A white line-art illustration of a city skyline with various buildings of different heights and shapes, located in the lower half of the page.

# SLTs on the tight rope:

**Learning from the experiences of disabled SLTs in the workplace**

APRIL 2025

# Contents

<b>Executive summary</b>	<b>1</b>
<b>Glossary</b>	<b>4</b>
<b>Background</b>	<b>5</b>
<b>Methodology</b>	<b>6</b>
<b>Findings</b>	<b>7</b>
Description of sample	7
Overview of the findings	8
1 The individual level	9
2 The collective level	14
3 The systemic level	23
<b>Discussion</b>	<b>37</b>
<b>Recommendations</b>	<b>39</b>
<b>Conclusion</b>	<b>40</b>
<b>Acknowledgements</b>	<b>41</b>
<b>References</b>	<b>42</b>
<b>Annex 1: Disability in the workplace survey</b>	<b>44</b>
<b>Annex 2: Detailed description of the sample</b>	<b>52</b>

# Executive summary



“I want people to know that my experience as a disabled person adds to, enriches and informs who I am as a therapist.”

**The Royal College of Speech and Language Therapists (RCSLT) conducted a survey in 2023 to explore the experiences of disabled speech and language therapists (SLTs) within the workplace.**

The insights gathered reveal a complex landscape characterised by both challenges and opportunities, highlighting the urgent need for system-wide changes to promote inclusivity and support for disabled SLTs. This report presents, in their own words, what 254 SLTs with a range of disabilities told researchers about their experiences.

Key findings indicate that approximately half of disabled SLTs reported encountering discrimination. About one-third reported that their requests for reasonable adjustments had been denied. Additionally, SLT students experienced similar negative encounters, with one in three reporting negative experience or discrimination during placements. Despite these challenges, many participants expressed pride in their background and value in their experiences, stating that their disabilities enrich their practice and enhance their empathy towards clients.

**The report categorises findings into three levels: individual, collective and systemic.**

At the individual level, SLTs described a balancing act between asserting their value and meeting their needs, often feeling the pressure to mask their disabilities in order to avoid stigma. Many respondents articulated the importance of their lived experiences, which they believe contribute positively to their roles as therapists. However, they also expressed vulnerability in navigating workplace environments and expectations.

At the collective level, the role of colleagues and managers emerged as critical in shaping experiences. Supportive managers were associated with positive workplace experiences, while unsupportive attitudes contributed to feelings of discrimination and frustration. Colleagues who were understanding and accommodating helped foster an inclusive environment, whereas negative behaviours and ableist comments exacerbated feelings of isolation.

At the systemic level, the report outlines several barriers faced by disabled SLTs, including rigid workplace policies and a high-pressure work culture that often deprioritises necessary adjustments. The current work environment can lead to burnout and a sense of inadequacy among disabled SLTs, who feel they are not supported enough in managing their health and well-being alongside their professional responsibilities.

# Recommendations

---

## FOR HEALTHCARE SYSTEMS AND GOVERNMENTS

- Address cultural issues within the healthcare system that contribute to discrimination and overlook the necessity for reasonable adjustments. Implement a fast-tracked process for approving reasonable adjustments and ensure they are well-provisioned in speech and language therapy service budgets.
- Promote an inclusive work culture that values the contributions of disabled SLTs, recognising their insights as beneficial to the development of the profession.

## FOR MANAGERS

- Actively engage with disabled colleagues to understand their needs and provide appropriate support. Establish regular check-ins to create an open, efficient and trust-built dialogue about adjustments and well-being.
- Promote a culture of inclusivity by setting clear expectations and fostering an environment where all employees feel safe to disclose their needs without fear of discrimination.

## FOR DISABLED SLTs AND STUDENTS

- Learn about the policies, services and resources that promote the rights and growth of disabled employees and students, such as the Equality Act 2010, Access to Work scheme, and RCSLT guidance on supporting SLTs with disabilities in the workplace.
- Join peer-support networks, like the RCSLT Disability Working Group, which provide a safe space to meet colleagues with similar experiences and share experiences and resources promoting self-empowerment and advocacy.

## FOR COLLEAGUES AND ALLIES

- Create a supportive network among colleagues, fostering an environment of understanding and acceptance. Encourage open discussions about disability, discuss and pro-actively implement strategies that can help colleagues thrive in their roles.

## FOR THE RCSLT

- Promote and update guidelines to advance disability inclusion in the profession. Further develop and increase awareness of available resources and best practice to better support disabled SLTs and students.
- Continue to support the RCSLT Disability Working Group. This provides a valuable platform and network for disabled SLTs and allies to learn from one another and share experiences, resources and tips; as well as contributing to projects aimed at promoting a more inclusive speech and language therapy profession.

## FOR UNIVERSITIES

- Enhance support for disabled SLT students, to ensure they are equipped to navigate their placements, assessments and new professional environments. Implement mechanisms to better coordinate support and promote equitable chances for disabled SLTs to learn and develop their new professional identity.

## Conclusion

**This report underscores the pressing need for concerted efforts to improve the experiences of disabled SLTs within the healthcare system.**

By implementing the recommendations outlined, stakeholders can cultivate a more inclusive and supportive environment that

not only benefits SLTs, but also enhances the quality of care provided to clients. The commitment to fostering inclusive practices is essential for the growth and sustainability of the speech and language therapy profession and, ultimately, for the well-being of the communities it serves.



# Glossary

## **Access to Work**

Access to Work is a government-funded programme designed to help individuals with disabilities or health conditions start or stay in work. It provides practical and financial support tailored to the individual's needs, such as grants for specialist equipment, adaptations to the workplace, and assistance with travel costs. This initiative aims to ensure that everyone has equal opportunities to succeed in the workplace (Government UK, 2023).

## **Disability**

According to the UN Convention on the Rights of Persons with Disabilities (UNCRPD), disability “results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others”. Persons with disabilities include those “who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.” (United Nations, 2006).

Disability is a complex construct influenced by historical, cultural and political factors. Many conceptual models on disability exist, such as the charity model of disability, the medical model of disability, the bio-psycho-social model of disability, or the social model of disability. In this report, the researchers followed the human-rights conceptualisation of disability as elaborated in the UNCRPD. They endeavoured to use positive and respectful language, and actively sought advice and enquired about the preferences of SLTs with lived experience of disability; and this was reflected in the writing of this report.

For more information, see the section “How is disability defined?” of the RCSLT report on supporting SLTs with disabilities in the workplace.

## **Ecological framework**

An ecological framework is a theoretical approach used to understand the complex interactions between individuals and their environments. It considers multiple levels of influence, including at the individual, collective and systemic levels. In this report, the researchers used an ecological framework to reach a more nuanced and comprehensive understanding of the experiences of disabled SLTs in the workplace.

## **Intersectionality**

Intersectionality refers to “the ways in which systems of inequality based on gender, race, ethnicity, sexual orientation, gender identity, disability, class and other forms of discrimination intersect to create unique dynamics and effects” (Center for Intersectional Justice, 2024). It highlights how the various aspects of a person's identity do not exist independently but are interwoven, influencing how individuals experience systemic oppression and inequality. Mixed Methods – Mixed methods combines qualitative and quantitative data to answer a research question. The survey used to elicit disabled SLTs' experiences collected both types of data, which have been integrated in the analysis and are reported the findings.

## **Reasonable adjustments**

Under the Equality Act 2010 and UK legislation, employers and education providers have a duty to make reasonable adjustments to ensure that disabled people are not substantially disadvantaged when doing their jobs or accessing education opportunities. Reasonable adjustments can include changes to the workplace and work expectations based on the employee's specific needs, such as adapting a recruitment process, making physical changes to the workplace, or allowing employees to do things differently to protect their health and well-being.

## **Reflexive thematic analysis**

Reflexive thematic analysis is a qualitative research method used to identify, analyse, and interpret patterns of meaning (or themes) in the data. Unlike other forms of thematic analysis, it emphasises the researcher's active role in the process, acknowledging that their background, perspectives and reflexivity influence the analysis. The researcher engages deeply with the data, leading to a rich and nuanced understanding of the research topic (Braun & Clarke, 2022, 2023).

## **Transformative research**

This project was grounded in the transformative research paradigm, which recognises the importance of engaging the marginalised members of our communities in ways that amplify their voices, value their knowledge and address power inequities (Mertens, 2007, 2021; Sweetman et al., 2010). This research paradigm has already been used to build evidence with minority groups in the field of speech and language therapy (Gréaux et al., 2024).

# Background

Recruiting and retaining (allied) healthcare workforces who are representative of the diversity of the communities they serve are strong mechanisms to drive equity, social justice, sustainability and transformation (Wilbur et al., 2020; World Health Organization, 2022). However, the speech and language therapy workforce lacks diversity and this crosscuts different contexts and dimensions of intersectionality. In the UK, a survey conducted by the Royal College of Speech and Language Therapists (RCSLT) identified the overrepresentation of women (95%) and white people (83%) and the underrepresentation of individuals coming from low participation neighbourhoods in undergraduate speech and language therapy programmes when compared to UK students in other programmes (Royal College of Speech and Language Therapists, 2023). A report from the Health and Care Professions Council (HCPC) indicates that SLTs registered in the UK have the highest proportion of females (95%) compared to other healthcare professions (Health & Care Professions Council, 2023), which in itself is not representative of the 51% of women who make up the population in England and Wales (Office for National Statistics, 2022).

There has been increasing recognition of issues of diversity and inclusion in the speech and language therapy profession globally, with a growing focus on the workforce itself. Research has started to shed light on the experiences of some marginalised groups within the speech and language therapy workforce. This emerging body of evidence has mostly focused on therapists with linguistically and culturally diverse backgrounds, on race and on the gender disparities that exist in the workforce. However, little research has considered the experiences of disabled SLTs (Gréaux et al., 2024).

The RCSLT, the professional body for SLTs in the United Kingdom, has taken an active role to progress this agenda and support disabled SLTs in the UK. Most notably, the RCSLT set up a working group for disabled members in 2020 and published guidance on supporting disabled SLTs in the workplace in October 2021 (Royal College of Speech and Language Therapists, 2021). Following the publication of this guidance, the RCSLT Disability Working Group identified the need to collect more data to better understand the experiences of disabled members of the speech and language therapy community in the UK.



Given the lack of evidence on this topic, the RCSLT, in close collaboration with the working group, designed a survey to gather the evidence needed on the experiences and perspectives of disabled SLTs. This report aims to share the findings of the survey and provide recommendations to promote disability inclusion for the speech and language therapy workforce.

# Methodology

The RCSLT Disability Working Group designed an online survey to explore the experiences and perspectives of members of the speech and language therapy workforce on issues of disability inclusion. It comprised four sections:

- Demographic information
- The experiences of SLT participants who disclosed a disability
- The experiences of SLT students on their clinical placements
- The experiences of SLTs with and without disabilities on managing, working or studying with a colleague with a disability

Annex 1 shows the survey template. The survey was hosted on Survey Monkey and distributed by the RCSLT through its social media channels, member newsletters and member online fora from 26 April to 26 May 2023.

The researchers followed a concurrent transformative mixed methods analytical approach. This project was grounded in the Transformative Research paradigm, which recognises the importance of engaging the marginalised members of our communities in ways that amplify their voices, value their knowledge and address power inequities (Mertens, 2007, 2021; Sweetman et al., 2010). Two simultaneous analytical approaches were conducted to address the needs of this project and are integrated in this final report (see table 1).

**Table 1: The analytical approaches conducted to address the needs of the project**

GUIDING RESEARCH QUESTION	ANALYTICAL APPROACHES
What are the experiences of disabled members of the speech and language therapy workforce in the UK?	<ul style="list-style-type: none"><li>• Descriptive statistics (counts and frequencies)</li><li>• Reflexive thematic analysis (Braun &amp; Clarke, 2022)</li></ul>



# Findings

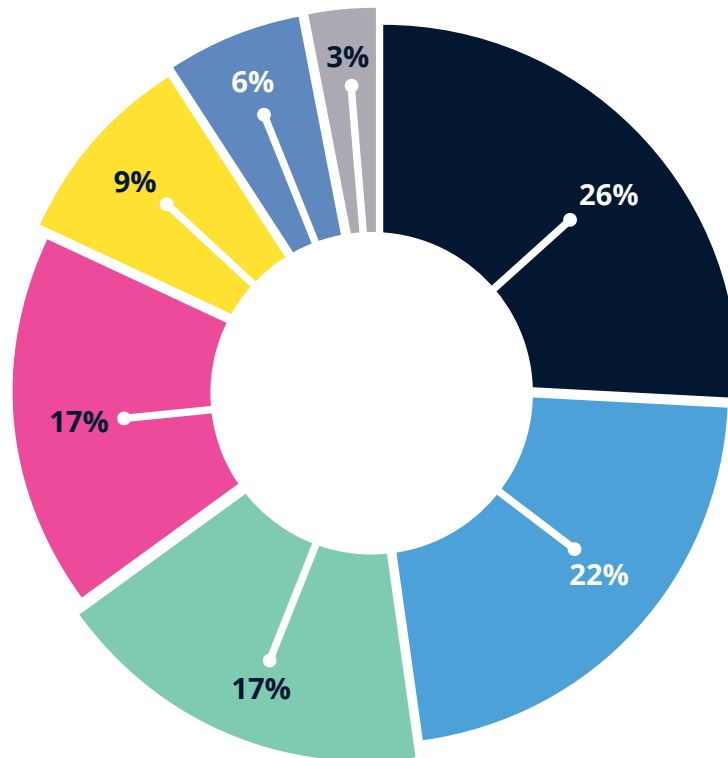
## Description of sample

Of the 407 potential respondents who started the survey, the total eligible sample for analysis was comprised of 357 individuals<sup>1</sup>. Among this eligible sample, 71% disclosed having a disability (n=254) and 29% no disability (n=103).

The 254 SLTs who disclosed having a disability most commonly reported: a specific learning difficulty, such as dyslexia, dyspraxia or attention deficit hyperactivity disorder (ADHD) (26%); a mental health condition, such as depression, schizophrenia or anxiety disorder (22%); a physical impairment or mobility difficulty (17%); or a long-standing illness or health condition, such as cancer, human immunodeficiency virus (HIV), diabetes, chronic heart disease and epilepsy (17%).

Less commonly, respondents reported a social or communication difference (9%) or a vision or hearing sensory difficulty (3%). See Figure 1.

**Figure 1.** Description of disabilities for respondents who disclosed a disability



- 26 %** A specific learning difficulty such as dyslexia, dyspraxia, or ADHD
- 22 %** A mental health condition, such as depression, schizophrenia, or anxiety disorder
- 17 %** A physical impairment or mobility difficulty
- 17 %** A long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy
- 9 %** A social or communication difference
- 6 %** Other
- 3 %** Deaf or a serious hearing difficulty and blind or serious visual difficulty uncorrected by glasses

<sup>1</sup> Eligibility means that the respondents fulfilled the following criteria: they provided consent, disclosed having a disability or not and provided at least one additional non-demographic data point to be included in the analyses.

Most disabled respondents were SLTs with 0-5 years of clinical experience (n=83; 32.7%), whereas most non-disabled respondents were SLTs with 6-15 years of clinical experience (n=33; 32.0%).

There was a higher proportion of respondents without a disability occupying NHS manager or team leader roles (n=18; 17.5%) than disabled respondents (n=18; 7.1%).

More disabled respondents reported being self-employed (n=11; 4.3%) than those without a disability (n=2; 1.9%).

Most respondents reported working full time, including disabled participants (n=163; 64.2%) and those without a disability (n=64; 62.1%).

More than half of the participants reported working in a paediatric area of the profession, including those with a disability (n=148; 58.3%) and those without a disability (n=67; 65.0%).

The distribution of the sample across the other areas of the profession was fairly comparable between respondents with and without a disability.

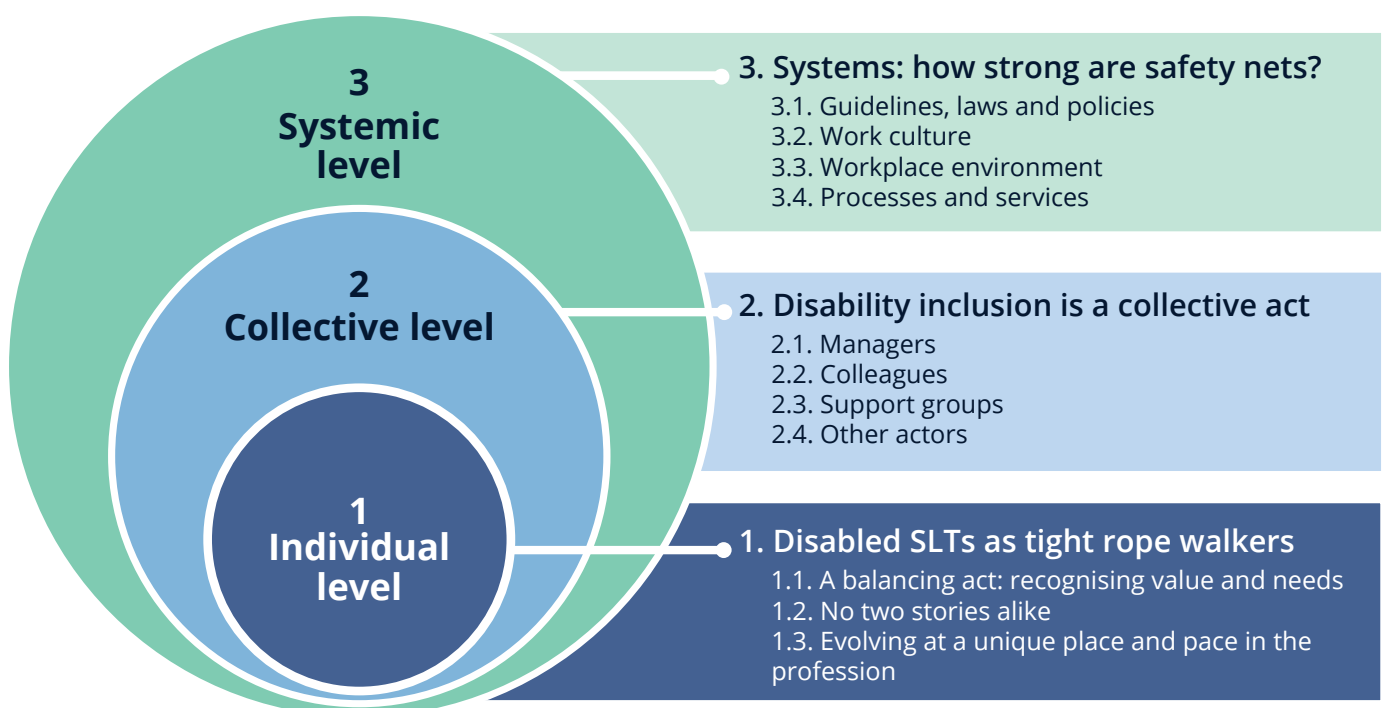
Alongside qualified SLTs, 32 disabled speech and language therapy students (12.6%) and 5 non-disabled students (4.9%) also completed the survey. See annex 2.

## Overview of findings

The report unpacks the experiences of being a disabled SLT in the workplace through the analogy of a tight rope walker. This analogy helps to expand beyond a simple narrative of “positive and negative” experiences to include the concepts of vulnerability, humanity and skillset that are central to participants’ answers and could enable a more complex and nuanced understanding of disability inclusion.

Researchers used an ecological framework to explore disabled SLTs’ experiences at the levels of the individual, the collective and the system (see Figure 2).

**Figure 2.** The ecological framework



# The individual level


---

Many disabled SLTs told the researchers about their experiences at the individual level. Three sub-themes were developed:


## 1.1 A balancing act: recognising value and needs

Many respondents valued their lived experience of disability, because it enriched their knowledge, expertise and practices as SLTs. They expressed being “proud”, “exceptional at work”, “an asset”, “having a lot to offer” and providing “valuable services” in their disability-oriented profession. For example, neurodivergent therapists mentioned using unique “hyper-focus”, “analytical thinking” or “solving complex problems” in their daily work. They also expressed that having the lived experience meant they could empathise and develop strong, positive and psychologically safe relationships with their clients.

 “I want people to know that my experience as a disabled person adds to, enriches and informs who I am as a therapist.” (#336)

 “Not only is it something that I’m proud of having because of everything it has made me become, but it’s also a great tool that I have learned to use as my strength, despite it bringing so many weaknesses. I wanted to show that my disability does not take away from me being a great SLT [...]” (#50)

Simultaneously, disabled SLTs also reported certain needs associated with their difference, health condition or disability, but felt their work environment and conditions often did not consider these needs. As a consequence, they expressed that functioning well in the workplace felt more effortful than for their colleagues without a disability – as if disabled SLTs were on a tight rope “having to work twice as hard” to stay in balance and cautiously moving and overly drawing on internal strength and resilience.

 “I look as if I function normally, I act like I do. But in reality, I’m having to work twice as hard [...]” (#50)

It is at this intersection of core value and needs that an acute sense of vulnerability emerged in disabled SLTs’ discourse. This sense of vulnerability could influence their strategies to navigate their identity and manage needs in the workplace. While most disabled SLTs reported feeling able to discuss disability at work (see figure 3), many also expressed carefully weighing pros and cons before disclosing their disability (see box 1).

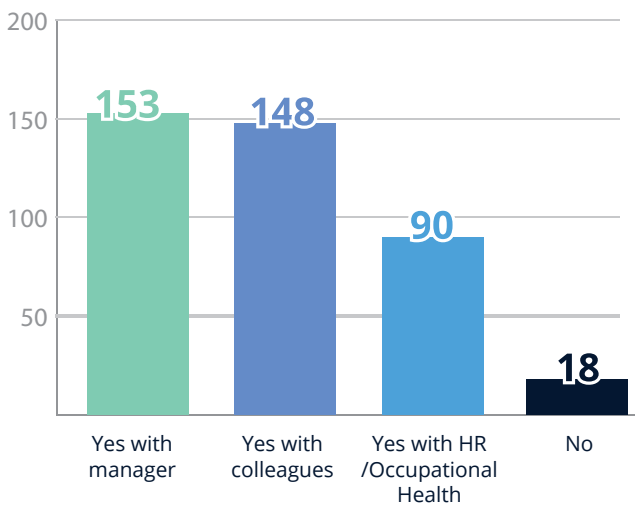
“Hiding” or “masking” their disability could be a protective mechanism against ableism, even if the consequence could be the missed opportunity to access formal support. This was particularly salient in the discourse of SLTs who reported being worried “that I will be told I am not competent to do the job” or being seen as “inconvenient” or “less than”, and especially when their difference could directly impact their communication, interaction style or mental health, hence risking to conflict with a collective image of who would be regarded as a “good” or “competent” SLT.

“I also am scared of being vulnerable and I do not want my weaknesses to be used against me.” (#51)

“Personally I have not disclosed about my social anxiety, which can affect my communication, as I do not want to be seen as an incompet[e]nt therapist. I do mask it. It seems a bit contradictory to have a speech therapist with social anxiety!” (#261)

**Figure 3.** Respondents’ comfort to disclosing their disability at work

Do you feel able to discuss your disability at work?



Nearly three-quarters of participants (73.9%) reported feeling able to discuss their disability with their managers. Slightly fewer (71.5%) felt able to do so with their colleagues. Less than half of respondents (43.5%) indicated feeling able to discuss their disability with human resources or occupational health.

## BOX 1.

### A closer look at disabled SLTs' views around disclosing their disability

Speech and language therapists expressed different views and experiences of disclosing their disability. Some reported a sense of responsibility to disclose to their employer, while others felt like it was an “unfair” expectation that could have a negative impact on their well-being and damage their career. Thus, many respondents advocated for having more control over disclosing – or not – and for their choice to be respected. Importantly, a few respondents explained that their choice not to disclose was often because of a previous bad experience doing so and being discriminated against. In this way it can be more indicative of unsafe environments than reflective of how SLTs want to identify as with regards to their disability at work.

“My current PEs [practice educators] are both really lovely and professional – a credit to the profession – and I am sure that they would be nothing but understanding if I disclosed my health concerns, but I have chosen not to due to previous bad experiences disclosing health concerns.” (#25)

“[...] people with health conditions do not have a duty to discuss these with colleagues if they don't wish to – if someone is having time off then it is being managed by someone and no-one else has a right to know the details or make a judgment about the frequency/amount.” (#323)

## 1.2 No two stories alike


Disabled SLTs shared being a highly heterogeneous group with rich, diverse and complex experiences and needs. They largely advocated for the need to move beyond labels and reductionist views of their experiences. They reported multiple factors, which were expressed as often under recognised, but yet essential to inform a more nuanced appreciation of their experiences of disability.


Researchers identified four key factors:

- **visibility**
- **intersectionality**
- **changes over time**
- **introspection**

## Visibility


Many respondents described their disability as either “visible” or “invisible” and reflected on how this was associated with different experiences in the workplace. For example, it impacted upon how much control they had over disclosing their disability, how safe they might feel in the workplace and how much support they might receive. Respondents with a more “visible” disability (such as a physical disability) often expressed lacking control over sharing their disability in the workplace or feeling hurt by others’ comments and intrusive questions. They also said they may benefit from more understanding from others regarding their needs. Respondents with a more “invisible” disability (such as a learning disability, a communication difference or a sensory difficulty) indicated they might have more control over disclosing their disability, but often reported feeling unsafe to do so, misunderstood, facing stigma and discrimination, and having to overcompensate in the workplace.

 “It’s an invisible disability and I function or can pass as functioning within normal limits most of the time. So it can be a shock for others to hear about it and challenging for them to understand [...]” (#131)

 “As I have compensatory strategies in place to help with me work well in work, people do not believe I am dyslexic as I am able to work well and effectively. This has caused issues with getting equipment and the right support in work ...” (#42)

## Intersectionality


Disabled SLTs elaborated on the under-recognised issues of intersectionality to develop more nuanced narratives around their experiences. Most notably, respondents referred to other facets of their identities that can be associated with discrimination (such as race) or having multiple disabilities and how multifaceted positionalities often led to complex layers of discrimination in the workplace.

 “It’s an invisible disability and I function or can pass as functioning within “I also see that people of colour who are disabled have a harder time than me (white).” (#308)

## Changes over time


Disabled SLTs also expressed how their experience of disability and the impact of their disability fluctuates over time and that this was often overlooked. For example, SLTs could have experienced disability throughout their lives or they may have experienced disability only later during the course of their professional journey. Their needs may also vary significantly from day-to-day, month-to-month or year-to-year, depending on their condition. Thus, SLTs with a disability reported the importance of their disability not being viewed as a static status or permanent set of abilities, but rather as an evolving and flowing experience. They often expressed that people and systems in the workplace do not often view disability as a dynamic construct, which was perceived as a key barrier to their inclusion.

 “My abilities can be variable, but expected to move at same ability each day.” (#185)

 “I have found it harder as sometimes my disabilities have opposing needs so what I might need one day, I won’t need another. I sometimes think people think I’m lying.” (#198)

## Introspection


Disabled SLTs expressed varied levels of self-awareness, perception and knowledge about their own identities and needs. For example, some knew their needs and the strategies that could support their inclusion in the workplace very well, while others were still finding their way around this. Respondents often reported that they faced assumptions from others that they should be the “experts” into their own disability, that they should know what works for them and articulate these needs. However, many respondents expressed that this was not always the case, especially for those who had recently acquired a health condition, who were late diagnosed, whose condition could affect their processing or whose needs had evolved. They reported that being attuned to one’s needs does not come instinctively, and that there is often a lot of trial and error and external support needed before identifying the strategies that can help them best manage their health and well-being in the workplace.

 “It is generally assumed that you will just know what adjustments you will need, which isn’t the case particularly for people who are late diagnosed.” (#18)

### 1.3 Evolving at a unique place and pace in the profession

Disabled SLTs said they evolved at a unique place and pace in the profession. On the one hand, they reported a range of views about the place that they navigate in their teams and in the profession at large, either feeling like they occupy the spotlight (being hyper visible) or evolving on the margins of the profession (being invisible). This was largely linked to whether their disability itself was visible to others or how self-assured they felt able to advocate for themselves. More often than not, SLTs expressed that – if they had a choice – evolving on the margins (such as not disclosing or minimising their challenges) was a preferred, safer option to protect themselves from discrimination and afford them more control over managing their needs and experiences in the workplace.

On the other hand, SLTs also expressed how having a disability fundamentally shaped the pace of their career. Many reported facing a slower career progression, accessing fewer opportunities for promotion, having to reduce their work hours, taking career breaks, or even leaving employment in order to maintain their health and well-being. This was often tied to how inclusive their workplace was. For example, if they had to over-compensate to match work performance expectations without any adjustments, their health and well-being could deteriorate and their career temporarily pause as a result. This could cause considerable distress.

 “Working in schools has impacted my well-being significantly and led to burnout. This has meant I have had to leave employment, reduce hours and retrain in a more accessible aspect of speech therapy.” (#325)

# The collective level


Many respondents with disabilities told us about their experiences at the collective level. They reported the fundamental role and impact of others to shape their experiences in the workplace. Four key groups – **managers, colleagues, support groups** and **other actors** – could make SLTs feel safe, included, valued and “stable” in the workplace or set them “off-balance”.


## 2.1 Managers


Many individuals reported that their managers were gatekeepers to receiving meaningful support and had a tremendous impact on their experiences in the workplace, for better or worse. Figure 4 shows respondents’ perceptions of the support offered by their managers. Disabled SLTs who reported having a supportive manager often expressed feeling a sense of safety, well-being and growth in the workplace.

Many mentioned that they valued managers who readily accepted the veracity of their experiences without questions and responded sensitively to their requests to access support. They particularly appreciated managers who took a proactive approach by initiating a discussion about the kind of support that they need. Managers who offered frequent supervision and regular check-ins to discuss how things are going were viewed as supportive.

Respondents valued managers who were approachable, established a culture of clear, open and inclusive communication in the workplace, and promoted the autonomy of all their employees. Importantly, they esteemed managers who respected the confidentiality of their employees’ history and needs, set clear and fair expectations about work responsibilities, and promoted more accountability by reporting discrimination when it occurred or by training their staff to foster disability inclusive attitudes and appropriate support in the workplace. BOX 2 lists more of the positive qualities of managers expressed by disabled SLTs.

 “My manager was very supportive when I was diagnosed with a disability, and I knew I would be supported to take time off if I needed this.” (#78)

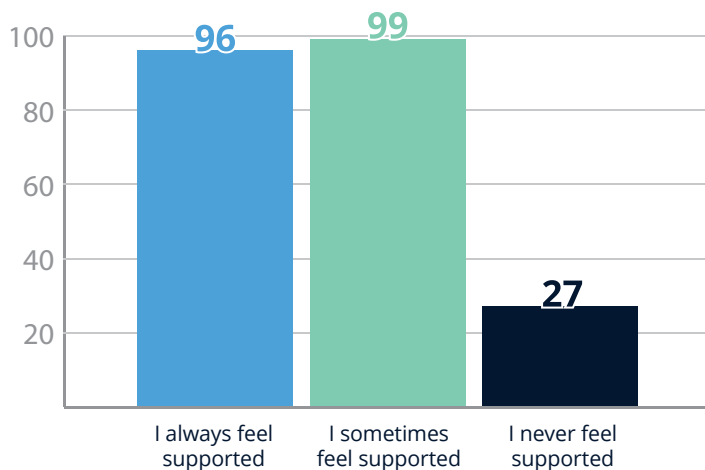
 “My manager is amazing at checking in with me for my mental health and ADHD needs” (#280)

 “One manager in my trust has been open in asking me what is going on and what help I need without making me feel ‘other’ or imposing her own fears and anxieties on the situation.” (#321)



**Figure 4.** Respondents' perceptions of the support offered by their managers

Do you feel supported by your manager with regard to your siur disability?



Most participants responded feeling supported sometimes (44.6%) or always (43.2%) by their managers, while 12.2% of the respondents never felt supported.

However, many respondents also reported negative experiences with their managers that would have a detrimental impact to their health, well-being and self-esteem in the workplace. Some respondents reported facing overt discrimination by their managers. For example, SLTs narrated stories of managers refusing their requests for reasonable adjustments without explanations, making SLTs feel like reasonable adjustments are “doing me a favour” or that SLTs “could do more” to mitigate their disability. According to the respondents, managers’ particularly unhelpful attitudes included not trusting SLTs when they shared their experience, refusing to provide support, not being open to discussions, micromanaging rather than supporting SLTs’ autonomy and being inconsistent with their discourse and support.

Respondents perceived these negative attitudes not as a result of malice, but rather as the result of managers’ lack of confidence and knowledge on how to support them, or lack of awareness about their own managerial responsibilities regarding disability inclusion and the policies to support disability in the workplace. This could result in undue stress for disabled SLTs, potentially leading to burnout or having to work through pain. Figure 5 shows respondents’ perceptions of their managers’ level of understanding.

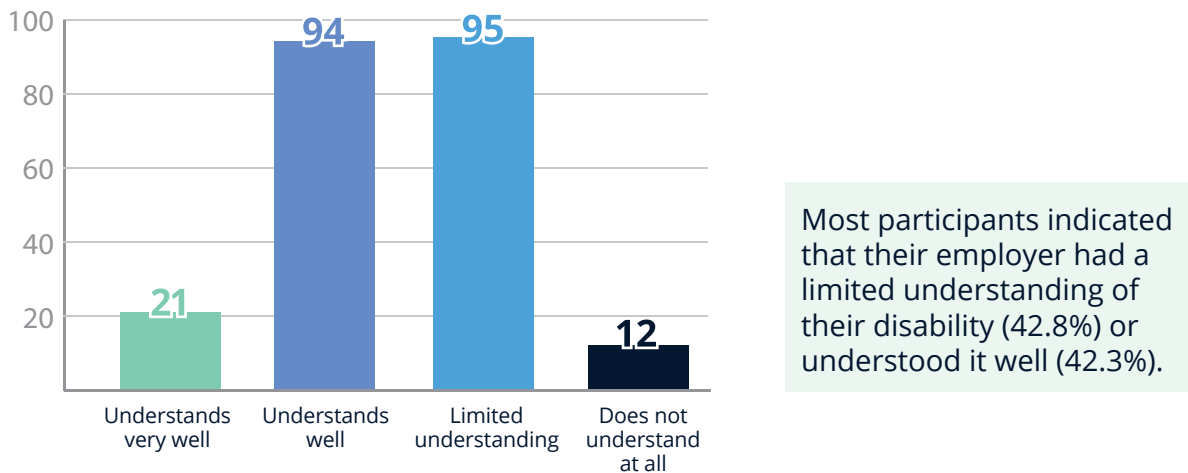
“I feel I need to hide the consequences of my disability the best I can. I am often overlooked for opportunities when my symptoms are more obvious and underhand comments have been made by my line manager about the way I do things differently.” (#44)

“My disability wasn’t considered, my line manager said that “other people have the same conditions and it’s fine as long as they don’t use it as an excuse. I felt so alone and outcast that I ended up leaving the organisation.” (#154)

“My managers are scared to discuss disability and don’t take into account how certain processes can be ableist, e.g. hot-desking with no ability to book a desk in advance for an autistic or disabled person where the uncertainty is problematic” (#205)

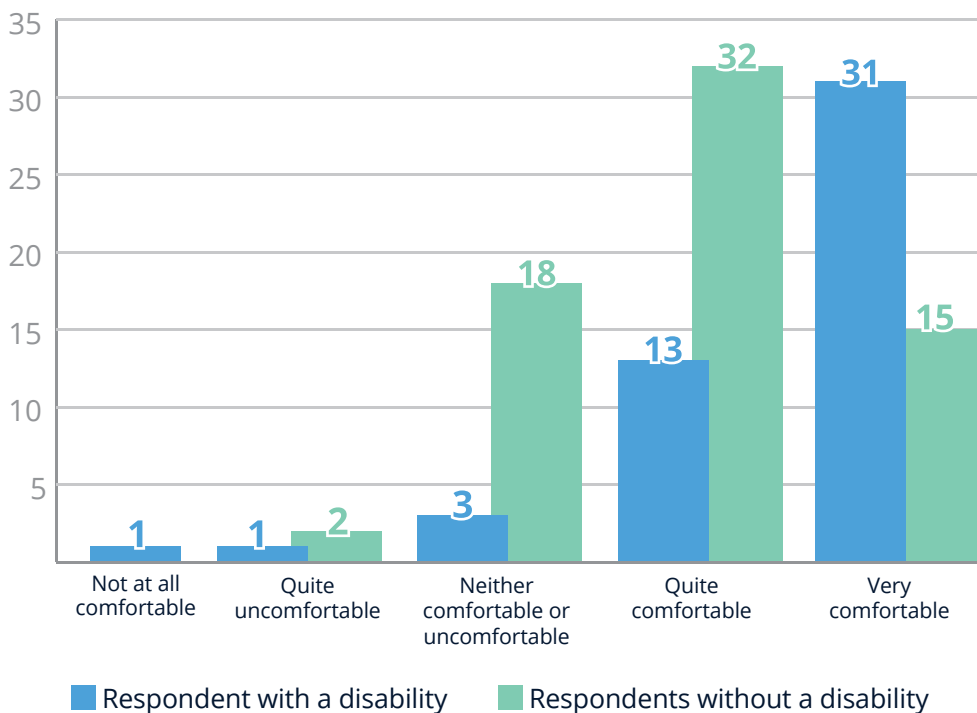
**Figure 5.** Respondents' perceptions of the level of their managers' understanding

How well does your employer understand your disability?



**Figure 6.** Respondents' confidence in supervising a student with a disability on placement

How comfortable would you feel supervising a student with a disability on placement?



Most respondents with a disability reported feeling very comfortable (62.3%) or quite comfortable (26.5%) supervising a student with a disability on placement. Most respondents without a disability reported feeling quite comfortable (47.8%) or neither comfortable nor uncomfortable (26.9%). See Figure 6.

**Figure 7.** Respondents' confidence in managing an individual with a disability

How comfortable would you feel managing someone with a disability?

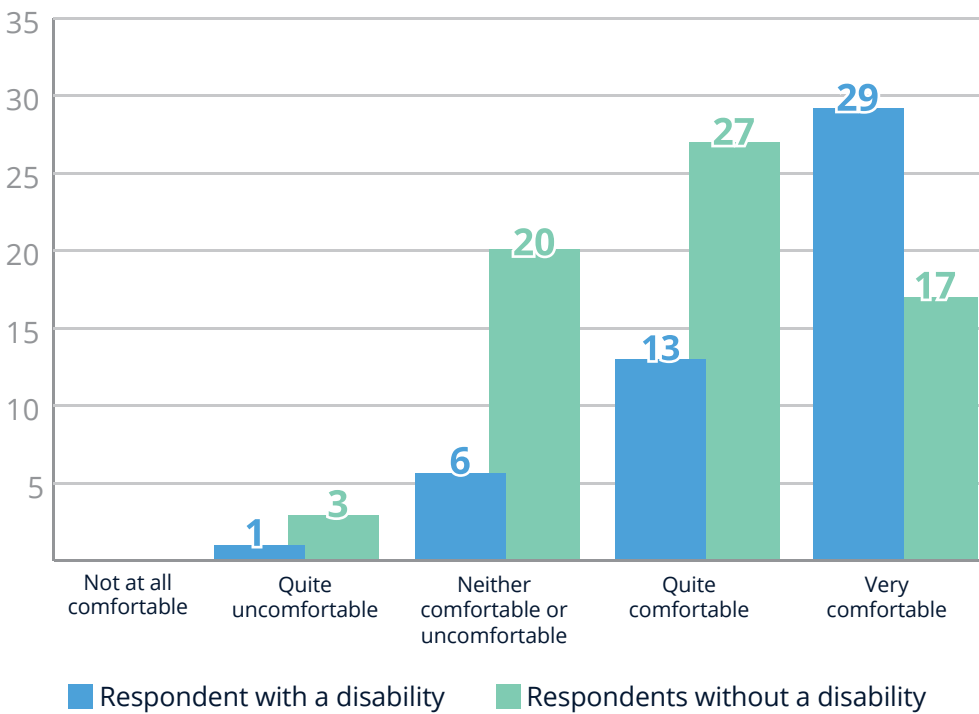


Figure 7 shows that most respondents with a disability reported feeling very comfortable (59.2%) or quite comfortable (26.5%) managing someone with a disability. Many without a disability reported feeling quite comfortable (40.3%) or neither comfortable nor uncomfortable (29.9%).

Disabled SLTs acknowledged that the demands put on managers were also highly complex and could be characterised by competing interests that may undermine their capacity to meaningfully promote disability inclusion in the workplace. For example, high performance targets on services could afford little buffer to accommodate certain needs of disabled SLTs. Similarly, respondents also acknowledged that SLTs' choice to not disclose – which they perceived as their right – could also be a barrier for managers to better understand their employees' needs and engage with the formal mechanisms to support their employees. Thus, managers also occupy a position “in limbo” to promote disability inclusion, having to balance care and advocacy for their employees' needs and work through the demands of the system.


## BOX 2.

### What managers can do to promote disability inclusion in the workplace

- **Take a proactive approach to providing support** by initiating a discussion to ask the kind of support that the disabled SLT needs, checking-in regularly to see how things are going and being prompt at signing off and following-up on the paperwork related to reasonable adjustments.
- **Offer frequent and tailored supervisions**, which are adjusted in style and content to promote SLTs' autonomy and growth. Give constructive feedback that meaningfully considers SLTs' aspirations, needs and abilities, and ensure that workload is manageable (and offer solutions when it is not).
- **Set clear and realistic expectations** about work by communicating clearly what needs to be achieved, specifying deadlines and giving advanced notice on things that could impact SLTs' work environment and assignments. Keep a written record about this information that SLTs can access at all times.
- **Be a role model on disability inclusion** by demonstrating best practice, facilitating and sustaining the implementation of reasonable adjustments, advocating about all things disability-related. Make a point of being available and follow through when SLTs seek additional support.
- **Promote accountability on disability inclusion in the workplace** by recording good and bad practices, training staff to ensure disability inclusive attitudes and support, and escalating concerns about discrimination in accordance with the law and professional guidelines.
- **Recognise that disabled colleagues may be walking a tightrope**, managing their workload, their energy and their disability, and that managers can have a positive effect on individuals' feelings of vulnerability and wellbeing by actively listening and supporting. Consider, as with the whole team, how disabled SLTs can work to their strengths

## 2.2 Colleagues

Respondents with a disability expressed that their colleagues – with and without a disability – had an active role and profound influence on their experiences, well-being, sense of inclusion and performance in the workplace. They valued colleagues who were accepting and non-judgemental of their needs. For example, one disabled SLT mentioned appreciating when their colleagues did not make them feel bad about declining to socialise during breaks or attend social gatherings because they needed to rest; or when adaptations are considered for everyone to enjoy team-bonding activities. Many disabled SLTs reported appreciating colleagues who were approachable, supportive, enquired about their needs in a respectful and sensitive manner, and who would thoughtfully check-in and actively listen to the strategies that help them and remember to use them (see BOX 3 for more details). Figure 8 shows respondents' perceptions of acceptance by their colleagues.

 “Those I work with more closely are very supportive and remember to do the things that make it easier for me to do my day-to-day tasks.” (#148)

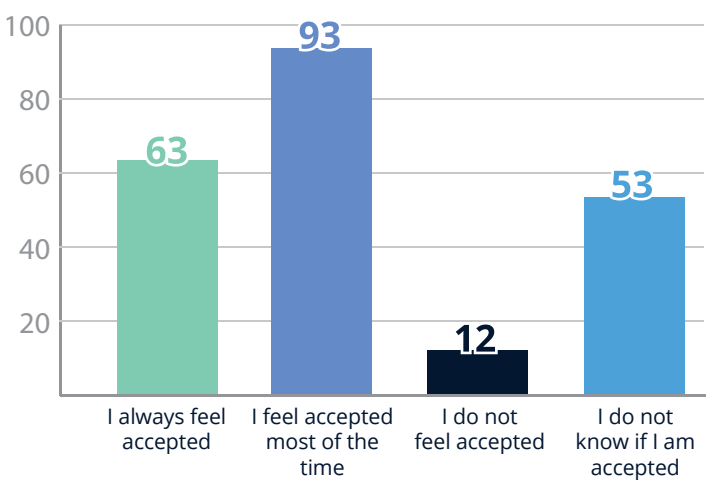
 “My colleagues have been fantastic in supporting me by asking what I require and allowing me to approach them for support.” (#52)

“It is important to note that I have received excellent support from my colleagues all the way up to head of service. I feel valued in my current position. My colleagues and I have been open about my disability and they have learnt what helps and doesn’t help.”(#73)

“My clinical colleagues are very supportive and we triage new referrals to ensure that I’m not allocated individuals who pose the highest infection risk” (#57)

**Figure 8.** Respondents’ perceptions of acceptance by their colleagues


Do you feel accepted by colleagues at your workplace with regard to your disability?





Most respondents indicated feeling accepted most of the time (42.1%) or always (28.5%) by their colleagues. However, nearly a quarter reported not knowing if they were accepted (24%) and a few participants indicated not feeling accepted (5.4%).


While many respondents expressed feeling accepted by their colleagues, some also reported considerable challenges facing negative attitudes and behaviours by a few individuals. For example, they narrated stories of feeling “gaslighted”, made to feel that they are “lazy” or “can’t be an SLT” because of their disability. Respondents largely commented on the lack of understanding of their disability or condition from other SLTs, perceived gossiping and shared experiences of being confronted with ableist comments or unhelpful assumptions about what they can or can’t do.

Finally, a few respondents reported experiencing a certain resistance and even sometimes resentment by colleagues about their reasonable adjustments. These barriers would lead some disabled SLTs to hide their disability, feeling a constant need to justify themselves and feeling isolated and “outcast” from their professional community.

 "I've been called a cripple by a colleague in 'banter', people have called me lazy for taking the lift not the stairs, colleagues have made 'jokes' that I'm useless if I can't do something. Many assumptions made [...] that all colleagues are non-disabled or couldn't possibly be experiencing these conditions." (#122)

 "I know from conversations about other colleagues that there is little empathy for colleagues who need reasonable adjustments, so I tend not to mention it." (#235)

 "I would face direct discrimination if I was to tell my wider colleagues. I don't feel comfortable raising concerns due to my disabilities and the stigma surrounding them which affects how people perceive me." (#18)

 "People have a negative perception of me which impacts on how they interact with me. I'm not seen as a 'professional' or taken seriously by some colleagues due to how my disabilities manifest themselves at work. I'm more likely to be dismissed or ignored." (#18)

As with their managers, respondents often perceived their colleagues' ableist comments, attitudes and behaviours as mostly not coming from a place of ill-intent, but rather as a result of lack of awareness or knowledge, not feeling confident or not knowing what to do, and facing systemic pressures that limit everyone's ability to be more understanding or patient.


### **BOX 3.**


#### **What colleagues can do to promote disability inclusion in the workplace?**

- **Be accepting of the needs of your colleagues with a disability.** Do not judge or undermine the experiences and requests for support expressed by your colleagues. Do not seek explanations or justifications, but rather trust that your colleagues are doing the best they can with the capacity they have right now.
- **Enquire about what helps your colleagues to be and feel their best in the workplace.** Do not make assumptions: people with the same health condition or disability can have very different experiences and needs. Enquire in a respectful and sensitive manner about strategies that you can adopt to support them. Do not insist if your colleagues do not expand and simply assert that you remain available if they want to talk more.
- **Listen actively to the strategies that help your colleagues with a disability and remember to use them.**
- **Check-in.** A simple "hi, how are you doing?" can go a long way to feel visible, heard and valued, and can create an important opportunity for your colleague to share and ask for help. Be particularly attentive in moments of return-to-work after a period of absence, if your colleague appears withdrawn or fatigued, or when your service is under particularly high pressure.
- **Adopt a positive attitude to support reasonable adjustments.**

## 2.3 Support groups

Respondents expressed that having opportunities to connect with other disabled SLTs were highly valuable to promote their well-being, self-esteem and inclusion in the workplace. Joining peer support networks meant they could feel seen and heard in a unique way, bound over similar experiences of hardship and success; increase their self-awareness; signpost and find out about valuable resources and solutions; and promote self- and collective advocacy. As a result, disabled SLTs reported feeling less isolated and more empowered in the workplace. They also said that being well-connected with other disabled SLTs could lead to feelings of being proud about their identity as an SLT with a disability, and boost their self-esteem and optimism about their capacity to promote positive change in speech and language therapy practice in general. Respondents considered informal groups and those more formally organised – such as the RCSLT Disability Working Group (see BOX 4) – as a powerful source of moral support, social and emotional connection, self-reflection and growth. The groups also provided individuals with crucial opportunities to find more stability, strength, motivation and ambition in their professional lives.

 “Opportunities for peer support (this I had to set up myself as it was not present when I started in the trust)” (#10)


 “I’ve joined a peer support group and everyone is talking about things and I’ve only realised a difficulty because I identified with their experiences.” (#238)

### BOX 4.

#### Peer support groups

The RCSLT set up the Disability Working Group in 2020. This group meets regularly and provides a space in which SLTs can discuss issues important to them about disability and inclusion. The group decided that guidance to support disabled SLTs in the workplace was needed and this was published in 2021. The RCSLT is also proud to support the Neurodiversity Working Group, publishing guidance written by the group to support neurodivergent SLTs in the workplace.


**Peer-support groups are also found in workplace settings, led by SLTs with disabilities:**


 “A [text removed to ensure anonymity] created a ‘Neurodiverse SLT group’ where SLTs in our team meet every few months to discuss tips, concerns and signpost support to each other. This group has been super supportive and has been a safe space to discuss difficulties related to our differences at work.” (#36)

Importantly, respondents also mentioned that peer-support groups should be in place for disabled and non-disabled SLTs (allies) to meaningfully promote disability inclusion in the workplace. Respondents who mentioned the importance of engaging allies highlighted the critical need to build collective capacity around disability inclusion across the profession: to empower all parties to recognise their role and responsibilities and develop the tools, knowledge, skills and confidence needed to act accordingly.

## 2.4 Other actors

Disabled SLTs also identified other actors who, while they may not be much involved in the day-to-day experiences of SLTs, could have a sporadic but impactful influence. These include RCSLT personnel; union representatives; representatives of university disability services; and managers or colleagues with a dedicated role to monitor, champion and promote equity, diversity, inclusion and belonging in the workplace. These actors can play an important role in promoting disability inclusion. For example, they can signpost SLTs and SLT students to relevant policies and support resources, explaining what they are entitled to and informing them about their rights; creating the spaces to organise self- or collective advocacy; or facilitating the enforcement of relevant policies and support mechanisms.

 "I have reached out to my work's EDI lead, and they are helping me to address my concerns which they agreed are discrimination. They are also recommending an advocate to help me work through the issues with my employer." (#238)

 "If it was not for the help of the union and Access to Work, I would not have access to the right equipment and I had to initially fight to get the right support. Now from having to fight I am getting the right support and equipment in work." (#42)

However, a few SLTs expressed concerns about the lack of sufficient resources or power by some of these actors to make meaningful and sustainable change towards disability inclusion and warned against the risk of developing "lip services".



# The systemic level


Many disabled SLTs expressed the importance of factors and processes at the systemic level when sharing their experiences. Four sub-themes are discussed: guidelines, laws and policies; work culture; workplace environment; and structures and processes.


## 3.1 Guidelines, laws and policies

Respondents told us about numerous guidelines, laws and policies that affected their experiences.

### Sickness and leave policies

Many disabled SLTs identified having medical needs that required them to attend hospital appointments, have regular GP check-ups or frequent periods of illness. However, they felt that the rigidity of sickness and leave policies was a considerable barrier to their inclusion in the workplace. As a consequence of inadequate sickness and leave policies, they explained that they had to work when they were not supposed to, would take annual leave to attend appointments or were worried about their career progression due to their absence levels, which did not feel fair and could even further jeopardise their health and well-being.


 “Due to my condition I am more likely to pick up illnesses which then become infections, leading to having to take sick leave. This can be an issue as it triggers a warning on going over allocated sickness leave. [...] If I take more sick leave it will progress to a formal warning and meeting and so on. [...]” (#9)

 “I did need more time off before the surgery but did not take it as I would have triggered more of the sickness policy before even going off for surgery.” (#173)

### The Equality Act 2010<sup>2</sup> and employment laws

A few respondents shared being aware of the Equality Act 2010 and employment laws stating their rights as disabled employees working in the UK. This awareness could equip and empower them to advocate for their rights and obtain reasonable adjustments. However, several respondents highlighted some of the limitations of these policies; indicating how “fragile” legislation could be as safety nets for disability inclusion. For example, a few SLTs expressed reservations related to the lack, limited or misconstrued understanding about these laws by managers and human resource workers, as well as weak enforcement mechanisms.

 “I was initially refused reasonable adjustments. However, after outlining that these are a legal right under the Equality Act and mentioning that I have been in contact with the union they were provided.” (#52)

 “I am also concerned that people newly diagnosed with a condition covered by the Equality Act 2010 often appear initially hopeful that the act may support them and then disappointed as the reality unfolds. Hopefully, one day they will feel and actually receive the support they need to access a more equal workplace and fulfil their potential as.” (#44)

<sup>2</sup> The Equality Act 2010 is a UK law that protects people from discrimination based on characteristics such as age, gender, race, disability, and religion. This law applies in England, Scotland, and Wales, but not Northern Ireland. The Act ensures fair treatment and equal opportunities across various sectors, including the workplace, education, public services and businesses that provide goods or services.

## RCSLT guidelines (see BOX 5)

Respondents mentioned the guidance and resources developed by the RCSLT, especially the RCSLT guidance on supporting SLTs with disabilities in the workplace, which was known by 61.2% of the survey respondents who disclosed a disability. Similarly, 63% of non-disabled respondents were aware of the resources. The guidelines were perceived as a strong testimony of the pro-disability inclusion position of the professional body in the UK. Disabled SLTs felt largely positive about these guidelines, but still advocated for more to be done, such as by publishing more resources and supporting SLTs to implement them.

### BOX 5.

#### RCSLT disability guidance and resources



The RCSLT guidance on supporting SLTs with disabilities in the workplace provides practical information and tips on supporting disabled SLTs in the workplace. This document was prepared with the help of the RCSLT Disability Working Group and is aimed at all SLTs, SLTAs and students – with and without a disability – to promote understanding and raise awareness about good practices on disability inclusion.





The RCSLT also published guidance for, and to support, neurodivergent SLTs in 2024. Co-produced by the RCSLT Neurodiversity Working Group, this provides tools and advice for neurodivergent SLTs on topics including applying for jobs, disclosing a disability or asking for reasonable adjustments and neuro-affirmative adaptations. It also provides guidance for those working with and/or managing neurodivergent SLTs.

The lack of awareness, knowledge, understanding or sometimes ableist interpretations of these guidelines, policies and laws, as well as the manner in which these policies could be implemented as “blanket” support, were viewed as critical barriers to disability inclusion in the workplace. Disabled SLTs encouraged more use of person-centred approaches and flexibility in these policies, and the need to draw up new policies that acknowledge and build on the specific strengths of different disabilities.


## 3.2 Work culture

Survey respondents often described a toxic work culture of high performance and presenteeism that directly impacted their work experiences. They cited high workloads, high caseloads and service pressures, an intense and fast pace of work, multitasking demands, limited breaks, working long hours, expectations for quick responses and a “pressure to do more than I feel I can manage”. While they readily acknowledged that this affected everyone, disabled SLTs also pointed out that it had a disproportionate impact on them as individuals. For example, their managers and colleagues would be too busy, stressed and have no time “to accommodate and care for you”. This would also result in fewer opportunities to disclose their needs by fear of inconveniencing their colleagues or a tendency to overcompensate by working extra hours, which would eventually lead to excessive stress and a negative impact on their work-life balance, mental health and self-esteem.

 “The presenteeism culture is very damaging and impacts disabled people disproportionately. We simply often don’t have the luxury of being able to ‘go the extra mile’ because that often involves physical/mental energy we don’t have.” (#210)

 “You are perceived as a concern and your weaknesses are used against you. It is horrible. In the workplace no-one has time to listen and accommodate as everyone is stretched.” (#51)


Respondents working in a high-performance work culture analysed how this would exacerbate negativity around disabled employees and lead to the deprioritisation of reasonable adjustments, because these necessitate precious resources in times of pressure, cuts and understaffing. This also resulted in feelings of guilt experienced by disabled SLTs when taking time off as they knew that their workload would fall onto their colleagues and wider team, or that their clients’ needs would not be met.

 “Reasonable adjustments and flexible working alterations are still viewed as inconvenient and limiting for managers who are trying to stretch the most out of their staff due for various reasons/pressure within the NHS, so staff who need these are subconsciously (or maybe more directly) avoided in my experience.” (#44)

 “There is a strong long hours’ culture in NHS where if you are not able to meet this you are seen as worthless.” (#241)


The respondents who reported more a positive work culture highlighted values of humanity, acceptance, empathy, compassion, kindness and collective responsibility towards disability inclusion. A positive work culture that centred people’s needs over performance was regarded as a key contributor to building successful disability inclusive workplaces.

 “I always felt respected as a human first and an employee second” (#115)

 “I am in a workplace where people make me feel supported and valued, so this empowers me.” (#92)

### 3.3 Workplace environment

The workplace environment was reported as a crucial factor shaping the professional experiences of many disabled SLTs. The survey respondents often expressed facing environmental barriers that negatively impacted their overall experiences, sense of safety, health and well-being in the workplace. Disabled SLTs expressed considerable differences and nuances in the barriers that mattered to them, depending on their condition or impairment, and a need to broaden current understandings of disability inclusion in the workplace. Three main categories of environmental factors were identified: physical, sensory and attitudinal.

 “Understanding that accessibility doesn’t just mean ramps and wide doorways; other issues such as location within the district, access to transport, temperature, over-furnishing, ergonomics must be considered in a meaningful way.” (#22)

#### Physical factors

Many SLTs with a physical impairment or a chronic health condition that can lead to fatigue or pain reported being considerably impacted by physical barriers in their environment. They often expressed the unavailability or disrespect of disabled parking, inaccessible entrances or buildings layouts, inaccessible toilets, broken or ill-maintained lifts, or office space being overly restricted or obstructed. They also mentioned the lack of appropriate equipment and furniture that would disproportionately impact their health and well-being, including poor-quality chairs, inadequate desk step-up and the lack of access to specialised equipment, such as assistive software. Importantly, they shared the intricate links between aspects of their physical environment and a sense of safety in the workplace. For example, the lack of well-ventilated rooms was experienced as an unsafe work environment to those with a compromised immune function; the lack of appropriate fire evacuation plans could be a source of anxiety to SLTs with mobility difficulties. BOX 6 outlines measures to take to promote disability inclusion in the physical workplace environment.


#### BOX 6.


##### How to promote disability inclusion in the physical workplace environment

- **Develop clear information about access to and within buildings.** This can help manage anxiety exacerbated by unpredictability and better plan work schedules according to individual needs.
- **Adjust expectations for how SLTs should navigate their physical environment and use equipment.** For example, ensure parking is prioritised for all disabled staff; prioritise access to the most accessible rooms for SLTs with mobility difficulties; do not expect a paediatric SLT who experiences physical pain to stay sat in a small chair or on the floor all day; do not expect an SLT with mobility difficulties to carry heavy equipment.
- **Promote inclusive physical access and equipment across settings.** SLTs often have to navigate multiple work settings, such as the office, schools, clinics, community buildings or clients’ houses. Managers can enquire about the suitability of parking, facility access and furniture across all work settings with their employees, monitor these aspects on a regular basis and seek solutions in case of challenges. Proactive and frequent discussions with other work partners on the barriers and solutions to improve physical access is also key to promoting disability inclusion.
- **Communicate regularly and comply with health and safety protocols.** The health and safety of disabled SLTs can be disproportionately impacted in case of non-compliance of said protocols. The guidance may appear overcautious to some, but have been carefully drafted to protect everyone. Regular communication is essential to maximise compliance and safe behaviours in the event of an incident.

## Sensory barriers

Sensory barriers can put a lot of strain on the well-being and performance of disabled SLTs at work. These barriers were particularly relevant to neurodivergent SLTs, those with a hearing or vision impairment or SLTs with different cognitive and learning needs. For example, neurodivergent SLTs expressed feeling overwhelmed in noisy environments, in rooms with uncontrollable temperature or lights or in the presence of strong and unpleasant smells. Those with a hearing impairment mentioned missing out on key information when there is excessive background noise. Speech and language therapists with cognitive or learning needs reported being easily distracted in bustling environments. These barriers could lead to dysregulation, increased anxiety and communication breakdowns, and negatively impact their work performance, which could in turn lead to interiorised feelings of guilt and unhappiness in the workplace. See BOX 7 for ideas on how to promote disability inclusion in the sensory workplace environment.

 "People/children communicating with me in background noise. Sometimes it isn't possible for us to move out of that situation, so I miss potentially important information." (#68)

 "I wish I could shout this: a designated quiet area for staff to go for five minutes alone if they need to de-stim/calm/practice breathing techniques or grounding exercises. It's not pleasant to always have to "hide" in the toilets!" (#117)

### BOX 7.

#### How to promote disability inclusion in the sensory workplace environment

- **Be mindful of everyone's sensory experiences and needs.** Think proactively about which behaviours you can adjust to promote a more inclusive sensory environment, such as by reducing chit-chat in the open office or not wearing fragrance in excess. Managers and colleagues can start discussions on how to improve the sensory aspects of the workplace environment and implement and sustain the solutions that are identified.
- **Provide access to a quiet room to work in, relax or go for breaks.** Hot-desking and open office layouts can be a "sensory nightmare" for many disabled SLTs due to their unpredictability and overwhelming distractions. Facilitating access to a quiet room for SLTs to complete work assignments or for relaxation can mitigate some of these challenges. Furthermore, managers can work with experts to identify solutions to optimise office layout and acoustics.
- **Promote work-from-home arrangements.** SLTs can have more control over their sensory environment at home, such as by mitigating noise and auditory stimulation or controlling the lighting and temperature set-ups to match their preferences. This arrangement can be particularly well-suited for certain tasks, such as report writing, administration or online meetings.

## Attitudinal barriers

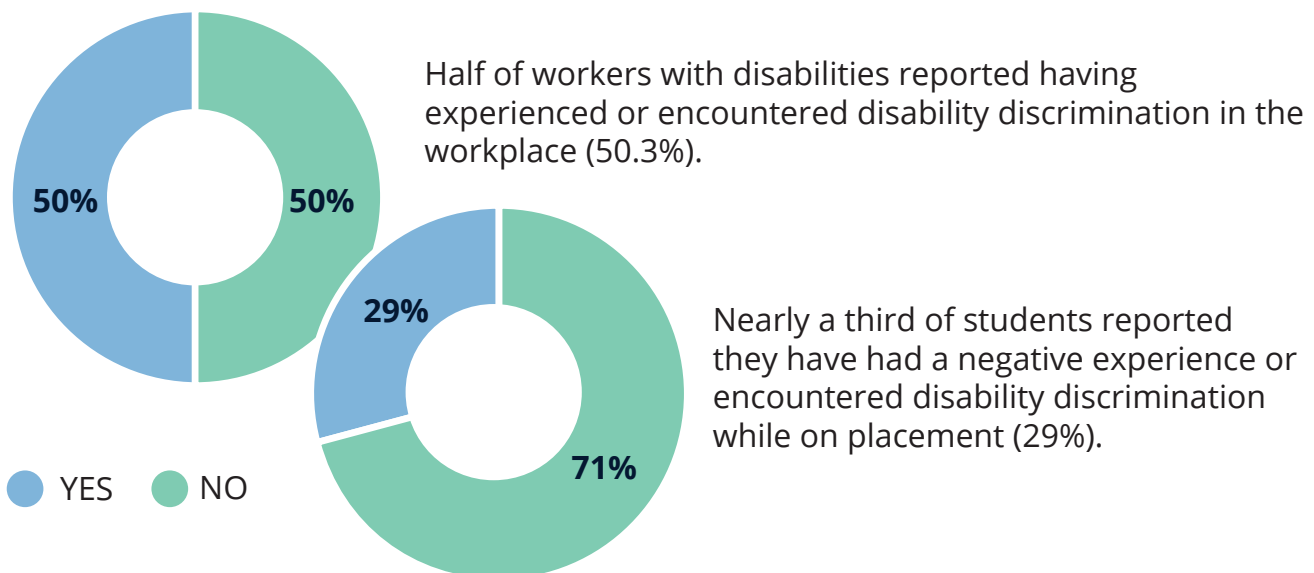
Many disabled SLTs highlighted the importance of the attitudinal aspects in their work environment, which could have some of the deepest impact to their sense of inclusion and well-being. Importantly, the survey respondents explained that negative, ableist attitudes were “attacking them from different directions” (see Figure 9). For example, ableism could be experienced through comments made by people questioning their professional competence and simultaneously reinforced by the lack of enforcement of the policies protecting their rights as disabled employees. This could result in a vicious cycle of negative reinforcement for disabled SLTs, which could impact how they perceived their place and future in the profession. It could be further exacerbated by the lack of apparent action to challenge ableism in the profession. To move away from this negative, ableist atmosphere, respondents advocated for a workplace “where having a need is not a problem” (#349).

“It is very unsettling to know that someone that I work with has an issue with something about me that I cannot do anything about, and that is an intrinsic part of me. I cannot change my disabilities and the way that they affect me, as much as I cannot change my eye colour.” (#278)

“During a placement as an SLT student, I was told I would never become a qualified SLT due to my sensitivities. [...]. It was horrendous.” (#105)

**Figure 9.** Respondents’ reported negative experiences in the workplace or on placement

How well does your employer understand your disability?




### 3.4 Processes and services


Many SLTs highlighted the key milestones that punctuated their professional experiences and inclusion in the workplace that are heavily regulated by institutions through formal processes and services. In this section, four milestones are explored alongside the key processes and services that shaped SLTs' experiences: completing university degree and student placements; applying for jobs; obtaining reasonable adjustments; and raising a complaint.


#### Completing university degree and student placements

Student respondents valued the provision of transparent and clear support mechanisms to support them access equitable learning and assessment opportunities. However, they expressed considerable disparity in the provision and quality of support. Disabled SLT students often mentioned the services offered by disability and well-being university centres, but their usefulness was "hit-and-miss" (for example, dependent on the type of impairment or condition) and sometimes not well-coordinated with course leaders or tutors. Respondents also highlighted that support mechanisms should start at the time of their application to ensure fair chances to access SLT courses. However, support mechanisms were often offered only after students had entered a course. They reported that having a formal learning support plan tailored to their needs and capacity, identifying and harnessing their strengths, promoting their agency, growth and wellbeing, developed in advance and reviewed regularly by a tutor was a helpful mechanism. A few respondents reported that universities had facilitated the development of this support plan, but had failed to put it in action. Universities assigning disabled students to tutors who were knowledgeable about disability inclusion, empathetic and available, and who coordinated support between universities and clinical placements, could be a strong factor for a positive experience.

 "[W]hen applying to universities not all of them were supportive of a student with a physical disability. I chose the most supportive and encouraging university that saw beyond my physical disability." (#301)

With regards to placements, most disabled SLT students reported feeling supported. They highlighted the importance of coordinated support between the university and placements, adjusted expectations and flexible formats to match their needs and abilities. For example, this could be achieved by offering extended placement opportunities or thoughtfully considering and balancing the demands and timeline associated with course assignments and placements. They mentioned the important role of the practice educators, who should ideally be involved in the development of the learning support plan or briefed in advance. Supportive practice educators were described as those who sent an information pack and optional readings to help the students prepare for placement, took the time to discuss the student's support needs and implemented reasonable adjustments. However, some students reported challenges related to practice educators who did not have the time to consider their needs or whose support was not tailored to their needs. Furthermore, more than half of the disabled students (51.5%) reported they did not feel prepared and supported to answer questions they may get from service users about their disability. See Figure 10 for more details.

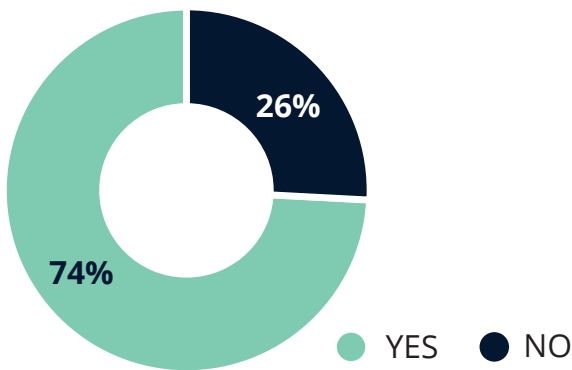
 "On the whole, my experience within the university and my placement have been very supportive and encouraging as well as providing reasonable adjustments to ensure I can succeed." (#273)

 "I had to do quite a lot of self-advocacy; however, generally educators were understanding and I felt supported [...]." (#273)

 "Sometimes the level of work required on placement isn't feasible in a semester placement." (#183)

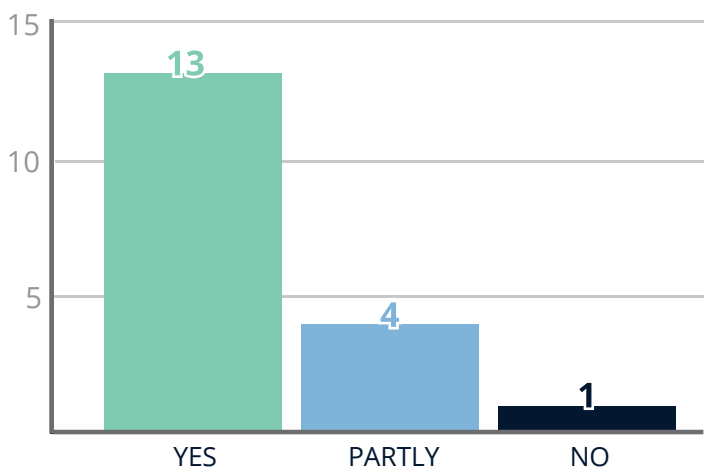
**Figure 10.** Student respondents' experiences at university and on placement

Have you been given support and guidance from your university regarding your disability on placement?



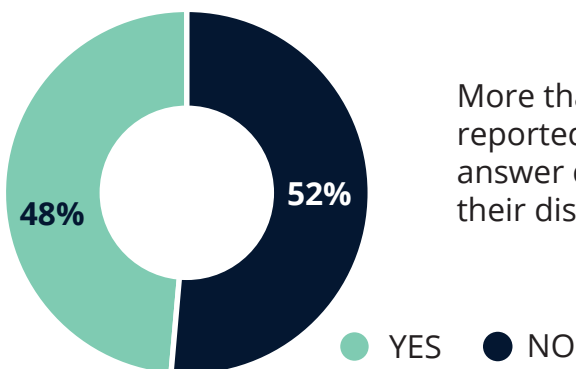
Three-quarters of students (74.2%) reported they had been given support and guidance from their university regarding disclosing their disability on placement.

Have you felt supported by supervisors on placement with regard to accessing reasonable adjustments and support in the workplace?



Most SLT students reported feeling supported by supervisors on placement to access reasonable adjustments (72.2%).

Do you feel prepared and supported to answer questions you may get from service users about your disability while on placement?



More than half of the students with disabilities (51.5%) reported they did not feel prepared and supported to answer questions they may get from service users about their disability.



## BOX 8.





### RCSLT disability guidance and resources



The disabled student experience during training guidance is intended to inform students, higher education institutions and practice educators about the support available to disabled students and the legal responsibilities of learning providers throughout the pre-registration speech and language therapy course.

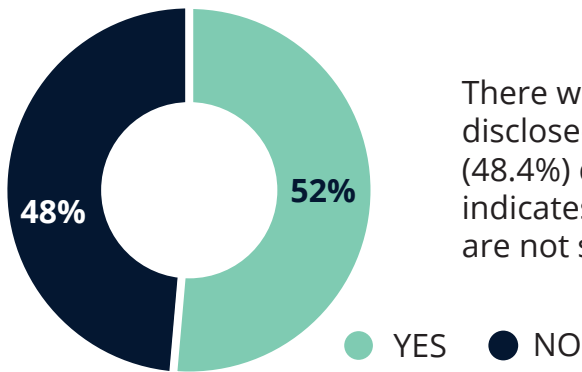
### Applying for jobs

Disabled SLTs shared facing considerable challenges when applying for jobs. They reported they did not always have the opportunity to request a reasonable adjustment or that when they did they were not systematically implemented. Interviewers' questions and their agenda was not always clear and certain interview tasks put them at a disadvantage. Furthermore, a few respondents reported they had witnessed bias or faced discriminatory comments from interviewers. BOX 9 discusses how employers can promote disability inclusion in job applications and interviews.

-  "I was not asked if I needed any adjustments for my interview, even though I had declared my disability on the application form." (#340)
-  "Feedback from interviews have been unpleasant and sometimes discriminatory. I struggle with processing especially under pressure. I have been told following an interview that I should 'try harder' when processing questions." (#133)
-  "I am questioning my future in the NHS as I know I will have to go through this experience each time I apply for a job." (#323)
-  "I went for an interview in which questions were presented in writing as well as verbally. This helped me in addressing all areas of the question and in formulating my response." (#356)

**Figure 11.** Respondents' disclosure of their disability during application and interview processes

Did you disclose your disability during the application or interview process?



There was an almost even split between workers who disclosed their disability (51.6%) and those who did not (48.4%) during the application or interview process. This indicates the need for equitable interview processes that are not solely reliant on disclosure.

“I think if employers were open during the application process and explicit about their willingness to support with severe mental illness, this would reduce anxiety around disclosures.” (#117)

### BOX 9.

#### How employers can promote disability inclusion in job applications and interviews

- **Add a statement about your disability inclusion policies in job adverts.** This will send a strong and positive message to prospective applicants about the values and priorities of the leadership and hint at an inclusive work environment. It can also encourage disabled SLTs to discuss their needs during the application process and lead to more open discussions to identify if this job is the best match for all parties involved and prevent avoidable issues from the start.
- **Provide clear information about what to expect in the interview ahead of time.** This can help to reduce anxiety and allow interviewees to feel best prepared. This is particularly important for applicants with a learning need or a mental health condition.
- **Ask for and arrange reasonable adjustments prior to the interview.** The most helpful reasonable adjustments reported by the respondents were to be given extra time to collate their thoughts and respond; for interviewers to communicate clearly and with explicit instructions; and to be provided with a pen and paper to see the questions written down and to take notes. Advance notice of the interview questions could support applicants with working memory or anxiety difficulties. Alternatives to traditional interview formats – such as job trials – were mentioned as options that could meaningfully promote equitable chances at accessing employment.

“Whenever I’ve had the opportunity to demonstrate my skills with a service user for example, this is what I really shine. Options for job trials could be ready for people like me.” (#340)

- **Discuss what type of support the organisation can provide during the interview.** When employers proactively share and discuss the type of support that their employees can expect – such as sick leave policies and rights or access to reasonable adjustments – this reinforces positive, inclusive leadership in the organisation.

## Obtaining reasonable adjustments in the workplace

A key process for disabled SLTs to receive support in their workplace was to formally seek reasonable adjustments. Respondents highlighted that this often involved input from their managers, human resources (HR), occupational health (OH) and/or Access to Work (AtW) services. The latter can facilitate the process of accessing reasonable adjustments in the interview process and when employed. However, only a third of the respondents reported having an official AtW assessment. A few SLTs mentioned they wished they'd been told about AtW upon commencing employment as this system helped them to obtain reasonable adjustments.

“The assessment from access to work helped me to get a laptop and build a case for me to access the right equipment.” (#42)

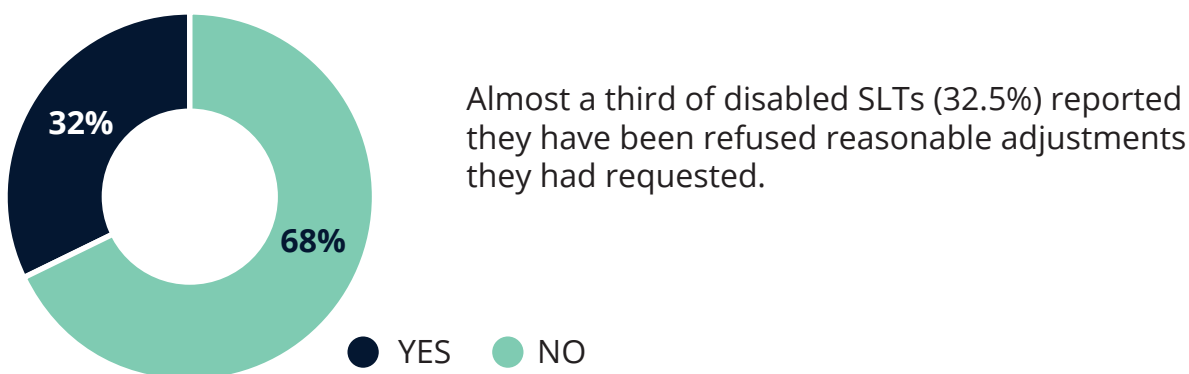
When SLTs successfully obtained reasonable adjustments that were tailored to their needs, it could make a considerable positive impact to their experiences in the workplace, especially their sense of health and safety, dignity and well-being, and productivity at work.

“Flexible working patterns drastically reduced my sick time as I could spread my working time over the week when I was well and had most energy. For example, I am better in the mornings, so I usually book in visits or appointments then and rarely have to cancel.” (#132)


However, disabled SLTs reported facing considerable barriers obtaining or sustaining reasonable adjustments. Many revealed seeing their request for reasonable adjustments refused without explanation, never implemented or not sustained (see Figure 12).


**Figure 12.** Respondents' negative experiences around reasonable adjustments


Have you ever been refused reasonable adjustments that you have requested?





Many respondents explained how the processes could also put undue burden on them as they often needed to steer the entire process by initiating and continuously chasing up and self-advocating. The formal processes to access reasonable adjustments were often described as lengthy, complicated, confusing, lacking transparency and characterised by long waiting times (sometimes up to a whole year). These processes were sometimes perceived as unfriendly for disabled people. For example, having to disclose personal information multiple times lacked sensitivity, especially when having to disclose traumatic events. Facing an overwhelming amount of paperwork could be challenging for SLTs with executive functioning difficulties. The negative attitudes around reasonable adjustments by other staff could also make these processes feel particularly unsafe and make disabled SLTs ponder whether it was worth applying for.

 "Accessing reasonable adjustments is tricky as everything takes a long time to implement: there's a lot of waiting around and time lost in trying to receive support during the application process." (#51)


 "I was refused time off for some treatment which did have a detrimental effect on my long-term health and that then placed me at an even further disadvantage in the workplace as my health wasn't as optimised as it could have been. Flexible working was eventually agreed but then resented and often seen as an inconvenience." (#44)


 "I understand the need for due process, but it can make you feel as if you're having to fight for and justify your needs and it doesn't feel like a safe, supportive and flexible environment." (#309)


 "I am made to feel uncomfortable and put under pressure as to how long I will need the adjustments for. My manager just wants me to be back working as I was previously, but that isn't possible anymore." (#142)

 "I have had to fight for reasonable adjustments with management immediately talking about capability rather than looking at supporting workload and making adjustments. I no longer feel valued." (#320)

When reasonable adjustments are not put in place, this can result in exacerbating an underlying health problem, increasing anxiety and demotivating the SLTs concerned. Importantly, a few SLTs expressed that reasonable adjustments could also be accompanied with an expectation to "make up for it" in other ways, which fundamentally defeats their purpose. Respondents also reported that some adjustments were more difficult to be approved and implemented than others. For example, it would be easier to be offered assistive equipment than having a job performance expectation adjusted. This could put different strains on SLTs with different needs.

 "Being denied reasonable adjustments makes me demotivated to do my job, but being too scared to report this to HR in case of job insecurity traps me into not being able to advocate for myself. This all takes a negative toll on my mental health." (#122)

 "Not having the right environment and support has impacted on my mental and physical health and the quality of my work to which I now feel shameful and has led to harsh consequences." (#123)

 "I am accessing treatment in an attempt to stay well enough to remain at work but feel I am not being supported to do this." (#24)

Some respondents mentioned not receiving support through official channels, but rather informally from supportive managers and colleagues. This was sometimes perceived positively; for example, to by-pass lengthy and consuming processes for small adjustments that are easily implemented. However, not having formal agreements in place could also raise anxiety, due to the uncertainty of their sustainability and the lack of legally-binding protective mechanisms – for example in the event of a change in leadership, policy or demand put on the service. A few respondents expressed they did not feel the need to apply for any reasonable adjustments as they were able to manage without any additional support. This was particularly true for disabled SLTs who expressed working in an already supportive environment or who already knew coping strategies. See BOX 10 for some of the key features of successful reasonable adjustment processes.

## **BOX 10.**

### **Key features of successful reasonable adjustment processes**

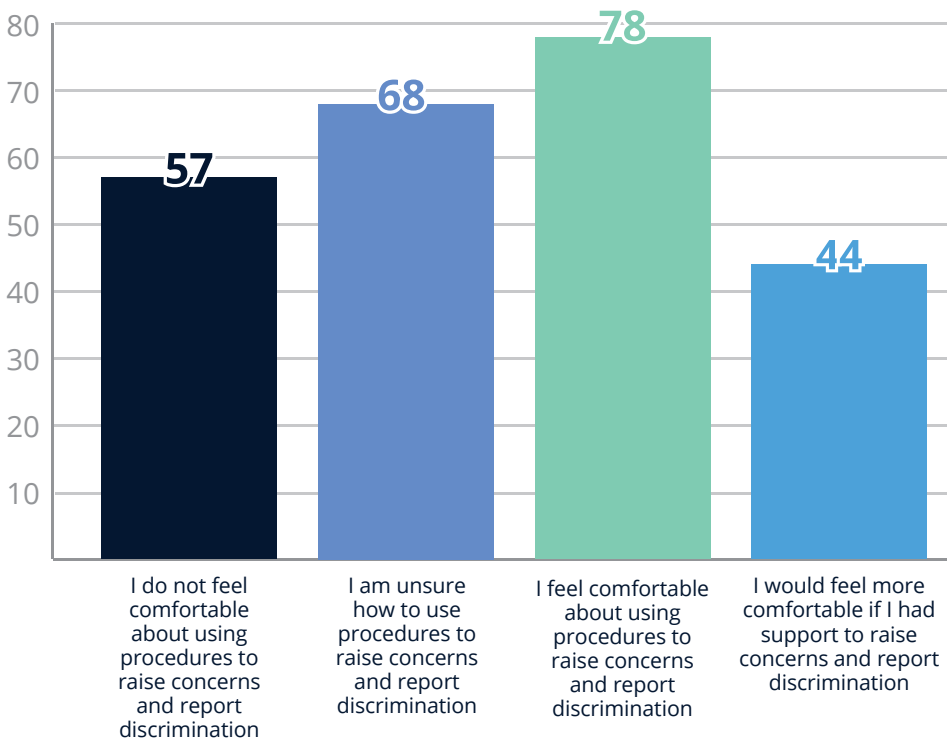
- **Promoting flexibility.** Many disabled SLTs deplored the rigid conceptualisation, expectations and regulations around reasonable adjustments, which could be counter-productive. Indeed, SLTs do not always know which adjustments will work for them or their needs. Reasonable adjustments can evolve, so there is a need for more flexible processes, such as via trial-and-error periods to test the impact of different adjustments or allowing for new types of adjustments to be implemented at short notice, to account for changes in individual circumstances.
- **Building leadership, capacity, responsibility and accountability around reasonable adjustments.** Respondents often perceived a general confusion among the parties involved, such as managers, OH and HR, about their roles and responsibilities, leading to major issues around leadership and accountability. This indicates a need for more training and rigorous monitoring and accountability mechanisms to optimise the implementation of reasonable adjustments support. Importantly, they often report being sidelined during decision-making processes, and express that they should be fully included to ensure the best outcomes.
- **Strengthening coordination among all parties involved.** Promoting clear, regular and efficient flow of information between the various services and individuals involved in the application, implementation and monitoring of reasonable adjustments is crucial. These include line managers and disabled SLTs, as well as OH, HR and AtW services.
- **Changing mindset around reasonable adjustments.** Many disabled SLTs expressed a need to change the mindset around reasonable adjustments to promote their successful implementation and acceptance by all. This includes a need to view reasonable adjustments not as "charity" or "aids" upon which SLTs are dependent, but as tools to promote their autonomy, productivity, health and well-being in the workplace on an equitable level as their non-disabled peers.

## Raising a complaint

A few respondents reported their experiences raising a concern or reporting discrimination in the workplace (see Figure 13). This was often viewed as a last resort action when the situation would reach a breaking point.

**Figure 13.** Respondents' views on raising concerns and reporting discrimination

How comfortable do you feel with procedures to raise concerns and report discrimination?



35.5% of respondents who are employees with disabilities responded feeling comfortable about using procedures to raise concerns and report discrimination. However, they were closely followed by respondents who were unsure (30.9%) or not comfortable about using these procedures (25.9%).

# Discussion



“All of us are different in some way, surely, we can learn to accept and value each other for these differences one day” (#44)

**This report provides unprecedented insights into the experiences of disabled SLTs in the workplace, covering what it means for the individuals themselves, how it impacts their relationships in the workplace and the systemic factors that shape their sense of belonging, inclusion and well-being. In this discussion we explore three key lessons that can be drawn from this project.**

One of the most salient findings relates to the tensions that exist between the challenges experienced by disabled SLTs and the nature of the profession itself – which is to support people with disabilities. It is put powerfully in the words of this participant: “For a profession that specialises in working with the disabled, it is one of the least understanding and accepting and flexible professions there are.” (#133). For example, half of disabled SLTs reported having experienced discrimination and about a third said they have been refused reasonable adjustments that they requested.

This situation underscores missed opportunities to recognise the added value that professionals with highly-relevant insights, perspectives and skills can bring to the profession, and to support disabled colleagues with the same dedication as with clients. Thus, this report must be a wake-up call for all involved in the speech and language therapy profession to take a hard look within, consider their role and responsibilities, and champion meaningful change towards disability inclusion to benefit all SLTs and students.

The potential for rapid change is promising given that individuals in this profession are already likely driven by the core values of inclusivity and have developed highly-relevant knowledge and skills as part of their training. Therefore, it can be anticipated that coordinated efforts could lead to quick positive results and that the profession can aspire to become a champion to benefit disabled clients and professionals alike.

This report reveals a range of factors and nuances expressed by disabled SLTs, pushing our understanding of what it means to be a disabled SLT beyond generalisations and simplistic “black or white” appreciations of their experiences. Disabled SLTs expressed a range of views and experiences, showing that disability inclusion cannot be achieved through a one-size-fits-all approach, but rather by promoting meaningful person-centred approaches that consider individual circumstances. This is also true for SLTs with the same condition or disability, who may have different support needs.

Rather than splitting an understanding of these circumstances between “challenges and hardship” and “aspirations and heroism”, as is commonly done, we chose the imagery of the tight-rope walker as a powerful means to evoke the richness and complexities of these experiences. Evolving in the speech and language therapy profession as a disabled individual – like a tight-rope walker would do on their rope – undoubtedly requires resilience, great energy and concentration, and is fundamentally a vulnerable place to navigate. External factors become critical factors to shape this situation, either by supporting or compromising a fragile equilibrium.

**Disabled SLTs can largely benefit from attentive colleagues, proactive managers, inclusive environments and equitable policies to mitigate an otherwise vulnerable position – like a tight-rope walker would benefit from their balance pole and safety nets.**

Yet, most disabled SLTs revealed external factors that exacerbated their sense of vulnerability, such as when facing ableist comments or not receiving the reasonable adjustments that they had asked for – akin to a tight-rope walker performing on a windy day or with a fraying rope. This imagery can be particularly helpful to think about disability inclusion as a series multiple and coordinated strategies that must be acted upon to meaningfully restore disabled SLTs’ balance and sense of well-being in the workplace.

Efforts to promote disability inclusion in the speech and language therapy profession should be guided by disabled SLTs, but not driven by disabled SLTs exclusively. Whilst the findings of this report reinforce the famous slogan of the disability movement, “nothing about us without us” (United Nations, 2004), everyone has an important role to play to foster a more inclusive and accessible workplace.

This report is based on a survey designed by the RCSLT Disability Working Group – comprised of disabled SLTs and disability allies. As one of the first projects exploring the experiences of disabled SLTs, it represents a positive first step and key milestone towards making the profession more inclusive. However, many disabled SLTs feel a disproportionate burden put on them to find solutions and even fight to get equitable chances in the workplace. They also highlight the

paramount impact of the people and systemic factors around them to shape their experiences. This indicates that a fundamental driver to promote disability inclusion should be to nurture collective responsibility and accountability on issues of inclusion by all SLTs, managers, policy-makers, SLT university providers and universities.

Achieving equitable distribution of responsibility on disability inclusion across the workforce can be facilitated by accountability mechanisms (Resnick & Fuller, 2021); should be positively reinforced by the leadership (Weisinger et al., 2021); and supported by training and capacity-building efforts (Wang et al., 2023). Importantly, all efforts should be done in such a way to empower disabled SLTs by promoting their transformative agency and valuing their unique skillsets, experience and added value to the profession (Gréaux, 2024).



# Recommendations



“Support someone who is very capable but needs to work a little differently” (#44)

Many recommendations to support disabled SLTs and SLT students and to promote more inclusive work and learning environments are derived from these findings. To complement this, RCSLT Working Group members also highlighted an acute need to provide more training and develop further guidance to support all parties involved in joint efforts to promote disability inclusion in the profession. The RCSLT has a key role in organising and overseeing these efforts, for example by raising awareness of and building on existing guidance (see the RCSLT guidance on supporting SLTs with disabilities in the workplace or the guidance for and to support, neurodivergent SLTs).

## FOR HEALTHCARE SYSTEMS AND GOVERNMENTS

- Address cultural work issues within the healthcare system that contribute to discrimination. Implement a fast-tracked process for approving reasonable adjustments and ensure they are well-provisioned in speech and language therapy service budgets.
- Promote an inclusive work culture that values the contributions of disabled SLTs, recognising their insights as beneficial to the development of the profession.

## FOR MANAGERS

- Actively engage with disabled colleagues to understand their needs and provide appropriate support. Establish regular check-ins to create an open, efficient and trust-built dialogue about adjustments and well-being.
- Promote a culture of inclusivity by setting clear expectations and fostering an environment where all employees feel safe to disclose their needs without fear of discrimination.

## FOR DISABLED SLTs AND STUDENTS

- Learn about the policies, services and resources that promote the rights and growth of disabled employees and students, such as the Equality Act 2010, Access to Work scheme, and RCSLT guidance on supporting SLTs with disabilities in the workplace.
- Join peer-support networks, like the RCSLT Disability Working Group, which provide a safe space to meet colleagues with similar experiences and share experiences and resources promoting self-empowerment and advocacy.

## FOR COLLEAGUES AND ALLIES

- Create a supportive network among colleagues, fostering an environment of understanding and acceptance. Encourage open discussions about disabilities, discuss and pro-actively implement strategies that can help colleagues thrive in their roles.

## FOR THE RCSLT

- Promote and update guidelines to advance disability inclusion in the profession. Further develop and increase awareness of available resources and best practice to better support SLTs and students with disabilities.
- Continue to support the RCSLT Disability Working Group, which provides a valuable platform and network for disabled SLTs and allies to learn from one another and share experiences, resources and tips; as well as contributing to projects aimed at promoting a more inclusive profession.

## FOR UNIVERSITIES

- Enhance support for disabled SLT students, ensuring they are equipped to navigate their placements, assessments and new professional environments. Implement mechanisms to better coordinate support and promote equitable chances for disabled SLTs to learn and develop their new professional identity.

# Conclusion

This report is believed to be the first of its kind to explore the experiences of a large sample of disabled SLTs in the UK. The findings, based on a survey completed by more than 250 disabled SLTs working or studying in the UK, reveal complex and diverse experiences characterised by multiple factors at the individual, collective and systemic levels. They also uncover key challenges and opportunities to promote inclusion and support for disabled SLTs moving forward, with concrete recommendations and best practice identified.

**With approximately half of disabled SLTs reporting having encountered discrimination, this report must be a wake-up call for all involved in the speech and language therapy profession to look within and consider their role and responsibilities to champion meaningful change towards disability inclusion. Disability inclusion must become a reality in the profession – for clients and workforce alike.**



# Acknowledgements

This report is dedicated, first and foremost, to the participants of the survey, whose willingness to share their experiences has been invaluable. Their insights have greatly contributed to our efforts to better understand the opportunities and challenges of promoting disability inclusion in the profession.

The RCSLT extends its deepest gratitude to the members of the RCSLT Disability Working Group – comprising SLTs, SLTAs, and students, both with and without disabilities – who meet regularly to advance discussions on disability inclusion. This group played a crucial role in designing the survey and providing in-depth input during the analysis process.

The RCSLT would also like to acknowledge the lead author of this report, Dr. Mélanie Gréaux, who developed the research protocol, conducted the analysis, and wrote the report. Thanks also go to three practising SLTs who volunteered their time and expertise as research assistants: Dr. Rachel Bear, Mx. Rubyn Elm-Morris, and Ms. Norma O'Leary.

# References

- Bernstein, R. S, Salipante, P. and Weisinger, J. (2021). Performance through diversity and inclusion: Leveraging organizational practices for equity and results. Routledge.  
<https://doi.org/10.4324/9780367822484>
- Braun, V., & Clarke, V. (2022). Thematic analysis: A practical guide London: SAGE Publications Ltd.
- Braun, V., & Clarke, V. (2023). Toward good practice in thematic analysis: Avoiding common problems and becoming a knowing researcher. *International Journal of Transgender Health*, 24(1), 1-6.  
<https://doi.org/10.1080/26895269.2022.2129597>
- Center for Intersectional Justice. (2024). What is intersectionality? Retrieved 6 February 2024 from <https://www.intersectionaljustice.org/what-is-intersectionality>
- Government UK. (2023). Access to Work: get support if you have a disability or health condition.  
<https://www.gov.uk/access-to-work>
- Gréaux, M. (2024). Speech and language therapy workforce diversity: Three studies using an increasing Transformative Research framework. [Doctoral thesis, University of Cambridge].  
<https://doi.org/10.17863/CAM.113747>
- Gréaux, M., Chadd, K., Gheewala, F., Pang, V., Katsos, N., & Gibson, J. L. (2024). Amplifying the voices of underrepresented speech-language pathologists: A scoping review using the transformative research paradigm. *International Journal of Speech-Language Pathology*, 1-20.  
<https://doi.org/10.1080/17549507.2024.2347251>
- Health & Care Professions Council. (2023). Diversity data: speech and language therapists - November 2023.  
<https://www.hcpc-uk.org/resources/data/2023/diversity-data-speech-and-language-therapists-2023/>
- Mertens, D. M. (2007). Transformative paradigm: Mixed methods and social justice. *Journal of Mixed Methods Research*, 1(3), 212-225.  
<https://doi.org/10.1177/1558689807302811>
- Mertens, D. M. (2021). Transformative research methods to increase social impact for vulnerable groups and cultural minorities. *International Journal of Qualitative Methods*, 20.  
<https://doi.org/10.1177/16094069211051563>
- Office for National Statistics. (2022). Population and household estimates, England and Wales: Census 2021.  
<https://www.ons.gov.uk>
- Resnick, S., & Fuller, J. C. (2021). Diversity, Equity, and Inclusion: Meeting new demands - and requirements - for accountability. *Board leadership*, 2021(174), 4-8.  
<https://doi.org/10.1002/bl.30184>
- Royal College of Speech and Language Therapists. (2021). Supporting SLTs with disabilities in the workplace: A guide for all.  
<https://www.rcslt.org/learning/equity-diversity-and-belonging/supporting-slts-with-disabilities-in-the-workplace/>
- Royal College of Speech and Language Therapists. (2023). Diversity in the profession: Fast facts. Retrieved 15 September 2023 from -  
<https://www.rcslt.org/members/speech-and-language-therapy/careers-promotion-and-diversity/careers-fast-facts/#section-1>
- Sweetman, D., Badiee, M., & Creswell, J. W. (2010). Use of the Transformative framework in Mixed Methods studies. *Qualitative Inquiry*, 16(6), 441-454.  
<https://doi.org/10.1177/1077800410364610>

- United Nations. (2004). "Nothing about us, without us": International Day of Persons with Disabilities 2004. <https://social.desa.un.org/issues/disability/events/international-day-of-disabled-persons-2004>
- United Nations. (2006). Convention on the Rights of Persons with Disabilities. <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-persons-disabilities>
- Wang, M. L., Gomes, A., Rosa, M., Copeland, P., & Santana, V. J. (2023). A systematic review of diversity, equity, and inclusion and antiracism training studies: Findings and future directions. *Translational Behavioral Medicine*. <https://doi.org/10.1093/tbm/ibad061>
- Weisinger, J. Y., Salipante, P. F., & Bernstein, R. S. (2021). *Performance through diversity and inclusion: Leveraging organizational practices for equity and results*. Routledge. <https://doi.org/10.4324/9780367822484>
- Wilbur, K., Snyder, C., Essary, A. C., Reddy, S., Will, K. K., & Mary, S. (2020). Developing Workforce Diversity in the Health Professions: A Social Justice Perspective. *Health professions education, 6(2)*, 222-229. <https://doi.org/10.1016/j.hpe.2020.01.002>
- World Health Organization. (2022). Strengthening primary health care to tackle racial discrimination, promote intercultural services and reduce health inequities: Research brief. <https://www.who.int/publications/i/item/9789240057104>

# Annex 1. Disability in the workplace survey

Following the publication of guidance on supporting SLTs with disabilities in the workplace, the RCSLT Disability Working Group is keen to better understand the experiences of disabled members. This survey is for speech and language therapists (SLTs), for speech and language therapy assistants (SLTAs), SLT apprentices and pre-registration students on speech and language therapy courses. It is also for non-disabled colleagues, managers and students who can share how they can support colleagues with a disability. There is a lack of research on this topic and we also wish to gather examples of best practice.

This survey will be open until Friday 26th May 2023.

A disability could be a specific learning difficulty, a social or communication difference, a long-standing illness or health condition, a mental health condition, a physical impairment or mobility difficulty, deafness or a serious hearing difficulty, and/or blindness or a serious visual difficulty uncorrected by glasses.

This survey contains questions that ask about experiences of the workplace as a person with a disability, including for students on placement. There may be some emotional burden from responding to questions. Please only share information you are comfortable in expressing. All questions are optional and you can go back to amend answers at any time before finishing the survey. You are also welcome to view the wellbeing resources listed in our guidance on supporting SLTs with disabilities for further support.

Thank you for your participation, we are very grateful for your contribution.

---

## How RCSLT will use and analyse your information and consents

Please review the information below about data privacy and communication preferences and indicate your agreement or not in each of the questions on this page.

All questions are voluntary, so if you cannot or do not want to answer a particular question, feel free to skip it. All analysis will be done anonymously without any identifiable information included. You can learn more about how RCSLT uses the data we hold about you here.

**I confirm that I am an RCSLT member and based in the UK. If you do not meet this criteria, please do not fill in the survey. If you would like to share any examples of your experiences with the RCSLT directly, please email [info@rcslt.org](mailto:info@rcslt.org)**

Yes

**I give consent for the data I provide to be analysed by the RCSLT internally. If you choose "disagree" your information will not be included in any analysis.**

Agree

Disagree

**I give consent for the RCSLT to share my anonymised data for the purposes of research (if required).**

Agree

Disagree

**Please indicate if you wish to receive the results of this survey. You will need to complete the contact details in the next question below if you wish to receive the results.**

Yes

No

## Questions to help with our analysis

### What is your gender?

- Male
- Female
- Non-binary
- Rather not say
- Prefer to self-describe

### What is your ethnicity?

- White British/Irish
- Gypsy or Irish Traveller
- Other white background
- Black/African/Caribbean/Black British
- Asian/Asian British
- Prefer to self-describe
- Other ethnic group
- Mixed/Multiple ethnic groups
- Prefer not to say
- Do not know

### What is the broad area of your speech and language therapy role? Select all that apply.

- Adult
- Paediatric
- Acute
- Community Education
- Pre-registration student
- Other (please specify)

### What is your type of employment or study?

- Pre-registration student
- SLT apprentice
- Self-employed
- Independent practice
- Third sector business owner
- University lecturer or academic
- NHS - SLT
- NHS - Specialist SLT
- NHS - Highly Specialist SLT
- NHS - Consultant
- NHS - Management / Team Leader
- SLT assistant
- Portfolio employment (a mix of different employers or employment patterns)
- Other (please specify)

**If you are a qualified SLT, how many years have you been working as an SLT?**

- 0-5
- 6-15
- 16-25
- 26+
- This question is not applicable to me

**Are you employed or studying full time or part time?**

- Full time
- Part time
- Other (please specify)

**What nation or region do you work in?**

- |   |  |
|---|--|
| <input type="radio"/> Channel Islands and Isle of Man | <input type="radio"/> South East               |
| <input type="radio"/> East Midlands                   | <input type="radio"/> South West               |
| <input type="radio"/> East of England                 | <input type="radio"/> Scotland                 |
| <input type="radio"/> London                          | <input type="radio"/> Wales                    |
| <input type="radio"/> North East                      | <input type="radio"/> West Midlands            |
| <input type="radio"/> North West                      | <input type="radio"/> Yorkshire and Humberside |
| <input type="radio"/> Northern Ireland                | <input type="radio"/> Across all of England    |
| <input type="radio"/> South Central                   | <input type="radio"/> UK wide role             |

**Do you have a disability?**

A disability could be a specific learning difficulty, a social or communication difference, a long-standing illness or health condition, a mental health condition, a physical impairment or mobility difficulty, deafness or a serious hearing difficulty, and/or blindness or a serious visual difficulty uncorrected by glasses. You are welcome to complete this survey even if you are awaiting formal diagnosis.

- Yes
- No

**Please choose the option that most closely describes your disability.**

You can select more than one option. These definitions are based on those used in the collection of national student data to aid high level comparison with other datasets.

- A specific learning difficulty such as dyslexia, dyspraxia or ADHD
- A social or communication difference
- A long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy
- A mental health condition, such as depression, schizophrenia or anxiety disorder
- A physical impairment or mobility difficulty
- Deaf or a serious hearing difficulty
- Blind or a serious visual difficulty uncorrected by glasses
- Something that is not listed above

If you would like to be more specific about your disability, please do so here.



**Are you currently a pre-registration student? Please select “No” if you are an SLT apprentice.**

- Yes
  - No
- 

## **Questions about your wellbeing in the workplace**

**How well does your employer understand your disability?**

- Select one.

- Does not understand at all
- Limited understanding
- Understands well
- Understands very well

**Do you feel accepted by colleagues at your workplace with regard to your disability?**

- Select one.

- I do not feel accepted
- I don't know if I am accepted
- I feel accepted most of the time
- I always feel accepted

**Do you feel supported by your manager with regard to your disability?**

- Select one.

- I never feel supported
- I sometimes feel supported
- I always feel supported

**How comfortable do you feel with procedures to raise concerns and report discrimination?**

- Select as many as you wish.

- I do not feel comfortable about using procedures to raise concerns and report discrimination
- I am unsure how to use procedures to raise concerns and report discrimination
- I feel comfortable about using procedures to raise concerns and report discrimination
- I would feel more comfortable if I had support to raise concerns and report discrimination

Please add any other comments about your wellbeing here.

## Job applications and interviews

**Did you disclose your disability during the application and interview process?**

- Yes  
 No

If yes, when in the process did you disclose (for example, during your Occupational Health assessment), and what were you hoping to get from doing so? If no, why didn't you disclose?

**If you required reasonable adjustments for the application or interview, who initiated the discussion about adjustments?**

**Is there anything related to your disability and/or to disclosure that you wish would have gone differently during the application and interview process?**

---

## Access to work

**Did you have an official 'Access to Work' assessment?**

- Yes  
 No

If yes, has this been useful? If no, why did you not have an official assessment?

**What has your experience with HR and/or Occupational Health in your workplace been like?**

**Do you feel able to discuss your disability at work?** You can select more than one option.

- Yes – with manager  
 Yes – with colleagues  
 Yes – with HR/Occupational Health  
 No

If you would like to give more detail, please do so here.

**What kind of barriers to work do you come across, if any?**

---

## Reasonable adjustments

**Have you ever been refused reasonable adjustments that you have requested?**

- Yes  
 No

Please add any more details if you wish.

**What types of reasonable adjustments have you asked for from your employer, if any?**

If you have different reasonable adjustments for different disabilities, if possible, please clarify which adjustments apply to which disability.

**If you have multiple disabilities, have you found it easier or more difficult to access reasonable adjustments for one or more of them?**

If you have asked for reasonable adjustments, have you received the adjustments that you need? If so, how long has it taken for these to be put in place? Did this require the involvement of occupational health before they were implemented?

**Is there anything related to accessing reasonable adjustments that you wish would have gone differently?**

**If you haven't asked for reasonable adjustments but want them, why have you not asked or felt as though you couldn't ask?**

**Do you have any positive examples of best practice you would like to share about colleagues and/or managers interacting with and supporting you?**

**What do you wish your colleagues, supervisors, or managers had done differently when supporting you - if anything?**

**Have you had a negative experience or encountered disability discrimination in the workplace?**

- Yes
- No

**How can non-disabled colleagues and managers be supported and trained to intervene when they hear non-inclusive comments or witness non-inclusive behaviours related to disability?**

**In terms of an accessible workplace, what would best practice look like for you?**

**Do you also wish to tell us about any experiences you have working with colleagues with a disability?**

- Yes
- No

## Questions for students with disabilities about their placement experiences

**Have you been given support and guidance from your university regarding disclosing your disability on placement?**

- Yes
- No

If yes, what kind of support/guidance did you receive? If no, what would have been helpful?

**Have you felt supported by supervisors on placement with regard to accessing reasonable adjustments and support in the workplace?**

- Yes
- No
- Partly

Please add any further detail if you wish.

**What types of reasonable adjustments have you received for while on placement, if any?**

If you have different reasonable adjustments for different disabilities, if possible, please clarify which adjustments apply to which disability.

**Do you feel prepared and supported to answer questions you may get from service users about your disability while on placement?**

- Yes
- No

If you would like to give more detail, please do so here.

**Have you had a negative experience or encountered disability discrimination while on placement?**

- Yes
- No

If yes, please add a comment if you wish

**Do you have any positive examples of best practice you would like to share about your preparation for, or experience on, placement?**

---

## Questions about your experience managing, working or studying with, a colleague with a disability

**Do you also wish to tell us about any experiences you have working with colleagues with a disability?**

- Yes
- No

It is important that the student experience while on placement is represented in responses to this survey. If you are a student, please respond based upon your placement experiences, even where questions refer to an 'employer'.

## Questions about your experience managing, supervising or working with, a colleague with a disability

**To your knowledge, have you ever studied, worked with, supervised, or managed someone with a disability?**

- Yes
- No

If yes, what type of disability did the person have?

It is important that the student experience while on placement is represented in responses to this survey. If you are a student, please respond based upon your placement experiences, even where questions refer to an 'employer'.

**When trying to support disabled colleagues, have you found any barriers?**

**How comfortable would you feel supervising a student with a disability on placement?**

**How comfortable would you feel managing someone with a disability?**

**If you have supervised a student with a disability on placement, how did you support the student to deal with others' potential reactions to and comments about their disability?**

**Are you aware of the RCSLT document on disability in the workplace and reasonable adjustments?**

- Yes
- No

**Have you witnessed negative experiences / disability discrimination in the workplace?**

**If you could go through the experience of working with, supervising, or managing someone with a disability again, what would you do differently - if anything?**

If you have any further comments or feedback please add them here.

---

**Thank you for completing this survey. Your contribution is very much appreciated.**

When the survey closes we will be analysing the responses received and then plan to write up the results to share with RCSLT members via various RCSLT channels, such as Bulletin and consider, with the disability working group, the opportunities for future areas of work.

**Please get in touch if you have any further questions at [info@rcslt.org](mailto:info@rcslt.org)**

## Annex 2. Detailed description of the sample

Type of employment or study	Respondents with a disability ( <i>n</i> =254)		Respondents without a disability ( <i>n</i> =103)	
	N	%	N	%
Pre-registration students and apprentices	32	12.6%	5	4.9%
SLT assistant	12	4.7%	4	3.9%
NHS – SLT	<b>56</b>	<b>22.1%</b>	14	13.6%
NHS – Specialist SLT	47	18.5%	<b>28</b>	<b>27.2%</b>
NHS – Highly specialist SLT	42	16.5%	25	24.3%
NHS – Management / Team leader	18	7.1%	18	17.5%
NHS – Consultant	3	1.2%	1	1.0%
Independent practice or business owner	24	9.5%	8	7.8%
Self-employed	11	4.3%	2	1.9%
Third sector	6	2.4%	2	1.9%
University lecturer or academic	9	3.5%	3	2.9%
Portfolio employment (mixed)	6	2.4%	2	1.9%
Other	16	6.3%	4	3.9%
Years of clinical experience (qualified SLTs only)	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
0-5	<b>83</b>	<b>32.7%</b>	25	24.3%
6-15	65	25.6%	<b>33</b>	<b>32.0%</b>
16-25	38	15.0%	24	23.3%
26+	25	9.8%	12	11.7%

Mode of employment or study	Respondents with a disability ( <i>n</i> =254)		Respondents without a disability ( <i>n</i> =103)	
	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
Full-time	<b>163</b>	<b>64.2%</b>	<b>64</b>	<b>62.1%</b>
Part-time	75	29.5%	36	35.0%
Other (including mixed roles with different arrangements)	13	5.1%	0	0.0%
Area of speech and language therapy	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
Pre-registration student	29	11.4%	4	3.9%
Acute	18	7.1%	8	7.8%
Adult	71	28.0%	29	29.2%
Community	82	32.3%	36	35.0%
Education	49	19.3%	21	20.4%
Paediatric	<b>148</b>	<b>58.3%</b>	<b>67</b>	<b>65.0%</b>
Others (including criminal justice, mental health learning disability, etc.)	18	7.1%	13	12.6%

The Royal College of Speech and Language Therapists (RCSLT) is the professional body for speech and language therapists in the UK. As well as providing leadership and setting professional standards, the RCSLT facilitates and promotes research into the field of speech and language therapy, promotes better education and training of speech and language therapists, and provides its members and the public with information about speech and language therapy.

[www.rcslt.org](http://www.rcslt.org)

[info@rcslt](mailto:info@rcslt)

[@RCSLT](https://twitter.com/RCSLT)

