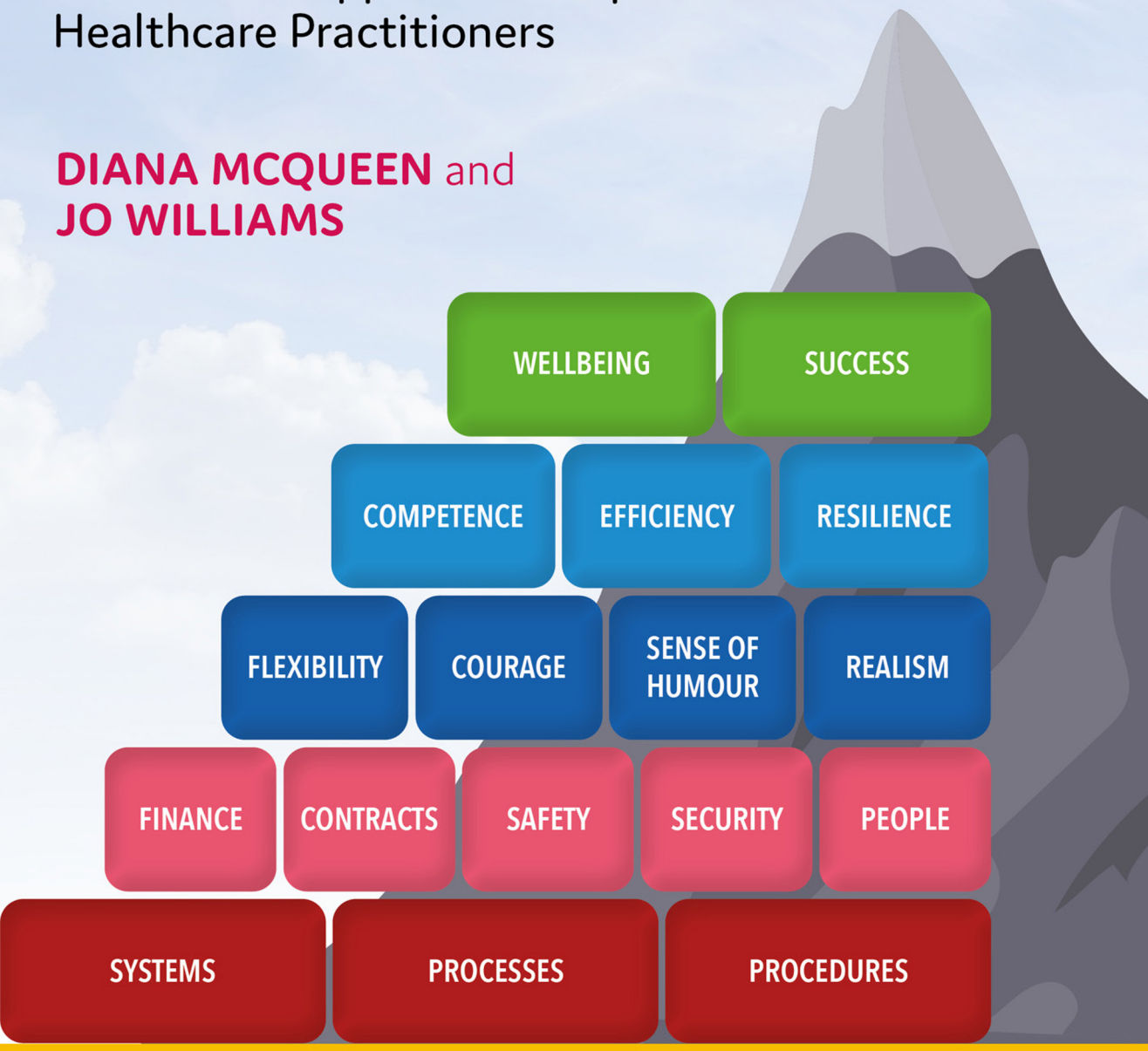
BUILDING AN INDEPENDENT SPEECH AND LANGUAGE THERAPY PRACTICE

A Guide to Support and Inspire Healthcare Practitioners

DIANA MCQUEEN and
JO WILLIAMS



A **Speechmark** Book

ROUTLEDGE

'Alongside sharing their experiences and those of others in terms of changes to employment patterns, the chapters in the book provide a helpful practical resource for both existing independent practitioners and those who are setting up a business with all that this entails.'

Ms Kamini Gadhok MBE, *BSc Hons, Doctor of Civil Law (Honorary), Master of Science (Honorary), MRCSLT, Hon Companionship COP*

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BUILDING AN INDEPENDENT SPEECH AND LANGUAGE THERAPY PRACTICE

Set against the context of a changing professional landscape, this book examines the journey of the authors, Jo and Diana, as they transitioned from working in the National Health Service (NHS) to setting up an independent practice following redundancy. Highlighting both the benefits and challenges, the authors outline the steps they took to move from survival mode and crisis management to a position of stability and success.

This book provides readers with a wealth of practical advice, helping them to avoid pitfalls and seize opportunities with confidence when establishing their own independent practice. It also touches on the fall-out from redundancy – pertinent to any job, anywhere.

Chapters explore a variety of topics, including but not limited to:

- The national context, implications for setting up an independent practice and business models
- Practical considerations: financial management, contracts, governance, technology, creating a team and models of clinical service delivery
- Assessing success and identifying areas for improvement; measuring impact, troubleshooting and looking to the future

Written in an entertaining yet informative manner, with the voices of other experienced professionals drawn on throughout in the form of personal stories and specialist contributions, this book is essential reading for speech and language therapists (and others) considering going down the independent route.

Diana McQueen and **Jo Williams** are Co-Directors at Soundswell Speech and Language Therapy Solutions, an independent provider of speech and language therapy services. They both have many years experience both as clinicians and service managers in the NHS.

Diana has written extensively and presented research at speech and language therapy conferences in the UK and Europe. Previously, she has worked as a Specialist Advisor for the Care Quality Commission (CQC).

Jo has a Master's degree in Leadership for Healthcare Improvement. She has worked as a Fitness to Practice Partner at the Health Care Professions Council and is currently a Local Government Early Years Peer Reviewer.

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Diana McQueen and Jo Williams

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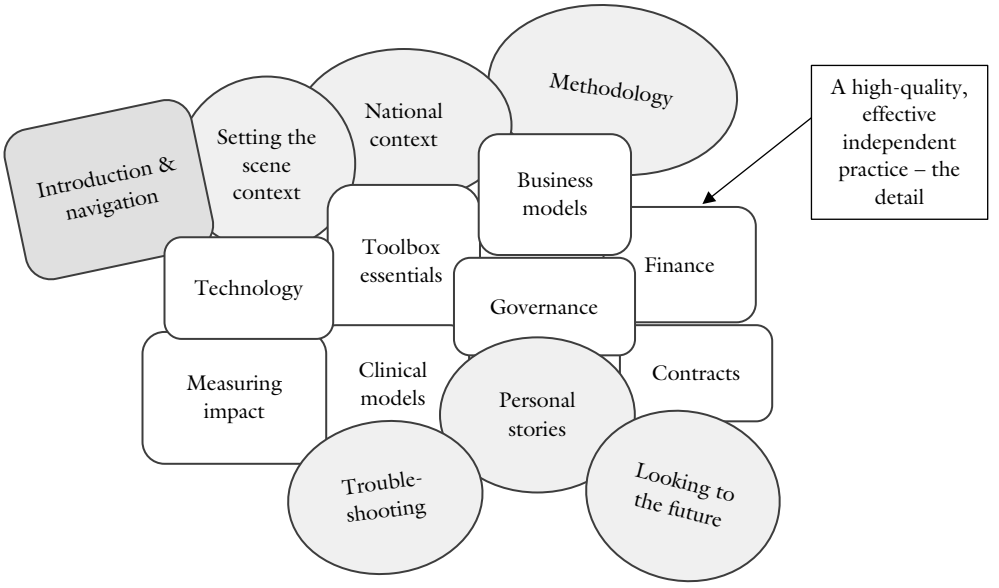
Both respondents to the questionnaire and those who have told their personal stories in more detail have made a huge contribution to this book. The former, in particular, offered unexpectedly detailed information which merits further exploration elsewhere. We have heard some stories which have clearly not been easy to tell and are grateful to everyone who has taken the time to share their experiences with us.

INTRODUCTION AND NAVIGATION

The initial concept of this book focussed on us and our story and that remains the priority. Over time, however, the importance of the contemporary context became increasingly apparent. This was an opportunity to explore the experiences of colleagues not only in speech and language therapy but also in other professions where there has been a move away from the public sector as the majority employer/provider.

We have included a brief foray into previous research as well as using various tools to gather views. Those tools include questionnaires, focus groups, both semi-structured and informal interviews and the sharing of more detailed stories of individuals. We have also included an interview with the (then) Chair of the BDA as there are interesting parallels between SLTs and Dentists.

Personal stories are featured throughout the book, where they powerfully illustrate some of the challenges and successes encountered by many others. Some appear at particular points to support advice and good ideas; others appear in greater detail. For personal reasons, some contributors have chosen to remain anonymous.



We are firm believers that any event – either good or less so – teaches us something. We are not here to disparage: the more we learn and listen, the more we recognise the problems we (collectively) face in making positive and sustainable change to our public sector health services. In the same way that we have acquired a huge number of skills from our long and often very happy years in the public sector, there are things we would very much like to give back.

Closer co-operation, transparency and mutual respect are surely the foundation stones to a genuine partnership between the public and private sectors. The results of our Freedom of Information (FOI) requests to a sample of Trusts nationally make interesting reading.

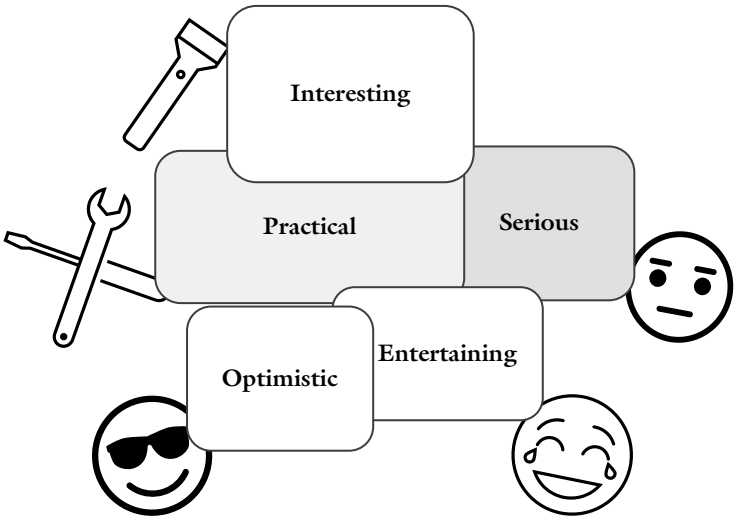
Many Trusts operate traded (sometimes called enhanced) services. These work well in some instances but in others they are not sustainable. Are there lessons to learn from the private sector here?

Possibly 15 years ago now, our professional body, the Royal College of Speech and Language Therapists (RCSLT), introduced 'Working in Harmony'. This was a guidance paper aimed at outlining how the public and private sector therapists could work more effectively together. The paper was primarily about respect and keeping each other informed rather than how to engender a deeper level of genuine partnership working. It was a step in the right direction though, and today one of the Royal College's Clinical Excellence Networks (CEN) is entitled 'SLTs on the same team'. This group kindly agreed to a remote focus group; find out more in Chapter 4. There are also strategic links between RCSLT and the Association of Speech and Language Therapists in Independent Practice (ASLTIP).

Some good things are happening on the ground, and where there are 'green shoots', we share some of these stories.

Towards the end of the book, we share thoughts, hopes and ideas as we look to the future.

So yes, the book *will* be serious, but there is a golden thread of optimism which is a big part of our story and our approach to life generally. Hopefully it will inform and entertain you too!



Keeping an eye on the big picture

There are common themes which run throughout the book. Though tackled individually, topics relate to each other: no single subject operates in isolation. To help illustrate both common themes and the interrelationships between each aspect of our independent practice, we have introduced icons/graphics which help to draw things together.

References

All dictionary definitions in this book are taken from *The Concise Oxford Dictionary*.
Pearsall, J. (1999) *The Concise Oxford Dictionary*. Tenth edition. Oxford Walton Street: Oxford University Press.

FOREWORD

I retired as Chief Executive Officer of the Royal College of Speech and Language Therapists (RCSLT) in March 2023 after 22 years. At this time, the RCSLT had over 20,000 members. During my tenure, I have had the privilege of getting to know and working more closely with speech and language therapy service leaders and clinical experts to inform our support and professional guidance to the profession, as well as influencing government policy and legislation.

My connection with Jo and Diana started many years ago, as they had established their reputation as strong leaders of speech and language therapy services in the NHS. When they were made redundant as a result of austerity measures and cuts to NHS services, I was concerned that we had lost them from the profession but luckily, they decided to use their skills to set up an independent practice.

When Jo and Diana asked me to write the foreword for their book, I was more than happy to say yes. After all, I was the one who persuaded them to share their experiences and knowledge at the Association of Speech and Language Therapists in Independent Practice (ASLTIP) conference in 2022.

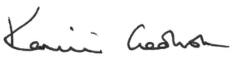
This book goes one step further in that Jo and Diana have now provided an overview of their journey as well as capturing the experiences of others. One of the areas I always thought was a strength was their approach to collaborative working. Jo and Diana know how strongly I feel about the importance of the profession working together and for us to remove the historic barriers between the NHS and independent practice.

Over time, government policy has resulted in public sector cuts, fragmentation of how services are commissioned and therefore provided. This has been detrimental, particularly for children and young people with speech, language and communication needs (SLCN).

Now more than ever, it is essential that speech and language therapists work together to advocate for, and meet the needs of, people with SLCN. This was brought into sharp focus during the COVID-19 pandemic with data showing how the pandemic had a significant impact on the communication skills of children. Lockdowns also resulted in a sharp rise in referrals and waiting lists in the NHS. It was at this time that I reached out to Jo and Diana to ask them to share their learning. An 'all hands on deck approach' was required.

Alongside sharing their experiences and those of others in terms of changes to employment patterns, the chapters in the book provide a helpful practical resource for both existing independent practitioners and those who are setting up a business with all that this entails. I am aware that

there is an ongoing process of change as the external environment continues to throw up new challenges and would encourage readers to reflect on where they are and what more they can do.



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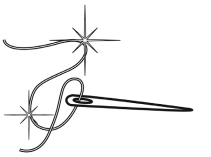
1 Setting the scene

This chapter will establish the context of our story. We will talk about how, after 30 plus years each in the public sector (NHS) with a number of those years in senior management positions, we went through the redundancy process and returned to our roots as speech and language therapists – only this time in independent practice (IP).



Initially it was all about survival; over time, however, we were able to create opportunities to grow and develop what ultimately has become a successful business.

Here we see the emergence of the golden thread of optimism.

We will talk about our individual stories covering the years leading up to redundancy. It's important to understand where we came from and the experiences we had along the way as they help to explain how we were able to draw upon transferable skills to establish and run a business, essentially in sales – but selling speech and language therapy services.

Product knowledge builds enthusiasm, gives us courage and helps us understand the competition better.
www.salestrainingandevelopment.com/product-knowledge-is-power.html [1]

We look at this in more detail in Chapter 13.

Those skills have given us a wealth of practical experience across a whole range of things to consider when operating in the world of independent practice. They are eminently transferable and as we work through the chapters in this book, we will be sharing everything we hope will be useful to readers, both in terms of managing a business *and* service delivery. We positively welcome readers whose roles may extend beyond speech and language therapy – there will be things that apply to *any* business*s or* anyone moving away from being employed into running their own business.

The impact of redundancy cannot be avoided as this is one of life's upheavals which has the potential to derail the best of us. The impact of enforced change is strongly related to being made redundant – how can this be turned around into something positive and proactive? Again, adversity can build strength and resilience.

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We are grateful to the British Association for Counselling and Psychotherapy (BACP) for their paper entitled 'How to cope with the mental health impact of unemployment' (2020) [2].

Here we share some observations from BACP member Simon Coombs, who runs Working Minds, a Torquay-based service that offers psychological support for unemployed people. Simon says there are some key things to think about when it comes to reducing the impact of unemployment on people's mental health.

> Being made redundant can have a critical effect on someone's mental health. When we're fully invested in our jobs, it becomes more than just something to pay the bills. We put so much of ourselves into the work we do. It's part of our identity. It's linked to our own self-worth and sense of our self.

Simon describes how some people who've lost their jobs initially have a bit of a positive bounce. 'They may have more energy, greater clarity of thought. They sometimes feel exhilarated, especially if it's a job they don't enjoy and they're just doing it to pay the bills'.

However, he observes:

> When it does start to kick in, people can go through different stages. There's a cycle of loss, starting with denial and then moving on to anger.
>
> Some people are much like a ship floating around without an anchor. They have no direction. There's uncertainty. That uncertainty feeds anxiety. They start to over-think; this creates fears. The self-doubt creeps in and the questioning about whether they're good enough.
>
> Family and friends may notice the person has become more emotional, withdrawn, irritable and short-tempered.

Simon stresses that it's 'absolutely critical' to get closure when someone loses their job. 'Without closure, redundancy can be an open wound that festers. It can be very debilitating to people's mental health'.

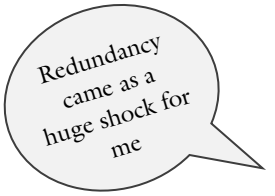
Part of Simon's role is to educate a person on how important it is to get closure.

> Sometimes people may be too angry, or they don't want anything to do with their former colleagues as it's too painful. But it's crucial to do something for closure.
>
> It may be that when the dust has settled, people meet up for a coffee. They can talk and put some of the pain and anger to bed. If it's left too long, it can really impact someone's self-worth.

As a counsellor, he works with people to help them recover that self-worth. He helps them with positive self-talk – shifting their internal dialogue to be more positive, optimistic and encouraging, rather than negative and filled with self-doubt.

> People feel like they've been selected for redundancy and that they are in deficit, they naturally evaluate their own self-worth against other people who have not lost their jobs.

We conclude the advice from Simon again in his own words: 'Re-framing and trying to see things as an opportunity can help'. These are wise words which resonated strongly with us all those years ago.



Sue (a clinical lead for children's services in her former life) clearly identifies with those feelings Simon talked about. She also came to the realisation of how important it is to take back control and turn things towards the positive.

I was called into my boss's office on Wednesday afternoon and was told I was being made redundant and had one day (Thursday) to clear my office and then would be put on gardening leave from Friday. When I came home Thursday evening I was devastated; it felt that 32 years' service had been for nothing. My whole working world fell apart and I questioned why I had worked 'over and above' so often to be treated this way. The weekend came and I decided I could either be a victim or I would make my life even better. I am pleased to say the latter happened and I have never looked back.

Like Sue, our change of direction wasn't a choice. In Chapter 2, we talk much more about choices and hear the stories of others and the choices they have made.

Starting to think about the context

As the outline for this book began to take shape, it soon became apparent that there is a significant amount of 'movement' within speech and language therapy, there are also misperceptions and a lack of knowledge and understanding about how the world of independent practice works and the networks available to increase awareness and support therapists working independently.

There are different models of professional practice: therapists work in a range of locations, for, with and through others. They move between models of practice, and they deploy their skills and experience in unrelated roles. Without taking a closer look, it's impossible to say whether this is a 'perceived trend' on our part or actual fact.

The first and obvious thing is to turn to the existing evidence base. There is an immediate problem here, however, as there is very little research into both the direction of movement within the profession and, perhaps more importantly, the *reasons why* therapists move.

What do we already know?

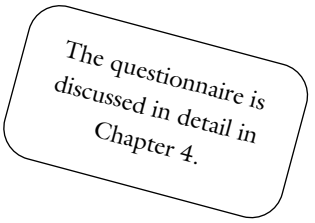
We have found four pertinent pieces of research.

The first two studies were by John Loan-Clarke and associate team members. Published in 2009, **study one** looked at why speech and language therapists stay in, leave and (sometimes) return to the NHS [3].

Study two, a year later, was a longitudinal study of allied health professionals (AHPs) in Britain, looking at retention, turnover and return [4].

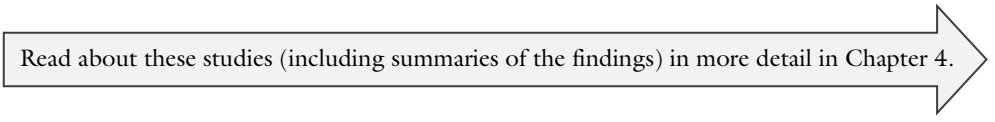
We came across study one at about the time we were wrestling with what to include in a questionnaire we planned to disseminate to fellow therapists.

We knew what we wanted to find out, and the Loan-Clarke questionnaires contained some strikingly similar parameters – which was reassuring!



The third paper available to us looked at well-being, job satisfaction, stress and burnout in speech-language pathologists – a review of the literature published in 2020 [5].

The final paper which contributed to the context of our own information-gathering is a doctoral dissertation study by Claire Ewen, *The occupational and biopsychosocial wellbeing of speech and language therapists practising clinically in the United Kingdom* (2021) [6]. At the time of writing, this study has yet to be published but Claire has kindly made the scope and summary findings available for inclusion in our book.

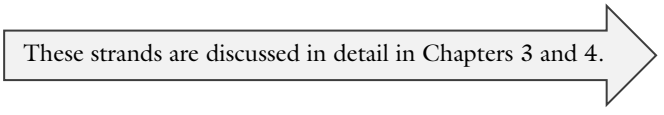


Other data is available, but it is patchy and lacks detail. What information we were able to secure is in Chapter 4.

Our purpose in writing the book was not to undertake further and rigorous research – although additional large studies would be fascinating to see and could do much to inform migratory patterns and support retention of staff within the public sector. We were interested in exploring the potential for more qualitative information regarding what the current picture looked like. What could we discover and how might we go about it?

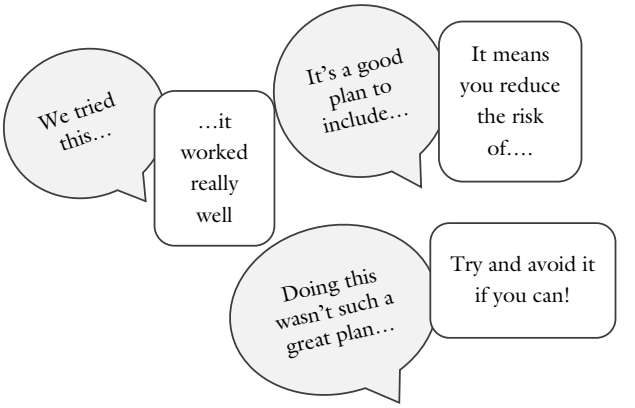
We were interested in finding out about:

A. Employment movement within the profession
B. The 'whys and hows' of buying extra support (over and above an NHS service core offer)
C. Students and independent practice
D. Structures and networks which support IPs



A personal story

The book is a personal story: it's not a recipe book – there are no rights or wrongs and nothing is a given. It's more a question of …



We are immensely proud of being speech and language therapists; we still get a buzz from doing our job but know that for some, the joy of getting up every day and achieving something positive and tangible has gradually been eroded. This is by no means a uni-professional issue, as readers will discover; there are references to a number of other professions at various points throughout the book.

Knowing that one aspect (and that could be *any* aspect – neighbour disputes or relationship problems for example) of life isn't going particularly well can start as a niggle which, naturally, we try to address. Sometimes that works and sometimes it doesn't, for whatever reason. Then the niggle becomes an irritant and is present more than it's absent and despite our best efforts, we can't seem to get it under control. Now it's a worry and beginning to spill over into other parts of life. Maybe we feel irritable or anxious, exhausted or 'wound up'.

Some level of tension and stress is part of everyday life. Stress can build resilience and encourage growth. In fact, some stress is motivating and helps us achieve.

So, when does so-called 'normal' stress tip over into a threat to physical or emotional health and well-being? Counsellor Carolyn Stevens offers some valuable insight.

She says that one way to look at this is by thinking of the difference between stress and anxiety. It can be said that stress is our response to a situation which is perceived as threatening (either physically or psychologically) and anxiety is what happens in response to the stress. However, whilst this is an important survival mechanism, anxiety that doesn't calm when the person is out of the challenging or threatening situation can be a threat to well-being. Anxiety

can then become debilitating, impacting life, relationships and the ability to work. It might be triggered by something that reminds the person of a past event, for example, or by an imagined event in the future, i.e. when there is no immediate threat. Carolyn shares this quote with us:

> *Stress is a normal response to a situation or event that feels challenging. It's our body's initial reaction to stressors, such as a demanding job, financial worries or relationship problems. While stress can be uncomfortable, it can also be a positive motivator that helps us to rise to a challenge. However, if stressors persist and become chronic, they can lead to physical and mental health problems, such as headaches, fatigue and depression.*
>
> *On the other hand, anxiety is a set of feelings characterised by excessive fear and worry, even when there is no apparent threat. Unlike stress, anxiety isn't always linked to a specific event or situation. People with anxiety disorders may experience feelings of unease, nervousness or fear that persist and interfere with their daily life.*
>
> www.clinical-partners.co.uk/insights-and-news/anxiety/item/what-is-the-difference-between-stress-and-anxiety [7]

We would suggest, both from our own experience of significant life events and from talking to others, that the anxiety may remain for some time after the stressful situation has resolved. That is certainly something worth knowing in terms of 'the road to recovery'.

From our own personal experience (and this is likely to resonate with most people), stress increases when we either can't effect positive and sustainable change where we are, or we can't see a way out of a particular situation. We have both encountered this in previous lives.

At this point we begin to focus on work-related aspects – the principles could apply to *any* role, any job, anywhere. People develop different survival techniques: collusion, avoidance and sickness, for example.

One way of coping is to just ignore the bits that aren't going well, or the fact that we can't change them (ostrich). This might work in the short-term but longer term we might actually make things worse because we aren't being true to ourselves and doing something – anything – to effect change.

Sandy worked in a team where the leader's style was completely at odds with the vocational nature of the job they were all there to do. Whilst others stood their ground and challenged, resulting in considerable staff turnover, Sandy felt unable to do so and be true to what she really felt. She had recently suffered a family bereavement and was emotionally exhausted. She ended up having a complete breakdown and taking early retirement.

At the other extreme, there is the 'flight' response: we opt to physically distance ourselves from the causes of the stress, either by moving elsewhere …

Hannah worked in the public sector but found her job increasingly unrewarding. She had held out to continue part-time despite the pressure to increase her hours. She felt weighed down with management responsibilities, which included dealing with problems which were just not solvable. Her clinical satisfaction diminished to the point that it was almost non-existent. Hannah wasn't ready to quit the public sector just the job she was doing. She moved to a different role in an unrelated team and, at the time of writing, had begun to combine that role with independent work.

… or by going on sick leave (avoidance) as Jamie did.

I'll be completely honest, the only way I felt I could escape from the pressure and the demands was to just not be there. Initially, it was quite easy to be off for a week and then return – nobody seemed to bother. Now I realise that those absences were probably a cry for help – help which I didn't get until a new manager came along and referred me to occupational health. I wasn't physically ill to begin with, but I think I was in the end. I had trouble sleeping and I let my healthy diet slip. At occupational health, I got to talk to someone but that couldn't change the job I was expected to do. I left and got a post where I could use my skills without the pressure and stress.

In our experience as NHS service managers in our previous lives, frequent sickness absence is a classic cry for help which we ignore at our peril.

Resigning without another job to go to, as Cathy did, is also an event within our own experience. It should most certainly sound alarm bells, loud and clear. Here is her story.

Initially, I think I was in the 'colluding' category. By colluding, I mean that I always seemed to be justifying why I carried on battling.

When I first qualified, I loved work. I was happy and I progressed. Then after several big changes in the Trust, things began to change. It took a while for the changes to impact – it was insidious.

I began to hate work and became more and more stressed. Lots of people were leaving and I felt responsible for the more junior people around me. I had all of the responsibility, but no power to make changes.

I thought I was coping, but my anxiety levels were rising. It opened my eyes to how undervalued I was. I wasn't looked after or ever thanked for what I did. It made me realise that I was killing myself.

With hindsight, I can see that it was almost inevitable that I would go off sick. I was never sick before – it was totally not like me. I was off for some weeks. I hit rock bottom and struggled to do much at all, but it gave me a chance to completely gain perspective. I could see the impact this was having not only on me but my family and friends as well – we were all affected.

I returned to work determined to 'leave work at the door' – there were people in the department who survived by doing that – being able to arrive, do and leave and compartmentalise that part of their life. But I couldn't, it just wasn't in my nature.

I didn't know what I was going to do, but I was lucky that I had support, so I resigned anyway.

We asked Cathy whether she had an exit interview.

I did have but I'm not sure what good it did.

Cathy's story is quite extreme but by no means unique. We asked her what she wished she had known before she resigned.

How deskilled I was becoming. Decision-making was all about capacity – not decisions being made based on what a child needs. I wish I'd known that the world is a big place and that there were so many opportunities out there.

The top five most stressful life events include:

1. Death of a loved one
2. Divorce
3. Moving
4. Major illness or injury
5. Job loss

Between us, during the course of our journey, we have experienced all of these events but have lived to not only tell the tale but to share much positivity.

www.uhhospitals.org/Healthy-at-UH/articles/2015/07/the-top-5-most-stressful-life-events [8]

Our story begins with number 5 on the list.

Enforced change is a completely different ball game.

Redundancy may be in relation to a job role being deemed no longer needed as a result of organisational change.

redundant [adj]: no longer needed or useful; superfluous; unemployed

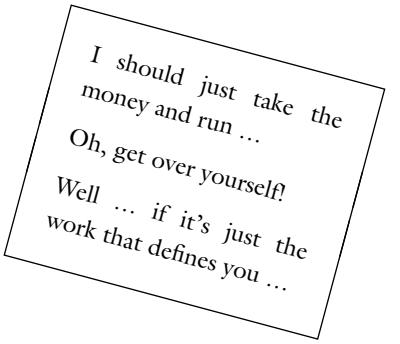
The individual may feel disempowered and undervalued. There will be readers for whom this will resonate.

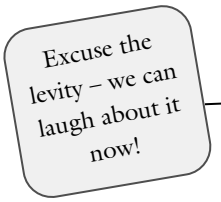
Corporate or institutional change is one thing – the skills of management to manage the change are crucial to its success. In the natural course of events, not everyone will be happy with the change and team members may fall by the wayside.

We didn't *choose* to change, so it could hardly be seen as a positive thing – particularly at the outset – but we did have a choice as to whether our *response* was positive or not.

The secret of change is to focus all of your energy not on fighting the old, but on building the new. – Socrates

Oh, how true – if only we had known and believed it at the time. Looking back now on how hard we (and colleagues in the same position) initially fought to *not* be made redundant, brings a rueful smile – but also makes us cringe. Perhaps the fight was more about the impact on our feelings of value and self-worth and far less about what we would do to make a living.

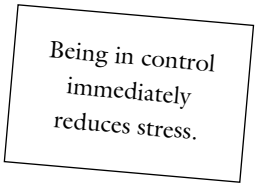




However, some changes are not so much pre-conceived, planned and implemented (or in our case 'executed'), but rather they are insidious. Over time, things shift and slide and there is a gradual awakening to the fact that the job has somehow changed. Perhaps it becomes more difficult to deploy knowledge and skills to their best effect. Depleted resources and huge demand place heavy burdens on the workforce – and sometimes things become unsustainable.

Regardless of the reasons for change, which as we know can be many and varied, there are really only two key principles which apply.

Be in charge of the change and plan accordingly.



1. **Where do my skills and talents (and any qualifications) lie?**
   It isn't unheard of for people to make a *complete* (i.e. career) change. We know of a number of people now working out of the speech and language therapy world (counsellors, nurses and at least one ex-therapist now happily employed in sales).

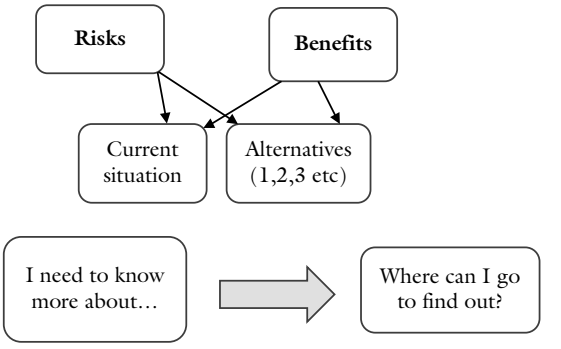
   It may be that a hobby or interest has the potential to be a realistic source of income. However, for the majority of people who are working their way through this opening chapter, staying with what they know, have trained hard to achieve and probably used to very much enjoy, is what they would want to explore first.

2. **If I stay in the profession (whether it be speech and language therapy or any of a number of other professions), what are the employment options?**
   - Continue in the public sector: NHS, local authority (LA) or higher education institute (HEI) for example
   - Become directly employed by a setting. A school or a chain of care homes for example
   - Become directly employed by a private or third-sector company delivering speech and language therapy (or other) services
   - Become self-employed and work as a sole trader (including working as a sub-contractor to a larger company)

Self-employment is the focus of our journey, but we discuss examples of various other configurations.

Find out much more about the various business models in Chapter 5

3. **What are the pros and cons?**



Sounds simple? Well – not exactly simple, but it certainly doesn't need to be complicated!

Beginning our journey

Before we set out on that journey, we want to talk a little bit about our working lives before and leading up to the change. As with everyone, experiences and opportunities have shaped us and equipped us to make significant changes resulting in personal and professional pride and satisfaction.

The point to take from our stories is that we are not extraordinary people; we are essentially no different from anyone else. We took a different path because we *had to* and grew into our new roles over time. We all have skills and talents – we just need to recognise them. We all have the power to effect change for ourselves if we really want to.

Once upon a time in 2011/12, we were senior managers in the NHS … and then we weren't. As a result of one restructure too far, we were both made redundant and were faced with the challenge of what on earth we were going to do.

Jo's story

I was 16 years old, being asked what 'A' levels I wanted to do and really had no clue about what career path I would choose. One day on my return from school, my mum told me about a radio programme she had heard which featured a speech therapist.

It sounded intriguing, and so I investigated a little more and arranged to spend time with a couple of speech and language therapists, one of whom was working with laryngectomee – who turned out to be an old friend of my grandfather.

This gentleman was able to use his dynavox (external/artificial larynx) to tell me what a difference speech and language therapy was making to his life. That was such a powerful moment – I can visualise it as clearly now as all those years ago. I knew from that moment on that I wanted to help people who couldn't communicate to be able to express themselves, and the rest is history as they say.

Graduating in 1987, I began in a mixed post with a few special schools 'thrown in'. One special school I was expected to manage was a residential and day school for pupils aged 2 to 19 with visual impairment. The campus was about two miles from one side to the other and I had to cover all of this on a Friday afternoon!

Clinic sessions were daunting, clients were selected from a 'cardex' (a draw full of handwritten cards) and you literally took whoever's card came next – be it an adult stroke client or a preschool stammerer. Variety is the spice of life but, as a new graduate, it was hard to feel like I had the skills to manage cases as diverse as those I was coming across. As luck would have it, there were some amazing therapists in that team who took me under their wing and made me feel that I could ask questions. Formal supervision was not a 'thing' and as far as I can recall there were no competencies to be evidenced and signed off.

Awareness of Speech and Language Therapy (SLT or SaLT) as a profession was on the increase and as a result so were caseload sizes. A couple of years after I began work, a new trend was emerging where focussed teams were set up to develop approaches and systems which would manage specific client groups more effectively and with better outcomes.

In my department, the first teams were simply paediatric, adult and an ALD (adults with learning disabilities) team. It was time to make a choice, and despite having graduated thinking adults were my happy place, I actually chose paediatrics. This was due in large part to the fact I was better able to access support from team members who also worked with children, and I rarely saw anyone else who worked with adults during my working week. Caseloads were on the rise, and the development of group treatment approaches was being seen as a way to enable easier access to services as well as an effective way to treat children with similar difficulties. There was very little in the way of evidence-based practice, but we could *see* it was working in terms of better outcomes for the children, better engagement with the parents and better throughput of caseload.

A group coordinators post was created, and I jumped at the chance to develop this side of the service even more. I think this is when I began to realise that I enjoy ensuring the systems and structures are right, just as much as I enjoy working with the clients. Naturally, my enthusiasm for organising and managing led me into team leader type roles and eventually to become the manager of a large mixed service in the NHS. With the support and encouragement of an operational manager within the trust, I studied for a Master's in Leadership for Health Service Improvement.

As the NHS was reorganised again and again, the mixed service I managed was split up across different trusts and my role began to morph into something almost exclusively managerial. It was a battle to maintain half a day per week of clinical work, and at one point towards the end of my time in the NHS, I had to keep my clinical work secret from a (non-speech and language therapy) line manager who could not understand the attraction of continuing to hold a clinical caseload as she herself had given up working with clients at the earliest opportunity.

It was an absolute privilege to learn about and manage other professions, but I felt like a fraud – what did I know about the clinical issues facing my colleagues in children's palliative care for example? The mantra of the senior management was that if you could manage one service you could manage any service. The emphasis within the Trust at that time was on everything and anything except the patients, and my enthusiasm for the corporate culture and the constant changes waned. I couldn't really hide my lack of interest in 'dashboards' and 'RAG ratings',