there is a commitment to an inclusive curriculum and to work with the Department of Health to "enhance identification, assessment and provision of support to early years children with SEN; and provide joint oversight of services for children with SEN who require therapies and other health support to be delivered in schools".

Despite a strong commitment to improving outcomes for children and young people, and pockets of excellent practice, wide-ranging service structures, inconsistent funding arrangements and a changing political context has resulted in a postcode lottery for access to services and what is offered. At the same time, there are increasing numbers of children and young people presenting with speech, language and communication needs (SLCN) and in the complexity of the SLCN that individuals are presenting with (Expert Panel on Educational Underachievement in Northern Ireland, 2021; RCSLT Northern Ireland, 2024). Chris Quinn, the Northern Ireland commissioner for children and young people, has raised concerns about the 'crisis' affecting those with special educational needs and budget cuts and government changes that have disproportionately affected children and young people (RCSLT Northern Ireland, 2024). "Like many health and social care services in Northern Ireland, speech and language therapy is operating hand to mouth". (RCSLT Northern Ireland, 2024)



RCSLT Northern Ireland (2024) has called for the executive to address these concerns, through:

- Investing in the workforce.
- Development of resources and training for parents and professionals.
- The regional roll out of evidence-based programmes that are already making a difference in some areas of Northern Ireland.

## Funding

There are no national data, guidance or reports available to inform or evaluate funding for speech and language therapy services for children and young people in Northern Ireland. The majority of services for children and young people in Northern Ireland are funded by the Department of Health, except for regional intervention services in Education in Northern Ireland (RISE NI) and Sure Start, which are funded by the Department of Education.

- RISE NI is a regional early intervention service that supports children in pre-school educational and mainstream primary school settings by working closely with parents and education staff to help children develop the foundation skills for learning, i.e. speech, language, communication, sensory-motor, visual perception, social, emotional and behaviour skills.
- The Sure Start programme is a targeted programme of support for children under the age of four and their families, living in the most disadvantaged areas in Northern Ireland (Department of Education, n.d.). The programme provides support for parents from pregnancy until their child starts school. Speech and language support is one of most common areas of support and the majority of children involved with the programme make good progress in this area (Department of Education, 2024).

Other funding models include:

- Help Kids Talk, an award-winning community-wide initiative within Early Intervention Lisburn, which is led by the Resurgam Community Development Trust (lead partners are the South Eastern Health and Social Care Trust (SEHSCT) Speech and Language Therapy Team and Early Intervention Lisburn). The aim of the initiative is to ensure everyone who has responsibility for a child prioritises speech, language, and communication development (Ratcliffe and Ferris, nd). One SLT is

employed within the project who inputs into a range of activities, including social media posts, basic awareness training and targeted programmes.

Funding of services through the Department of Health plays a key role in supporting job retention by providing greater job security, as the majority of SLTs in Northern Ireland are employed within the NHS. In contrast, services funded through alternative or non-recurrent arrangements may face challenges in maintaining continuity, with some evidence of established roles being lost when short-term funding comes to an end. Ensuring stable, long-term funding not only enhances service sustainability but also helps to retain experienced staff, ultimately benefiting patient care.

Cross-departmental collaboration is both welcomed and encouraged, and joint funding arrangements can be highly effective where appropriate. However, there are occasions when speech and language therapy is viewed primarily as a health-specific responsibility, which can inadvertently limit opportunities for broader progress and shared investment across sectors.

## **Waiting lists**

Current waiting list figures are not publicly available, but RCSLT Northern Ireland (2024) has reported significant increases in the number of children waiting for a first appointment – with children and families often having to wait again for further intervention and support. Between 2021 and 2023, the number of children and young people waiting for speech and language therapy rose from 2,444 to 4,527, an increase of 87% (RCSLT Northern Ireland, 2024).

## **Scotland**

### **Policy and priorities**

In 2021, Better Communication CIC led a review of children's speech and language therapy services in Scotland, triangulating what was currently available to children and their families with a comprehensive national dataset that considered the population, demographic and predicted SLCN (Gascoigne, 2021). Four key themes were identified:

1. The need to focus on achieving equity of outcome rather than equality of input.
2. The importance of measuring impact rather than input.

3. The need to integrate systems across health, education and social care to maximise impact.
4. The importance of developing a workforce that is fit for purpose, focusing on both current and future practitioners.

The focus of the latest Programme for Government (Scottish Government, 2024a) has echoed some of these themes, with two of the four identified priorities being: eradication of child poverty, including tackling barriers and improving opportunities; and ensuring high-quality and sustainable public services. There is a clear focus in the programme on children and families being able to access the support they need in a timely way to improve outcomes in both the short and the longer term.

The United Nations Convention on the Rights of the Child (UNCRC) (Incorporation) (Scotland) Act became law in 2024. Alongside the statutory guidance (Scottish Government, 2024b), the Act strengthens the child-centred, rights-based approach in Scotland through:

- Placing a duty on Scottish ministers to make, review and report on a Children's Rights Scheme to ensure that children's rights are upheld and outcomes are improved for all children in Scotland.
- Reporting from the Scottish Parliamentary Corporate Body and public authorities on actions taken and planned, including versions of reports that can be understood by children.

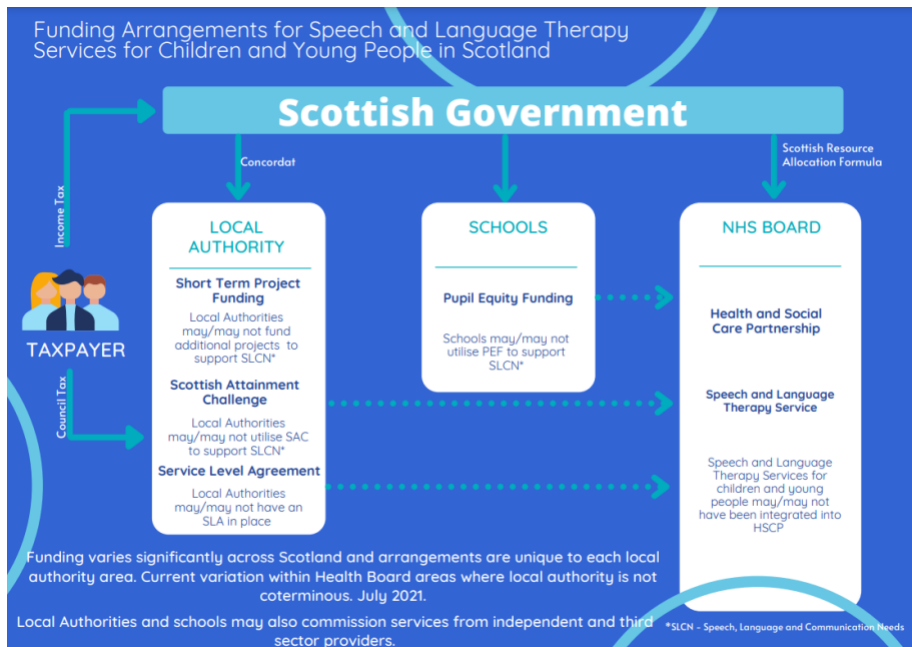
Following the introduction of the Act, MacRae (2025) has called for the Scottish Government to explicitly recognise communication as a fundamental right for children. MacRae makes a number of recommendations to ensure that all children in Scotland are able to share their views and participate in matters which are important to them, including:

- Ensuring budgeting and resourcing for children's speech and language therapy services reflects its significance as a public health children's right's issue and the need for children with SLCN to be supported to participate.
- Establishing a lived experience group of children and young people with SLCN, supported by SLTs.
- Appointing speech and language therapy advisory roles to the working groups within Scottish Government.
- Embedding SLTs in all services that children come into contact with in order to facilitate consistent training, coaching and support for professionals across sectors.

## Funding

A recent freedom of information request from RCSLT Scotland revealed that £30.7 million (67%) of funding comes from health boards as substantive core funding, £8.6m (28%) comes from local authorities and £1.4m (5%) is from other external sources, such as the Pupil Equity Fund. At a council level, funding for children and young people, in coordination with Health and Social Care Partnership, has decreased over six years. As in other nations, funding arrangements vary significantly across regions. Figure 1 depicts funding channels for children and young people's services.

Figure 1: Funding Arrangements for speech and language therapy services for children and young people in Scotland



Children's services seem to be at higher risk of funding cuts. In recent years there have been examples of local authorities cutting up to 100% of their service level agreement. Whilst there is appetite for services where systems and money are fully integrated, experience indicates that this can be challenging (but not impossible) to deliver successfully, with services particularly at risk when there isn't sufficient professional leadership or representation. To work well, integrated practice is needed, requiring local services to work together to understand the needs of the population and committing to virtually pooling resources to deliver on what is required. Although not widespread, utilising a public-to-public co-operation agreement seems to be a very effective way to

agree on joint funding, evidenced through a recent speech and language therapy round table exercise in which partners have worked together to:

- Identify principles for transformation of services for children and young people with communication needs in Scotland.
- Develop principles for a partnership resource agreement between health and education that will facilitate this transformation.

For more information about this work, please contact Glenn Carter, head of the RCSLT Scotland Office.

## **Waiting lists**

As might be expected with such a variety in funding and service models, children and families' experiences of waiting for speech and language therapy varies across regions. In some areas, partnership working and service redesign has led to improved access to services, such as the whole systems approach taken by Stirling Council and NHS Forth Valley, which had led to 90% of children accessing support within 12 weeks (NHS Forth Valley, 2024). More common, however, are longstanding concerns about waiting times in Scotland, with lengthening waiting lists (STV, 2024) and some children waiting more than two years for support (RCSLT, 2023b). There is a specific focus on reducing waiting times and backlogs as part of the focus on public services within the 2024-2025 Programme for Government (Scottish Government, 2024a) but there is no specific mention of speech and language therapy services within this.

## **Wales**

### **Policy and priorities**

The Welsh Government has introduced a range of policies and initiatives to support the wellbeing of children and young people now and in the future. The Well-being of Future Generations (Wales) Act 2015 places a legal duty on organisations to work together to positively influence the quality of life of future generations across a range of domains. Flying Start is a programme of support for families with children under four years old in disadvantaged areas of Wales (Welsh Government, 2024a). In addition to childcare, health visiting and parenting, support for speech, language and communication development forms a key strand of the programme. Linked to this, all Flying Start teams are required to employ an HCPC-registered SLT (Welsh Government, 2024b).

In 2020, the Welsh Government launched the 'Talk with me': Speech, Language and Communication Delivery Plan, a specific commitment to promoting and supporting children's SLCN. Further to this, two SLTs were seconded into a national speech, language and communication co-ordinator role, which has now become permanent. The delivery plan is currently being implemented, providing funding for some national initiatives including installation of communication boards in some parks across Wales and research into the development of a population-wide bilingual screening tool. Work has commenced on the next version of the delivery plan.

Despite these successes, RCSLT Wales's (2025) State of the Nation Report describes an increasing demand for speech and language therapy services in Wales across the lifespan and the challenges in adequately meeting the needs of the population. The latest figures indicate that there are a little over 800 SLTs in Wales (Welsh Government, 2023; RCSLT Wales, 2025) and whilst more therapists are being trained each year, this has not been enough to meet current or projected future demand. The numbers of children requiring communication and learning support is increasing (Stats Wales, 2024) and whilst there is no single reason for this, a range of potentially-related factors have been suggested, including an improvement in survival rates for premature and low birthweight babies, the impact of COVID-19 and the challenges in accessing early intervention (RCSLT Wales, 2025). There is a need not only to ensure that there are enough SLTs, but also that they have the required knowledge and skills for the current population. The Welsh Government (2022) has recognised the importance of providing services through the medium of Welsh, with the 'More than just words' report identifying speech and language therapy as a priority area.

In recent years, SLTs in Wales have been transforming their services in order to provide services to children and young people at universal, targeted and specialist levels. The focus is increasingly on working with the individuals who are closest to the child or young person (e.g. family, nursery staff, school staff) in order to make the most positive impact (RCSLT Wales, 2025). There is a strong commitment to all-Wales working and continuous improvement and a particular area of excellence has been the development of All Wales evidence-based pathways for speech and language therapy for a range of clinical conditions. RCSLT Wales (2025) argues that despite these successes, more needs to be done to ensure that the needs of the population are met, including:

- A focus on retention, as well as training and recruitment, recognising the importance of caring for the existing workforce in addition to training new practitioners.
- Sustainable funding for speech and language therapy services to meet growing demand.
- Recognition of the importance of continuous professional development and protected time and resources.

## **Funding**

There are no national reports on funding for children's speech and language therapy services in Wales and so this section has been informed by conversations with leaders and practitioners across the nation, as well as recent freedom of information requests to the seven local health boards.

The majority (approximately 80%) of funding for children's speech and language therapy services comes from health. Funding from health services showed increases up to 2023-2024 but dropped for 2024-2025. The remaining funding is from local authorities, where money is provided to the NHS service (through service level agreements) and the local authority employs the member of staff. Funding from local authorities supports Flying Start and Youth Justice Services, both of which come under social services. Flying Start has been funded by monies allocated by Welsh Government to address poverty, which is now being expanded in stages to universal services (childcare and speech and language are core strands).

As in other nations, collaboration between, and investment across, organisations is viewed positively in recognition of the shared roles and responsibilities that they have towards supporting children and young people with communication difficulties. Unfortunately, arrangements are often short term and as such are vulnerable to changing organisational priorities and budgetary constraints, which then directly impact on the services that are available to children and their families.

## **Waiting lists**

Waiting continues to be an area of concern, with the average number of children and young people on waiting lists having grown by 31% since April 2019 (RCSLT, 2025). As in other nations, concerns about waiting for speech and language therapy services within

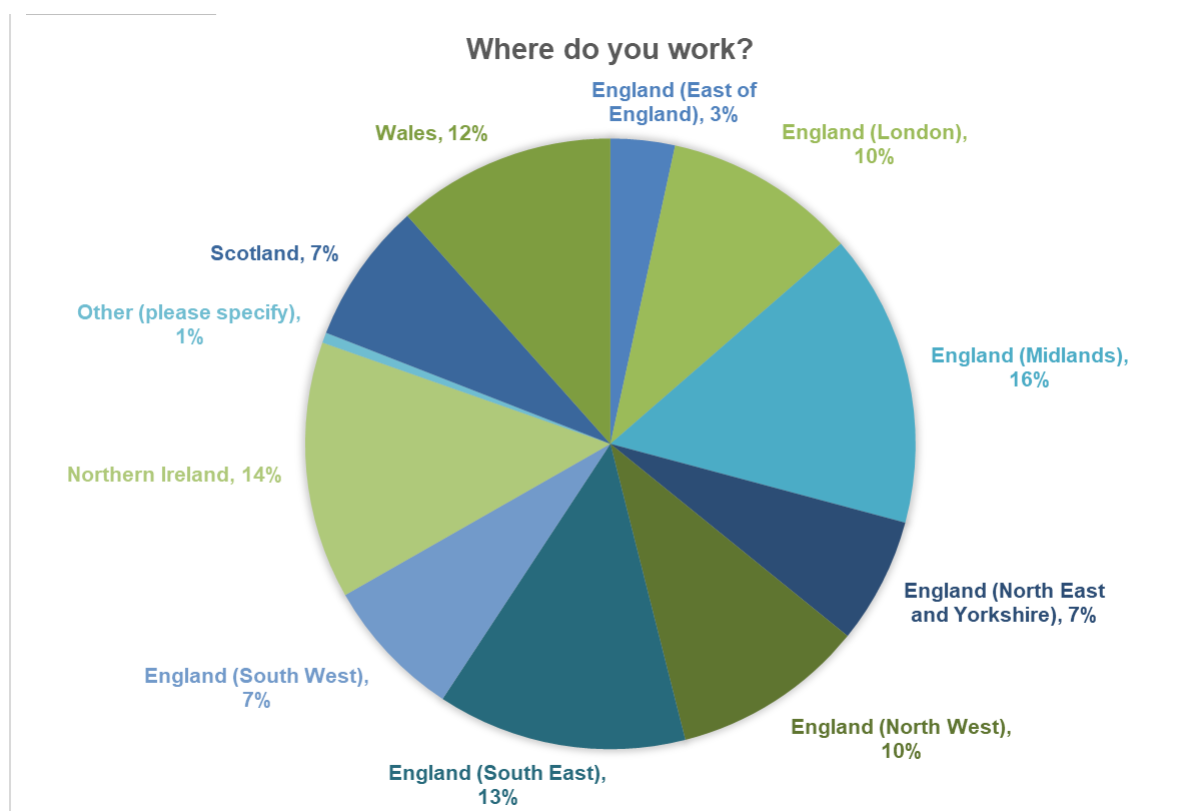
Wales are longstanding (RCSLT Wales, 2022) with local health boards reporting that demand has increased by 30-50% (RCSLT Wales, 2023). Although guidance has been provided previously about maximum wait times, these have only referred to initial assessment and children and families experience additional waits for further intervention and support.

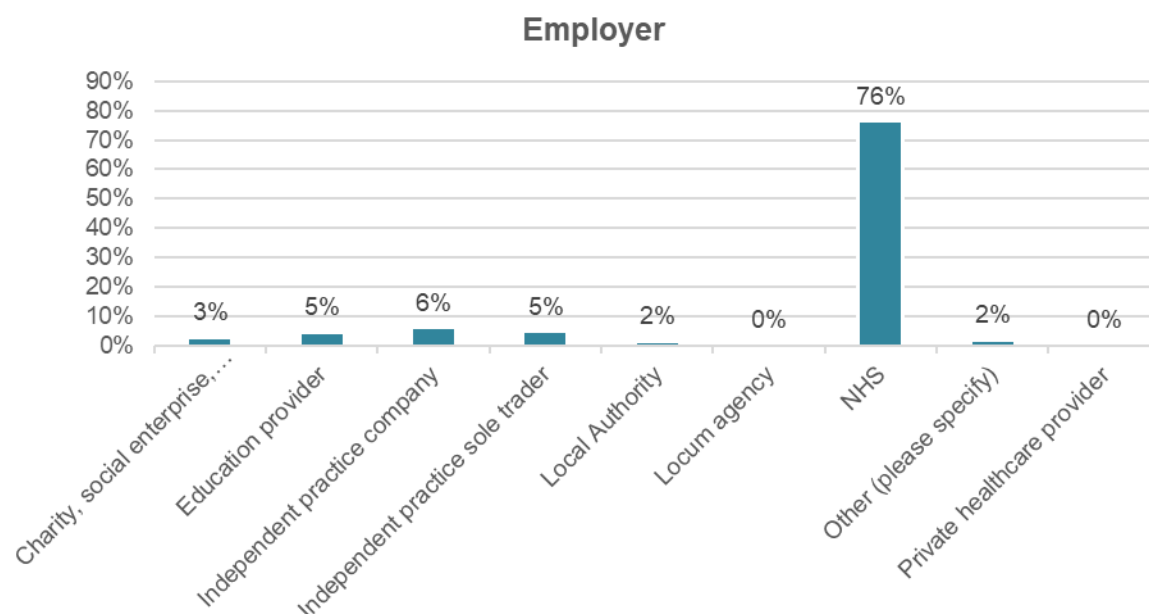


## Survey results

Survey respondents for this section were broadly representative of the wider group discussed in part 1, with only minor differences in representation across the nations.

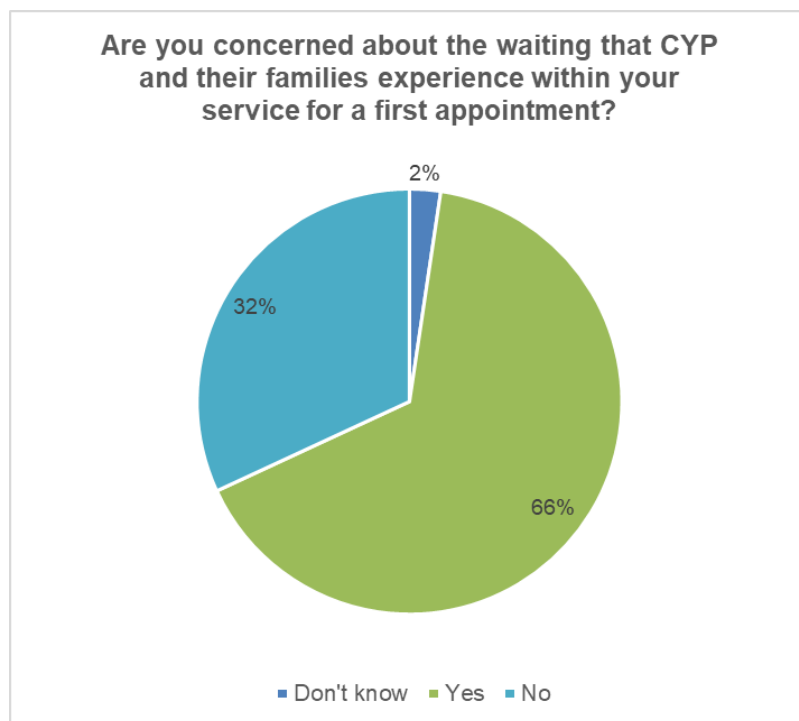
### Profile of respondents working with children and young people





## Waiting for first appointments

Of the 738 SLTs who responded to this question, 486 (66%) reported that they were concerned about the length of time waiting that children and young people and their families experienced for a first appointment.



As can be seen in the table below, levels of concern were highest amongst SLTs working in the NHS (71%) and lowest in independent practice companies (29%).

Question: Are you concerned about the waiting that children, young people and their families experience within your service for a first appointment?					
Response	Charity, social enterprise, non-profit	Education provider	Independent practice company	Independent practice sole trader	NHS
Yes	61%	41%	29%	64%	71%
No	35%	51%	69%	32%	27%
Don't know	4%	8%	2%	4%	2%
<b>Total (n=)</b>	<b>23</b>	<b>37</b>	<b>48</b>	<b>28</b>	<b>557</b>

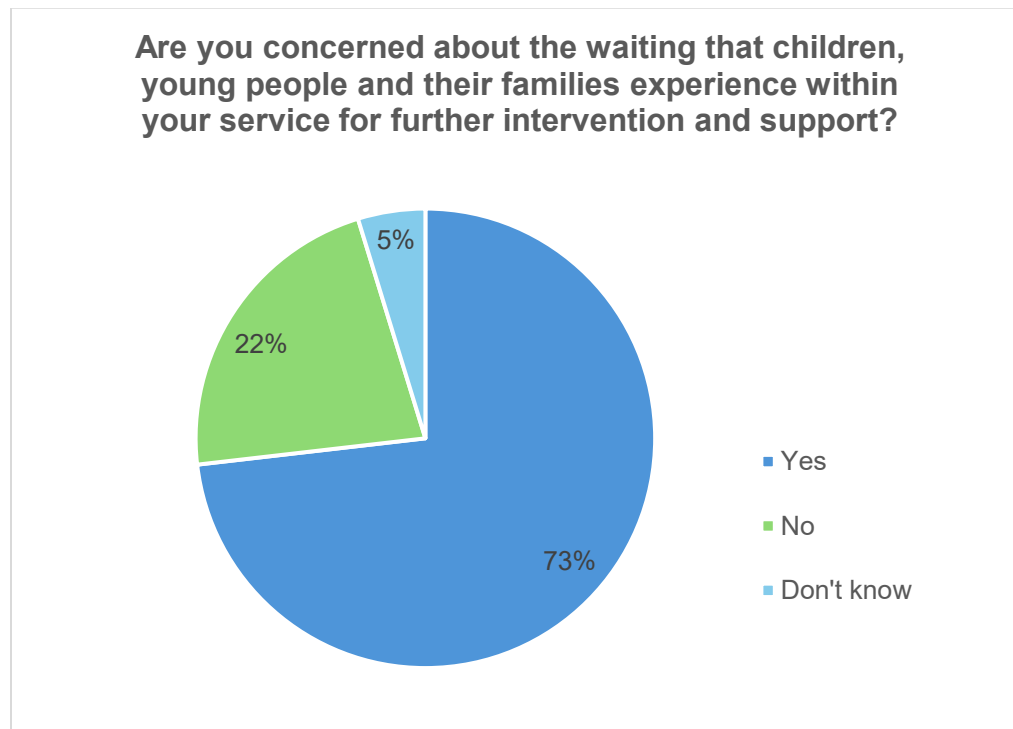
Where therapists were not concerned, this was mostly because it was felt that waiting times for first appointments were reasonable within their service (79% of respondents),

with 44% reporting that everyone who needs to is able to access the service. More than a third (34%) reported that children, young people and families were offered information and/or support whilst they were waiting.

For the therapists who were concerned, long waiting times were cited as the primary reason (79% of respondents), with 54% reporting that too many children, young people and families were unable to access support and 45% reporting that there was no information or support available to families whilst they were waiting.

## Waiting for further intervention and support

Nearly three-quarters (73%) of SLTs reported being concerned about the waits that children, young people and their families experienced for further intervention and support.



Where therapists were not concerned, this was mostly because it was felt that waiting times for further intervention and support were reasonable within their service (76% of respondents), with 44% reporting that everyone who needs to is able to access the service and 37% reporting that children, young people and families were offered information and/or support whilst they were waiting. Some therapists noted that their setting enabled no or minimal waiting. For example, one therapist shared that their employment within an

inpatient child and adolescent mental health services setting meant there was no wait between assessment and intervention.

For the therapists who were concerned, long waiting times were cited as the primary reason (81% of respondents), with 52% reporting that too many children, young people and families were unable to access the service, and 36% reporting that there was limited or no information or support available to families whilst they were waiting. One therapist reported:

*"It is not just first appointments – while there is a great emphasis placed on waiting times for first appointments in the NHS, it's not necessarily a good measure for SLT services as many already prioritise initial assessments to meet the target waiting time but yet their therapy waiting lists could be pushing 1-2 years, which is hard for both staff and families to accept. Even if we signpost families to online videos/training in the meantime (which is good) it does not replace the value of having timely support from a trained professional tailored to the child's needs."*

This was echoed by others. For example:

*"There is a push to see children for an initial assessment in order to keep waiting list numbers down however this creates a hidden waiting list in that staff do not have capacity to see these children in a timely manner, nor have they had throughput to add another child to their caseload. As a result staff caseloads continue to expand."*

A number of therapists shared concerns that some children, young people and families experienced longer waits than others. Examples of specific groups mentioned are:

- Bilingual families.
- Children and young people requiring access to specialist augmentative and alternative communication support.
- Children and young people requiring mental health support.
- Children and young people awaiting neurodevelopmental assessments and interventions.

It should be noted that this information is anecdotal and it was not part of the remit for this survey to establish whether some individuals were waiting longer than others. It is not clear from the data whether the concern is about children and young people waiting longer for services in that particular area compared to other geographical areas, or whether children are waiting longer for services in that area compared to children with other clinical presentations. Where data is publicly available about waiting lists, it does not allow for

filtering by reported area of concern or clinical presentation. However, these reports do provide further evidence for the level of concern about variability in provision, as well as the need for further investigation.

Again, as can be seen in the table below, levels of concern about waiting for first appointments were highest amongst SLTs working in the NHS (81%) and lowest in independent practice companies (28%).

<b>Question: Are you concerned about the waiting that children, young people and their families experience within your service for a first appointment?</b>					
<b>Response</b>	<b>Charity, social enterprise, non-profit</b>	<b>Education provider</b>	<b>Independent practice company</b>	<b>Independent practice sole trader</b>	<b>NHS</b>
Yes	75%	49%	28%	45%	81%
No	21%	43%	72%	41%	15%
Don't know	4%	8%	0%	14%	4%
<b>Total (n=)</b>	<b>24</b>	<b>37</b>	<b>47</b>	<b>29</b>	<b>557</b>

## Meeting the needs of children and young people

<b>Question: Do you feel that your service is able to provide the speech and language therapy that children and young people need? (overall)</b>	
<b>Responses</b>	<b>% of respondents</b>
Always	4%
Usually	36%
Sometimes	42%
Rarely	16%
Never	2%

**Total (n=)** **712**

Only 40% of SLTs reported that their service was able to always or usually provide the speech and language therapy that children and young people need. Nearly a fifth (18%) of SLTs reported that it was rarely or never possible to provide what was needed for children and young people. Again, as shown below, concerns were highest in the NHS where only 33% of therapists reported being able to always or usually meet need, compared to 84% of therapists working within independent practice companies.

<b>Question: Do you feel that your service is able to provide the speech and language therapy that children and young people need?</b>					
<b>Response</b>	<b>Charity, social enterprise, non-profit</b>	<b>Education provider</b>	<b>Independent practice company</b>	<b>Independent practice sole trader</b>	<b>NHS</b>
Always	4%	9%	21%	15%	2%
Usually	39%	49%	63%	37%	31%
Sometimes	26%	37%	14%	33%	46%
Rarely	26%	6%	2%	11%	18%
Never	4%	0%	0%	4%	2%
<b>Grand Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Speech and language therapists reported concerns about the amount of support they are able to offer. For example:

*"Diluted offers of input are given in order to give everyone something."*

*"We offer very little or nothing for most children. We see loads of children for assess/advice/close. There is loads of assessment and report writing and this does not give me job satisfaction on its own, just churning through so many children day after day, never getting to know them or do anything meaningful for them."*

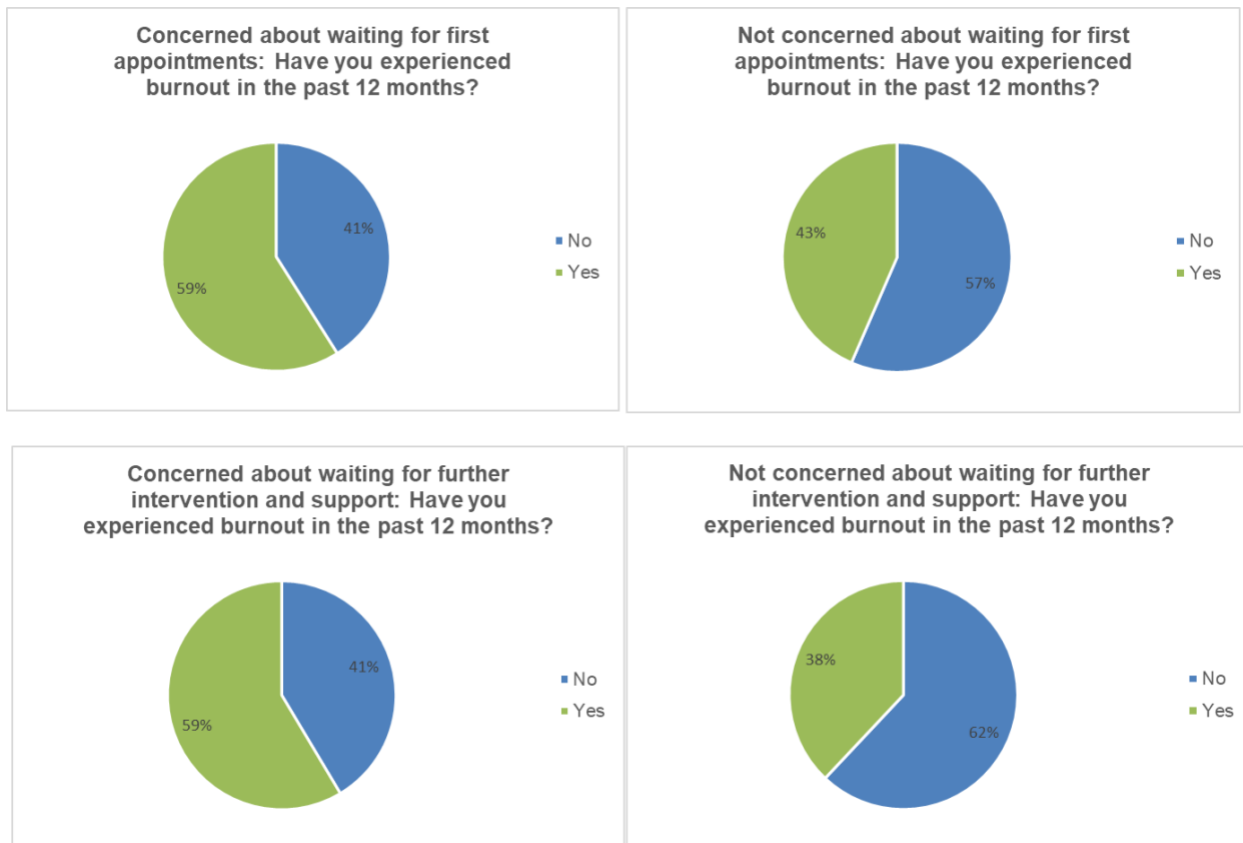
*"There is NO further intervention for early years children with language needs or social communication needs in my service without an EHCP, aside from one modelling/coaching session which serves as both the assessment, intervention and discharge appointment."*

In addition, therapists raised concerns about the criteria to access services, with one therapist writing:

*“Acceptance criteria have risen and risen, leaving families without a clear vision for which service can help them. They are signposted between services without being able to get seen by any.”*

## Waiting and burnout

Speech and language therapists who are concerned about waiting within their services were more likely to report experiencing burnout. More than half (59%) of therapists who were concerned about the wait for first appointments reported experiencing burnout in the past 12 months, compared to 43% of therapists who were not concerned. Similarly, 59% of therapists who were concerned about the wait for further intervention and support reported experiencing burnout, compared to 38% of those who were not concerned.



Many therapists made direct links in the comments between their experiences of managing waits within services and their job satisfaction and wellbeing, with one therapist writing:



*"I no longer work with children due to the pressures it put on SLTs because of wait times and caseloads."*

These results seem to support Kessler and Boaz's (2024) findings that, "The wellbeing of therapists is under pressure and fragile, with implications for retention in the NHS."

## Facilitators and barriers for providing speech and language therapy for children and young people

Speech and language therapists reported that the main facilitators within services for providing therapy to children and young people were staff expertise and skillset (79%), administrative support (53%) and room access/space (44%). The main barriers to providing services were insufficient staffing (79%), time constraints (75%) and funding (58%). A number of therapists also raised concerns about the wider systems and structures, including pressures on other health, education and social care services which then impacted on speech and language therapy provision.

### What are the main facilitators your service experiences in providing therapy for children and young people? (select all that apply)

Response	Number of selections	% of respondents
Staff expertise and skillset	526	79%
Administrative support	355	53%
Room access/space	295	44%
Enough staff (WTE)	263	39%
Sufficient time	251	37%
Access to technology	186	28%
Clinical equipment	183	27%
Local policies and procedures	155	23%
Funding	137	20%
Other	40	6%

<b>Total</b>	<b>670</b>	<b>N/A</b>
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**What are the main barriers your service faces in providing therapy for children and young people? (select all that apply)**

<b>Response</b>	<b>Number of selections</b>	<b>% of respondents</b>
Enough staff (WTE)	537	79%
Time constraints	514	75%
Funding	397	58%
Room access/space	335	49%
Administrative support	215	31%
Local policies and procedures	190	28%
Staff expertise and skillset	173	25%
Access to technology	162	24%
Clinical equipment	159	23%
Other	52	8%
<b>Total</b>	<b>684</b>	<b>N/A</b>

## Approaches and initiatives used to reduce waiting or minimise the impact of waiting

Speech and language therapists were asked to indicate which approaches or initiatives they had used in their service, as well as which ones they felt had led to a positive impact for children, young people and families. There was a range of initiatives in use, with the development of web-based resources (61%), development of new models of service/packages of care (53%), training of other staff to provide interventions (49%), information leaflets (47%) and telephone helplines (44%) being most commonly cited. Frequency of use was generally correlated with reported positive impact though there was

a marked discrepancy in the responses related to 'Changing the criteria for referrals to the service, e.g. no longer accepting referrals for children under three years old', where 22% of respondents reported having tried this but only 3% reported a positive impact.

<b>Approaches and initiatives have been used in your service in an effort to reduce waiting or minimise the impact of waiting</b>		
<b>Response</b>	<b>% used</b>	<b>% reporting positive impact of using approach</b>
Telephone helplines	44%	34%
Development of web-based resources	61%	39%
Offering appointments online	34%	17%
Offering appointments over the telephone	40%	21%
Information leaflets	47%	24%
Drop-in clinics	25%	17%
Changing the criteria for referrals to the service e.g. no longer accepting referrals for children under three years old	22%	3%
Using a prioritisation system to determine who can access intervention	37%	15%
Contacting families who are waiting to check whether they still need support	30%	18%
Increased staffing levels	19%	17%
Improving retention levels (supporting existing staff)	16%	12%
Extending service hours (e.g. to evenings or weekends)	12%	8%
Development of new models of service/packages of care	53%	34%
Training other staff (such as teaching assistants or healthcare assistants) to provide advice and support	40%	31%

Training other staff (such as teaching assistants or healthcare assistants) to deliver SLT interventions	49%	39%
Referring on to other services (this may be NHS services or voluntary/community sector)	19%	11%
Signposting to other support (this may be NHS services or voluntary/community sector)	39%	24%
Patient initiated follow up	29%	12%
Other	10%	8%
<b>Total (n=)</b>	<b>698</b>	<b>609</b>

## Conclusions

Three key areas of concern are highlighted in this section of the report:

- 1. Access to speech and language therapy services and the impact on children and young people**

Despite a commitment across nations to improve the health and wellbeing of children and young people and invest in future generations, it seems that children and young people with communication and eating and drinking difficulties are not able to consistently access the support that they need. Speech and language therapists report high levels of concern about the waiting that is experienced within services, both for first appointments and for further intervention and treatment. Fewer than half of those that completed the survey felt that their service could provide the speech and language therapy that children and young people need.

- 2. Design and delivery of speech and language therapy services for children and young people**

Speech and language therapists indicated that a range of strategies are being used to reduce waiting or minimise the impact of waiting within children's speech and language therapy services, with varying levels of success. There are some successful examples of practice which should be celebrated and we hope will provide useful inspiration for others looking to develop their offer. However, some of the interventions that were commonly used (such as changing the criteria for new referrals to the service, for example, by restricting referrals by age) were rarely thought to have a positive impact.

- 3. The wellbeing of SLTs working in services for children and young people**

Speech and language therapists who were concerned about waiting within their services were more likely to report experiencing burnout. Whilst children, young people and their families should be centred in this discussion, it is important to recognise the fact that challenges with service provision also seem to be having an impact on the health and wellbeing of the profession. There seem to be parallels here with the work of Kessler and Boaz (2024) who write, "The challenge to employee wellbeing is often felt as a 'moral injury' with therapists feeling their capacity to deliver quality care in line with their professional standards and values too often compromised."

Change is urgently needed to support children, young people and their families and the speech and language therapy workforce. We therefore urge stakeholders, commissioners, decision makers and service providers to work together with therapists, children and families, both strategically and operationally, to ensure that children, young people and families are able to access timely and effective speech and language therapy support that is measured by outcomes, rather than by inputs. We also call for workforce planning that recognises the importance of retention and wellbeing of therapists already delivering services, as well as the need for the ongoing development of routes into the profession to ensure that services are sufficiently staffed and sustainable as we look to the future.

## **Part 3: Strategies and approaches currently used to manage waiting within children's speech and language therapy services**

As indicated in part 2, speech and language therapy services are using a range of initiatives to reduce waiting within services and/or to minimise the impact of waiting upon children, young people and families. In addition to the survey, we also asked therapists to submit examples of practice from their services, including information about:

- Their service context.
- A description of the initiative.
- Information about impact and feedback received from partners.
- Top tips for others.

Nineteen examples were received, relating to a range of clinical and geographical areas, as well as both NHS and independent services. We welcomed this range of submissions, recognising that no one approach will work in all contexts and interventions should be designed with and for the populations that they are intended to support. Although the specific initiatives and approaches varied widely, there were some key themes that were identified across the submissions:

### **1. Early intervention and advice:**

Many services offered early advice sessions, virtual consultations and workshops for parents to provide immediate support and reduce waiting times.

### **2. Multidisciplinary and integrated approaches:**

Several examples highlighted the use of multidisciplinary teams and integrated services, involving various professionals to provide comprehensive care and reduce waiting times.

**3. Use of technology and virtual sessions:**

Virtual sessions and online resources were commonly used to provide timely support, reduce the need for in-person appointments and use staff resource more effectively and efficiently.

**4. Community and place-based services:**

Services were often delivered in community settings, such as family hubs, schools, and nurseries, making them more accessible and reducing waiting times. A number of services made reference to the importance of designing services around families and the places they often go.

**5. Graduated and tiered support:**

A graduated approach, offering universal, targeted, and specialist interventions, has supported many services to more effectively meet needs, manage caseloads and ensure children and young people receive the appropriate level of care in a timely way.

**6. Parent and professional training:**

Training for parents and professionals is promoted to empower partners to support the needs of children and young people, thereby reducing the demand for specialist services.

**7. Risk assessment and prioritisation:**

Tools like risk matrices are used to prioritise children and young people with the highest needs, ensuring they receive timely support.

**8. Feedback and continuous improvement:**

Services collect feedback from parents, children, and professionals to continuously improve and adapt their approaches.



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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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