



University of Essex

# SUSTAIN and RETAIN



Optimising Retention in the Speech and Language Therapy Workforce: A Toolkit

## Executive summary

The retention of Speech and Language Therapists (SLTs) remains a critical workforce challenge across England and the United Kingdom (UK), and internationally. Difficulties in sustaining the Speech and Language Therapy (SLT) workforce, particularly in the National Health Service (NHS), have significant implications not only for workforce wellbeing and service continuity, but also for patient outcomes, system capacity, and long term sustainability of services. Despite strong professional commitment and motivation among SLTs, persistent pressures relating to workload, job satisfaction, career progression, and organisational culture contribute to increasing attrition and mobility within and beyond the profession. Underscoring its criticality, workforce retention remains a profound concern of the Royal College of Speech and Language Therapists (Royal College of Speech and Language Therapists, 2025).

Addressing these SLT workforce challenges requires coordinated, system-wide, and evidence informed approaches, that go beyond generic solutions. This toolkit responds directly to research-informed recommendations for sustaining and retaining the SLT workforce, emerging from an evaluation project with SLTs across the East of England, and a carefully curated, ongoing partnership with the workforce and leaders across the system.

It provides practical, tried-and-tested solutions to optimise retention in the workforce, cutting across system levels. The challenge is clear; the solutions are here. The next step is action.

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**Ambitious new policy imperatives including the NHS Ten Year Health Plan (NHS, 2025), the Department for Education's Every Child Achieving and Thriving white paper (Department for Education, 2026a) and imminent Special Educational Needs and Disabilities (SEND) Reforms (Department for Education, 2026b) place significant and far-reaching demands on the SLT workforce. A resilient and sustainable SLT workforce has never been more essential.**

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## Overview of the underpinning research

A critical retention crisis in SLT teams was identified in two major Integrated Care Boards (ICBs) in the East of England (Suffolk and North East Essex ICB and Norfolk and Waveney ICB). As a result, a project to evaluate the current (and future) landscape of the SLT workforce in the region was undertaken in 2024. This explored how SLTs felt about their current jobs, the extent of their intention-to-leave, and their perspectives on the determinants of attrition and retention in their organisations. Alarming, fifty-seven percent of SLTs involved indicated that they could envision leaving the profession in the future.

Through surveys, interviews and a co-production workshop, SLTs made their position clear.

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SLTs are deeply motivated by their commitment to improving quality of life for service users and families. But this commitment is tested when structural and cultural barriers prevent them from progressing, developing and crucially – staying well. When the balance isn't right, SLTs don't stay.

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Responding to the challenges, a set of targeted, system level and organisational level recommendations, grounded in the lived experiences of SLTs and co designed with the workforce were produced (Chadd, 2025).



You can find the full report online. Scan the QR code or visit <http://repository.essex.ac.uk/id/eprint/41449>

## Research in the real world: Accelerating impact

Utilising what we understand from the research evidence base, this toolkit builds on the findings to showcase case studies of practical solutions, strategies, and innovations that have been developed locally and used in the real world to optimise SLT workforce retention. Rather than proposing a single model or prescriptive approach, the toolkit illustrates how different organisations have operationalised retention focused principles in ways that are responsive to their workforce, service configuration, and population needs.

The case studies are organised into four inter related thematic areas, reflecting the core domains identified in the research findings, and the recommendations produced. These are:

- **Championing** innovative and visible SLT and Allied Health Professions (AHP) leaders across levels
- **Unlocking** convenient and local knowledge exchange opportunities
- **Nurturing** an open dialogue about job satisfaction and progression
- **Cultivating** a considered entrance to the profession

Taken together, these themes reflect a whole system view of retention. They recognise that SLT workforce sustainability is shaped not by a single intervention, but by the interaction between leadership culture, professional development opportunities, wellbeing practices, and clear pathways for entry and progression. The case studies intentionally vary in scale, formality, and maturity, ranging from structured programmes to cultural and relational approaches. This diversity is a strength of the toolkit, offering adaptable ideas rather than one size fits all solutions.

## Toolkit development

This toolkit is the culmination of a series of interactive co-production workshops and exchanges with the SLT workforce and AHP leadership across the three major ICBs in the East of England, as they stood in March 2026 (Suffolk and North East Essex, Norfolk and Waveney and Mid and South Essex).

Transformative discussions about ways to tackle the challenges with retention led to inspirational exchange of success stories, which are foregrounded here.

All workforce partners who attended the workshops provided informed consent for their participation, and workshops were conducted ethically in line with the approvals provided by the University of Essex (ETH2526-0572) for the research impact and engagement activity.

Success stories were captured in writing by partners on pre-designed proformas, for all four themes. Discussions were audio-recorded and transcribed for additional context as needed. Microsoft Copilot was utilised to produce initial drafts of the narrative descriptions of the case study examples, which were subsequently cross referenced by the first author with the raw data for accuracy, and altered accordingly.

Workforce partners who had consented to be contacted following the workshops were invited to review and provide feedback on the first draft of the toolkit, and changes were made in line with their views. Consent was sought to feature partners' details as named authors.

## How to use this toolkit

### Who this toolkit is for

This resource is intended for SLTs, SLT and AHP leaders, managers, educators, commissioners, professional bodies and system partners seeking practical, evidence informed examples to support workforce retention. SLTs may find inspirational ideas that they can take to their teams – the resource is for everyone.

### What you can do with the toolkit

By linking local innovation to established research recommendations, the toolkit aims to support meaningful improvement in SLT workforce retention across the region and beyond. You can consider how to implement the tried-and-tested interventions and initiatives outlined in the toolkit, in your local teams and organisations.

### Tell us how you've used the toolkit

If you've used this toolkit, please help us understand its impact. Share how you've used it, what's been helpful, and any changes you've seen as a result. This helps us illustrate its importance and continue the programme of work to support the SLT workforce.



You can tell us how you've used the toolkit online. Scan the QR code or visit:

<https://forms.office.com/e/qfU6heyMW>



## Declarations

### Funding

The project was funded from the University's internal Impact Accelerator Fund programme. The programme is a strategic University of Essex initiative to increase and speed up the beneficial social, economic, policy, and environmental impacts of our research around the world.

The earlier evaluation project producing the underpinning research to this work was funded by an NHS England Allied Health Professions Workforce, Training and Education grant, awarded to Suffolk and North East Essex (SNEE) Integrated Care System AHP Faculty.

### Author list

This toolkit is the culmination of hard work by a range of partners across the system in the East of England. The authors are:

- **Katie Chadd**, Lecturer and Speech and Language Therapist, School of Health and Social Care, University of Essex
- **Kirsty Cross**, Highly Specialist Speech and Language Therapist, Provide Children's Speech and Language Therapy
- **Nicole Dredge**, Highly Specialist Speech and Language Therapist, Essex Partnership University NHS Foundation Trust
- **Ashleigh Edwards**, Team Manager for Frailty, Care Coordination Service, South East Essex
- **Kate Harrall**, Professional Lead for Speech and Language Therapy, East Suffolk and North Essex NHS Foundation Trust and Chair of SLT Workforce Action Group, East of England
- **Victoria Joffe**, Professor of Speech and Language Therapy and Dean of Integrated Health and Care Partnerships, University of Essex

- **Rosie Morgan**, Highly Specialist Speech and Language Therapist, Essex Partnership University NHS Foundation
- **Holly Anna Wilson**, Advanced Specialist Speech and Language Therapist, Hertfordshire Partnership University NHS Foundation Trust; Doctoral Researcher, University of Hertfordshire
- **Rachel Wiltshire**, Clinical Director of Therapy Services, Mid and South Essex Foundation Trust; Lead Therapist, St Andrews Burns, Plastics and Hand Therapy, Mid and South Essex NHS Foundation Trust
- **Jemma Yarnton-Peacock**, Lead Practice Education Facilitator, Clinical Education Team, East Suffolk and North Essex Foundation Trust

### How to Cite

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## PART ONE: Championing innovative and visible SLT and AHP leaders across levels

### Recommendations:

- The NHS must create and sustain chief AHP posts at Board level, who must be visible and accessible to all AHP professions.
- 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.
- 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.

Strong, visible and innovative leadership is a cornerstone of sustainable retention within the SLT and AHP workforce. This section of the toolkit brings together a range of case studies that demonstrate how leadership, when made accessible, inclusive and responsive to workforce needs, can positively shape professional identity, engagement and career sustainability. While SLTs valued visible AHP leadership structures, they recognised that broad AHP leadership models may not always fully represent smaller professions, such as SLT. Discussions suggested that leadership visibility is most effective when leaders remain connected to on-the-ground practice and understand profession-specific frontline workforce realities, rather than operating solely at strategic level. Similarly, addressing vulnerabilities created by dependence on one person covering a large geographical or structural patch were noted as imperative.

The examples presented span multiple levels of the system, from early talent identification and leadership development to visible senior representation and system-level influence, and accessible, day-to-day leadership that fosters connection and trust. Practical mechanisms supporting leadership visibility and engagement included AHP forums, newsletters, reverse mentoring, executive engagement opportunities and shadowing. Alongside these, initiatives show how leadership visibility can also be strengthened through clear communication, innovative use of digital platforms, and intentional creation of spaces for dialogue and recognition. The reimagining of managerial or strategic roles and progression pathways that do not require SLTs to leave clinical work entirely present new opportunities for ensuring retention of the next-generation of professional leadership.

Collectively, these case studies illustrate that leadership need not be confined to formal roles or senior titles. Instead, it is expressed through behaviours, relationships, and structures that enable clinicians to feel seen, heard and supported at all career stages. By championing leadership development early, widening access to leadership roles, and making SLT and AHP leadership visible and valued across services, these initiatives directly support retention and the long-term sustainability of the workforce.

### Spotting talent early: Building the leadership pipeline

Community services in Norfolk and Waveney focused on proactively identifying and developing emerging leadership talent early in clinicians' careers. Through the Rising Star initiative, early career therapists were recognised for their potential and given structured access to leadership development and coaching. By investing early and visibly in staff capability, the initiative boosted morale and confidence while signalling a clear commitment to career progression.

The approach supported motivation, reinforced professional identity, and helped staff envisage a future within the organisation. This example demonstrates how early talent recognition and targeted development can play a critical role in retention.

## Keeping AHPs connected through clear, consistent communication

The AHP leadership team across Norfolk and Suffolk used a digital communications platform (Sway) to create a consistent, accessible channel for sharing CPD opportunities, good-news stories, and workforce updates across the AHP community. By centralising information in a visually engaging format, the initiative reduced fragmentation and supported a shared professional narrative across services.

The regular cadence of communication helped staff stay informed, connected, and recognised, even across geographically dispersed teams. Importantly, it demonstrated that effective communication is not simply about information transfer, but about fostering visibility, engagement, and inclusion. The initiative strengthened morale and professional identity while reinforcing leadership presence. This shows how simple, low-resource communication tools can play a strategic role in building connection, supporting retention, and sustaining an informed and engaged workforce.

## Learning from the ground up

In Southeast Essex, the community teams introduced a reverse mentoring model that paired AHP staff with director-level leaders, providing face to face space for critical dialogue. This approach shifted traditional power dynamics and enabled frontline clinicians to share lived experience, insight, and challenge directly with senior decision-makers. This bolstered a feeling of being valued and listened to, while leaders gained greater understanding of workforce realities.

The initiative demonstrated how two-way learning can strengthen relationships, bolster engagement and support a more inclusive leadership culture. This example shows the impact of creating deliberate space for dialogue between system leaders and the workforce.





## Giving AHPs a voice at the top

A trust-wide Chief AHP leadership role was established in Norfolk to improve visibility, representation, and connectivity across services. By linking closely with executive nursing leadership, the role strengthened information flow, encouraged shared learning, and ensured AHP perspectives were represented at system level.

The initiative improved collaboration across traditionally siloed services and increased the visibility of under-represented areas of practice. The strategic value lay in enhanced professional voice, clearer leadership structures, and strengthened relationships across the system. This demonstrates how visible, senior AHP leadership can underpin engagement, cohesion, and long-term workforce sustainability.

## Growing leaders without losing the clinician

Across Norfolk and Waveney SLT teams, leadership progression was reimagined by removing a key barrier to retention: the trade-off between management and clinical practice. A “License to Lead” programme offered a structured approach to developing leadership capability among Band 6 and Band 7 staff. The programme provided a clear and supported pathway for clinicians to build leadership skills alongside their existing clinically-focused roles. Additionally, teams introduced blended clinical–managerial job plans for SLTs at these levels. This enabled staff to step into leadership roles while retaining clinical credibility and professional identity.

The initiatives widened the leadership pipeline, supported succession planning, and drove internal progression by aligning role design with what mattered most to clinicians. Importantly, leadership was positioned as an extension of clinical expertise rather than a departure from it. This demonstrates how flexible, co-designed roles can strengthen engagement, retain experienced practitioners, and build sustainable leadership capacity at service level.

## Making leadership visible through innovative communication channels

Mid-Essex SLT providers responded to the absence of established senior AHP roles by using innovative communication approaches to increase leadership visibility.

An AHP newsletter was established, which is circulated on a quarterly basis, reporting on updates on AHP teams, highlights promotions or new appointments and celebrates the work of AHPs by sharing stories of innovative practices across the trust. In addition, the 'combined AHP and strategy forum' meets monthly and includes representation from AHP teams across the trust to raise team issues to the Chief AHP, or input into discussions to support AHP leadership, development and innovation across the whole AHP workforce.

Through establishing the newsletter and the forum, new routes for connection, information sharing, and leadership presence were created. This highlights how communications innovation can support leadership visibility where traditional structures are limited.





## Leadership you can see and access

SLT teams across a wide geography of Norfolk and Waveney focused on making AHP leadership highly visible, approachable, and accessible across services. Rather than relying on formal structures, the initiative emphasised open, one-to-one access to senior leaders, enabling AHP staff at all levels to engage in conversation. This visibility and flattened hierarchy strengthened trust, improved transparency, and reinforced professional identity.

The approach supported engagement and confidence by reducing perceived hierarchy and creating opportunities for reciprocal dialogue. This demonstrates how leadership presence and accessibility can play a critical role in workforce retention without requiring significant additional resource.

## Innovating leadership where it's needed most

The post-Covid assessment service in Norfolk and Waveney established a service lead role focused on service development work, with all Band 7s in the service acting as clinical leads. This encouraged development of leadership skills, as well bolstering creative thinking to meet patient need and drive innovation.

The initiative, driven by a strong leader who is open to new ideas and responsive to team input bolstered engagement of the staff. This highlights how innovation in leadership roles can compensate for structural gaps and support workforce morale and retention in complex service contexts.

## PART TWO: Unlocking convenient and local knowledge exchange opportunities

### Recommendations:

- SLT supervisors and SLT managers must employ strategies to maximise and simplify access to and visibility of Continuing Professional Development (CPD) opportunities.
- The RCSLT and SLTs should support regional SLT hubs to share learning and opportunities locally in order to increase free access to CPD.

Convenient, fair, accessible and locally relevant knowledge exchange plays a vital role in supporting job satisfaction, professional confidence and retention within the SLT workforce. This section of the toolkit highlights a range of practical initiatives that demonstrate how creating regular, low-barrier opportunities for sharing learning, experience and resources can strengthen engagement across services and career stages.

The case studies show that effective knowledge exchange does not rely solely on formal training structures. Instead, initiatives such as trust-wide digital communication channels and newsletters, regional and specialty-focused forums and shared online platforms provided flexible and timely ways for staff to access information and connect with peers. SLTs value these opportunities for connection, discussion, reflection and shared learning, alongside formal teaching. By embedding learning opportunities into everyday systems and using familiar digital tools, these approaches reduced isolation and enabled participation alongside clinical commitments. When staff can easily access information and feel connected to a wider professional community, confidence and motivation are enhanced.

Structured mechanisms, including renewed CPD frameworks and supervision groups further supported knowledge exchange by aligning learning opportunities to local service needs. Effective administrative and organisational support was noted as being an enabler to CPD chances. Early career shadowing opportunities also facilitated informal transfer of specialist knowledge and supported realistic career conversations.

Collectively, these examples demonstrate how unlocking convenient and local knowledge exchange can normalise shared learning, encourage reflection, reduce professional isolation, improve confidence and foster a connected professional community – all of which are key contributors to workforce sustainability and retention.

### Creating safe spaces for shared learning

A range of Pan-Essex cross-team online opportunities have been driven by the Children's SLT team at Essex Partnership University NHS Foundation Trust (EPUT) following identification of a need for greater collaborative knowledge exchange on similar topics (such as across clinical specialisms, or services undergoing similar delivery model changes). Further to this, within-team Band 5 peer 'meet-ups' were implemented, for staff to share their newly qualified therapist journeys and their learning, encourage bonding amongst staff and a safe space to discuss aspects of their professional work.

Participants reported feeling more confident to speak openly and raise challenges, highlighting the role of psychologically safe environments in effective knowledge exchange. Supported by leadership and minimal resource, the initiative demonstrates how consistent communication and peer supervision, and exchange can sustain learning and engagement across dispersed services.



## Connecting the workforce through everyday digital spaces

The community and acute teams in Norfolk and Suffolk established trust-wide AHP Microsoft Teams channels, and profession-specific spaces, to enable convenient access to information, learning opportunities, and peer discussion. Led by the AHP leadership, by embedding knowledge exchange into a familiar digital environment, the initiative reduced reliance on email and allowed staff to engage at times that suited their workload. Clinicians could easily access CPD opportunities, share good practice, and stay connected to colleagues beyond their immediate teams. This platform improved accessibility to learning opportunities across geographically dispersed services and supported flexible learning approaches.

Resulting from the Teams Channels, an increased uptake of CPD opportunities and requests to attend training suggested improved engagement. This example illustrates how low-resource, system-wide digital platforms can normalise everyday knowledge sharing, reduce professional isolation, and support a connected and informed workforce.

## Optimising existing no-cost platforms

SLT colleagues across regions highlight the value of the various courses and CPD resources provided via the NHS Futures platform, as a critical online space for sharing information and learning opportunities

across organisations. The platform hosts materials such as learning courses, presentations, research outputs, and updates, which supports ad hoc access to knowledge beyond organisational boundaries. Specialist areas can be established and shared accordingly, enabling sharing of relevant information.

This highlights the potential of system-wide digital knowledge exchange, demonstrating the importance of active curation and leadership support to sustain engagement.

## Recognising the importance of the corridor chat

SLTs consistently reinforced the importance of not overlooking the integrity of CPD opportunities via corridor chats, spontaneous debriefs and quick discussions. These were valued as moments for providing reassurance, mentoring, peer connection, reflective thinking and emotional support within practice. When shared work bases were absent, or SLTs worked largely independently in the community, or worked remotely via telehealth, these CPD opportunities can be minimised.

Enabling routine, informal professional interactions may contribute significantly to workforce confidence and sense of belonging and therefore play an important part in ensuring retention.

## Sharing specialist knowledge through shadowing

Several teams across Mid and South Essex have taken a whole-team approach to supporting Band 5 clinicians to observe and shadow senior colleagues working in specialist roles. Similarly, to support the newly commissioned dysphagia service in Southend, EPUT colleagues were released to spend a day with a more established dysphagia service in another area of Essex, to better understand how they work with the wider MDT and learn from an established service through shadowing. This created opportunities for informal knowledge transfer, skill development, and realistic career exploration.

By enabling protected time away from routine duties, these initiatives addressed workload-related barriers to learning. The approach supported retention by increasing confidence, interest in specialism, and understanding of progression pathways. This example illustrates how simple, locally delivered shadowing opportunities can facilitate meaningful knowledge exchange and encourage career sustainability, and as a result, service development.

## Aligning CPD offers with national frameworks

Recognising the value of CPD and listening to staff, the leadership team in the community support service in Norfolk and Waveney initiated a review of the RCSLT, HCPC and local service CPD guidelines to drive innovation of new CPD initiatives for all staff to better align with expectations and service needs.

This resulted in the implementation of new clinical supervision groups, complemented by research newsletters and professional development days.

An SLT conference was held for three services, with invited speakers to share CPD updates.

These mechanisms created multiple entry points for knowledge exchange.

Staff reported improvements in knowledge, morale, and engagement, demonstrating the value of combining formal structures with regular opportunities for shared learning. This highlights how embedding knowledge exchange into routine CPD and supervision can strengthen professional confidence and support retention.

## Strengthening practice through regional knowledge exchange

Colleagues across the region have established the East of England Dysphagia Forum, bringing community and acute SLTs together for regular online discussions. With the aim of providing a shared space to discuss common issues and collaborate on solutions across region, as well as visibly enhancing collaboration, the forum is supported through a Teams Channel, hosted by the East Suffolk and North Essex Foundation Trust.

Quarterly sessions have included case-based learning, guest speakers, and shared problem-solving, creating a psychologically safe space for peer support. With a focus on information sharing and dialogue, the intention is to discuss ideas and problem-solve collectively rather than deliver formal training – a sometimes-over-looked component of CPD. Participants reported increased confidence and reassurance through comparison of practice and access to evidence-based approaches, as well as direct impact on service changes. The forum demonstrates the value of regional networks in reducing isolation and supporting consistent, informed practice, vital to keep therapists engaged and motivated in their roles.

## PART THREE: Nurturing an open dialogue about job satisfaction and progression

### Recommendations:

- 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 and progression.
- The RCSLT and employing organisations must support SLTs to embed job planning to enhance transparency and aid critical evaluation on workload and development opportunities.
- 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).

The emotional labour involved in many areas of SLT practice is considered a significant component of retention, requiring ongoing organisational support to ensure SLTs avoid burnout, distress and dissatisfaction. Acknowledgement of the intersection of this, with busy workloads and the potential of future roles, underscores that emotional sustainability should be recognised as a central workforce retention issue rather than an individual responsibility. Creating safe, honest and ongoing dialogue about job satisfaction and career progression is central to retaining a motivated, happy and healthy SLT workforce.

This theme brings together case studies that demonstrate how structured and informal opportunities for conversation can help staff feel heard, valued and supported to reflect on both their current role and future aspirations. Rather than relying on annual processes or reactive interventions, the examples show how dialogue can be embedded into everyday practice through supervision, team activity and shared spaces.

Across the initiatives, a consistent pattern emerges; when conversations about wellbeing, workload and progression are normalised and acted upon, staff are more likely to remain engaged and committed to their organisation. Initiatives range from embedding wellbeing and development into supervision and appraisal, to team led wellbeing activities, away days and shared workbases that promote informal support. Others focus on creating purposeful progression routes through apprenticeships or development opportunities or proposing collective approaches to supervision and leadership reflection.

Taken together, these examples highlight that open dialogue is not a single event, but a culture supported by leadership behaviours, protected time and psychological safety. By creating space for reflection, recognition and planning, these initiatives help staff articulate their needs and ambitions early, reducing frustration and supporting long term workforce sustainability.

### Creating space to talk – away from the day job

The SLT service lead across inpatient and outpatient teams in Norfolk introduced an annual team away day to address risks associated with burnout and disengagement. By removing staff from the clinical environment, the initiative created protected time for reflection, honest conversation and reconnecting as a team.

The away day enabled improvements in connection, relational dynamics and staff trust in a non-pressured setting. Staff reported improved morale, confidence, professional identity and strengthened relationships and joint working, and increased informal communication following the event. By reinforcing connection, shared purpose and mutual understanding, the initiative supports retention by rebuilding motivation and resilience in teams experiencing sustained service pressure.



## Championing clinical expertise through academic and specialist pathways

East Suffolk and North Essex acute teams have taken a proactive approach to retaining experienced clinicians by actively supporting engagement with clinical academic career pathways. Staff have been able to explore and pursue academic development alongside clinical roles, including enabling a SLT to enrol on a doctoral level clinical academic fellowship. This has been reinforced through the introduction of a clinical specialist Band 8a role, signalling a clear organisational commitment to valuing advanced clinical expertise without requiring staff to move into traditional management positions.

Crucially, these opportunities are enabled by supportive managers who recognise the importance of flexibility, advocacy and protected time in making non-traditional careers viable. Alongside this, these options are discussed at interview stage. This transparency supports recruitment by attracting candidates seeking long term development and enhances job satisfaction for existing staff.

By rewarding expertise, enabling academic development, and making progression routes visible, this approach supports retention by offering credible, motivating futures for clinicians who might otherwise leave the organisation or profession to pursue growth elsewhere.

## Curating developmental progression opportunities

Teams across Mid and South Essex introduced a deliberately varied set of progression opportunities to address frustration among clinicians at risk of stagnation and disengagement. Rather than relying on a single pathway, the initiative created multiple routes for development across career stages. These included developmental posts for Band 5–6 clinicians, enabling staff to build skills, confidence and responsibility without the expectation of an immediate substantive promotion. Secondment opportunities offered time-limited exposure to new areas of practice or leadership, supporting exploration and skill acquisition while retaining staff within the organisation. Opportunities to progress into advanced practice roles further signalled commitment to retaining experienced clinicians who wished to deepen expertise rather than pursue traditional management routes. Alongside this, apprenticeship pathways at Bands 3–4 supported entry-level staff to develop and progress into qualified roles, strengthening internal pipelines and continuity.

Making this range of options visible transformed conversations about career progression, shifting the narrative from “no next step” to “multiple possible futures”. By offering flexible, staged progression routes, these innovations directly address a key driver of attrition and supports retention by enabling staff to grow, adapt and remain invested in the organisation over time.

## Making wellbeing and progression part of everyday conversation

Community and acute teams in Norfolk and Suffolk embedded wellbeing, job satisfaction and development discussions directly into supervision and appraisal processes. By introducing standing agenda items focused explicitly on staff experience, the initiative ensured that conversations about workload, morale and progression became routine rather than reactive and served as a useful reminder for managers. This reduced reliance on staff raising concerns independently and legitimised discussion of wellbeing within formal structures.

Managers were supported to treat supervision not only as a performance management tool, but as a space for reflection and forward planning, through open discussion.

This example demonstrates how small but intentional changes to existing processes can normalise open dialogue and strengthen engagement without requiring significant additional resource. By routinely and consistently identifying any dissatisfaction early and responding proactively, this approach reduces the risk of attrition driven by unmanaged workload, disengagement or lack of progression.

## Normalising dialogue through everyday team connection

In the acute teams across Norfolk and Waveney, a range of wellbeing initiatives were introduced by the therapy leads following staff survey feedback, including a recognition board ("good vibes"), wellbeing champions, regular morale-boosting activities ("star of the week") and informal social opportunities (e.g. team pizza lunches).

These initiatives created continuous, low-pressure opportunities for conversation about job satisfaction and team experience, and a celebration of successes to boost morale. Rather than framing wellbeing as an add-on, the approach embedded dialogue and positivity into everyday team interactions. Leadership visibility and responsiveness were central, reinforcing trust and a sense that staff experiences mattered – demonstrating their importance, from the top.



## Keeping progression on the agenda

Community teams across Mid and South Essex emphasised the impact of ensuring Professional Development Plan (PDP) objectives were embedded into monthly supervision meetings, guaranteeing that progression and development were discussed regularly rather than annually. This sustained focus helped staff feel supported and encouraged to plan proactively.

The initiative reinforced development as an ongoing, shared responsibility and supported engagement and motivation. By keeping progression visible and attainable, the approach reduces the risk of attrition linked to stagnation or unmet career expectations.

## Bolstering professional belonging in new teams

A sense of professional belonging and wellbeing was nurtured in a relatively new team, through monthly team meetings involving guest speakers and clinical case discussions. These forums created a predictable space for dialogue, reflection and professional connection across teams. Operating across AHPs, this also influenced cross-service communication, driving the delivery of quality care.

Clinical leads recognising that time out to attend to group-level support is invaluable and is supported through having a joint vision. Staff reported increased confidence, morale and a stronger sense of belonging. By reducing isolation and strengthening professional identity, these activities support retention among staff dispersed across services who may otherwise disengage or feel disconnected from the wider profession.

## Turning job planning into a two-way conversation

An SLT team in Norfolk and Waveney highlighted the importance of deliberately reframing job planning not as a transactional or punitive exercise but a constructive, two way conversation centred on job satisfaction, wellbeing and future aspirations. Managers were supported to approach job planning as a collaborative process, encouraging staff to reflect openly on workload balance, role sustainability and opportunities for development. This shift in tone and intent helped create a more psychologically safe environment in which staff felt able to raise concerns before they became sources of dissatisfaction or burnout.

By giving staff greater agency and voice within conversations about their roles, job planning conversations addressed common drivers of attrition such as lack of control, feeling unheard, or unclear progression. This approach supports workforce retention by increasing transparency, building trust, and enabling early, supportive adjustments that help staff remain engaged and committed to the organisation.

## Using recognition to spark positive dialogue

A whole-team decision by the acute team in a hospital in Mid and South Essex led to the implementation of an inpatient celebration board, updated regularly by the team to share achievements and positive feedback. This simple initiative supported morale and created informal opportunities to acknowledge and realise professional contributions.

The approach reinforced a culture of appreciation and encouraged staff to reflect on the positive impact of their work. Feeling valued and recognised is a known protective factor against burnout, and this initiative supports retention by counteracting the emotional fatigue that often precedes workforce exit.

## Shared base to promote informal supervision and belonging

Community teams across South Essex promoted the use of a shared base to support informal supervision and spontaneous discussion. By encouraging staff to start their workday from the base, when appropriate, the initiative strengthened relationships, peer support and a sense of belonging.

This case illustrates how physical environment, and flexibility can play an important role in nurturing professional identity. Staff also experienced a boost in morale and confidence, linked to greater engagement. A strong sense of belonging and peer connection is a key retention factor, particularly in community services where isolation can accelerate disengagement.



## Strengthening early career wellbeing and retention through legacy practitioners

In response to workforce pressures and high levels of early-career attrition, Mid and South Essex ICB established an innovative SLT Legacy Practitioner model across three community organisations. Legacy practitioners are experienced clinicians, typically in later stages of their careers, who provide structured coaching, mentoring and pastoral support to new starters, apprentices and pre-registration students. Building on a model already established in nursing, this initiative represents a novel extension into the AHP workforce.

The model includes tailored induction support, Band 5 buddying, action learning sets, CPD opportunities, employability sessions and ongoing career conversations, with a consistent emphasis on wellbeing and belonging. The approach actively bridges the gap between theory and practice, while fostering professional confidence and identity. Between June 2024 and December 2025, the programme supported pre-registration students, apprentices and newly qualified practitioners, with 100% retention of new starters during this period, compared to previous local attrition rates of 20–30% within the first year.

By providing dedicated relational support at a critical transition point, the Legacy Practitioner model directly addresses early-career vulnerability, supporting workforce retention by helping staff to start well, feel connected, and remain confident in their choice to build a long-term career within the NHS.

## PART FOUR: Cultivating a considered entrance to the profession

### Recommendations:

- 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.
- 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, and interview processes.
- 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.

A thoughtful, well supported entrance into the SLT profession is a critical foundation for long term workforce retention. Early career experiences shape professional identity, confidence and commitment, and misalignment between expectations and the realities of practice can contribute to dissatisfaction and early exit. This theme brings together case studies that focus on preparing prospective practitioners realistically and supportively, ensuring that entry into the profession is informed, intentional and sustainable.

Across the examples, initiatives span the full pre entry journey; from strengthening collaboration between education providers and services, to offering early exposure through observation, volunteering and shadowing to potential university applicants, to supporting new entrants through alternative routes such as apprenticeships. A strong emphasis is placed on honesty, visibility and dialogue – creating opportunities for students and aspiring clinicians to understand both the rewards and challenges of practice before committing to formal training or employment.

Collectively, these initiatives demonstrate that investing time and resource at the point of entry reduces the risk of early attrition, supports informed career choice, and strengthens professional commitment. By cultivating realistic expectations, early belonging and clear pathways into practice, these examples support retention not only in early career stages, but across the lifespan of the profession.

### University and clinical services collaboration for pre-registration students

Colleagues across Norfolk and Waveney emphasised strengthening collaboration between local universities and SLT services to support pre registration students through teaching, assessments and shared professional activity. Practitioners were involved in admissions interviews, academic delivery, placements and assessment processes, ensuring that students were exposed to current service realities and practice expectations throughout their training.

This close alignment between education and service helped students develop a realistic understanding of the role, professional standards and workplace culture prior to qualification. It also strengthened relationships between students and local employers, supporting a sense of belonging and professional identity early in the pipeline. It also further supported the local team as educators, showing a win-win pay off. By reducing the gap between academic learning and clinical reality, this collaboration supports retention by lowering the risk of early disillusionment and encouraging graduates to remain within local services following qualification.

## Supporting inclusive entry into the profession

Across Mid and South Essex, practitioners were supported by established leaders to provide visible support for newly-qualified therapists from under-represented groups, including LGBTQ+ and disabled colleagues. These leaders provided visible points of contact and advocacy, helping identify and address barriers to inclusion early in professional journeys.

The initiative created safe routes for discussion, helped identify and address microaggressions, and supported staff wellbeing. Feedback suggested improved morale, confidence, and retention, including reduced stress-related absence. This initiative demonstrates the importance of inclusive leadership roles in creating psychologically safe workplaces and supporting workforce sustainability.

## Assistants and apprentices as SLT “Eyes and Ears”: Upskilling and diversifying responsibilities

The Acute SLT team at ESNEFT have taken a pro-active approach supporting assistants and apprentices to develop their practice through structured dysphagia training. Staff are supported to reach the assistant level dysphagia competencies, enabling them to take on a more active role, whilst remaining appropriately supervised.

In practice, this has enabled assistants and apprentices to attend patients' homes and contribute directly to dysphagia assessments, working alongside a registered SLT via Microsoft Teams. In this model, the SLT provides clinical direction, while assistants and apprentices act as the skilled “eyes and ears,” observing, reporting and supporting assessment in real time. This approach not only improves responsiveness to urgent dysphagia referrals, but also enriches the workforce by increasing role diversity, confidence and capability among early-career staff.

This initiative creates a more supported and meaningful entry into clinical practice, allowing individuals to apply learning with clear supervision and in-scope for their role. By building confidence early, this approach supports a more considered entrance into the profession through moderated exposure to the requirements of independent real-world practice, and strengthens retention by helping staff feel competent, valued and invested in their long-term career.

## Making the profession visible and attractive

An AHP-faculty led initiative across Norfolk and Waveney produced short promotional videos to raise visibility of the SLT profession and showcase career opportunities. Shared via social media and digital platforms, the initiative aimed to increase awareness of SLT roles and communicate the breadth, impact, and appeal of professional practice. Early indications suggested a marked increase in applications to Band 5 and Band 6 posts across the region, supporting recruitment into the workforce. By presenting authentic and accessible stories of professional life, the videos helped prospective applicants make informed decisions and supported services to attract a broader, more engaged candidate pool.

## Growing the workforce through apprenticeship pathways

Southend Hospital SLT teams introduced a Band 5 SLT apprenticeship route in response to difficulties retaining newly qualified staff. Prospective apprentices were invited to observe stroke unit sessions prior to interview, supporting informed entry and realistic understanding of the role.

This approach strengthened commitment and reduced the likelihood of early mismatch between expectations and practice. By enabling individuals to experience the role before committing and supporting development through alternative qualification routes, this pre-interview step supports retention by building confidence, readiness and long-term commitment from the point of entry.

## Informed entry through early exposure to practice

Trusts across Norfolk and Waveney have created opportunities for potential entrants – particularly school and college students – to observe, shadow and volunteer within services. These early exposure opportunities enabled individuals to experience the profession in practice before applying for training, supporting informed decision making.

The initiative reduced organisational barriers to observation and strengthened early interest in SLT careers. For services, it provided a pipeline of applicants who already understood the environment and expectations of practice. By allowing individuals to opt into the profession with greater clarity and confidence, this forward-looking initiative supports retention by reducing attrition linked to unrealistic expectations or misinformed career choice.

## Early-doors support for new registrants

Implementation of the preceptorship programme in EPUT for newly registered AHPs, including SLTs, has successfully supported their transition into clinical practice. The programme fosters professional confidence, reinforces reflective practice and sustains continuing professional development. As part of the programme, sessions provide valuable opportunity for multi-professional engagement and inter-professional learning to help build an understanding of the importance of MDT working in meeting patient care.

This structured approach strengthens retention by reducing early-career uncertainty, building confidence, and fostering a sense of belonging within the wider AHP workforce.

## Bringing the toolkit together

This toolkit brings together a diverse but coherent set of innovations that collectively demonstrate how workforce retention in SLT can be strengthened through intentional, values-led action at multiple levels of the system. While the initiatives span different settings, career stages and organisational contexts, a common thread runs throughout; retention is most effectively supported when staff feel seen, supported, developed and listened to.



Across the four themes, the case studies show that sustainable retention is not achieved through single interventions or short-term incentives, but through creating the conditions in which people can thrive. Visible and innovative leadership provides direction, advocacy and professional credibility. Convenient, local knowledge exchange reduces isolation and supports confidence and learning. Open dialogue about job satisfaction and progression enables concerns to be raised early and aspirations to be nurtured. A considered entrance into the profession ensures that individuals join with realistic expectations, early belonging and clear pathways for development.

Importantly, these examples demonstrate that many impactful actions are achievable without significant additional resource. Small but deliberate changes to systems, behaviours and culture – such as how supervision is framed, how opportunities are communicated, or how leadership is made accessible – can have meaningful effects on staff experience and engagement. The toolkit also highlights the importance of context; successful retention strategies are those that are locally designed, responsive to workforce feedback, and adaptable over time.

This toolkit is not intended as a prescriptive blueprint, but as a practical resource to prompt reflection, dialogue and innovation across services and systems. By learning from what is already working, and by continuing to invest in people throughout their professional journey, organisations can move from responding to retention challenges to proactively sustaining a resilient, committed and future-ready SLT workforce.

## Next steps

The toolkit is the start of driving change and innovation in the SLT workforce. In some cases, systems and structures may undergo more radical reimagining to tackle the retention crisis. Future-proofing the SLT workforce is everyone's business, and the next steps must focus on ensuring this is on the radar of those leading our health, social and education systems and those who have delegated responsibility for developing and enabling the workforce.

Further research is needed to explore the effectiveness of SLT workforce models, conditions for their implementation and ultimately the impact of these on those whose lives are affected by speech, language, communication and swallowing disorders.

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# Sustain and Retain

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