

Supporting SLTs with disabilities in the workplace: case studies

Case study 1: return to work

Abbie had been off sick for six months with anxiety and depression. Now she was feeling stronger, she had agreed with her GP and social worker that she was ready to start planning a return to work. Her line manager had kept up contact with her and was pleased she was ready to come back to work. She referred Abbie to occupational health and asked her to have a think about what clinical work she wanted to resume and what she wanted to put down.

The appointment with the doctor at occupational health was helpful. She suggested a phased return and thought it might be helpful for Abbie to write something for her manager explaining what triggers her anxiety/depression and what colleagues may notice if she is becoming unwell again.

Abbie and her social worker thought this was a good idea and set about creating a 'staying well at work plan'. They also included what Abbie might find

helpful if she was struggling and who she was happy for her manager to contact if she was concerned.

Alongside this Abbie was building up to going into work. She asked to have a meeting with her line manager away from the office to start with, but they planned that the next one would be at the health centre. It felt really strange and scary walking into the office again. Abbie was feeling embarrassed and concerned about what her colleagues might be thinking of her, but she took a deep breath and pushed the door open.

It was quite a relief that there were not too many people around and one of the admin team that she got on well with smiled and said how lovely it was to see her. She had already told her manager that it would be helpful if people didn't keep asking her how she was – the last thing she needed when she was having a wobble was someone being sympathetic and making her cry.

During the meeting, Abbie and her line manager agreed on a date for Abbie to start work and the reduced hours she would work – she would start working two shorter days a week and gradually build up. The first couple of weeks would be office-based,

catching up on her caseload and planning appointments before starting to see the children again. They planned for Abbie to work with a colleague running some language groups to help build up her confidence. The occupational health doctor had also suggested that Abbie have 1:1 supervision for the first few months to discuss any issues, and her manager had lined up someone to be Abbie's supervisor.

The first week back was really hard and Abbie was relieved when 2pm arrived and she could go home. She was exhausted catching up with friends at work and trying to manage her feelings about her caseload and the ongoing re-structuring. She needed to remember to be kind to herself and practise self-care.

It was really helpful to chat to her social worker as well and be reminded of how far she had already come. It soon got better though, and once she was working with the children again her confidence grew. She noticed how she had been able to offer advice to a teacher and quickly thought of some activities to help a child with their listening comprehension. It was encouraging to realise that she had not forgotten all her skills and knowledge. Of course, there were good days and bad days but a friend pointed out that this is

normal and anyone would feel stressed by a difficult phone call with a parent.

Six months on, Abbie was enjoying work again. She was working four days a week which suited her and gave her time to recharge at the weekends. She still needed support to not take on too much and reassurance that she was doing a good job. She had re-joined her supervision group and felt relieved that she was not the only one feeling stressed by the changes in the way they were working.

Case study 2: Student placement

As pointed out by the RCSLT, colleagues and students with a disability can bring valuable lived experiences and understanding to their learning, practice and workplace. As I live with a life-changing disability I am constantly learning about how to adapt to the environment around me and how to request environmental changes to suit my needs.

Having a disability has developed my assertiveness skills and enhanced the way in which I interact with the world. I view the landscape ahead of me differently from that of an able-bodied person. I

notice inconsistencies in the arrangement and planning of the environment and schedules. There can often be a better way. I find I risk assess situations where often the potential risks I see could be a risk averted for many.

With a learning support plan from the university in place, I felt well supported as I embarked on a summer placement. I was thrilled to have a place at a local teaching hospital on an acute adult ward working with patients with dysphagia, and in two outpatient clinics, working with people with head and neck cancer and voice problems.

Before I started the placement, a hospital placement coordinator liaised with me knowing details of my learning support plan. Together we created a feasible programme. I knew that I would not manage to be on my feet all day, nor would I be able to walk long distances.

I spread my five-day placement over three weeks; three days in the first week consisting of one full day, a half day, another full day followed by a rest day and then a half day. In the second and third week I carried out a full day on each Tuesday. This was following a particular voice outpatients clinic. I actually really

appreciated spreading these sessions over two weeks, as I was able to see the same patients and the developments after seven days of practice and how the therapist progresses patients on and/or steps down exercises for those in need. Of course, I had a dialogue with my practice educator and I accommodated the speech and language therapy team's needs as well. The staff had varied work patterns and particular days were more suitable for the team than others. There was a mutual benefit to the arrangement.

On arrival at the hospital, I was struck by the building. It was built at the turn of last century and continues to function with this original configuration. There were lots of long corridors and staircases to climb with lifts in unintuitive places. Of course, I would not be the only one to struggle with this layout.

The hospital had placed folding chairs along the corridor walls to be used by patients as and when as an interim improvement. I understand that there are plans for a new hospital building so there is a reluctance to invest in the current building. I certainly used these chairs for rest breaks as I went to the wards from the speech and language therapy department and back. While I was on the ward my

practice educator ensured there was a chair for me to utilise and while I was in the outpatient clinics, I was happily sat in the therapy room.

I had an incredibly rich experience on placement and am grateful for this opportunity. By disclosing my needs and limitations a suitable programme was put in place with reasonable adjustments. I certainly did not have a lessened experience.