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Speech Pathology Australia

Position Statement

Culturally responsive speech pathology practice

Preferred citation

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Revision history

The following table describes a summary of the changes made to this document since its original publication.

Version	Date	Amendment notes
1	2001	Original document
2	2008/2009	Significant revision
3	2016	'Working in a culturally and linguistically diverse society.' Significant revision
4	2025	Reconceptualisation and significant revision; Retitled.

Content

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Definitions

Anti-racism **"**is an active process; a process that works to eliminate racism at all levels and requires consistent commitment, action and attention. It is particularly concerned with addressing systemic racism, unlike the passive stance of 'non-racism" (Speech Pathology Australia [SPA], 2023c, p. 4).

Culture is defined in this position statement as a set of distinctive spiritual, material, intellectual and emotional features of society or a social group that encompass lifestyle, ways of living together, value systems, traditions, and beliefs (United Nations Educational, Scientific and Cultural Organization [UNESCO], 2001).

Aboriginal and Torres Strait Islander Peoples' Cultures have developed over millennia and is defined by ways of Knowing, Being and Doing, Identity, Languages, connectedness to Dreaming and storylines, as well as relationships to family and kin and connection to Country (Indigenous Allied Health Australia [IAHA], 2019).

Modern notions of culture include age, gender, dis/ability, religion, socioeconomic status, sexual orientation and one's profession (Richardson et al., 2017). However, culture is determined by more than discrete qualities. The broader notion of culture that informs this position statement acknowledges that people create culture through shared practices in places, and culture shapes how people engage in practices and create spaces and places that will change over time. It includes recognition that "not only patients and their communities have cultures" (Taylor, 2003, p. 556), but that speech pathologists bring their own culture to interactions and that the profession of speech pathology has its own professional culture. All encounters are cross-cultural in nature as all interaction partners "bring their unique personal histories and cultures" (Lee, 2019, p. 5) into the conversational space and encounter.

Culturally responsive practice "take an individual's cultural perspectives, beliefs, and values into consideration in all aspects of education or providing a service" (Hyter & Salas-Provance, 2019, p. 7). The notion of culturally responsive practice is directly linked with the notion of person-centered care. The latter ensures that an individual's perspective is considered within a culturally responsive approach and that cultural dimensions are not over-generalised (Satana et al., 2018).

For Aboriginal and Torres Strait Islander Peoples, cultural responsiveness is a strengths-based, action-orientated approach that enables Aboriginal and Torres Strait Islander Peoples to experience cultural safety (IAHA, 2019). Within the Speech Pathology Australia *Aboriginal and Torres Strait Islander culturally responsive capability framework* (2023a), cultural responsiveness "refers specifically and only to cultural responsiveness to Aboriginal and Torres Strait Islander Peoples in recognition of the unceded sovereign rights of communities across Australia" (p. 5). In this position statement, 'cultural responsiveness' includes all aspects of the dimensions of diversity (see below).

Cultural safety is used to conceptualise how a person would ideally experience the way they are treated by people in social encounters (everyday conversation partners and health care professionals alike). Initially developed as a framework for defining the experiences of First Nations Peoples (notably

the Maori in New Zealand) when receiving care from non-Indigenous health care professionals, the notion of cultural safety has been broadened to be used with all people and encompassing all dimensions of diversity (Richardson et al., 2017; Wood, 2010). Cultural safety is determined by the individuals, families and communities who are receiving services, not by organisations or those delivering services (IAHA, 2019).

Sociocultural positioning is the process through which individuals or groups of people are situated or 'belong' within a particular social and cultural context, for example, religion, age, level of education, socioeconomic status, dis/ability. The combination of assignment to these groups comprises a person's internal diversity. To emphasise the multiplicity, variety and interdependence of human sociocultural belonging, the term **'dimensions of diversity'** is used.

Dimensions of diversity

This position statement considers a range of dimensions of diversity, with some of these described below. However, this position statement does not conceptualise categories of human difference (for example, in terms of ethnicity, faith, language, ability) as homogenous groups. This position statement recognises that these categorisations do not define a person, nor should a person be stereotyped by their membership of a community.

- ***Age***

Social affiliation with a community that depends on shared chronological age, subjective age, generation, or people's views of one's age (Kaufman & Elder, 2002).

- ***Dis/ability***

Social affiliation with a community that depends on a shared embodiment of diverse levels of ability and the shared experience of the effects of disabling or enabling sociocultural practices and structures. This view recognises and respects that "disability has its own cultural history, not just the cultural perceptions of disability by the wider society" (Jacubowicz, & Meekosha, 2003, p. 190).

- ***Ethnicity***

Social affiliation with a community which depends on a belief in shared culture (for example, history, language, values, norms, practices), national heritage and ancestry (Hirschauer, 2017).

- ***Gender***

Gender is a social and cultural construct. It refers to a person's personal and social identity, and the way a person feels and perceives themselves. It may be based on shared physical characteristics (because of processes of sexual differentiation) and/or identification in terms of gender (for example, male, female, nonbinary, bigender, transgender, agender, genderqueer). A person's gender may change over time (Australian Bureau of Statistics, 2021; Australian Human Rights Commission (n.d.); Headspace (2025).

- ***Linguistic***

Diversity in the form and function of communication, including differences across languages (for example, Alawa, English, Noongar, Punjabi), differences in how communication occurs (for example, spoken, augmentative and alternative communication; signed languages, gesture) and differences in communication continuum (for example, unintentional passive, intentional informal, symbolic) (Iacono et al., 2009).

- ***Nationality***

Social affiliation with a community which depends on a claim of political-territorial sovereignty (Hirschauer, 2017).

- ***Neurodiversity***

The natural range of diversity in human neurodevelopment. Although all people process the world differently, some differences are grouped and named (for example, autism). The neurodiversity of a community arises from the presence of both neurodivergent people and people whose neurodevelopment is considered "typical" for their age and stage of life (Australian Department of Social Services, 2024).

- ***Profession***

Professional culture comprises the culture of the individual profession, the organisations in which a professional works and the culture of local, national and international health care delivery systems It includes the shared values, beliefs, norms, and behaviours that characterise a particular profession or field of work (Shanafeldt et al., 2019).

- ***Race***

A social construct that asserts the existence of biologically determined 'races' of people with common physical and social characteristics and abilities (Morning, 2011). As distinct to ethnicity, racial categorisation does not focus on building community but on creating a hierarchy between superior and inferior races (Hirschauer, 2017). The belief that different groups could be ranked hierarchically underpins colonialism, racial violence, white supremacy, sociocultural and political structures, practices and beliefs (Hirschauer, 2017).

- ***Religion/faith/spirituality***

Social affiliation with a community that depends on shared beliefs and convictions that can be acquired, changed or abandoned (Hirschauer, 2017). Defined by either a personal or institutionalised system of religious attitudes, beliefs, and practices.

- ***Sexual orientation***

Social affiliation with a community that depends on shared emotional, affectional, and sexual attraction or intimate and sexual relations with, people of a different gender, the same gender, or more than one gender (for example, heterosexual, lesbian, gay, bisexual, transgender, pansexual, queer, intersex, asexual) (Headspace,2025); Victorian Equal Opportunity and Human Rights Commission, (n.d.).

- ***Socioeconomic***

Social affiliation with a community based on educational, cultural, political and economic status (Lantz & Pritchard, 20210).

Inclusion. “A dynamic state of feeling, belonging, and operating in which diversity is leveraged and valued to create a fair, healthy, and high-performing organisation or community. An inclusive culture and environment ensure equitable access to resources and opportunities for all. It also enables individuals and groups to feel safe, respected, heard, engaged, motivated, and valued for who they are” (Molefl et al., 2021, p. 5).

Intersectionality. A theoretical framework that considers the dimensions of human diversity and the various aspects of a person’s identity, for example, gender identity, sexual orientation, language, ethnicity, socioeconomic status, ability or age and how they relate and intersect with each other. Intersectionality provides a lens through which an individual’s identity and culture may expose them to discrimination, disadvantage and marginalisation (Styhre & Eriksson-Zetterquist, 2008; Victorian Government, 2018).

Othering. A process “whereby an individual or groups of people attribute negative characteristics to individuals or groups of people that set them apart as representing that which is opposite to them.” (Rohleder, 2014, p. 1306). “Others” refer to people who are positioned outside to the dominant group and in the process are often [considered] subordinate to the dominant group.” (Rohleder, 2014, p. 1306).

Person-centered care. As distinct from ‘patient-centered care,’ the term person-centered care ‘refrains from reducing the person to just their symptoms and/or disease’ (Santana et al., 2018, p. 430). Person-centered care calls for a more holistic approach to care that incorporates the various dimensions to whole well-being, including a person’s context and individual expression, preferences and beliefs. Additionally, person-centered care is not limited to only the individual but also includes families and support networks that are involved, those who are not living with illness, as well as prevention and promotion activities” (Santana et al., 2018, p. 430).

Sovereignty. For Aboriginal and Torres Strait Islander Peoples, Sovereignty refers to ancestral links to the land and the Aboriginal and Torres Strait Islander Peoples who were born therefrom (First Nations National Constitutional Convention, 2017). Sovereignty recognises the ancient jurisdictions and continuing polity of Aboriginal nations (Langton, 2020).

1. Origins and background

Speech Pathology Australia acknowledges that the practice of speech pathology in Australia takes place on the lands of Aboriginal and Torres Strait Islander Peoples, the First Nations Peoples, and that Sovereignty of these lands was never ceded.

Speech Pathology Australia acknowledges that the term 'culturally and linguistically diverse' has previously been used to describe people and communities who are not white, Anglo Saxon, and English-speaking. This term has an othering effect which marginalises individuals and communities who do not identify as being part of this group. Speech Pathology Australia also acknowledges that previous conceptualisations of culture have often been limited to language and ethnicity. This position statement represents a shift to respect the diversity and intersectionality of all people and to acknowledge that each person has a sociocultural positioning that must be recognised in culturally responsive speech pathology practice. This position statement articulates Speech Pathology Australia's commitment to recognising and championing diversity and inclusivity for all individuals and communities.

Speech Pathology Australia acknowledges that for speech pathology services to be culturally safe and responsive, speech pathologists must interrogate and reflect on their own sociocultural positioning and how this impacts their beliefs, practices and worldviews.

Professional and ethical requirements for providing culturally responsive services

International documents inform this position statement, namely:

- World Health Organization. (2016). *Gender, equity and human rights: Availability, accessibility, acceptability, quality*.
- United Nations. (2007). *Declaration on the rights of Indigenous Peoples*.

This document adopts the World Health Organization's (2016) statement that services must be available, accessible, acceptable and of high quality for all. This document also adopts the United Nation's *Declaration on the rights of Indigenous Peoples (2007)* - Article 13, which states: "Indigenous peoples have the right to revitalize, use, develop and transmit to future generations their histories, languages, oral traditions, philosophies, writing systems and literatures, and to designate and retain their own names for communities, places and persons" (United Nations, 2007, p. 12).

Speech Pathology Australia documents also inform this position statement, namely:

- *Code of ethics* (2020a)
- *Professional standards for speech pathologists in Australia (2020b)*
- *Reconciliation Action Plan (2021a)*
- *Evidence based practice for speech pathology in Australia (2021b)*
- *Aboriginal and Torres Strait Islander Culturally Responsive Capability Framework (2023a)*
- *Commitment to combatting racism (2023b)*
- *Anti-racism: Position statement (2023c)*

- *Reframing and repositioning Aboriginal and Torres Strait Islander research. Position statement (2023d)*

This position statement aligns with the Speech Pathology Australia *Code of ethics* (2020a) which states that speech pathologists use "effective, culturally responsive assessment and diagnosis, intervention, collaboration, advocacy, community education, and research processes… with an awareness of the broader context of human rights of the individual" (p.2). This document also aligns with the *Professional standards for speech pathologists in Australia (the Professional Standards)* (SPA, 2020b) which require speech pathologists to demonstrate self-awareness of their "own cultural identity, values and personal biases, and the culture of the system in which [they] work" and use critical reflection regarding the "influence of culture, language and social background on experiences of communication and swallowing goals and needs" (p.13). To meet the needs of Australia's diverse population, all Certified Practising Speech Pathologists (CPSP) (SPA, 2023e) testify to practice by these professional standards.

The *Cultural responsiveness in action framework* (IAHA, 2019) and the Allied Health Practitioner Regulatory Agency (AHPRA*) Cultural safety strategy* (2020-2025) are instrumental to the content in this document. In alignment with these two documents, Speech Pathology Australia shares the vision of Aboriginal and Torres Strait Islander cultural safety which is defined by Aboriginal and Torres Strait Islander Peoples themselves. The Speech Pathology Australia *Aboriginal and Torres Strait Islander culturally responsive capability framework* (2023a) provides a foundational guide to the development and implementation of culturally responsive speech pathology practice with Aboriginal and Torres Strait Islander Peoples and Community.

2. The position of Speech Pathology Australia

The following seven statements summarise the position of Speech Pathology Australia (the Association) in relation to culturally responsive speech pathology practice in Australia.

2.1 Individually and within the contexts of their work, speech pathologists have a responsibility to develop cultural capabilities.

To provide culturally responsive services, speech pathologists require an understanding of their own culture and experiences of the world, and how this impacts their assumptions and perceptions of people and the decisions they make in professional practice. This includes awareness that individuals do not only align themselves with groups or communities according to their own identifications and on their own terms but are also assigned to groups and categories of humanness by people based on assumptions about them (Azul & Zimman, 2022). Culturally responsive speech pathology practice requires members of the profession to attend to both aspects of this categorisation process and to take responsibility for their own role in categorising the people they encounter in professional practice.

Culturally responsive speech pathology practice requires a commitment to critical self-reflection to identify, acknowledge, confront, and address the impact of implicit biases and beliefs that lead to racial and other forms of discrimination (Azul & Zimman, 2022; Hopf et al., 2021; Pilay et al., 2023; SPA, 2023c). Gaining insight is a process that requires continual reflection, ongoing professional development, consultation and learning from and with people and communities, and evaluation of practices. It requires an active anti-racist stance to create change both systemically and interpersonally, as well as within education and research related to speech pathology (SPA, 2023c). Learning to engage in culturally responsive practice does not have an endpoint, but rather, is a continuous process of learning.

2.2 To support equitable access to speech pathology services, speech pathologists must be responsive to the culture and needs of all people.

The *Professional standards* (SPA, 2020b) state that the role of a speech pathologist is to "respect the qualities that make each person and community unique, and to provide culturally safe and responsive services that acknowledge and respond to the cultural and linguistic diversity in the communities and individuals they serve" (p.6). To be effective in providing culturally responsive services for the Australian population, it is essential that speech pathologists have the knowledge, skills and attributes to provide services in a manner that ensures individuals, families and communities are culturally safe. As part of this, speech pathologists must privilege spaces for service users to articulate and contribute to what cultural safety means to them and not make assumptions about what cultural safety is and is not.

Cultural safety and responsiveness in the context of human rights recognises and respects the diverse cultural backgrounds and practices of individuals and communities. It recognises access to healthcare, education and support services as basic rights and that all people should have access to services without fear of bias, stereotyping or exclusion (United Nations, 1948). It emphasises the importance of

understanding cultural differences and integrating this awareness into human rights practices to ensure all individuals are treated with dignity and respect (UNESCO, 2001).

Universities have a key role in facilitating student awareness, understanding and enactment of practices that support culturally responsive speech pathology services. This includes promoting Indigenous ways of knowing, understanding and seeing the world (Hyter & Salas-Provance, 2023). It also requires education facilities to critically evaluate whether systemic and individual racism is present in academic and professional practice settings, and to assume an anti-racism stance to address this (SPA, 2023c).

2.3 Speech pathologists must critique the evidence base and cultural assumptions of research underpinning speech pathology practice, and work to build an evidence base that reflects the range of diversity dimensions.

Speech Pathology Australia requires that speech pathologists engage in practice that is based upon the best available evidence (SPA, 2021a). To do this, the speech pathology profession must be informed by an evidence base that reflects the individuals and communities it serves. Speech pathologists must appraise existing evidence for quality, trustworthiness and applicability, and understand that research undertaken with participants who are dissimilar to the people and communities seeking services may lack applicability and even be harmful if applied in practice without critical reflection and relevant modification of approaches and actions.

Speech pathologists must also recognise that scientific evidence is just one aspect of evidence-informed practice (Hoffman et al., 2012) and that drawing upon the expertise, experiences and preferences of services users, individual practitioner experience, and context-related factors is required to engage in culturally responsive practice. Situating research evidence in the appropriate cultural context is a key aspect of evidence-based practice (SPA, 2021; 2023).

Historically, speech pathology research has produced and reproduced evidence that specifically excluded populations based on diversity dimensions (for example, multilingualism, dis/ability, age) (SPA, 2023), and ignored the intersectionality of individuals and communities. Further, research has been conducted upon rather than in collaboration with communities and has not recognised the knowledges and evidence that exists within communities (Moreton-Robinson, 2015; Rigney, 2001; Smith, 2012). This has resulted in professional practices that do not reflect the priorities and aspirations of communities (Pilay et al., 2023; SPA, 2021; 2024b). Future research in speech pathology must be grounded in theoretical perspectives and knowledges that extend beyond westernised, Eurocentric worldviews to acknowledge a broad range of worldviews and knowledges in relation to communication and swallowing (Azul & Zimman, 2022; Hersh et al., 2022; Watermeyer & Neille, 2022).

Speech Pathology Australia recognises that undertaking robust research inclusive of multilingual and diverse populations may pose challenges to the profession (SPA, 2021). Such challenges may relate to a lack of understanding or familiarity with cultural contexts, language differences, the presence of power imbalances and bias, and lack of awareness of research methods and tools that are culturally

appropriate and sensitive to the needs and perspectives of diverse communities (Clark et al., 2021; Rigney, 2001). Addressing these challenges requires a collaborative and culturally sensitive approach that involves partnering with and being guided by local communities, respecting cultural differences and building trust. Speech Pathology Australia affirms the rights of Aboriginal and Torres Strait Islander Peoples to have Sovereignty, governance and control over their data, and to ensure data represents the strengths of communities (SPA, 2023d).

2.4 Speech pathologists must use culturally relevant resources to support effective speech pathology practice.

The delivery of speech pathology services must reflect the cultural preferences of service users. It is recognised that while there are increasing numbers of speech pathologists in Australia who speak multiple languages and who do not identify as white and Anglo Saxon, the speech pathology profession in Australia largely continues to have a cultural background that is different to many individuals and communities it serves (Verdon et al., 2014). Existing approaches, tools and resources used for speech pathology practice have also typically been developed utilising research paradigms and processes embedded in Eurocentric ideologies and are based on monolingual English-speaking populations and Western cultural norms (Hyter et al., 2019).

Where culturally appropriate resources are not available, resources should be co-produced in partnership with communities and shared with the profession where possible. Authentic collaboration and partnerships with communities and all stakeholders will contribute to the development of resources and services that are culturally, contextually and linguistically appropriate and relevant. These measures extend to public health programs and advocacy that will facilitate community awareness of speech pathology services and how to access services.

2.5 Appropriate verbal and written information must be available to all service users. Information should be presented in a culturally accessible way that may involve collaborating with interpreters and the use of translated materials, and/or photos and pictures to support understanding.

Speech pathologists are responsible for ensuring all individuals and communities are empowered to make informed decisions about their care (SPA, 2020a). This involves the use of culturally and contextually relevant information and targeted approaches to information dissemination that have been identified through consultation and partnership with individuals, their support networks and communities.

It may be necessary to provide written and/or verbal information about speech pathology services (including assessment processes, outcomes, recommendations) and related information (for example, health conditions) translated into home languages. It may also be necessary to employ interpreters and cultural support workers who can act as a bridge between the speech pathologist and individuals and communities to increase two-way understanding, build rapport and enhance the voices of individuals and communities to support their autonomy and self-determination in relation to decision-making (Rural Health Education Foundation, 2013). Complex health information may not be easily

translatable across languages and cultures, therefore collaboration with that community to ensure appropriate communication of information is essential.

2.6 Organisational and workplace policies are required to support services that are culturally safe and responsive.

Workplace and organisational policies and procedures are required that explicitly address how speech pathology services will be culturally responsive and meet the diverse needs of individuals and communities. A clearly articulated anti-racism stance is required.

Organisations are encouraged to acknowledge the time and resources required to provide culturally responsive speech pathology services. As an example, it has been estimated that the provision of culturally responsive speech pathology services to bilingual individuals requires double the time than is required when a service user in monolingual (Royal College of Speech-Language Therapists, 2025). It may be necessary for organisations to set aside time and funding to support co-production with relevant stakeholders that will include community, interpreters and translators. Absence of such acknowledgement and failure to provide required resources may render the speech pathology service inefficient and ineffective, and at worst, harmful.

Regular review of organisational policies and procedures is required in recognition of the changing nature of communities. Measurement of community demographics may include details of local dimensions of diversity based on census and other community sources of data. Policies should also outline how an organisation will ensure partnerships with Community Elders and cultural liaison services, access to appropriate interpreter services, and community representation on advisory and engagement committees.

2.7 Speech Pathology Australia is committed to the diversification of the speech pathology profession both through increasing the diversity of the Association and its membership and examining the professional culture of the speech pathology profession in Australia.

Speech Pathology Australia recognises that the Australian speech pathology profession remains largely demographically homogeneous. Further, speech pathologists entering the profession from diverse backgrounds describe challenges in working within a culturally homogenous profession (Clarke et al., 2020). The Association is committed to creating a welcoming space for speech pathologists from a diversity of backgrounds to strengthen and enhance the profession (SPA, 2016; 2023f).

Examination of the professional culture of speech pathology in Australia will require deep and critical engagement with and interrogation of the history, assumptions and values of the profession. It will require consideration of how power, privilege and social identities intersect, and how this has shaped the profession (Pilay et al., 2023). It requires speech pathologists to develop non-judgmental awareness of and genuine openness to the different perspectives of the individuals and families who access their services and to take responsibility for their own perspectives as they pertain to and shape their professional practice. The value of implementing these reflective practices is that they will allow

speech pathologists to work towards expanding their views, values and actions in ways that make space for and respect the sociocultural positionings and practices of the people, communities, organisations and institutions with whom they collaborate and provide services to. This in turn will support cultural safety for individuals, families and communities who engage with speech pathology services.

3. Conclusion

The seven position statements presented in this document provide a foundation for speech pathologists in Australia to engage in culturally responsive practice. The Association recognises that there is further progress to be made by the speech pathology profession in Australia so that the profession and speech pathology practice are responsive to and equitable for all individuals and communities in Australia.

This document represents a commitment by Speech Pathology Australia towards culturally responsive speech pathology practice.

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