



A regional perspective on retention in speech and language therapy

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Executive summary

There are concerns across the East of England, nationally and globally about the retention of speech and language therapists (SLTs). Research to date has identified some key factors including low job satisfaction and financial incentivisation as being related to attrition of SLTs (McLaughlin, Lincoln and Adamson, 2008; McLaughlin *et al.*, 2010; Ewen *et al.*, 2021). However, context is important to consider and the NHS recommends local exploration of retention issues and development of context-specific strategies to enhance it (NHS England, 2023).

The report provides an overview of a project undertaken between January 2024-October 2024 exploring retention of SLTs in the East of England. The project involved a survey, interviews and a co-design workshop, to explore what SLTs employed by organisations in Suffolk and North East Essex (SNEE) and Norfolk and Waveney (N&W) felt were the main attractions and deterrents for staying in or leaving their jobs. Good practice and recommendations were developed which target the specific issues raised.

Fundamentally, SLTs are passionate about and committed to enhancing the quality of life of others. Doing so is the reason they join and stay in the profession, which is fostered by a supportive and kind workforce. But they are not without frustrations, and these frustrations lead SLTs to reconsider either the organisation they work in or their desire to remain in the profession.

There is a significant need for tactful and targeted intervention across the ICBs and the system to improve retention in the East of England at different levels.

- Trust managers and the ICBs must ensure SLTs are visible and represented at executive levels.
- Staff managers must be responsive to and embrace innovation led by front-line clinicians, including ways of working, career opportunities, and in direct clinical practice.
- Transparent conversations about workload and job satisfaction should be embedded in line management to maximise opportunity for concerns to be raised and solutions to be implemented prior to their escalation.
- Higher education institutions and practitioners need to engage in greater dialogue and work towards a shared vision for growing and developing the profession, to promote career sustainability.

Acting on these serves as a crucial step towards maximising retention of SLTs in the East of England region, so that the population can receive the support they need and attain optimal outcomes, facilitated by a happy, healthy and committed workforce.

Introduction

There has been long standing concern about the retention of speech and language therapists (SLTs) (McLaughlin, Lincoln and Adamson, 2008; Loan-Clarke *et al.*, 2010; Roth *et al.*, 2024), in the United Kingdom (UK), particularly within the NHS (Loan-Clarke *et al.*, 2009), which has been heightened since the COVID-19 pandemic (Chadd *et al.*, 2024).

Retention in this context refers firstly to the ability of organisations to keep SLTs in their employment and secondly with regards to the wider profession, the ability to keep SLTs working as SLTs across various settings.

Concerns about retention locally in the Suffolk and North East Essex (SNEE) region have been raised by SLTs and notably in the Workforce Action Group (WAG) who identified exploring this as an urgent need and priority. These concerns resonate with research undertaken by the Royal College of Speech and Language Therapists (RCSLT) about vacant SLT posts, which found that in the East of England over 30% of posts in the region were unfilled (Royal College of Speech and Language Therapists, 2023). Since then, detailed scoping on the SLT workforce especially in relation to children with special educational needs has further highlighted retention of therapists, including SLTs, as an issue for action implicated by their wellbeing which is “under pressure and fragile” (p.21) (Kessler and Boaz, 2024).

Other research conducted nationally and internationally echo concern that there is a retention ‘crisis’ in the profession and have unveiled some underpinning factors for this. Most often workload and work pressures are cited as key factors influencing someone’s decision to leave an SLT role. However, there are also frustrations around restricted autonomy, poor management and a poor financial incentive to remain in the job (Loan-Clarke *et al.*, 2009). Research exploring the wellbeing and emotional resilience of SLTs also reveals some further nuance into the affective factors that play in a role in job satisfaction and SLTs’ intention to leave (Ewen *et al.*, 2021).

Against this context, the NHS published the long-awaited *NHS long term workforce plan* outlining the current and future anticipated demands of each NHS profession in 2023. SLTs are outlined to be a profession in short supply, but also one with an increasing demand (NHS England, 2023). Seemingly providing a positive outlook on meeting these challenges, the Health and Care Professions Council (HCPC) report an increase in the number of SLTs joining the register year on year. The question remains about *why* then SLTs are reporting issues with retention, and vacancy rates remain high. The long-term workforce plan advocates for local exploration of these issues, with the production of local strategies to improve retention.

Therefore, this project aimed to address the following questions:

- 1) How do SLTs employed in the East of England, particularly those in SNEE, feel currently about their jobs and job satisfaction, and what is the extent of intention to leave their jobs, and the profession?

- 2) What are the common 'pulls' and 'pushes' for staying/leaving in SLT roles, including specific factors related to the region?
- 3) What solutions do SLTs feel are warranted, in order to optimise retention?

This work was funded by NHS England Allied Health Professions Workforce, Training and Education grant, awarded to Suffolk and North East Essex (SNEE) Integrated Care System AHP Faculty. The University of Essex was contracted to undertake the evaluation.

Methods

A mixed-methods approach was adopted to address the research questions, which is appropriate based on the need to understand a wide context generally, but also to obtain information of greater depth. Thus utilised an explanatory sequential design; quantitative data was collected first through an online survey (which also collected a small amount of qualitative data) which was followed by a substantive qualitative exercise utilising semi-structured interviews. A final component, a co-design workshop culminated the project which aimed to use both sets of findings to create recommendations to optimise retention. A short overview of the approaches taken to these is provided below.

The research was granted approval by the University of Essex Ethics Sub Committee 1 (Application: ETH2324-2081).

As funded by SNEE but conducted in partnership with Norfolk and Waveney (N&W) ICB, this report will present the overall findings from both boards. Where appropriate, SNEE-specific findings are highlighted in order to meet the outputs as directed by SNEE.

Survey

Design: The survey utilised was adapted from an existing survey produced by the Hertfordshire and West Essex AHP Faculty, developed for a project exploring retention of occupational therapists. Survey development was in collaboration with expertise within NHS Human Resources. A copy of the survey questions can be found in Appendix 1.

Recruitment: Participants who were SLTs at SNEE or N&W were recruited via utilising professional and personal contacts of the investigator team, networks of SLTs such as the 'East of England' RCSLT Hub and practice educators affiliated with the University of Essex. A substantial social media campaign facilitated recruitment, with the opportunity being circulated on X (formerly twitter), LinkedIn and Instagram.

Analysis: Quantitative survey data obtained from closed questions (Likert scales and Agreement ratings) was analysed descriptively, using Microsoft Excel to create pivot charts and data visualisations as needed. This was in the form of frequencies and proportions based on total survey respondents as well as sub-group comparisons made between SNEE and N&W respondents. Further post-hoc, sub-

group analyses were undertaken for a limited set of questions, which predominantly pertained to comparisons across respondents from different NHS bandings (for example, comparing agreement scores between Band 5 respondents with Band 6, 7 or 8). Data was not broken down for employing organisations, but this information can be made available on request.

For the purposes of analysis, the descriptors for 'agreement statements' were grouped accordingly: where respondents indicated 'strongly agree', 'agree' or 'somewhat agree' they were grouped and labelled as 'agree'. Where respondents indicated 'neither agree nor disagree', they were labelled as 'neutral'. If 'strongly disagree', 'disagree' or 'somewhat disagree' were selected, these were grouped and labelled as 'disagree'. Group differences were inspected, and post-hoc analyses were undertaken to examine any effects of the extremes, as needed.

For the 'expectations statements', the descriptors were grouped accordingly: where respondents indicated the statements either equalled or exceeded their expectations, these were grouped as 'met or exceeded'; for responses of 'short of expectations' and 'far short of expectations', there were grouped as 'short of expectations'.

Interviews

Design: Initially, the intention was to hold focus groups however due to challenges in finding convenient times for multiple participants, individual interviews with SLTs were arranged instead. One-to-one semi structured interviews were conducted via Zoom, which were between 30-45 minutes in length. The aim of the interviews was to validate the emergent survey findings and explore in more depth individual experiences of working in the region. All interviews were audio recorded and the verbatim transcripts were produced.

Recruitment: Survey participants were asked to indicate if they consented to be contacted by the researcher for the purposes of follow up data collection activities. Those who did so and provided their contact information were emailed and invited to participate. Interview participants were SLTs who were employed by an organisation within either SNEE or N&W.

Analysis: The interview transcripts were analysed through creating and applying codes to each excerpt, which were then combined to create themes. These were collectively used to form the basis of a set of *draft* recommendations.

Workshop

Design: SLTs were presented with draft recommendations which they were asked to consider, modify and prioritise. The workshop was held virtually over Zoom and involved large group and small group discussions. To support the process, participants were provided with background information and illustrative quotations for draft recommendations, as well as a prompt sheet to guide their thinking and record their feedback. Thematic areas of recommendations (such as management, education etc) were prioritised by an interactive virtual ranking exercise by participants.

Recruitment: Survey and interview participants who had indicated ongoing interest in the project were contacted via email about the opportunity. Further to this, participants were recruited through the professional and personal contacts and networks. A substantial social media campaign facilitated recruitment, with the opportunity being circulated on X (formerly twitter), LinkedIn and Instagram. Anybody who was an SLT with an interest in the topic could become a participant, within and beyond SNEE and N&W organisations.

Analysis: Participants submitted their agreed-upon recommendations and supporting information to the researcher. Ranks related to each thematic area were identified.

Findings

Survey

The survey attracted 148 participants, however only eighty-four of these completed the whole survey. Of these, 51 (60.7%) were from SNEE and 33 (39.3%) were from N&W. Table 1 summarises the sample.

Table 1. Survey respondents.

Region	Years working as an SLT n (%)					Band n (%)				
	0-23 months	2-5 years	6-9 years	10-19 years	20 years or more	5	6	7	8a	Above 8a
SNEE	8 (15.7%)	12 (23.5%)	6 (11.8%)	19 (37.3%)	6 (37.3%)	11 (21.6%)	15 (29.4%)	17 (33.3%)	5 (9.8%)	3 (5.9%)
N&W	3 (9.1%)	7 (21.2%)	11 (33.3%)	7 (21.2%)	5 (15.2%)	7 (21.2%)	13 (39.4%)	10 (30.3%)	3 (9.1%)	0 (0.0%)
TOTAL	11 (13.1%)	19 (22.6%)	17 (20.2%)	26 (31.0%)	11 (13.1%)	18 (21.4%)	28 (33.3%)	27 (32.1%)	8 (9.5%)	3 (3.6%)

Of the eighty-four participants only 1 reported that they did not have any clinical/patient facing aspect of their role. Those that did were reasonably distributed across working in paediatric settings (n=34, 48.5%) and adult settings (n=49, 58.3%).

Results

The key findings are reported herein, more detailed analysis is available on request.

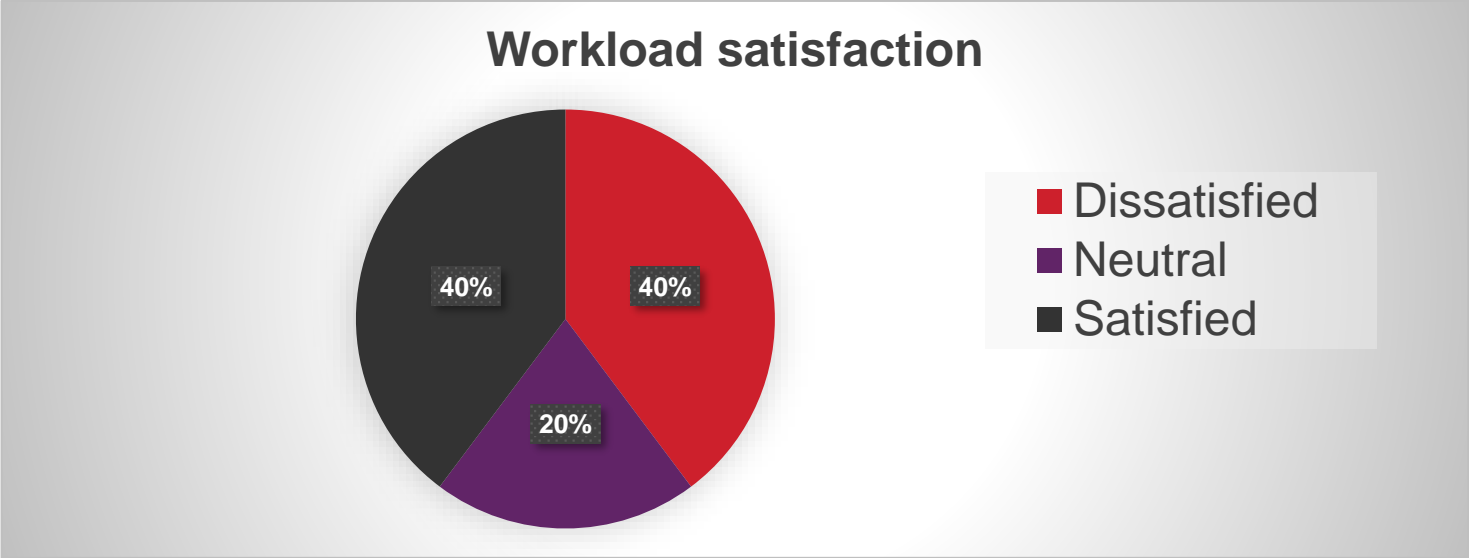
Current feelings about role, organisation and profession

Most respondents indicated that they intend to continue working in their current organisation (n=72, 88.0%). However, many also indicated they could envisage leaving the profession at some point in the future (n=48, 57%).

Job satisfaction

A considerable proportion of respondents were dissatisfied with the size of their current workload (n=33, 40.0%) and their salary (n=27, 33.0%) (Figure 1). However, the support from managers and organisations was considered more favourably, with 72.0% (n=60) reporting that this was satisfactory.

Figure 1. SLTs’ satisfaction with their workload.



Feelings at work

The extent to which respondents felt positive whilst at work varied. Few reported that they felt energised (n=13, 16.0%) or strong and vigorous (n=14, 17.0%) though many agreed that they were enthusiastic (n=65, 80.0%) and inspired by (n=54, 66.6%) by their jobs. Many also felt proud of their work (n=73, 88%) and immersed in it (n=60, 73%).

Feelings about the profession

Most respondents reported feeling like they belonged as a member of the profession (n=75, 93%), as well as feeling like they had positive and strong ties to the profession.

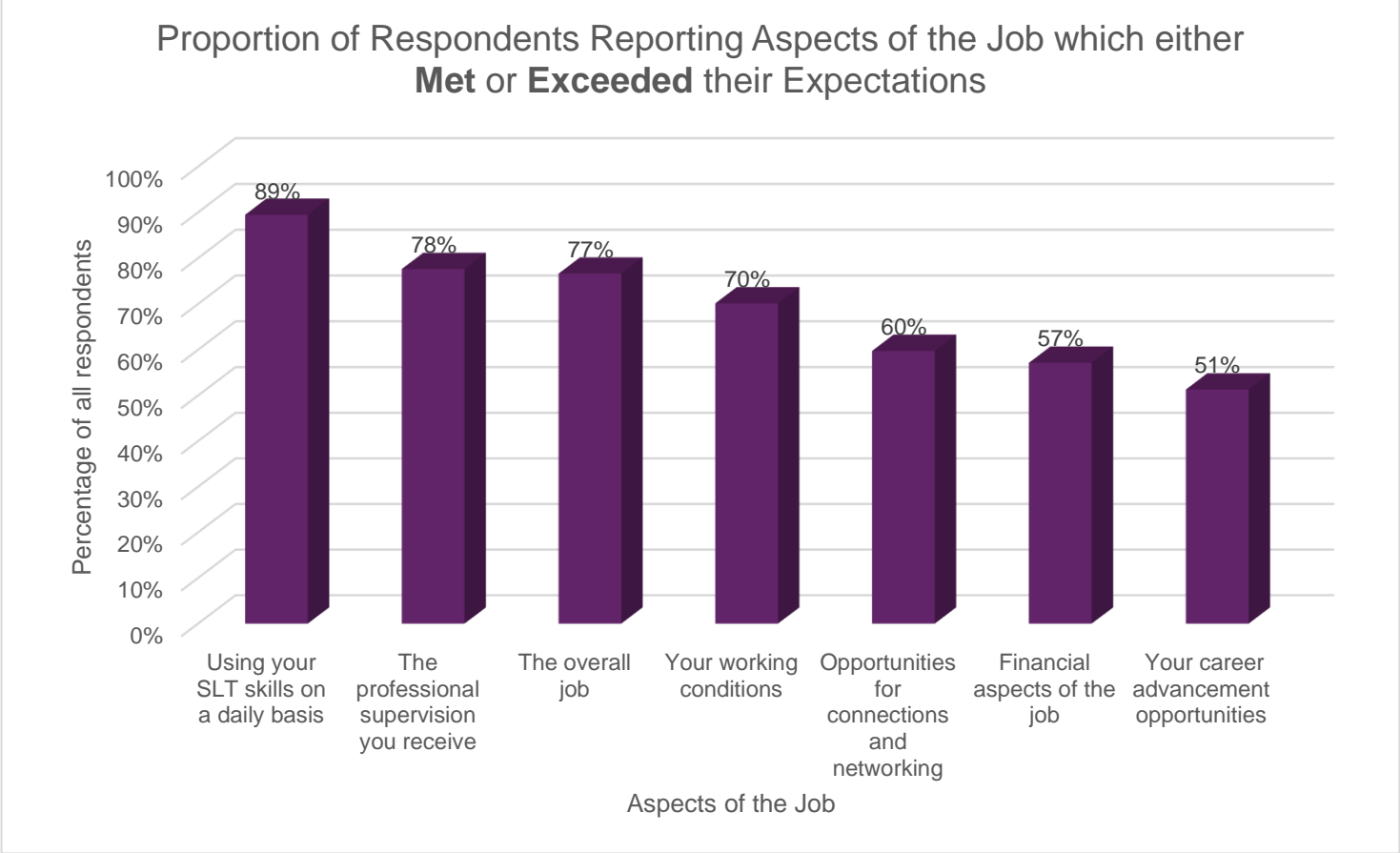
Value and respect

Whilst SLTs often reported feeling valued and shown respect by their immediate team, line managers and professional leads, there was lower agreement with respect to the multi-disciplinary team (n=64, 79% regarding respect and n=62, 77% regarding value) and organisation (n=57, 70% for respect and n=50, 62% for value). While fewer SLTs completed the section of the survey exploring feelings of discrimination, 23% (n=24) indicated that they felt disadvantaged in some way at work due to their characteristics or identity/ies though very few linked this to intention to leave their jobs.

Expectations of the job

There were mixed feelings about how SLT job roles met with SLTs expectations, which is illustrated in Figure 2 No element fully equalled expectations, and some aspects had substantially poorer outcomes which included financial aspects, and career advancement opportunities.

Figure 2. Aspects of an SLTs job which met or exceeded expectations.



Ways of working

Respondents identified challenges in their ways of working, with many identifying that they had to complete work that they considered outside of their professional scope (30%, n=23). Furthermore, a substantial proportion 47% (n=37) felt that they *“have to do things that should be done differently”*.

Interviews

Ten interviews were conducted which included six staff from SNEE and four from N&W. This included one Band 5 SLT, three Band 6 SLTs, three Band 7 SLTs, two Band 8as and one SLT beyond Band 8a. Years of experience as an SLT was thus varied, ranging from two years to over 20 years.

The interviews validated and consolidated the key findings from the survey and provided rich insights into working as an SLT in these regions, and participants’ views on the ‘pulls’ and ‘pushes’ of staying in their role and the profession. Five key themes emerged, which are outlined overleaf with illustrative excerpts and codes. Regional factors are discussed thereafter, followed by a short synthesis.

Passion for helping

(job satisfaction, workload, work-life balance)

“Generally, that is why we're here. We want to make a difference for the little ones, to be honest.”

“There is an overwhelming need and desire to help...”

“...still, the motivation is still making things better for patients and advocating more for them and helping them to advocate for themselves more.”

“I need, like, personally, I need to do some form of therapy. Well, I think that, that's cause... I'm like, you are a therapist at the end of the day!”

“I would say as well that most speech language therapists do want to help people. And yeah, it's, it gives you some professional satisfaction, I think, to see people making improvements, or, you know, getting their having progress in making their goals work for them. And yeah, trying to... trying to support people in achieving for themselves.”

“But from what I'm aware of but obviously, increasingly, we're delegating to others. And I think that takes some of the joy and the skill and expertise of the language work that we do...”

“People have usually picked it [the profession] because they want to do this [clinical work]. Not everyone is happy if they have a purely just managerial job....that's not why they went into it.”

Desirable leadership qualities

(Opportunity for change, leadership, representation of profession, support from work, support from supervisor)

"I felt that the job was very unsustainable, not just for me, but for everyone in it, if there was no desire to look at change. So we know that we're all going to get burned out. We know it's highly unsatisfying to have a waiting list over a year. If your manager doesn't want to change that, then what can you do? So I think if you wanted to facilitate change, then that would have helped."

"...you have to, like, at least come up with ideas, pitch ideas, and put those ideas in place...And also, if we make suggestions... our clinical lead, and also our line manager, are both like super open and welcoming of those ideas. They actively encourage us to come up with things...You never feel bad about suggesting it. So it creates more of like a creative culture."

"Our service is getting to place where it's, like, you know, good. Actually, those development opportunities are there. I do know that there's been a lot of work from our service leads going backwards and forwards with commissioners."

"I also think that she [current manager] and the previous manager both had a willingness to take risk... Like they start with staffing without the support of those above them, and just say, let's just go for it, and, it will work out, like, we'll, we'll find a way!"

"The immediate colleagues were really great. That's definitely what kept me in it. But I had a quite a few challenges with the manager...and eventually that kind of overtook, and that was what pushed me to change [jobs]."

Career pathways and opportunities

(Career development, diversity of opportunities, financial restraints, autonomy and independence)

“I don't think there is that extent of opportunity at the moment, like even, you know, clinical academic roles, I know of very few. I was in one, but it was only funded, you know, temporarily with charitable money, and then that got withdrawn and the organization have not maintained it. So, we're back to square one around clinical academic roles.”

“Progression. Like. Personally, it's a little bit frustrating. I've topped out at the top of Band 7. There's nowhere else for me to go... So there's, there's definitely a limit of frustration in that, in the sense of the progression.”

“I think that we have rotations, you know, so people can move in and out of different areas, and [that is] very attractive. So, even if services don't have that, perhaps as a region we could offer that more... make things more attractive, so that someone thinks ‘oh, that seems like a really good place to go and work’”

“Our structure is, that we've got band fives. We've got band sixes who do the communication and the dysphagia. We have a band 7, who's our professional and service lead. And we don't have any roles above that. So basically, we know that there isn't a role for us.”

“...even if you're going down a leadership kind of managerial path., there should be opportunities for progression, right?”

“It's really hard, because where I currently work, retention is really high in general, and part of that is because there's nowhere else to go. So, there is no other service. So if you want to like, if you want to work within paediatrics, you work for our service, or nothing.”

Value and recognition

(Awareness and representation of profession, value and rewards)

"I've really tried to put the time in to make sure that they feel supported and secure in their role, which takes away time when I could be doing other things. But I really, I feel like that makes such a big difference. So it's something that I think we have to value, to make sure that we don't lose other people."

"When you get up into the higher bands as well, they removed a lot of the spine points. So for 8a, and above, currently, there's only 2 spine points. So there's your entry point, and then your end point."

"I think the inequity between allied health professionals and nursing, not only in terms of the pay, banding, and type of roles available in each team, but also just the...how valuable we're viewed. Yeah, like, our value, how our value is viewed organizationally. There's quite a discrepancy, too."

"I always say that being a manager is about looking after people's basic needs."

Fundamentally, I need to make sure they're paid on time that they could. I can approve their annual leave so that they know when they're going on holiday. You know, all of those things can make someone feel appreciated and valued. And they're really simple things. But if we get them wrong, staff really struggle."

"I just think you can very easily feel undervalued when your basic needs aren't met. Like, there isn't a fridge for you to store your lunch, or there's not somewhere that you can go to get changed into your uniform, or you know the flooring or the your work areas cluttered and dirty, or there isn't anywhere for you to sit, you know, like these kind of basic needs."

Joining the profession

(Career promotion, pre-registration education, early career,)

“Some of the students that we get through maybe didn't understand what the job was, or maybe they're not best suited to it... even if they get into those Band 5 roles, I think they're probably the most likely to be the ones that perhaps leave...it's making sure that we've got the right people in those in those precious places.”

“I don't know if we promote ourselves well enough. Because it's a really cool profession!”

“I think selection of students is really key. And I know again it takes time and money. But you know, the selection process feels less targeted right now... I just worry that we've got students that are really, really not understanding the role when they come into it, and that, or perhaps don't have quite the right skill set to do that role.”

“I think that we have quite a strong supervision and group supervision, especially for newly qualified therapists to support them, to experience different areas of our trust and different pathways, but also to support with talking about competencies, assessments, all that kind of stuff together as a group at the beginning of the job role...Which was really a key factor in why other people then were coming over to us after hearing about that, too. So there's a lot of support from the beginning of the role.”

“...the universities are relying on people to fund their own places. If they've got holes in those courses, they're trying to fill them. And I wonder if sometimes the people that are filling them just want to get onto a university course...it's that is that whole thing about vocation, speech therapy being a vocation...”

A note on the regional context

In interviews, participants were specifically asked to reflect on the region in which they worked, and whether this had any implications for either theirs, or others, desire to remain working in the organisation. A disparity emerged among perceptions of those interviewed (and thus, still working in the region) and reflections on former colleagues who had left. Many benefits to living and working as an SLT in the East of England were identified. This included the advantages of working across rural areas, with the benefits of the green space on wellbeing. A particular example of this was a participant who articulated that they especially appreciated drives through the countryside in between home-visits which had a direct impact on reducing stress and improving wellbeing at work. Others noted that some communities felt relatively 'tight-knit' in rural areas and this also improved working relationships and dynamics. More broadly speaking, participants highlighted other benefits which largely were positioned diametrically opposed to London: cost of living and house prices were lower, whilst still being in easy access of vibrant cities such as London, but also Norwich.

Some factors were also identified which may act as deterrents for SLTs to either join or stay in organisations in East of England. This included challenges using public transport especially if in community roles, whereby local services were considered inadequate for attending, for example, multiple home visits in a day. The inability to compete with salaries offered by London trusts was also a factor, as these include the London weighting and thus are more attractive especially to newly qualified therapists. SLTs who had existing family or communities ties to the region were considered more likely to stay in roles: several participants highlighted how their organisation often attracted newly qualified therapists (which was related to the fact that there are two local training institutions, and trainees had often worked in those organisations on placement), who developed well in their roles but then either 'moved back' to where they were brought up, or moved to London once fully competent. This related to a notion of 'home-grown' therapists, where SLTs who were more likely to stay in their roles in the East of England were ones who had grown up there with firm and established ties, who attended a 'local' university, and subsequently remained living and working in the area.

Thematic synthesis

The themes identified relate to both 'push' and 'pull' factors for SLTs considering staying in or leaving their jobs, and though reflective of the broad areas as outlined, it is important to critically consider their interplay.

The discussions around themes one (passion for helping) and five (entering the profession) indicate an interesting dynamic whereby emerging therapists/ new trainees may be more frustrated by a lack of career progression than those who trained longer ago who in turn become more frustrated when they face restrictions upon the time one spends with service users clinically. That is not to say they are wholly independent, but the analysis suggests there may be different priorities, and thus factors related to retention, for these two cohorts. This is captured by the 'compromise' some participants described making, where they no longer sought progression opportunities (such as managerial roles), rather they preferred their role which maintained an acceptable balance of time spent with service users. Similarly,

these two themes also speak to the potentially contrasting priorities of the NHS workforce (compassionate care professionals) and higher education institutions (maximal students and their accompanying tuition payment) which are no longer mediated by the NHS bursary. Again, these need not be mutually exclusive and SLTs may expedience both to varying degrees but do raise interesting considerations for actions to take to maximise retention.

The second theme (desirable leadership qualities) may also heavily influence factors related to themes three (career pathways and opportunities) and four (value and recognition) especially. Innovative and risk-tolerant leaders may be more likely to embrace and create new roles and professional development opportunities for their team. In so doing, staff may feel more valued. Supportive leaders may advocate for their profession and team, enhancing recognition and generating either feelings or tangible demonstrates of reward and thus, value. On the flipside, it is possible to understand how managerial style and decisions may negatively impact these factors that SLTs desire in order to remain satisfied and committed to their roles.

The local context is important to consider and thread throughout these other themes, which brings its own set of challenges and benefits. In terms of retention (and recruitment) it is important to consider relative *compromises* SLTs may be willing to make, and location is a factor that may either pull or push SLTs in this direction, and in their roles. It is important that these are not exploited in any way, where those who are 'tied' to the region experience poorer job satisfaction but may demonstrate better retention.

From the sequential survey and interview analysis, nine **draft** recommendations were produced. These are outlined below:

1. Senior and managerial SLT roles need to embed, and be seen to embed, impactful and diverse opportunities to make a difference to service users' lives.
2. 'Side steps' and opportunities for diversifying roles and ways of working should be available to keep SLTs interested and bolster continual professional development
3. Support and develop our SLT managers to be leaders who are innovative, and who embrace and support change in their teams.
4. Maximise and simplify access to and visibility of CPD opportunities, including beyond 'formal training courses'
5. Implement strategies to manage professional and progressional expectations, and retain the vocational focus of being a speech and language therapist
6. Managers and their staff should have honest and documented conversations about workload, potentially through co-produce job-plans.
7. Implementation of Agenda for Change needs to be interrogated – Banding and associated responsibilities/expertise is not consistent.

8. Organisations need to meet basic needs of staff, and the profile and role of speech and language therapy needs to be raised among other medical and health professions to maximise professional respect and a sense of value.
9. Recruiters and existing teams should promote the benefits of living and working in the East of England including health and financial aspects

Workshop

The workshop was attended by 30 participants though some participants only attended part of the session. Participants were split into seven task/finish breakout groups, each had one or two recommendations to discuss, and to identify stakeholders that they should be targeted at. Not all groups produced a finalised version of the recommendations. Those that were submitted were considered in line with the full survey and interview findings and refined with an aim to maintain integrity of the diversity of views.

The ranking activity indicated that participants considered recommendations pertaining to management and leadership as the most important, which was followed by those based on the profile of the profession and value, and the expectation of the profession.

Based on all outputs and the extensive analysis, the final recommendations (accompanied by examples of specific suggestions for implementation – though please note this is not exhaustive) are as follows, organised under four themes:

Innovative and visible SLT and AHP leaders across levels

- The NHS must create and sustain chief AHP posts at Board level, who must be visible and accessible to all AHP professions.
 - Implementation suggestions:
 - selected chief AHPs must have demonstrable awareness of and respect for the value of all AHP professions equally.
 - once appointed, chief AHPs must have job plans in place to ensure sufficient coverage of all AHP professionals equally, associated with representation and advocacy for all professions as required.
 - once appointed, chief AHPs must have protected time to meet with and regularly visit SLT staff teams to discuss successes and challenges.
- Managers of employing organisations should create and sustain AHP/SLT managerial roles which incorporate - and be seen to incorporate - impactful and diverse opportunities to make a difference to people's lives, including patient-facing time.

- Implementation suggestions:
 - SLT/AHP managers must be supported to embed a proportion of patient-facing clinical time in their job plan as desired, which is balanced with their managerial duties.
 - SLT/AHP managers must take responsibility for growing desirability of managerial roles among junior staff, especially those which embed clinical time, within their teams by regularly engaging in dialogue and professional development about leadership with clinical staff.
- The RCSLT and employing organisations should support the development of SLT managers to be leaders who are innovative, and who embrace and enable change in their teams.
 - Implementation suggestions:
 - The RCSLT must target funded leadership development opportunities to regions experiencing challenges in retention such as the East of England.
 - System leaders, working with HR and chief AHPs, should develop bespoke and tailored professional development programmes for future SLT leaders which prepare them to respond to the challenges outlined in this report.
 - SLT teams, led by innovative SLT managers, involved in transformational change must seek and act on opportunities to share their experiences which specifically highlight: the risks and benefits considered in a change related project from a managerial perspective, and the impact on staff wellbeing and satisfaction from a clinical perspective.

Convenient & local knowledge exchange opportunities

- SLT supervisors and SLT managers must employ strategies to maximise and simplify access to and visibility of CPD opportunities.
 - Implementation suggestions:
 - System leaders (where required) and SLT managers must conduct a review of the CPD offer available to SLTs, such as a SWOT analysis, to identify bottlenecks and opportunities for change in accessing CPD funding, and protected CPD time.
 - SLT teams should appoint 'CPD champions' to support dissemination of internal and external CPD opportunities, CPD funding application deadlines, and co-ordinate knowledge exchange based on completed CPD, across teams.
- The RCSLT and SLTs should support regional SLT hubs to share learning and opportunities locally in order to increase free access to CPD.

- Implementation suggestions:
 - The RCSLT and local Workforce Action Groups should meet to identify existing and warranted CPD regional structures/hubs and co-produce an action strategy for enhanced implementation and operationalisation (such as developing a committee to steer the direction of the RCSLT 'East of England Hub').
 - Nominated CPD champions (as above) should actively seek and share free CPD opportunities among colleagues.

An open dialogue about job satisfaction and progression

- SLT supervisors and SLT managers should make a commitment to frequently asking questions about, and have an active plan that addresses, staff wellbeing and opportunities for professional development.
 - Implementations suggestions:
 - Team meetings and line manager / supervision meetings must have routinely protected time to discuss wellbeing, challenges and opportunities on a one-to-one and team basis.
 - HR teams must ensure professional development plan templates specifically guide discussions and action plans related to i) wellbeing and ii) professional development.
- The RCSLT and employing organisations must support SLTs to embed job planning to enhance transparency and aid critical evaluation on workload and development opportunities.
 - Implementation suggestions:
 - The RCSLT must lobby nationally for the full implementation of job planning in SLT including comprehensive training about and guidance for their development and use for both managers and practitioners.
 - SLT managers, when reviewing job plans, should always do so alongside SLT practitioners, and should document identified concerns and opportunities from both parties within this, and collectively agree on and document an action plan for any change, with an agreed review date.
- Managers of employing organisations and SLT managers must invest in innovative and diverse 'side-step' roles (e.g. clinical-academic roles) and specialist roles specifically to nurture SLTs in their career development (e.g. legacy practitioner roles).
 - Implementation suggestions:

- System leaders should provide sufficient autonomy to SLT managers to pilot, evaluate (and where needed, sustain) innovative roles which respond to specific local challenges and professional development needs.
- SLT managers must engage in professional development around the establishment and value of creating diverse roles, such as clinical-academic roles, legacy practitioners and new specialist posts.
- SLT managers must regularly discuss with their teams, and respond to requests for, consideration of roles where opportunities arise (such as funding for clinical-academic fellows).

A considered entrance to the profession

- SLTs, educators and admissions officers should engage in regular, open dialogue about training and student selection, and develop and work towards a shared vision for the profession that balances priorities.
 - Implementation suggestions:
 - SLTs, educators and admissions officers should co-ordinate annual challenge labs to: i) establish a shared vision, ii) evoke critical dialogue and ii) initiate problem-solving to achieve collective action
 - SLT training institutions should invite local SLTs to review and be involved in admissions processes
- SLT managers should embed in their teams dedicated time and activities to engage with higher education institutions to help achieve the shared vision, including to work collaboratively on: recruitment strategies, admissions criteria, interview processes and curriculum development.
 - Implementation suggestions:
 - SLT managers should build professional activities such as these into SLT job plans and ensure that all staff have a role in selecting and training the next generation of SLTs.
 - SLT training institutions should identify and promote opportunities for collaboration and where possible incentivise these through offering e.g. CPD opportunities and certification and/or funding as required.
- Leaders of career promotion initiatives, higher education institutions and SLT recruiters should focus on promoting the benefits of living and working as an SLT in the given local area, alongside being transparent about the realities of the role and region.
 - Implementation suggestions:

- SLT Workforce Action Groups must identify a strategy for promoting working in the locality which may include creative projects such as social media campaigns, presentations at local schools and universities, or embedding testimonials into job adverts or interviews.
- Providers of career promotion initiatives must explicitly discuss the benefits of living and working in the role and region.

Conclusion

There are challenges in SLT retention in the East of England, however the project has highlighted many positive experiences, and examples of good practice. Some issues remain though these are not insurmountable. Through implementation of targeted strategies, as suggested in the recommendations, SLTs in the region may experience greater job satisfaction, wellbeing, sense of value and autonomy and in so doing be more likely to stay in their roles, and the profession.

It is important to acknowledge that this project does not address the perceptions of *SLTs who have already left the regional organisations or the profession*, and the absence of their voices in this work should be recognised. To obtain a fuller picture, future work exploring their perspectives is vital, as is understanding their reasons for leaving. Similarly, SLTs who remain in the area but choose to not work in the NHS (either at all, or after some time) and instead are employed by, or have their own, independent therapy practice, would be essential sources of intelligence to guide further work. Another critical point of consideration is the cross-sectional 'snapshot' nature of this work, which does little to interrogate potential future concerns around the rising demand for SLTs and the knock-on effects for workforce capacity planning, which will be another important consideration for future explorations of retention.

Overall, this project has highlighted some key considerations for SNEE and N&W as well as key stakeholders like the RCSLT and universities, for maximising retention of SLTs as well as providing suggestions for avenues of future research.

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References

- Chadd, K. *et al.* (2024) 'Impact of the initial COVID-19 response in the UK on speech and language therapy services: a nationwide survey of practice', *Journal of Health Organization and Management*, 38(2), pp. 264–285. Available at: <https://doi.org/10.1108/jhom-11-2022-0337>.
- Ewen, C. *et al.* (2021) 'Well-being, job satisfaction, stress and burnout in speech-language pathologists: A review', *International Journal of Speech-Language Pathology*, 23(2), pp. 180–190. Available at: <https://doi.org/10.1080/17549507.2020.1758210>.
- Kessler, I. and Boaz, A. (2024) *The Demand and Supply of Therapists for Children and Young People with Special Educational Needs and Disabilities: A Scoping Study*. London: NIHR Policy Research Unit in Health and Social Care Workforce, The Policy Institute, King's College London. Available at: <https://doi.org/10.18742/pub01-181>.
- Loan-Clarke, J. *et al.* (2009) 'Why do speech and language therapists stay in, leave and (sometimes) return to the National Health Service (NHS)?', *International Journal of Language & Communication Disorders*, 44(6), pp. 883–900. Available at: <https://doi.org/10.1080/13682820802381334>.
- Loan-Clarke, J. *et al.* (2010) 'Retention, turnover and return – a longitudinal study of allied health professionals in Britain', *Human Resource Management Journal*, 20(4), pp. 391–406. Available at: <https://doi.org/10.1111/j.1748-8583.2010.00140.x>.
- McLaughlin, E., Lincoln, M. and Adamson, B. (2008) 'Speech-language pathologists' views on attrition from the profession', *International Journal of Speech-Language Pathology*, 10(3), pp. 156–168. Available at: <https://doi.org/10.1080/17549500801923310>.
- McLaughlin, E.G.H. *et al.* (2010) 'Turnover and intent to leave among speech pathologists', *Australian Health Review*, 34(2), pp. 227–233. Available at: <https://doi.org/10.1071/AH08659>.
- NHS England (2023) *NHS Long Term Workforce Plan*. Available at: <https://www.england.nhs.uk/long-read/nhs-long-term-workforce-plan-2/> (Accessed: 19 November 2024).
- Roth, L. *et al.* (2024) 'Factors Associated With Intent to Leave the Profession for the Allied Health Workforce: A Rapid Review', *Medical Care Research and Review*, 81(1), pp. 3–18. Available at: <https://doi.org/10.1177/10775587231204105>.
- Royal College of Speech and Language Therapists (2023) *Vacancy rates reach 23% in speech and language therapy*, *RCSLT*. Available at: <https://www.rcslt.org/news/vacancy-rates-reach-23-in-speech-and-language-therapy/> (Accessed: 15 December 2023).