

SPEECH PATHOLOGY AND ITS PROFESSIONAL ASSOCIATION IN AUSTRALIA

Compiled for Speech Pathology Australia by Alison McDougall

Speech Pathology Australia



IN THEIR OWN WORDS

In 2002, an Oral Historian, Jo Wills, interviewed a small number of the many Speech Pathologists in Australia who have had a long involvement with the profession. They shared with her their experiences and opinions. Below are themed extracts that have been matched to current practices and opinions to show how the profession and Association have evolved over time.

SPEECH PATHOLOGY STUDENTS

Jan Baker, who graduated in 1968, reflects, *I always thought I would either do something medical or something to do with music and drama...in those days it was typical for women to do nursing... But I thought, 'I'm not going to do what everyone else does'. Bit of a rebel! I wanted to do something different and it [Speech Pathology] was a new profession, there was no training school here [in Adelaide]. It was a bit of a pearls and twin set brigade!*

Helen Sjardin, who graduated in 1965, believes there was always this thing about physios, OTs [occupational therapists] and speech pathologists: physios were always the sporty ones, OTs were the basket weavers or hippies and the speech pathologists were the twin sets and pearls.

Dimitry Dornan remembers when I started as a speech pathology student at the age of sixteen at the University of Queensland, it was really back in the older generation. Women didn't wear slacks, certainly didn't wear jeans. They weren't allowed in a bar. One of my class members...actually wore white gloves everyday, with her briefcase. It was just a whole different way of women interacting in society. You were not encouraged to speak up in classes, you certainly weren't encouraged to give an opinion...

Lesley Henderson who also trained in Queensland remembers we had to wear a brown uniform with white collars for when we did clinical placements or visits. We had fashion parades...to raise money. There was always a 'Miss Speech Therapy' selected in each year for the 'Miss University'. I think by my third year that was started to be seen as not the sort of things that university student should do, but it had been a part of life previously. In the beginning of my second year we had to come back early from holidays and work a week as a nurse's assistant (I've never worked so hard in my life). **Lesley** also remembers it was probably a good ten years after I graduated before the first male came through.



Queensland BSpThy Graduates, 1974. Photo taken in the garden of the Rock Street house which housed the Speech Therapy Department. Photo courtesy L. McAllister.

Ruth Porteus recalls there were seven of us in my first year [Melbourne, 1950], five of whom graduated, and of those five, three were mature age students...there were still ex service men and women coming through during the post-war construction era...Victoria had a number of men from the beginning. Sadly, some of them left in later years because of the career structure in the [Education] Department. Of course the pay scale for speech therapy had to be invented in the first place. **Ruth** further comments that when Commonwealth scholarships came in suddenly speech therapy was open to a much wider range of students. Before that it had been a fee paying course...The Commonwealth scholarships were quite generous so people could come in from all sorts of backgrounds which was good for the whole profession. That made a tremendous change, I think.

A little reverse discrimination apparently occurred in the 1960s when the Sydney training school, upon being lobbied to take male students, reportedly declined on the grounds that there was 'only one toilet for students'.¹¹

Today Speech Pathology students in Australia are still predominantly female of Caucasian background, which is consistent with the profession as a whole, with only 2.6% [N51] of respondents to a national survey being male.¹² Under the Speech Pathology Australia Member Network Portfolio, a Blokes in Speech Pathology group has recently formed with a long term vision for male recruitment into the profession a high priority.¹³

Course intakes for first year now vary from approximately 30 to 85. There has been a trend in recent years for an increasing proportion of students to enter courses under mature age schemes, many having had previous tertiary learning experience.¹⁴ Students pay for their courses either up front or through long term loans via the Higher Education Contribution Scheme. There have been no recent reported sightings of white gloves or brown uniforms!

SPEECH PATHOLOGY COURSES

Joyce Alley who graduated in Melbourne in 1952 reflects on the facilities. *Well, I suppose they were very poor. It was located, when I started, within the Royal Children's Hospital in the Department of Psychiatry [Melbourne], which was a very, very small building that had a number of other disciplines...I think the training facilities consisted of one room which was both the senior speech pathologist's office and clinical room.*

Ruth Porteus who became the Director of Training for the Victorian Council of Speech Therapy remembers the Speech Therapy School had long grown out of the Children's Hospital and actually acquired two rooms and a little hole for the secretary in the Victoria Prisoners Aid Society which was on Lygon Street, Carlton...Downstairs all the ex prisoners came in to get their first handout of money after they had left prison. And they kept a big wardrobe of suits which had been handed on - the prisoner would get a suit. So in came the ex-cons downstairs and upstairs went all the speech therapy students!

Later on **Ruth** was right in the middle of tumultuous times. *The great crisis of those years, well, there was a crisis every second day! But the most dramatic one for the Association, for the profession as a whole, was the decision of the University of Queensland to start a Speech Therapy course [founded by Elizabeth Usher]. At that time, the examinations were conducted by...the Australian College of Speech Therapists...Basically the stuff that was to be covered was laid down. Queensland, of course, was a University and wasn't going to be told how to run its new course.*

So the negotiations for that were very delicate indeed...It wasn't too clear in the beginning that this [basing the course on the recommendations of the College about the ground rules] would be agreed to so it was very tense and dramatic. When the first graduates of that course became members of the College there was general rejoicing. But of course it wasn't long after that that the College was no longer an examining body because other university based courses had begun.

Helen Sjardin, when the Association later operated with a Board structure, was on the Education and Training Board. *What we as the professional representative needed to do was to make sure that they [training courses] were going to be able to be an appropriate standard, and they were going to be able to guarantee their student placements. It was a pretty political position to be in and delicate one because we wanted to keep people onside and maintain the dialogue but not appear threatening whilst also ensuring that standards were maintained.*

Dimitry Dornan remembers there were no resources when we started. *There wasn't even a book about speech therapy until the end of my second year. So everything we learned had to come from lecture form...it made us very resourceful. My first lecture I think was at the old Quanset huts, I think they were called, our own army huts. Eventually it moved to Rock Street [St Lucia, Brisbane], which was a small house, and now it is in the beautiful therapies building.*

Jan Baker recalls the early beginnings of the course in South Australia. *We heard that the course was being mooted at the teachers' college at Sturt. They hadn't asked us anything about it...they were going to make it a diploma and we said, 'Don't make it anything less than a four or three year degree'. So, I would go up there with Jan Rolan, and we would sit in a piano music practice room and we set up a library in a room that was a broom cupboard really...we had a table and two chairs.*

Lesley Henderson who trained at Queensland University recalls *because we were part of the Medical Faculty we were governed by their rules. For instance, if you failed first year you were out completely, you couldn't repeat. Those students that failed in first year were not able to return to university to do speech therapy.*

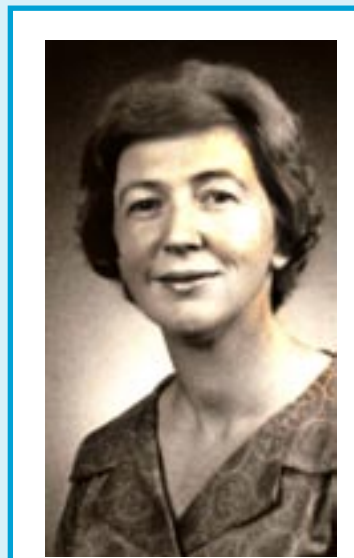
Ruth Porteus further comments, *we inherited a structure from Britain which was a medical model...without much psychiatric input...So psychology was a core subject from the beginning. A bit of time was given to child development, but not nearly enough to other areas of psychology in the years when I trained...*

In America things had started quite differently and the profession rather grew from education and psychological backgrounds into a specialist career...In later years, Australian departments of speech and hearing have been able to draw on the traditions of both those disciplines. I really do think we've had the best of both worlds by having that input from both the US and UK.

Helen Sjardin sees one of the changes has been there is more recognition. *I think what Australians are finding, because we used to see ourselves as poor sisters influenced by the English and American forbears, that in both countries now we know that we're highly valued. Whereas when I was graduating it was different.*

In Australia today, there are university based undergraduate programs in all states except Tasmania, with all offering postgraduate studies. Graduate Entry Masters programs are available at the Universities of Curtin, Latrobe, Macquarie and Queensland, and it is likely within the next five years, all the programs currently offering undergraduate courses will also have Graduate Entry. The programs have purpose built facilities and their staff are required to have or be working towards postgraduate qualifications as well as being actively involved in research. These programs also undertake entrepreneurial projects from running clinics to the production of multimedia and therapy resources to providing continuing professional education to external agencies.¹⁵

Speech Pathology Australia interacts with the programs in a variety of ways. The main issue involves the Competency-Based Occupational Standards which were developed in 1994 and revised in 2001. These outline the minimum skill, knowledge base and attitudes required for entry-level practice of the profession and form the basis for accreditation of courses.¹⁶



Ruth Porteus, Director of Training for the Victorian Council of Speech Pathology. Photo courtesy Ruth Porteus.

SPEECH PATHOLOGY AUSTRALIA

Lesley Henderson remembers *...I was on council for a number of years. We used to have to fly down [from Queensland] to Melbourne for meetings. We got our airfares paid but that was it. You had to have relatives or friends or someone you could stay with for the night and you'd have to get yourself to the meetings.*

Dimitry Dornan remembers the year I graduated I took the secretary's position...*We all took pivotal roles as new graduates. We had to take the positions; we took roles on committees...I think I got burnt out a lot in those early years...*

Ruth Porteus reflects that the state branches were always important...*The state branches, even before they were able to have the budgets to operate any sort of in-service training were always the places in which you exchanged knowledge, got help and discussed difficult clients etc. However when Ruth graduated and went to work in Tasmania... as the only therapist there, I became the council member for Tasmania...although because it was so expensive I think I only got to one meeting during the time [two years].*

Helen Sjardin, who moved from Tasmania to Western Australia, became national president in 1992. *[Steve Zubrick, also from Western Australia, was the first president (1983-1985) who did not live in Victoria after the office moved to Melbourne.]*¹⁷ *Helen remembers, so to be a Western Australian as a national president was a pretty big thing. We didn't have email in those days...I used to make my calls at six o'clock in the morning, which was nine o'clock over there, and get it all out of the way before I went off to work...a lot depended on the support from the national office...and certainly in my time we had a good partnership and it worked well.*

Ruth Porteus observes that today the College [Speech Pathology Australia] strikes me now as being a very professionally run body...*employing professionals in the area rather speech therapists doing it late on a Sunday night after two days of council meetings!*

Speech Pathology Australia now has paid administrative staff and has developed a portfolio structure which reflects the vision and direction of the association.



The Council meets four times a year, with three meetings held at the National Office in Melbourne and the fourth at the site of the National Conference. Councillors/Portfolio Coordinators, who work voluntarily, are likely to spend six to eight hours a week managing their area. All costs incurred in attending meetings are now covered by the Association. The President receives an honorarium to backfill their substantive position for one day a week. At the state level there are paid Continuing Professional Development officers, whilst state committees are run by volunteer professionals.

CULTURAL ISSUES

Helen Sjardin believes that certainly when we were training, there was almost an assumption that Australia was mono-cultural...*It's been something where I feel maybe the profession has evolved but lagged behind political policy a little... The difference that I've found between Australia and other countries is that we have such a wide range of immigrant countries...*

Lesley Henderson relates *I go to a nursing home that is multicultural and practically every person in there doesn't have an English background...and assessing them is a nightmare but a lot of staff who work there have English and another language and so I rely on their interpretation.*

Edwina Bryson remembers *I had two days a week at the Far West Children's Health Scheme at Manly [Sydney]...It was a hospital where Aboriginal and other children with severe disorders were brought down from the country and where they could live and be treated by specialists.*

Jo Wills: *In terms of working with indigenous children were there any language difficulties? Well, I'd have to say that in those days we ignored them...Looking back of course I realise how awful that was.*

Jo Wills: *Did their parents come with them? No. They came with a nursing sister...And sometimes they had to stay for months and never saw their parents.*

Helen Sjardin acknowledges that certainly there is [today] within many of the universities, an active move to address acknowledgement of cultural differences.

In the 2001 Membership Survey, 30.7% [N=613] indicated that they spoke a language other than English, although over one third designated that the second language was signed English. Of other languages spoken, Southern European languages were the most frequent, with Northern European and Eastern Asian languages the next most frequently spoken. Notably, Australian indigenous languages were not spoken at all by respondents.²⁵ In the 2002 Membership Survey, three respondents indicated they were of Aboriginal descent.²⁶

The Australian Bureau of Statistics 2001 Census data indicate that 72.6% of respondents were Australian born and that 80% cited English as the only language spoken at home. The three most common languages other than English spoken at home were Chinese languages, Italian, and Greek. 2.2% of those surveyed identified themselves as being Indigenous in origin. The state with the highest percentage of people who identified as being of Indigenous origin was the Northern Territory, with 25.1%.²⁷

Meaghan McAllister, a Speech Pathologist currently based at Katherine in the Northern Territory, tells us that *classic Speech Pathology goes out of the window of the 4 Wheel Drive when travelling the hundreds of kilometres out to remote Indigenous communities. I have been advised by experienced Speech Pathologists in the Territory to leave all you learn at university 'on the shelf' and look at working in remote communities with a fresh perspective. Often we are working with people who have English as a second, third or fourth language and who have acquired language in ways that are still being researched. Some clients have transient lifestyles and simply aren't at the community when we visit. This in addition to infrequent visits because of caseload commitments in other towns/communities means that there can be poor continuity.*

The priorities of families living in remote communities may not necessarily reflect the priorities of us clinicians. This means that to build crucial trust and rapport you can spend quite some time simply sitting and chatting under a tree or helping the family to deal with more pressing matters - such as completing government forms.