


# “I have a sis in the profession for life, that’s who my mentor is”: evaluating a pilot mentoring programme for Aboriginal and Torres Strait Islander speech pathology students and professionals

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## Abstract

Aboriginal and Torres Strait Islander peoples face significant challenges in accessing mainstream health services due to the ongoing impacts of racism, colonisation, and intergenerational trauma. To address health inequalities, it is important to build Aboriginal and Torres Strait Islander workforce capacity in the health professions where there is significant under-representation. A pilot mentoring programme was developed to support Aboriginal and Torres Strait Islander ear and hearing health professionals and students, which aimed to understand their expectations and experiences. Six participants enrolled in the study, two mentors and four mentees, all from a speech pathology background. The study found that maintaining relationships with other Aboriginal speech pathologists was vital for longevity in the profession. The study stresses the importance of workplaces and universities ensuring that individuals are not thrown into culturally unsafe situations and that they are culturally safe and responsive.

## Keywords

Aboriginal and Torres Strait Islander, cultural safety, First Nations, Indigenous, mentoring, speech pathology

## Introduction

The authors would like to acknowledge the traditional owners and custodians of the land on which we live and work, Aboriginal and Torres Strait Islander peoples of Australia. We recognise their continuing connection to land, waterways, and culture; and that sovereignty was never ceded. We pay our respects to Elders past, present and future. As Finlay et al. (2021) noted, that while Aboriginal and Torres Strait Islander people share in striving for equity and sovereignty, within these cultures are distinct identities and diversity. For this reason, in this article, we respectfully refer primarily to Aboriginal people only, as there were no Torres Strait Islander researchers or participants in the study.

The research team had three proud Aboriginal researchers: Alice Sheehan (A.S.) (Yuin—an Aboriginal people from the South Coast of New South Wales, Australia), Corrine Butler (C.B.) (Kuku Yalanji—an Aboriginal people from the rainforests of Far North Queensland, Australia, and Wulgurukaba—an Aboriginal

people traditionally connected to the Townsville region and Magnetic Island, North Queensland, Australia), and Tara Lewis (T.L.) (Iman—an Aboriginal people traditionally connected to the Dawson River area, Central Queensland, Australia). All the remaining researchers were from a non-Aboriginal background.

Aboriginal and Torres Strait Islander peoples are less likely to use mainstream health services due to the previous negative experiences associated with institutional racism,

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fear of hospitals and the ongoing impact of colonisation and intergenerational trauma (Rix et al., 2015). In Australia, institutionalised racism has been a constant feature of our history, from the British designation of the continent as *terra nullius*, through the Convention on Federation 1897—which questioned whether Aboriginal people should be counted as *people* in the national census, to the Stolen Generations and the failure of the federal government to acknowledge its role (Henry et al., 2004). Henry et al. (2004) provided further examples on institutional racism in Australian healthcare including funding inequality, different performance criteria for Black and White, *body part* funding, differences in treatment regimens, inequitable primary healthcare funding, and cultural barriers.

In addition to the colonial impacts mentioned above, another ongoing challenge has been the use of deficit discourses in academic scholarship and popular media. Deficit discourses refer to

a mode of thinking that frames and represents Aboriginal and Torres Strait Islander people in a narrative of negativity, deficiency and failure . . . when discussions around disadvantages become so mired in reductionist narratives of failure that Aboriginal and Torres Strait Islander people themselves are often seen as the problem. (Fogarty et al., 2018, p. xi)

Deficit discourse is frequently, inappropriately, and unfairly used in the media, healthcare, and day-to-day life. It causes significant harm by contributing to forms of “external and internalised racism and shades out solutions that recognise strengths, capabilities and rights” (Fogarty et al., 2018, p. xi). It negatively impacts on the overall health and well-being of Aboriginal and Torres Strait Islander peoples.

These are further exacerbated with only a fraction of health professionals identifying as Aboriginal and Torres Strait Islander. The ear and hearing professionals are particularly under-represented with only 0.5% of these professions identifying as Aboriginal and Torres Strait Islander (Simpson, 2022). In addition, Aboriginal and Torres Strait Islander allied health students and graduates are often the only Indigenous-identifying person in their workplace, which can lead to feelings of isolation and exhaustion (Simpson, 2022). Building Aboriginal and Torres Strait Islander workforce capacity in the health professions, therefore, has a crucial role to play in improving the quality of healthcare provision provided to Aboriginal and Torres Strait Islander people (Wright et al., 2019).

Colley (2003) identified an increasing trend to use mentoring schemes as an effective means of engaging people in work and education. While some mentor relationships do develop informally, this is the exception, and so it is necessary to create and formalise these connections. This project focuses on a relatively under-researched area, that of supporting retention within the ear and hearing professions for Aboriginal and Torres Strait Islander peoples. The project will inform evidence-based methods to enhance support for Aboriginal and Torres Strait Islander students and staff retention within the profession.

This study provided support to Aboriginal and Torres Strait Islander ear and hearing students and new graduates, through the development of a pilot mentoring programme. The aim of the study was to understand the expectations and experiences of participants in a culturally responsive mentoring programme specifically designed for Aboriginal and Torres Strait Islander ear health professionals and students. A group of six students and new graduates were paired with a more senior practitioner in their field. Evaluation of the project was conducted by pre- and post-implementation methods, using clinical yarning to build rapport and discuss participants’ expectations and experiences of the programme.

## Methods

Ethics for the project was obtained through La Trobe University (ethics approval number HEC20522) and Monash Health (ethics approval reference RES-21-0000-108A).

### Researcher characteristics and reflexivity

The first author (A.S.) has over 5 years’ experience working with adults in a public health setting across the continuum of care, in acute, subacute, and community settings. Other members of the research team have over 10 years’ experience working in Aboriginal organisations, public health, and university settings.

The role of the non-Aboriginal research team has been one of collaboration and allyship throughout the project, providing consistent support and guidance. In the initial phases, they were involved in the funding and conceptualisation phase and contributing to discussions about the methodology and research process.

The analysis and initial write-up of the project were completed by the first author, with consistent yarns with another Aboriginal researcher (C.B.). Additional research support and guidance was sought from an experienced Aboriginal researcher (T.L.). There were also regular virtual discussions with the wider members of the research team. Due to the primary researcher going on maternity leave, the remaining write-up was completed by an experienced, non-Indigenous researcher (A.S.), with the entire team contributing to editing and proofing.

### Participant recruitment

Recruitment for participants took place in January to March 2021. Academic course coordinators in Audiology and Speech Pathology and University Indigenous Student Support Units across Australia were emailed using publicly available email addresses found on higher education websites. In addition, a call for participants was made through existing professional networks within the research team, including posting on social media groups for Aboriginal and Torres Strait Islander Speech Pathologists. Indigenous Allied Health Australia (IAHA) also sent invitations to their members who identify as Aboriginal and Torres Strait Islander, currently studying or graduate speech pathologists and audiologists.

Mentor participants were qualified professionals in Speech Pathology or Audiology and identified as Aboriginal, Torres Strait Islander, or both. Mentee participants were studying or recently graduated with a qualification in Speech Pathology or Audiology and identified as Aboriginal, Torres Strait Islander, or both.

### *Mentoring programme*

Mentors were assigned to mentees during the recruitment process. Factors identified in the pre-interview were considered, such as cultural support, clinical support, and educational or professional support. Given the small number of participants, their geographical proximity was considered in relation to time zones. This factor was seen to increase the time available for calls and the likelihood of face-to-face meetings. Mentors and mentees were requested to commit to the programme for a period of 6 months, with an ongoing relationship encouraged if agreeable, to both mentor and mentee. Participation in the project was voluntary and participants could choose to stop participating in the study at any time. Mentors and mentees were also encouraged to establish a regular meeting time of a half hour per week over the first 3 months. After this period, the meetings were driven by the needs of the mentee.

In addition, regular mentor–mentee meetings, participants also had access to resources led by IAHA, a national, community-controlled, and member-based Aboriginal and Torres Strait Islander allied health organisation. Participants in this study were provided with full access to the IAHA Mentoring Programme. The programme is a comprehensive and holistic package designed to support the Aboriginal and Torres Strait Islander workforce on personal, cultural, and professional journeys (IAHA, n.d.). The programme includes a series of resources including an IAHA Mentoring Kit, webinars, mentor training, and handbook to assist the mentors and mentees mentoring partnership.

### *Semi-structured interviews*

Each participant took part in two online semi-structured interviews—a pre-evaluation interview prior to engaging in the programme and a post-evaluation interview. The pre-interviews were conducted virtually in April and May 2021. There was a delay in conducting the post-interviews, which were initially meant to occur 6 months post commencing the mentoring programme. This delay was due to an emergency alert in Victoria, Australia in response to the COVID-19 pandemic. This resulted in a pause to quality improvement and research projects in public health networks. Therefore, the post-interviews were conducted in October 2022.

Downloaded audio files were transcribed by an external transcription company with the audio file then deleted. Participants were sent a copy of the interview transcript following the yarns. This provided the participants with the opportunity to clarify or add if they felt the transcription did not accurately capture their thoughts.

The pre- and post-interviews were conducted using yarning methodology by an Aboriginal researcher (A.S.).

It was essential that the interviewer identify as Aboriginal to ensure that it was a culturally safe space and deeper understanding of shared, lived experiences. It was vital that there was a space for the healing process, as several participants discussed the ongoing impact of colonisation, racism, and deficit discourses on them as individuals and their communities.

Yarning is a reciprocal way of communication and “is an Aboriginal way of knowing, being and doing and incorporates history, culture, language and identity” (Lewis et al., 2017, p. 15). Using yarning to conduct a semi-structured interview is a way to provide “an informal and relaxed discussion through which both the researcher and participant journey together visiting places and topics of interest relevant to the research study” (Bessarab & Ng’andu, 2010, p. 38).

Each interview consisted of three phases—the social yarn, the research yarn, and the reflective yarn. Social yarning is a form of yarning where researchers participate in informal and casual conversations with community members. These discussions focus on building rapport, establishing trust, and understanding the cultural context of the research topic. The goal is to create a comfortable and open environment for participants to share their perspectives, experiences, and knowledge (Atkinson et al., 2021).

The research yarn included more structured conversations with participants, where specific research questions are addressed. These discussions are relatively informal, but they aim to gather relevant data and insights related to the research objectives. These questions included asking participants about their experiences of the mentoring programme. The researcher could prompt or guide questions to ensure the discussion remains focused on the research topic.

Reflective yarning occurs during the interview as and when needed. The researcher actively checks in with the participant to make sure they are feeling comfortable and happy to continue engaging in the conversation.

When conducting the interview, the researcher did not conform to a linear trajectory. Rather, the yarn was carried out in a cyclical manner, wherein the researcher followed the participant lead. The researcher could transition from a research yarn to reflective discourse, then back to social facets of yarn, and back again to reflective deliberations. This iterative pattern is particularly salient when considering the narratives of participants, specifically in the context of racism and deficit in their accounts.

### *Analysis*

The data from each interview were coded by two Aboriginal researchers, A.S. and C.B., using Indigenous methodology, which explicitly prioritised Indigenous ways of knowing, learning, and teaching (Kenny, 2004). They reviewed the transcripts in a line-by-line method, yarning and designating labels to encapsulate the key ideas. All responses were reviewed multiple times as new themes emerged, ensuring all interviews were assessed for all themes. A.S. and C.B. then met with an experienced Aboriginal researcher, T.L., to yarn about the identified themes and determine mutually

agreed upon patterns. These patterns and core themes were then reviewed against the original transcripts, to ensure they maintained the voice of the participants and were anchored in their experience. Narratives were comprehensively captured and maintained in their entirety. This approach aligns with Indigenous methodologies, as it underscores the imperative of preserving stories in their holistic form. Themes were identified within interviews across the two groups, mentors and mentees, at each stage, pre and post, as well as overarching themes across the timeframe were identified, to detect similarities, differences, and changes across time and groups.

## Results

### Participants

A total of six participants enrolled in the study. Five participants identified as Aboriginal and one participant as Aboriginal and South Sea Islander. All were from a speech pathology background and located in the eastern Australian states. Of the six participants, two were mentors who both had over 10 years' experience as a speech pathologist in both adult and paediatric public health settings. The four mentee participants were divided into two groups, two early career within 3 years of graduating speech pathologists, and two student speech pathologists. Given the small number of Aboriginal speech pathologists nationally, the authors have chosen not to provide further socio-demographic details on the participants to protect their privacy and confidentiality.

The participants all acknowledged flexibility around the frequency of supervision, which typically occurred monthly. These sessions were conducted virtually, through Teams/Zoom, email, phone call, or text message and typically went for 60 min. Both groups initially tried group mentoring sessions; however, this method did not proceed due to participant preference and feedback.

### Interview themes

*Journey into and throughout their speech pathology degree:* All participants identified that they did not have a traditional path into the speech pathology profession. Three participants stated that after seeing speech pathologists working with family and friends, it inspired them to become a speech pathologist.

Two participants identified that they utilised an alternative entry programme to get into university. Five participants stated that they entered as mature aged students:

They put a lot of pressure on year 12 students as you've got to get the marks, you've got to get the marks, you've got to get the marks, but there's different ways. Like especially with the Aboriginal programs we have at the uni. I just hope the younger mob out there don't feel that pressure because there's just like, we're prime examples that we can still achieve what we want to achieve. (Participant F, Mentee)

One participant discussed being in a culturally unsafe placement and how her mentor helped her to navigate that

experience. This participant identified that without the relationship with her mentor, she would not have been able to finish the degree.

Just having someone to talk to through all those cultural things that come up on the job. I had some placements in that last part of my degree that were really horrible, and culturally unsafe. And without having my mentor say that to me, and say, get out, look after yourself, I wouldn't have, and I would have stayed there. And I probably wouldn't have finished my degree. So, me being a speech pathologist is—I studied and stuff, and I did my own work, but I honestly would have quit the profession without having that mentor to yarn to. (Participant C, Mentee)

*Creating and maintaining connections and relationships with Aboriginal speech pathologists:* There are a small number of speech pathologists who identify as Aboriginal and Torres Strait Islander, who are based all over Australia. Over the last few years, many have built relationships and connections through social media; however, for many they may not have had the opportunity to meet face to face or to develop relationships on a deeper level.

I didn't have any mob who was doing what I was doing. I still don't. Like because we're all so distanced, we are literally distanced . . . That's why my interest in this program because I really want to have a Koori mentor that I can talk to stuff about. (Participant D, Mentee)

We're all from different mobs, we might be from different areas, we might have different levels of cultural knowledge but we're all connected by our ancestors really. (Participant D, Mentee)

Five participants expressed that they were eager to meet other Aboriginal and Torres Strait Islander speech pathologists. They highlighted the importance of yarning with someone who has walked a similar path culturally and professionally.

What's important is validating the cultural needs of the mentees and also leaving that space for them to work through those challenges that they're having in walking those two worlds. So I think it's not leading them to that but creating that safe space so that they can reflect on it and know that they're with someone that understands what they're experiencing. So I think it's important that we talk about racism and we can talk about the systems that are in health that are working against them as a professional, as Aboriginal professionals, and also their clients as well. I guess it's the space to reflect on how their practice could be informed by their cultural needs as well and the cultural needs of their clients. So if it needs to look different, how do they approach that with their managers and with their team, and hopefully connecting some evidence, or connecting them with people that can help them find the evidence to support that approach so it is evidence based rather than a gut feel so they can feel more secure in what they're saying. I think if they're the only Black voice it's easy to get diluted and minimised so a bit of evidence behind them will really help them. (Participant A, Mentor)

Three participants discussed how working as an Aboriginal speech pathologist can be lonely and discussed the challenges



of navigating this. They highlighted the importance of maintaining a cultural connection and support through their mentor.

Yes, it's been huge. And even just ongoing mentor support, I know that she's here for me at all times with any of those cultural questions, and it makes me—I know I have a safety net; I know I have someone I can always talk to, which you don't always have as an Aboriginal speech pathologist. I'm the only Aboriginal speech pathologist in the region. So things come up where I need that, and again, I cannot say it enough, I would not be a speech pathologist without this program. (Participant C, Mentee)

A safe ear. I think that it can be difficult to try to navigate spaces that are not typically navigated by mob and for mob. And so having someone who has had experience in those areas supporting you and talking you through and sometimes talking you down where you have had instances where there's discord or insensitivity and having someone say, "Yeah, yeah, I've had that happen to me. It's not ok but you're not alone," and just having someone in your corner who gets it. And it's so nice having deadly sisters in a profession that is difficult to navigate when you don't come from very specific worlds. (Participant D, Mentee)

*Connection to culture:* One mentee stated that the cultural mentoring programme enabled her to become connected to culture and increased her confidence as an individual.

I wasn't particularly connected to culture initially before I started the mentoring program. I know one of my goals for the mentoring program was to build up that connection to culture, and that confidence in myself as an Indigenous allied health practitioner. It did that. (Participant C, Mentee)

The importance of maintaining a connection to culture was also identified by three participants in the post-interviews.

Black women are always supporting other Black women and there's never any shame. Nothing's shame job. There's only love and there's only solidarity. (Participant D, Mentee)

and this is usually the case with everything we do for mob—it's not about that, it's not about the White bit, you know. It's about the connections and community strengthening those ties. (Participant D, Mentee)

*Ongoing impact of colonisation:* Stoneham et al. (2014) identified that "the trauma, grief, pain, and anger that have resulted from the assimilation, segregation, and protectionist policies of the past are still present in the lives in Australian Indigenous people" (p. 1). Most of the participants discussed the ongoing impact of colonisation on them as individuals, their families and community. Two participants identified that their family was a part of the Stolen Generation.

We've been trying to look for my grandfather's birth certificate, but all it says on his birth certificate is that his mother is an Aboriginal female. She doesn't get a name. (Participant B, Mentor)

Two participants stated that their family members (parents, grandparents) would state that they were from a different cultural background, due to fear that they or their children would be forcibly removed if they identified that they were Aboriginal. They both reported that after these family members had passed away, they discovered that they were Aboriginal.

My previous generation were very much encouraged to deny they were Aboriginal. . . I can't imagine what that would have been like for my dad and the generations just to have to pretend you're not something. (Participant F, Mentee)

Other participants also identify that they did not grow up in culture and the impact that it has had on them as individuals and when wanting to be culturally appropriate clinically and in research.

*Deficit discourse and racism:* Two participants discussed the impact of racism and deficit discourse during their university degrees and "being that person that has to call out things that people should know better about" (Participant C, Mentee) and described this as an uncomfortable and distressing experience. Unfortunately, these experiences are still present in the daily lives of many Aboriginal people.

One participant discussed the negative impact of deficit discourse in research and how it impacts individuals and communities.

Her reputation as a researcher is leveraged off her researching Aboriginal kids, but she's not even empowering our kids in that work. So she's benefiting personally, her reputation, and financially she's benefiting and she's still using deficit discourse. She's still talking about us as "the other," like there's something wrong with the way our kids communicate. . . I don't trust them. I don't believe in what they're doing—it's just from very privileged, self-serving, or benevolent perspective that the research agenda is coming from. It just makes me disheartened. (Participant A, Mentor)

The shared trauma of these experiences and the negative impact that it has on the wider community was discussed with several participants.

Three participants discussed experiencing racism in the workplace and within a Western profession.

We talk a lot about our identity, we talk about our connection, our responsibility to mob, and the challenges of working in a very Western profession. (Participant A, Mentor)

One participant also voiced experiencing similar "microaggressions" in personal relationships and how the mentor helped to navigate these interactions (Participant C, Mentee).

Having someone tell me when it's unsafe, because you get so many microaggressions that you brush them off, because you get them everywhere. Even my family, sometimes, my in-laws, had some funny little microaggressions, and they don't mean to. But when you're in a workplace and they're starting to pile up, you keep writing them off and writing them off, and you

don't really see them piling up. And having someone else say that's culturally unsafe, that's not ok. And talking through what my options would be was really useful. Because you just kind of write off little ones, just sit with them. But having someone there to first of all say that you're not imagining things, but second of all, to help you draw where the line is, of that's enough. That was really important, really useful for me. (Participant C, Mentee)

*Proof of Aboriginality:* In some instances, individuals may be asked for proof of Aboriginality or "confirmation" of their Aboriginal and Torres Strait Islander heritage. An example of when this may occur with identified employment positions, grants, or university courses. Many Aboriginal people, including the authors, have expressed that they do not feel comfortable with this as it is a White construct and given the ongoing impact of colonisation may not be something that all Aboriginal people are able to provide.

One participant discussed the negative impact of being asked for proof of Aboriginality:

No, I would say that I'm still dirty about the confirmation thing and all that stuff that's required, I totally get it, but it's frustrating . . . I know how they find it upsetting—really, really upsetting. They've always felt like 'I'm not Black enough' or whatever it is and then this just rubs the wound in a little bit more. But again, obviously it's a complex issue and I understand it. (Participant D, Mentee)

*Previous mentor relationships:* Four participants identified that they had engaged in previous mentor relationships. The mentors both identified previous experiences can be linked to supervision relationships that they have had in the workplace. Another mentor relationship was arranged through Speech Pathology Australia's (SPA) mentor page on their website that was conducted face to face and by telephone. Both mentors discussed the importance of mentoring and the positive impact that these previous relationships have had on them.

Another participant had an informal mentor/supervision relationship through her workplace, however, identified that it wasn't what she was looking for. She stated that this was a primary reason for her seeking to join the mentor programme.

She's brilliant, but not the kind of supervision, not the kind of involvement that I was hoping for . . . but I always feel like I'm putting her out because she doesn't get paid for it and it's not a part of her business. (Participant E, Mentee)

The final participant reported a mentor relationship where there was a lack of cultural understanding and safety, which had negatively impacted her experience. This is interrelated with deficit discourse and racism. Like the yarning approaches identified above, Aboriginal people culturally don't talk in such a way that we have formal or structured yarns. This is further evidence that we are constantly dealing with deficit discourse and racism in all relationships, including with mentors.

I had a mentor who was a White woman tell me that I couldn't really be myself in practice. Like, she didn't mean it in a Blackfella kinda way, but also she did because we know that who we were is so intrinsically linked with our community and our culture and all of those different things. Like, she's not a malicious person at all. I think she just thought it was the most protective thing to say to me, but I was like I think this is a lack of cultural understanding. (Participant D, Mentee)

### *Development of clinical and research skills*

For one participant, one of her aims in joining the programme was to broaden her clinical skills.

I certainly don't remember enough of my voice training to go into practice in voice. . . I'm really concerned that I need a brush up on my skills and I don't know how to do that. (Participant E, Mentee)

While another participant highlighted the importance of yarning about culture before entering a research space.

I realised I didn't really grow up in culture. . . I need someone I can talk about culture with. I really need that sounding board because, for all intents and purposes, I grew up White. I grew up very White and I am just so conscious of that, if I'm going into a space where I could potentially be researching Indigenous peoples and being an Indigenous researcher, I need the connections to do it properly and do it well. (Participant C, Mentee)

*Experience in, and the impact of, the mentor programme:* In the post-interviews, the participants discussed their experiences in the mentoring programme. Some participants identified the programme as a safe space for cultural support and well-being.

I'd say the mentor program has just been about checking in and providing mentoring and maybe even counselling, just that ear and that cultural support. To me, it's been a lot of empathy and sympathy and just having connection in spaces that are not typically connected. (Participant D, Mentee)

Another said that it allowed them to grow as an individual. One mentor identified that she would not have been able to graduate without the programme, while another stated that she would not have been able to go to work without the support from her mentor.

I've loved being part of the program. In all honesty, I probably wouldn't have managed to graduate without having a mentor and someone to yarn to. (Participant C, Mentee)

Although the mentoring programme was for a limited time, the ongoing relationship between mentor and mentees, as well as the impact it had on their cultural growth, was also discussed.

I have a sis in the profession for life, that's who my mentor is. I think we've both grown because of the program. I know that she's gone out of her way to learn more things to support me as well. But yes, I got so much from the program and I've grown so much as an Aboriginal clinician. (Participant C, Mentee)

*Barriers and enablers to participation:* The participants were asked to identify what they thought would be barriers and enablers prior to the mentor programme commencing.

Barriers that were identified by participants in the pre-interviews were not being available or not having enough time to participate in the programme, virtual mentoring, and the group mentoring environment, particularly if the mentees have different goals, life, personality of participants, and passive interactions.

Two participants stated that a key enabler is that there are no expectations around cultural knowledge.

Just an understanding that everyone's journey is different I think and just the willingness to share, yeah, and help educate and support. (Participant F, Mentee)

Other enablers that were discussed were connections to culture, yarning and having reflective and open discussions, time and flexibility, previous mentoring experience, virtual mentoring, resources, and support from IAHA, career progression, developing coaching and mentoring skills, the mentoring sessions being goal oriented, and continuing to have a connection to speech pathology while in a research role.

In the post-interviews, three participants emphasised that a main barrier was needing to justify the importance of cultural supervision in their workplace, recognising that

The workplaces and the spaces don't always prioritise it. (Participant A, Mentor)

Other barriers that were identified were life, feeling overwhelmed, poor communication, engagement in the relationship, defining expectations, and time constraints.

The enablers that were identified were relationships and flexibility. One participant highlighted that the programme was able to offer more than just clinical supervision.

I think the motivation to participate in the program remains the same, now that I think that new grad or early career speech pathologists sometimes seek—and often seek—a little bit more than what their clinical supervisors or SPA can offer. . . there's conversations that sometimes you just can't have with your supervisors. (Participant B, Mentor)

*IAHA resources:* The participants all had access to the IAHA resources; however, only one participant used them during the mentoring programme:

I think that those resources help us say that this is valid, this is important, this needs to be prioritised. (Participant A, Mentor)

One participant stated that they did not use the resources given what was being discussed in the supervision sessions (Participant B, Mentor).

Other participants identified that they forgot the resources were available to them. One participant had an external locus of control in relation to the resources, stating that the mentor had not directed her to the resources.

Another participant highlighted that the reason they did not access the resources was in response to requests from

IAHA for information on their cultural identity and qualifications (Participant D, Mentee). To be a Full Member of IAHA is contingent on being an Aboriginal and Torres Strait Islander person and having or being enrolled in a relevant qualification. In 2022, IAHA sought to ensure they had the current and complete information on both as a part of an audit process.

## Discussion

The aim of this study was to explore the expectations and understand the experiences of the participants, in a culturally responsive mentor programme aimed at supporting Aboriginal ear and hearing health students and professionals. Only six participants enrolled in the programme, and all were from a speech pathology background. The study reiterated that there is a small number of Aboriginal ear and hearing professionals, which as some of the participants identified, can result in the workplace being a lonely and culturally unsafe space for Aboriginal peoples. Maintaining relationships with other Aboriginal professionals is crucial to longevity in the profession and improving overall health outcomes for Aboriginal and Torres Strait Islander peoples.

Both of the mentor groups were online due to the COVID-19 pandemic and commenced as group mentoring. However, they both transitioned to individual mentoring sessions. Primary reasons for this may have been lifestyle factors and different goals of mentees. The success and longevity of relationships between mentor and mentees differed between participants. This may be due to what the individual "needed" from the mentor at a particular time, and whether that need was met. For example, one mentee primarily wanted clinical supervision despite the programme focusing on cultural supervision. This lack of understanding of cultural mentoring resulted in the mentor needing to provide frequent reminders of the goals of cultural mentoring during sessions and may have effected their relationship.

I did have to remind her that I wasn't a supervisor, so push back a little bit on some of those patient questions that she brought to me. (Participant B, Mentor)

One mentee decided to leave the programme once she found full-time employment (Participant F, Mentee).

Two mentees used the programme to build cultural awareness, share knowledge and for cultural support and guidance, which helped to build a solid foundation around the goal of cultural mentoring. There seemed to be an inherent value in mentoring itself, and the ability to "come and go" as needed, resulting in their mentor/mentee relationships continuing long after the 6 months of the programme. This was one positive impact of the COVID-19 pandemic and the delay of conducting the follow-up interviews, allowing us to review the impact of these relationships over a longer period than usual.

Participants identified that deficit discourse and racism continue to occur in interactions with non-Aboriginal Australians, including in the power imbalance in formal supervision relationships. These types of hierarchical relationships and formal or structured discussions may not



be culturally appropriate for many Aboriginal peoples. There are microaggressions that may be present in formal supervision relationships, which may be compounded by personal, systemic, or structural racism, that Aboriginal people face in daily life (Gair et al., 2015). The experiences of participants in this study highlight that workplaces and universities must ensure individuals are not placed in a situation that is culturally unsafe.

The ongoing negative impact and distress caused by some White speech pathologists conducting research with Aboriginal communities was also discussed in the study. The small number of Aboriginal speech pathologists may result in individuals feeling a higher level of responsibility and expectation to advocate in professional roles. They may be approached or expected to provide on the ground education, constantly advocate or be involved in projects that they may not have capacity to be involved in, however, may feel obligated to be involved, to ensure the translation of culturally appropriate information. As Erb and Loppie (2023) write, this is “similar to racial battle fatigue experienced by activists of color who experience ongoing racism, yet endlessly, have to justify their perspective and experiences to White people who refuse to acknowledge racism” (p. 507).

The pre-interview themes shed light on the diverse pathways into the speech pathology profession, with participants highlighting the importance of alternative entry programmes, mature age student pathways, and the inspiration drawn from observing speech pathologists working with family and friends. As others have also pointed out, this emphasises the need for more flexible and inclusive entry routes into the profession to promote diversity and cultural representation (Frawley et al., 2015).

One of the most significant themes emerging from both the pre- and post-interviews was the value of creating and maintaining connections and relationships with other Aboriginal speech pathologists. Participants expressed a desire to connect with others who share similar cultural backgrounds and professional experiences. The positive impact of having an Aboriginal mentor was evident, with one participant emphasising that her mentor’s support was instrumental in navigating a culturally unsafe placement and enabling her to complete her degree. This highlights the importance of fostering a supportive and culturally safe environment within the speech pathology profession, which could be facilitated through formal mentoring programmes.

Cultural connection emerged as a crucial aspect for both mentees and mentors. The mentoring programme was seen as an opportunity for mentees to strengthen their connection to culture and feel more confident as Aboriginal health practitioners. The importance of maintaining cultural connections was also emphasised in the post-interviews, where participants recognised the value of Aboriginal women supporting each other and fostering a sense of solidarity. This emphasises the need for ongoing cultural support and cultural safety in the workplace to promote the well-being and professional growth of Aboriginal speech pathologists (Downing et al., 2011).

The interviews also shed light on the ongoing impact of colonisation on Aboriginal individuals, their families, and

communities. Participants shared experiences of intergenerational trauma, with some having family members who were part of the Stolen Generation. Deficit discourse and racism were significant barriers faced by Aboriginal speech pathology students and professionals. Participants reported experiences of racism both during their university education and in the workplace, which had a negative impact on their well-being and professional experiences. Addressing the ongoing impact of colonisation, racism, and deficit discourse requires a commitment to cultural competence and trauma-informed practice (Kirmayer, 2012). This includes promoting cultural humility and understanding, acknowledging the historical and ongoing injustices faced by Aboriginal communities, and actively working to dismantle harmful practices and policies (Campinha-Bacote, 2019).

The mentoring programme proved to be a valuable experience for the participants, providing them with cultural support, empathy, and understanding. The mentors played a crucial role in fostering the growth and confidence of mentees, with some participants expressing that they would not have been able to complete their degrees or pursue their careers, without the support of their mentors. This highlights the importance of mentorship programmes in promoting the success and well-being of Aboriginal speech pathology students and professionals.

## Limitations

The study involved a relatively small number of participants, both mentors and mentees. While this allowed for in-depth qualitative analysis and personalised insights, the small sample size may limit the generalisability of the findings to a broader population of speech pathology professionals and aspiring students. It also made it challenging to discuss some details of mentor–mentee interactions, in case it inadvertently identified participants, given the small number of Aboriginal and Torres Strait Islander peoples across Australia. Future research with a more extensive and diverse participant pool could provide a more comprehensive understanding of mentorship dynamics in this field. The data collection for this study occurred during the COVID-19 pandemic. This unprecedented global event had a significant impact on the higher education landscape, including the way mentorship programmes were conducted. The virtual nature of many interactions and the unique challenges posed by the pandemic may have influenced the dynamics and outcomes of mentorship relationships. As the situation continues to evolve, it is essential to recognise that the findings may not fully capture the long-term implications of mentorship in a post-pandemic context. Finally, one notable limitation of this study was the underrepresentation of Aboriginal and Torres Strait Islander male participants. It is important to note that this underrepresentation mirrors the broader trend in higher education, where Aboriginal and Torres Strait Islander men are significantly outnumbered by their female counterparts by a ratio of 3:1 (Moore et al., 2023). Moreover, this underrepresentation extends to the profession of speech pathology. This limitation highlights the need for targeted pathway programmes and initiatives aimed at encouraging



and supporting Aboriginal and Torres Strait Islander males in pursuing careers in speech pathology. Addressing these limitations in future research endeavours and mentorship programme developments will contribute to a more comprehensive and inclusive understanding of mentorship within the field, with a focus on increasing diversity and representation.

## Conclusion

The findings of this study underscore the importance of promoting cultural diversity and inclusion within the speech pathology profession. Aboriginal speech pathology students and professionals face unique challenges and experiences, including the ongoing impact of colonisation, racism, and deficit discourse. Formal mentoring programmes that connect Aboriginal mentees with culturally competent mentors can provide crucial support and guidance, fostering cultural connection and professional growth. These programmes should be supported by organisations and institutions to ensure the creation of culturally safe and inclusive environments for Aboriginal health professionals.

To promote cultural representation and diversity within the profession, efforts should be made to establish alternative entry programmes and support mature age students in pursuing speech pathology degrees. In addition, cultural support and mentorship programmes should be integrated into speech pathology education and workplace settings to foster a sense of belonging and cultural safety for Aboriginal students and professionals.

## Authors' note

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**Rachel Davenport** (BSc Hons, PhD, MSPA, CPSP) is a settler Australian of English heritage. She is a senior lecturer, clinical education coordinator, and course coordinator, having been the clinical education coordinator at La Trobe University for close to 20 years. Rachel currently lives and works on Wurundjeri Country, in Naarm (Melbourne), Australia. She has extensive experience working with and supporting both supervisors and students and is passionate about clinical education. Rachel has dedicated much of her career to creating positive experiences for students and practice educators alike.

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## Glossary

Iman	an Aboriginal people traditionally connected to the Dawson River area, Central Queensland, Australia
Kuku Yalanji	an Aboriginal people from the rainforests of Far North Queensland, Australia
Wulgurukaba	an Aboriginal people traditionally connected to the Townsville region and Magnetic Island, North Queensland, Australia
Yuin	an Aboriginal people from the South Coast of New South Wales, Australia

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