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Ngā Hononga – NZSTA Symposium 2024

From Listening to Understanding: My Stutter – Volume 2 • The development of Whakakotahitanga

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Cover image: The beautiful taiao of Ōtaki Beach supported hauora at Ngā Hononga – NZSTA Symposium 2024.
Credit: Emma Wollum

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First words Kupu Tuatahi

Katrina McGarr and Emma Quigan • Co-Presidents, NZSTA



We are writing our kupu tuatahi mid December. The pōhutukawa and rātā blooms are glorious once again, so here's hoping it's a tohu that we're in for another long and warm summer ahead.

As we prepare for this period of much needed rest and reflection we're feeling proud of the work NZSTA has achieved in the last 12 months. Firstly, we have seen more member engagement than ever before. This boost in participation has given us the extra grunt we need to progress big projects such as our advocacy projects, reviewing our scope of practice, supervision policy, code of ethics and Tiriti policy, amongst many more. We were especially proud to receive the final version of the much awaited Programme Accreditation Framework at our last meeting this year. This has been developed by a committed working group in consultation with our training programmes to ensure that new graduates entering the workforce are prepared with the skills and knowledge they need as clinicians working in an Aotearoa context.

Through member engagement via area meetings, kōrero, emails, and from those who completed the survey, we heard again and again that this year has been a hard year for practitioners. Unfortunately our profession hasn't been immune to redundancies, recruitment freezes, or staff staffing cuts; nor the increase in overheads within private practice. The NZSTA will continue to advocate for the SLT workforce through 2025, as well as introduce wellbeing into our 2026 strategy so that we can ensure that our members can thrive in their chosen fields.

We are so proud to see SLTs out in the community raising their voices and advocating for what they believe in, supporting each other and those we work with; especially so with the Treaty Bill. Here at the NZSTA we recognise te Tiriti o Waitangi as Aotearoa, New Zealand's, founding document. As such, we vehemently reject the Treaty Principles Bill and its purposeful introduction to divide the country. Despite the Bill's intent, it has been great to see members join the Toitū te Tiriti movement and tautoko this kaupapa. Our own Tiriti responsiveness has been a journey that previous boards introduced and started to action, and we are seeing movement and traction with our own

Tiriti policy and responsiveness plan for supporting NZSTA governance which will be finalised at the start of 2025.

Finally, a huge congratulations to all of those who have completed their studies in 2024 and will be entering the workforce as our new colleagues this year. Whakamihi ki a koutou!

We hope that 2025 is another year of action, connection, and hopefully less stress. ●

Mauri ora,

Emma and Katrina

NZSTA upcoming events

Email editor@speechtherapy.org.nz
to list your event on the NZSTA website
in future issues!



JAN

Minimising Bullying for Children Who Stutter – Skill Builders

31 January
12:00–3:00pm

Online

skillbuildersslt.com/training



FEB

Learning Language and Loving It™: The Hanen Program® for Early Childhood Educators

19 February
9:00–10:30am

Online

[events.humanitix.com/
empowering-educators-
to-create-language-rich-
interactions-webinar](http://events.humanitix.com/empowering-educators-to-create-language-rich-interactions-webinar)



FEB

Rethinking AAC and AAC practice – Assistive Technology Alliance New Zealand

24 February
9:30am–2:30pm
Auckland, Jetpark Hotel

25 February
9:30am–2:30pm
Wellington, Mercure Hotel

26 February
9:30am–2:30pm
Christchurch, Russley Golf Club

28 February
9:30am–2:30pm
Dunedin, Venue to be confirmed

Presented by Erin Sheldon and
David Niemeijer

atanz.org.nz/events



FEB

Creating Cultures of Respect – Diversity Works NZ

12 February
9:30–11:30am

Online

[mynetwork.diversityworks.nz.
org.nz/events/calendar](http://mynetwork.diversityworks.nz.org.nz/events/calendar)



FEB

Diversity, Equity and Inclusion Management Essentials – Diversity Works NZ

19 February
9:30–11:30am

Online

[events.humanitix.com/hanen-
more-than-words-r-a-flexible-
parent-coaching-intervention-
webinar](http://events.humanitix.com/hanen-more-than-words-r-a-flexible-parent-coaching-intervention-webinar)



FEB

Mitigating Unconscious Bias in the Employee Life Cycle – Diversity Works NZ

26 February
9:30–11:30am

Online

mynetwork.diversityworks.nz.org.nz/events/calendar



MAY–
JUN

Online LAMP Course for Aotearoa/ New Zealand Words – Assistive Technology Alliance New Zealand

7 May, 21 May, 4 June
1:00–3:15pm

Online

Presented by Dr Sam Brydon
atanz.org.nz/events



AUG

33rd World Congress of the IALP

10–14 August
Malta

Registrations and call for abstracts accessible at **ialpmalta2025.org**



MAR

Traumatic Brain Injury Conference, NZ – Keeping it Real: Real Injury, Real People, Real Lives

12–13 March

Te Pae Christchurch Convention Centre

In partnership with the Laura Fergusson Brain Injury Trust

braininjuryconference.nz



JUN–
JUL

Decolonising Communication Professions Conference

30 June–2 July
Cape Town, South Africa

See NZSTA events calendar for further details – only 50 places available!

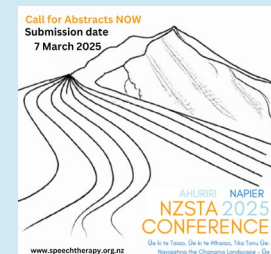


SEP

NZSTA 2025 Conference – Navigating the Changing Landscape

10–12 September
Napier War Memorial Centre

See NZTA events calendar for further details



Ngā Hononga at Te Wānanga o Raukawa

October 21–22



The 2024 NZSTA symposium, Ngā Hononga – a noho experience, took place at Te Wānanga o Raukawa in Ōtaki, featuring evidence-based and clinically-practical presentations in the areas of tikanga (culture), hāpori me te kotahitanga (communities and togetherness), te ara hou (innovation), and he kaupapa whakahirahira (inspiration). The noho marae experience included immersion in pōwhiri, waiata, and poroporoaki, as well as activities throughout the two days supporting the four walls of Te Whare Tapa Whā and overall hauora. The NZSTA awards presented at Ngā Hononga recognised recipients for their outstanding efforts to improve lives, empower whānau, and strengthen communities through the principles of equity, cultural safety, and evidence-based practice. This year's awards highlighted not only the incredible mahi of NZSTA members, but also the valuable contributions of community leaders and organisations who have worked alongside us to promote the values of aroha, whakawhanaungatanga, kotahitanga, and rangatiratanga. ●



Ngā Hononga attendees celebrate the kaupapa of establishing relationships, networking, and fostering connections



Ngā Hononga attendees outside Te Wānanga o Raukawa following the poroporoaki



Te Wānanga o Raukawa hosted
Ngā Hononga, providing
wānanga-based learning
experiences



Ngā Hononga attendees surrounded by the
meaningful whakairo of Te Wānanga o Raukawa



The beautiful taiao of Ōtaki Beach supported hauora





Ngā Hononga attendees learn to play the kōauau provided by NZSTA kaumātua Rukingi Haupapa



Raranga with Carleen Heemi supported Ngā Hononga's kaupapa of linking, joining, and bonding together

A view of Kāpiti Island from Ōtaki Beach just before the sunrise ocean swim



Congratulations to this year's recipients – tino kino te pai!



Marion Saunders Award

Sally Kedge & Tracy Karanui-Golf – for their presentation, The Development of Whakakotahitanga: The Fetal Alcohol Spectrum Disorder (FASD) Diagnostic Guidelines for Aotearoa (New Zealand) 2024



Professor Sir Don Beaven Emerging Practitioner Award for Research

Juhy Paily – presenting Voices Unheard: Children with Speech, Language and Communication Needs



NZSTA cultural awards

Tohu Manaaki – Professor Suzanne Purdy

Tohu Rangahau – Nicky-Marie Kohere-Smiller, Marie Malone and Te Aitanga-a-Māhaki Researchers with Te Aitanga-a-Māhaki iwi

Tohu Kaupapa Māori – Siobhan Molloy



NZSTA 2024 community awards

Sarah Mandeno

Kris Tynen & Tim Webster



NZSTA 2024 funding grant awards

Annette Rotherham, Emily Jones, Heidi Meyer, Juhy Paily, Liv Thompson & Tracy Kendall

Reviewing the NZSTA Principles and Rules of Ethics

Tanya Jondahl and Mascha Moerenburg •

On behalf of the NZSTA principles and rules of ethics working group

A group of NZSTA members have been working on reviewing and updating the NZSTA Principles and Rules of Ethics document.

After a call from NZSTA for volunteers for this working group, we met for the first time in late 2023. This piece of work sits under the Professional Standards portfolio, held by Su Hui Lim.

Why review the Principles and Rules of Ethics?

NZSTA, as a self-regulating profession, has a primary responsibility to protect the public. To achieve this, NZSTA must establish and maintain standards of ethical conduct that guide the profession. Given that the current document is nearly 20 years old, it is imperative to regularly review the Principles and Rules of Ethics to ensure they remain relevant and address contemporary issues. These updates are essential not only for association members but also for other stakeholders, including other professional bodies, health and educational institutions, employers, and the public, who may also encounter or be affected by evolving challenges in the field.

How are we doing this?

We have taken a bi-cultural approach, guided by the mātauranga and knowledge of our co-chairs Tracy Karanui-Golf and Mascha Moerenburg. The early part of work in the exploratory phase has led us to identify gaps in our experience and we have invited other members to join the group, with the aim of having a wider range of SLTs involved in this important piece of work.

Who is involved?

The current working group comprises speech-language therapists (SLTs) and experts from diverse sectors, including tertiary education, health, education, justics, independent practice, and bioethics (Tracy Karanui-Golf, Mascha Moerenburg, Heidi Bremner, Philippa Friary, Meg Grawburg, Kerry Heslop, Tanya Jondahl, Suhui Lim, Victoria Mardell, Claire McCann, Ruth Ramsay, Emma Quigan and Elizabeth Youard).

Where are we up to and what next?

After having moved through the exploratory and evidence gathering phases, the association supported us to meet kanohi ki te kanohi for the first time in November 2024. The rich kōrero from this hui has energised and inspired us for

Member Categories, Obligations, Rights



The NZSTA principles and rules of ethics working group hui in November 2024

the next phase of the work, putting all the kōrero and research into an updated document. We hope to be able to share more as we move through this phase in the first half of 2025.

If you have any questions/whakaaro about this kaupapa, please get in contact with Mascha mascha.moerenburg@southernhb.govt.nz or Tanya tanyajon02@gmail.com •

Editor's note

The current NZSTA Principles and Rules of Ethics document can be accessed via the **Member Categories, Obligations, and Rights** page of the NZSTA website.

Grace Gane Memorial Lecture 2025 is awarded to Felicity Bright: Advancing person-centred research and practice in stroke care in Aotearoa

Siobhan Molloy • Kaiwhakahaere matua / Executive director, NZSTA

The Grace Gane Memorial Lecture recognises significant contributions to the profession of speech-language therapy. It takes place at the biennial NZSTA conference and was instituted in 2008 to honour Miss Grace Gane, who is regarded as one of the founders of the New Zealand Speech-language Therapists' Association.

Miss Gane was one of three students in the inaugural 1942 speech therapy class at Christchurch Teachers College. The New Zealand Speech Therapists' Journal was founded in May 1946 with Grace Gane as its first editor.



Felicity Bright

Felicity Bright is an associate professor of rehabilitation in the School of Clinical Sciences at Auckland University of Technology (AUT). She graduated from the University of Canterbury in 2001 before working as a speech-language therapist in acute and rehabilitation settings in Auckland, primarily working with people with neurological conditions. Her clinical experience has deeply informed her research, which critically examines how rehabilitation services address the needs and priorities of patients and whānau. Felicity seeks to influence not only how practitioners work, but the policies and service structures that shape practice. As a research leader within the Centre for Person Centred Research at AUT, she uses her research to advocate for more inclusive, holistic care that supports people to live enjoyable, meaningful lives.

Felicity's primary area of research is wellbeing after stroke. Her current research focuses on how wellbeing is supported (and sometimes damaged) within stroke services. Felicity's work challenges the dominant focus on physical function that is emphasised in stroke services and reveals the very real impacts of not prioritising wellbeing in stroke care, impacts that people with stroke and their whānau can live with for many years. Extending this work, Felicity now leads national and international collaborations with stroke researchers, healthcare practitioners, and people with lived experience to develop research and practice to support people's lives after stroke better. Felicity also co-leads research on communication in acute stroke care with colleagues from the University of Auckland. This work shows the close interplay between communication and wellbeing, and highlights the trauma that can arise from poor communication. A common thread across all her research is attention to how cultures of care – within professions, education, and health services – influence clinical practice and patient experience.

Felicity has a strong focus on supporting practice development through her work with practitioners, service leaders and national stroke organisations. From her wellbeing research, she has produced tangible strategies for improving care and better wellbeing support, which are now being implemented within stroke services. As a member of the National Stroke Network (NSN), Felicity advocates for the needs of people with communication and swallowing impairments, and influences stroke policy and practice. She chairs the Psychosocial Working Group of the NSN, and led the development of the Psychosocial Wellbeing Toolkit, a resource to improve clinical practice.

Through her outreach activities, she seeks to support people in embedding wellbeing and person-centred care in stroke policy and practice, aligning with her broader research goal of improving the quality of care and the cultures of care for stroke survivors and their families.

Felicity is committed to student education and has a particular interest in transdisciplinary postgraduate education that supports practitioners in integrating theory and evidence to advance their clinical practice. In addition to teaching in the postgraduate rehabilitation programme at AUT, Felicity leads the Doctor of Health Science (DHSc) programme. The DHSc supports senior clinicians and clinical leaders in conducting practice-based research that improves healthcare practice. In this role, she supports students in developing

scholarly practitioners and leaders who conduct robust research to address real-world issues and transform practice. She supervises multiple postgraduate students on topics related to communication, models of care, patient experience, and psychosocial impacts of illness and injury.

Felicity has been involved with the NZSTA for nearly 20 years. After being an Auckland area representative, Felicity joined the NZSTA executive committee from 2008–2012, holding the professional development portfolio. She has co-convened two joint NZSTA-Speech Pathology Australia conferences (Auckland 2008, Brisbane 2018). She has ably led the NZSTA programme accreditation committee over the last eight years and has successfully steered the development of our third Programme Accreditation framework.

Felicity Bright's work represents the integration of clinical expertise, research, and education to improve stroke services. Her dedication to person-centred, culturally responsive care continues to influence the academic community, clinical practice, and the lives of individuals affected by stroke and other neurological conditions in Aotearoa New Zealand. ●

Previous Grace Gane Memorial Lecture recipients and their presentations

-  **2008** Associate Professor Margaret Maclagan, in recognition of her over twenty-year contribution to the education of speech-language therapy students
-  **2010** Jo de Serriere, in recognition of her contribution to the education of speech-language therapy students
-  **2012** Terry Wackrow, in recognition of her contributions to the field of paediatric feeding and swallowing
-  **2014** Professor Maggie-Lee Huckabee – **Using integrative research to solve clinical problems**
-  **2016** Ann Smail – **Augmentative and Alternative Communication (AAC) in New Zealand: working together to enhance communication: Past influences, present trends, and future possibilities**
-  **2019** Professor Suzanne Purdy – **Communication research in the context of te whare tapa whā model of health**
-  **2022** Professor Gail Gillon – **Aspiring to a literate world for all**

From Listening to Understanding: The launch of My Stutter – Volume 2

Janelle Irvine • Clinical leader, speech-language therapy, Stuttering Treatment and Research Trust



In 2017, the Stuttering Treatment and Research Trust (START) released ‘My Stutter’, a collection of writing and artwork that brought together the voices of over 20 young New Zealanders who stutter. The book was launched to tie in with that year’s International Stuttering Awareness Day (ISAD) theme – “A World that Understands Stuttering” – with the goal of sharing the experiences of young Kiwis who stutter with a wider audience.

Since then, START has supported over 1,000 people who stutter, each with their own unique journey. As we continued our mahi, we realised there were more voices that needed to be heard, leading us to the creation of ‘My Stutter – Volume 2’. This second volume not only includes the stories of young people, but also features contributions from people of all ages – from five-year-olds just beginning their journey with stuttering, to adults who have lived with stuttering for their entire lives.

The inclusion of voices from people of all ages highlights that stuttering is not a single, unchanging experience. It evolves over a person’s life, and can look different at various stages. ‘My Stutter – Volume 2’ highlights that stuttering does not define a person, but is simply one part of their story. Through these contributions, the book invites readers to see stuttering as something that ‘just is’ – it is not something to be fixed or cured, but rather something that can be understood and accepted.

The 2024 International Stuttering Awareness Day theme, “The Power of Listening,” was a natural fit for this second volume. People who stutter teach us an important lesson about the power of listening. It’s not just about hearing words; it’s about understanding the emotions, experiences and stories behind those words. It’s not just about understanding stuttering, it’s about understanding the person who stutters – their journey, their challenges and their strengths.

By publishing ‘My Stutter – Volume 2’, our goal is to encourage a culture of empathy – one where the voices of those who stutter are not only heard, but are valued, respected, and supported.

This book is a reminder for all of us to approach conversations with openness and compassion, recognising that every person’s experience with stuttering is unique and deserving of understanding.

*Mā te rongō, ka mōhio
Mā te mōhio, ka mārama
Mā te mārama, ka mātau
Mā te mātau, ka ora*

**From listening comes knowledge
From knowledge comes understanding
From understanding comes wisdom
From wisdom comes well-being**

We were proud to launch ‘My Stutter – Volume 2’ at the New Zealand Speech-language Therapists’ Association Ngā Hononga symposium at Te Wānanga o Raukawa in Ōtaki on the eve of International Stuttering Awareness Day last year. The event was incredibly moving, as we had the privilege of showing videos of the contributors reading their work aloud. Many of the SLTs who were there were deeply impacted by the kōrero, and commented on how the book will serve as a valuable resource for years to come.



Left: START SLTs Janelle Irvine, Brittney Mackie, and Chris Lawson launch My Stutter – Volume 2 at Ngā Hononga
Right: Paddy Gower interviews My Stutter – Volume 2 contributor Daniel

In the days following the launch, we were thrilled to see the videos of our contributors reading their pieces shared widely on social media, with each one receiving thousands of views. One of those viewers, journalist Paddy Gower, was so struck by 17-year-old Daniel's poem that he reached out to request an interview. Paddy spoke with Daniel for his 'Good Kiwi' segment on The F#\$%ing News, which featured on the 4 December episode.

In addition to the personal stories and creative works, 'My Stutter – Volume 2' includes helpful educational content. It provides information about stuttering, and practical advice for supporting someone who stutters. The book also includes a user guide with tailored

suggestions for people who stutter, as well as parents, teachers, and speech language therapists, on how to engage with the book's content.

Ultimately, 'My Stutter – Volume 2' serves as a resource to help people understand stuttering from a personal and practical perspective. For those who stutter, it's an opportunity to see their own experiences reflected, and to realise that they aren't alone. For others – such as parents, teachers, and speech-language therapists – it offers insight into how they can provide helpful support.

We hope that by sharing these stories, we can reduce stigma and increase acceptance, creating a world where people who stutter feel supported to speak up and share their voices. ●

“

After reading the book I felt like there was an invisible connection to anyone who has a stutter, even though I had never met any of those people before. When I was writing my story, I felt I was able to express my feelings however I wanted, and that I had not been able to express to anyone else before, and talk about how it felt to have a stutter.”

Tilly, My Stutter – Volume 2 contributor

Massey's speech-language therapy programme: Bridging distance through connection and culture

Mershen Pillay • Programme director

Emma Quigan • Work-integrated learning coordinator and NZSTA co-president

As we face a critical shortage of speech-language therapists in Aotearoa, we're proud to share how our innovative distance education programme at Massey University is transforming the way we train speech-language therapists. Our programme, which moved to full distance mode in 2024, shows that digital delivery can maintain strong cultural foundations and practical excellence in allied health and education training. Massey's distance programme received full accreditation in 2024.

At the heart of our programme lies the Clinical Intensive Training component, a cornerstone of our third-year curriculum that integrates distance learning with hands-on clinical practice. We bring our students together from across Aotearoa, creating powerful opportunities for whanaungatanga (relationship building) and shared learning experiences. This clinic builds on the practical experiences our taura (students) gained in their second-year placements and prepares them for the more demanding practicums in the later part of the programme.

Our programme's success is built on strong mātaḡono Māori (Māori values) that guide both our teaching approaches and clinical practice. These values inform our coaching methodology that emphasizes collective learning, cultural

safety, and holistic understanding of wellbeing. We ensure our students learn to integrate tikanga (values, principles and customs) into their clinical practice, preparing them to provide culturally responsive care to all clients, particularly Māori communities.

Over the past three years, we've continuously evolved our Clinical Intensive programme based on student and sector feedback. One significant change we've made is creating more space for direct feedback. Our taura benefit from slowing down and reflecting on the impact of the questions they ask patients and whānau in the simulated learning sessions. Based on this feedback, we've reduced the number of activities to allow for deeper learning. ●

Massey University's speech-language therapy distance education programme cohort



“As programme director, I have witnessed how these face-to-face intensives create lasting professional relationships and support networks that we hope will continue long after graduation. The transformation we see in our students during these intensives is remarkable.”

Mershen Pillay

Massey University students in a clinical intensive training environment (hospital)



Massey University students in a clinical intensive training environment



Mershen Pillay and Emma Quigan



Speech-language therapy students and their paediatric clients in clinic

“As work-integrated learning coordinator and co-president of the New Zealand Speech-language Therapists’ Association, I have seen firsthand how this cultural foundation strengthens our programme. We’re not just training technically competent practitioners; we’re developing culturally aware professionals who understand the importance of connection and relationship-building in therapy.”

Emma Quigan

The development of Whakakotahitanga: The Fetal Alcohol Spectrum Disorder (FASD) Diagnostic Guidelines for Aotearoa (New Zealand) 2024

Sally Kedge • Speech-language therapist, Talking Trouble Aotearoa NZ

Tracy Karanui-Golf • Te Rarawa, Speech-language therapist, Kōrero Connect

In October at the NZSTA Symposium in the incredible setting of the Te Wānanga o Raukawa at Ōtaki, Tracy Karanui-Golf and I presented about the first set of *Fetal Alcohol Spectrum Disorder (FASD) Diagnostic Guidelines for Aotearoa – Whakakotahitanga* which were published in April 2024.¹

Tracy couldn't be there in person as planned, but our work on the language and communication sections of the Guidelines as SLT representatives on the steering group was undertaken jointly.

We wanted to talk and write about the new Guidelines so SLTs know that there are now guidelines for the Aotearoa

context. Until now, guidelines from other countries have been used here. Although there are a multitude of reasons obvious to this audience about why SLTs should be involved in developing guidelines for FASD, currently we often aren't involved. We also wanted to ensure SLTs are aware of FASD and SLTs' potential role in assessment, diagnostic and support processes for children, young people and adults. We also believe there is so much in these new comprehensive materials that is relevant to SLTs, way beyond the specific context of FASD.

The incredible experience of participating in a project that was intentionally bicultural, centring Te Tiriti, in terms of how it was set up and undertaken was nothing like any other project we've been involved in as SLTs. We were the Tangata Whenua (Tracy) and Tangata Te Tiriti (Sally) SLT representatives on the steering group that supported the central project team, and each professional group similarly had Māori and Te Tiriti representatives, who worked alongside whānau with lived experience throughout the project.

This whakatauki:

Ehara taku toa i te toa takitahi engari he toa takitini

Success is not the work of an individual, but the work of many

is on the title page of the Guidelines, and the project team wrote on page 8 that the whakatauki 'acknowledges the contributions of all who have gifted their time, stories, pūtea, knowledge, and aroha to this project.' The project leadership established shared values for all right at the start and great care was taken to integrate the views of all involved. The te reo Māori name for these guidelines is Whakakotahitanga – Unity.

Matua Haami Harmer and Te Atarua Davis created an illustration to represent the approach to assessment and management of FASD taken in Whakakotahitanga, and they explain the rich symbolism they have depicted in their image of an eye on page 4 and 5 of the Guideline document.

¹ See page 18 for how FASD is described in Whakakotahitanga.

Relevance to all SLTs – not just those involved in FASD

If you're an SLT reading this and you don't think that this is relevant to you because you think you're unlikely to be involved in diagnosis of Fetal Alcohol Spectrum Disorder, we want to persuade you otherwise. We think that there is something for all SLTs in this innovative piece of work, wherever they work and whoever they work with, and we urge you to explore the materials at hapai.co.nz/fasd-guidelines/whakakotahitanga/

You can read all the documents relating to Whakakotahitanga on the website including the main Diagnostic Guidelines document, and associated reports:

- Guideline development approach
- Findings from stakeholder engagement
- Literature review
- Critical Tiriti analysis

The main Diagnostic Guidelines set out criteria and specifiers that must be established if FASD diagnosis is deemed present, and provide detailed information about the nine domains that need to be assessed by the multidisciplinary team. These domains are the areas of development understood to be potentially significantly affected by prenatal alcohol exposure. This includes the Communication (Language Skills) Domain.

Some short videos from the project team about contents of Whakakotahitanga are also available on the website.

You need to find out more about Whakakotahitanga if you want to be inspired by:

Authentic consultation with people with lived experience and stakeholders

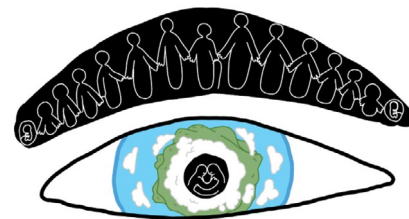
The development of Whakakotahitanga involved extensive consultation with whānau and with stakeholders from a wide range of sectors. The team conducted interviews and community events as well as bringing together clinicians like ourselves in a range of ways e.g. steering groups, clinician consultation days. This ensured people's views were not only heard but whānau with lived experience were centrally involved in collaborations with professionals during all stages of the project and are now being involved in the delivery of current training.

Integration of both Western and Indigenous models of knowledge

FASD is a highly complex, evolving, and sometimes contentious field. A recent controversial piece in The Lancet Child & Adolescent Health by Eliason et al, 2024:

Asking difficult questions about fetal alcohol spectrum disorder in the context of the child, the mother, and the systems in which they live

highlights some of the contentions that are relevant in all countries, however diagnosis of FASD in Aotearoa presents some additional complex challenges. The existing diagnostic processes often involved deficit-focused assessments that may not be culturally responsive. While existing diagnostic processes sometimes



Top: The cover page of Whakakotahitanga – Unity: The Fetal Alcohol Spectrum Disorder (FASD) Diagnostic Guidelines for Aotearoa (New Zealand) 2024

Bottom: The image of a karu (eye) created for the FASD guidelines by Matua Haami Harmer and Te Atarua Davis

open up access to support and can help whānau understand an individual's neurological profile, this approach can be harmful and fails to reflect the diverse realities of Māori experiences, deterring many whānau from seeking diagnosis. Consequently, an innovative bicultural approach to FASD diagnosis and support has become necessary to better serve Māori communities and address these cultural and practical concerns.

What is FASD?

“FASD is a multifaceted neurodevelopmental disorder occurring as the result of prenatal alcohol exposure (PAE) leading to wide ranging, lifelong implications in neurodevelopmental, behavioural, emotional, social, and adaptive functioning (Cook et al., 2016; Hoyme et al., 2016), as well as physical and mental health impairments (Himmelreich et al., 2020; Popova et al., 2016). It can also lead to facial dysmorphism and growth restrictions (Grubb et al., 2021). The timing, frequency, and quantity of alcohol consumed impacts on how the disorder presents, but it may be difficult obtaining PAE information, or it may not be reliable information (Bower et al., 2017; Freeman et al., 2019).”

Page 11, van Wyk, J., Ware, F. & Crawford, A. (2024). Whakakotahitanga Fetal Alcohol Spectrum Disorder (FASD) Diagnostic Guidelines for Aotearoa (NZ): Literature Review. Hāpai te Hauora.

hapai.co.nz/fasd-guidelines

Working in this area requires deep and broad knowledge from many fields. The project drew on both Aotearoa and international research and knowledge streams, including an understanding of the role alcohol has played in Aotearoa over time to the present, within the context of colonisation. The Waitangi Tribunal considered the Wai-2624 claim (tematalaw.co.nz/our-mahi/wai-2624) brought by Rawiri Ratu in 2021, which focussed on evidence about alcohol harm for Māori, including FASD. A critical Te Tiriti analysis was undertaken to interrogate the approach being undertaken to create the Guidelines.

The assessment approach described in Whakakotahitanga integrates Māori models – e.g. Meihana Model and Hui Process, Ahau/Whānau/Whanaungatanga/Whakawhanaungatanga – as well as Western international models.

The Australian Guidelines for Assessment and Diagnosis of Fetal Alcohol Spectrum Disorder (FASD) or Neurodevelopmental Disorder Associated with Prenatal Alcohol Exposure (ND/PAE) is currently being revised and the leadership for both the NZ and Australian Guidelines collaborated very closely. This included integration of the extensive international systematic review that has been carried out in Australia. We also liaised with speech-language pathologists in Australia who are involved in the current Australian revision.

Much of the material in Whakakotahitanga is relevant to all multidisciplinary clinicians, such as:

- critical appraisal questions aimed to stimulate self-reflection or supervision discussions so practitioners can plan and evaluate their processes,
- models of practice for engaging with whānau so they can drive a process that works best for them,
- communicating in authentic consent processes so whānau can understand the purpose of the assessment and what the potential diagnoses might be and make informed decisions about whether they want to be involved,
- communicating the findings from assessments and any potential diagnoses to whānau in oral discussions and in report writing,
- exploring the implications for diagnoses the person themselves and their whānau and other stakeholders to inform effective supports are implemented.

Considerations for specific communities, including Pasifika communities, Rainbow communities, and refugee and asylum seekers, are part of the Guidelines, and good practice statement summaries are provided throughout the Guidelines.

As well as describing the specific criteria relevant to the assessment of the range of Domains required for the multidisciplinary diagnostic process, there is also specific information relevant to assessment to the Domain: Communication (Language skills) (page 78–79). In particular, we draw SLTs’ attention to Appendix B: Communication assessment considerations (page 128). •

Please contact editor@speechtherapy.org.nz for additional references and citations.

Understanding private practice in speech-language therapy: Beyond the profit motive

Siobhan Molloy • Executive director/ Kaiwhakahaere matua, NZSTA

Elisa Mynen • Private sector representative, NZSTA

A common misconception in our profession is the idea that private practice equates to for-profit operations.

In reality, private practice in speech-language therapy in Aotearoa New Zealand includes a wide range of organisational structures, many of which focus not on profit but on purpose and as a community service. We need to recognise these distinctions to fully understand the private sector's role and how we can best support it.

Private practice ≠ for-profit

Private practice simply refers to any service not publicly funded or offered as a free public service. Not all private entities are structured to generate profits for shareholders. Some private practices, for example, operate as not-for-profits or social enterprises, reinvesting any revenue to further their service missions. Others are set up as small businesses by practitioners who value autonomy and flexibility, for example, in terms of the level of intervention they provide or the hours they work.

Why this matters

Private practice is essential to New Zealand's speech-language therapy landscape. Private entities complement and provide services to communities and populations that may not otherwise receive support due to public sector service limitations.

Autonomy and financial visibility

Many private practitioners are drawn to the sector because it allows them the autonomy to provide direct, precision therapy to build communication skills and change peoples' lives – the very reason they became an SLT and arguably the most rewarding aspect of being an SLT. Their pricing is set to cover operational expenses and an industry-standard income to ensure service sustainability rather than to maximise profits. It's about creating a balance that supports the public while meeting the practitioner's goals and needs.

By embracing the diverse organisational models and motivations within private practice, we can help ensure that speech-language therapy services are accessible, sustainable, and aligned

with the broader goal of effectively serving the public. Recognising that private practice is often driven by a desire for autonomy, purpose, and a desire to increase access to speech therapy rather than solely profit strengthens our collective understanding and advocacy for this essential part of our profession. •



How to find a private speech-language therapist

Check out **speechtherapy.org.nz/find-a-therapist**

Thinking of setting up a private practice

NZSTA has published links on 'where to start', which includes business and know-how skills.

bit.ly/3XTZ7vN

Speech-language therapy in Aotearoa New Zealand – Nurturing and growing practice

Claire Gibling • Learning support, Te Tāhuhu o te Mātauranga – Ministry of Education

Te piko o te māhuri, tērā te tupu o te rākau

The way in which the sapling is nurtured, determines how the tree will grow

Many SLTs will relate to experiencing practice shifts over time, from university learning experiences, and on-the-job work and professional development (formal and informal) to where they are now.

As an SLT working in Learning Support for Te Tāhuhu o te Mātauranga – Ministry of Education (MoE), I became interested in practice models through my own experiences of shifting from a medical to social model, primarily through learning about the Routines-based Model (RBM) in 2012, after working with whānau and kaiako as an education-based SLT for around 14 years. Through the RBM workshops, I learned about family-centred practice (FCP) and tools to support a collaborative (not consultative), mana-enhancing and natural learning environments approach, as opposed to my usual practice of administering SLT-specific assessments with a child,

and basing goals and strategies from these to share my findings and ideas with key adults in the child's life – using an autonomous and SLT-led approach. In the RBM I learned about using an eco-map to have a conversation with parents or caregivers about who and what is going on in their life, and how to gather information about needs by leading a Routines-based Interview (RBI) where parents/caregivers are supported to describe their child's skills in the domains of engagement, independence, and social relationships within everyday activities. At the end of the RBI, parents select goals for a Child and Family Individual Plan, and subsequent brainstorming meetings provide discussions about strategies (led by whānau ideas) and 'who will do what' to achieve chosen outcomes, with agreed follow-up visits employing coaching methods to promote adult learning. With the support of colleagues and practice leaders I tried these culturally responsive ideas and experienced immediate positive changes in my own outlook and job satisfaction from improved outcomes for mokopuna and whānau. I learned how parents were knowledgeable about their child's skills and able to identify powerful strategies

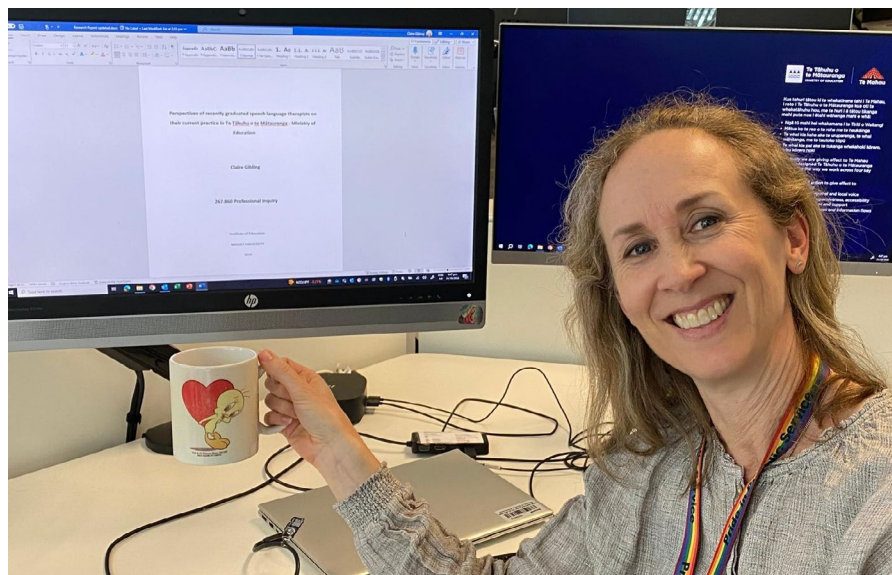
because of quality conversations that were far better than the limited range of ideas I could share myself. Any initial negative assumptions about whānau capacity and skill were nearly always unfounded, and when I assumed and expected parental competence, it was there. I learned (the hard way) that I need to be my authentic self and can only successfully and meaningfully apply my SLT skills and knowledge after listening to and considering whānau and kaiako perspectives, attitudes, and beliefs.

I also learned how divisive these practices could be with other professionals. Emotions could run high around practice models, and some people feel strongly the social model is variously; not in the SLT scope of practice, a distraction, or a waste of time instead of doing the 'real' work. Although the MoE guiding practice framework of He Pikorua (2019) supports all practitioners to work effectively and collaboratively with a (social model aligned) inquiry approach with whānau and kaiako, the medical model often prevails. In 2020, with study assistance from MoE, I enrolled in the Master of Speech and Language Therapy degree through Massey University with the specialist topic of practice models for SLTs. I wanted to bolster

my knowledge and confidence around working in a social model, particularly when challenged about this stance by other professionals, or whānau who have experienced or expected a medical model service. The culmination of my studies in 2024 was a professional inquiry research report, where I interviewed six recently graduated SLTs working at MoE about their experiences and perspectives on their practice regarding the medical and social models. The findings suggest these SLTs valued social model principles and tended to use medical model practices, including using standardised assessments, and providing therapist-led programmes.

The participants described challenging experiences, with identified barriers to providing a social model being medical model expectations from whānau and schools, and low confidence to endorse the social model when it misaligned with expectations. Shifting university-informed views from clinical placements which included autonomous assessment and programme provision, to working collaboratively in natural learning environments (home, community, pre-school, school) was seen as challenging, and a push towards medical model practice. These practice model and values misalignments, along with a lack of consistent and supportive practice messaging within MoE, increased stress levels and reduced job satisfaction for participants.

My thoughts around this topic, from my studies and experiences, is that we can do better as a profession to address



Claire celebrates finishing her project

and talk openly about practice models. Most SLTs in Aotearoa New Zealand are employed in the public education and health sectors which promote a social model; including whānau-led approaches to services and supports, expectations to support whānau capacity-building, promotion of authentic partnerships with whānau, and collaborations with parents and caregivers about their young children. More open conversations and shared understandings about medical and social models, and what guides decisions and priorities are necessary for professional cohesion. For SLTs in organisations that promote social model practice, having the confidence to explain and promote social model

SLT roles is essential, as illustrated in my study where practitioners valued social model principles and encountered medical model expectations. Strong and consistent messages from university SLT programmes, MoE and Te Whatu Ora around practice models and their rationales, with descriptions of how different stances look in everyday practice, could support new and experienced SLTs to understand and strengthen their values and actions.

These are hard and important conversations. We can all play a part in considering our practice, and how we wish to nurture and determine practice growth. •

Cervical auscultation for infants and children with feeding and swallowing difficulties

Emily Jones • Senior professional clinician, Massey University
Celia Butler • Clinical Centre lead SLT, Te Whatu Ora Waitematā

Speech-language therapists from across Aotearoa New Zealand, along with international attendees from Hong Kong and Russia, gathered at Te Kunenga ki Pūrehuroa Massey University in October for a two-day workshop focused on cervical auscultation for infants and children with feeding and swallowing difficulties.

The ***Cervical Auscultation in Paediatric Dysphagia*** workshop provided research-based, practical training for SLTs working with young patients experiencing dysphagia. This event marked the first training of its kind in New Zealand.

Cervical auscultation is the use of a stethoscope or microphone to amplify swallowing and breath sounds, in order to identify pharyngeal dysphagia and aspiration during a clinical feeding assessment. Although used widely with adults for many years, there has been limited evidence of its use with infants and children.

The speakers and creators of the workshop were Adjunct Associate Professor Thuy Frakking from Gold Coast University Hospital and Associate Professor Kelly Weir, Director of Allied Health Research at the Royal Children's Hospital, Melbourne. The workshop was developed from Thuy's doctoral study on using cervical auscultation with infants and children with dysphagia (Kelly was her supervisor), and they have continued this partnered research and application ever since.

The workshop was held against the backdrop of growing concern regarding infants and children living in remote areas, who are increasingly asked to travel significant distances to access instrumental assessment by SLTs, such as videofluoroscopic services at major centres. Having cervical auscultation as a tool for SLTs not only provides them with more evidence to refer infants for instrumental assessment, but also enables them to make management decisions to help reduce risk and improve swallow safety.

Feeding and swallowing issues are becoming more prevalent around the globe. In the United States, studies show that between one in 23 and one in 37 children under five are affected by paediatric feeding disorders, with the rate increasing to one in three or one in five for children with health conditions or developmental delays.

With 35 participants in attendance, the workshop marked an important milestone in strengthening local expertise and fostering global collaboration among professionals in the area of paediatric feeding and swallowing.



SLTs attending the two-day paediatric cervical auscultation workshop

International hosts
and guest speakers
from left to right:
Isabel Li,
Dr. Kelly Weir,
Dr. Thuy Frakking,
Emily Jones,
Celia Butler and
Zhanna Bottaeve



“

Isabel Li travelled from Hong Kong to attend the workshop. She says the workshop was incredibly useful:

“I am thrilled there’s such an effective way to help the little ones who are struggling every day. It is amazing how adding this auscultation can give us a fuller picture of the overall swallowing issues.”

Mt Richmond Specialist School SLT Cynthia Ho was also in attendance and says she appreciated the opportunity to learn from experts:

“The course provided extensive theoretical content, which Kelly and Thuy delivered in an approachable and engaging way. I especially appreciated the hands-on practice in distinguishing normal and abnormal swallowing and respiratory sounds

in infants and children, alongside fellow speech-language therapist colleagues. Additionally, Thuy and Kelly presented the latest evidence on paediatric cervical auscultation, offering invaluable insights to support evidence-based practice and effectively communicate this information to whānau. I am excited to apply this skill to support my students’ feeding and swallowing experiences.”

Hauora Tairāwhiti paediatric SLT Maria Camero says she found the workshop very informative:

“It is another tool that I have added in my kete, especially coming from an area where we cannot offer VFSS/FEES for the paediatric population. The workshop was research-based. We had a lot of time to practice and

listen with our stethoscopes. The presenters had a bank of both audio and video samples that helped the participants listen for the components of a swallow. In my opinion, training on cervical auscultation should be considered as part of the curriculum for future SLTs.”

It also provided a crucial opportunity for SLTs in New Zealand to connect with peers and experts in the field.

Massey University paediatric feeding specialist Emily Jones and Te Whatu Ora Waitematā Clinical Centre lead SLT Celia Butler organised the course.

“This specialised training is really significant, especially for SLTs in New Zealand, where professionals often work in isolation due to the country’s geographic spread,” Ms Jones says. ●

Contact details

Whakapā tangata

Please consider contributing content to *Communication Matters* about any aspect of our profession. Feel free to discuss with Emma Wollum, Editor, any ideas you have.
editor@speechtherapy.org.nz



New Zealand
Speech-language
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www.speechtherapy.org.nz

NZSTA Board Members

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professionaldevelopment@speechtherapy.org.nz

Professional standards • Su Hui Lim
professionalstandards@speechtherapy.org.nz

Māori and cultural development •
Alice Buckland
culturaldevelopment@speechtherapy.org.nz

Other contacts

Private sector representative • Elisa Mynen
privatepractice@speechtherapy.org.nz

Administrator • ONZL Limited
admin@speechtherapy.org.nz +64 9 475 0214

**Speech, Language and Hearing
Journal of APSSLH, HKAST & NZSTA** •
Editor: Anna Miles a.miles@auckland.ac.nz

**New Zealand Speech-language
Therapists' Association NZSTA** •
www.speechtherapy.org.nz

admin@speechtherapy.org.nz
PO Box 65503, Mairangi Bay, Auckland 0754

Communication Matters editor •
Emma Wollum editor@speechtherapy.org.nz

NZSTA Executive Director • Siobhan Molloy
executivedirector@speechtherapy.org.nz

NZSTA Kaumātua • Rukingi Haupapa
kaumatua@speechtherapy.org.nz

Expert adviser contacts

Adult Dysphagia & COVID-19 • Anna Miles
a.miles@auckland.ac.nz

**Adult Neurodegenerative Conditions
and Palliative Care** • Fiona Hewerdine
smokydine@gmail.com

**Alternative and Augmentative
Communication** • Ann Smaill
ann.smaill@talklink.org.nz

Aphasia Experts •
Robyn Gibson & Patty Govender
robryngibson10@gmail.com
admin@speechtherapyassociates.co.nz

Autism and Neurodiversity •
Shannon Hennig
shannon@inclusive-communication.co.nz

Child Language • Jayne Newbury
jayne.newbury@canterbury.ac.nz

**Cleft Palate/Velopharyngeal Insufficiency
(VPI)** • Bryony Forde
bryony.forde@huttvalleydhb.org.nz

Clinical Ethics and Bioethics •
Mascha Hoexum-Moerenburg
maschahm@mhmclinicaethics.co.nz

Dementia • Annabel Grant
a.grant@massey.ac.nz

Fluency • Tika Ormond
tika.ormond@canterbury.ac.nz

Head and Neck Cancer • Rebecca Lantzos
rebecca.lantzos@middlemore.co.nz

Hearing Impairment and Cochlear Implant •
Liz Fairgray l.fairgray@auckland.ac.nz

Paediatric Complex Communication Needs •
Sarah Spence sarspen@gmail.com

Paediatric Feeding and Swallowing •
Emily Jones E.Jones@massey.ac.nz

Traumatic Brain Injury • Maegan VanSolkema
maegan.vansolkema@abi-rehab.co.nz

Voice • Carlene Perris cperris@adhb.govt.nz

Vulnerable Children and Youth •
Sally Kedge sallykedge@talkingtroublenz.org

Area representatives

Te Tai Tokerau • Ashley Dean
ar.northland@speechtherapy.org.nz

Auckland • Claire Crooks
ar.auckland@speechtherapy.org.nz

Waikato/Bay of Plenty • Kate Zame
ar.waikato.bop@speechtherapy.org.nz

Central • Pratyasha Jamuar
ar.central@speechtherapy.org.nz

Wellington/Nelson • Catherine Campbell &
Hannah Timms ar.wellington@speechtherapy.org.nz

Canterbury/Westland • Charmain Moyle & Nicola
Gibbons ar.canterbury@speechtherapy.org.nz

Otago/Southland • Ross Harland
ar.otago.southland@speechtherapy.org.nz

Student representatives

Massey University • Tamanna Bhatia (Year 4)
sr.massey@speechtherapy.org.nz

University of Auckland •
Alycia McGray (Year 2) & Ben Twinn (Year 2)
sr.auckland@speechtherapy.org.nz

University of Canterbury •
Kate Tyson, Madeline (Maddie) Potter, & Jiajie Chen
sr.canterbury@speechtherapy.org.nz