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Empowering parents for AAC

The role of the speech therapist in Enabling Good Lives • Cantabrainers Choir

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I like doing art, it is therapeutic and relaxing. I like colourful things like pastels and paints. They lift my mood. I have been doing art and crafts since the start of the millennium when I began my rehab, it makes me feel satisfied in accomplishing something.”

Cover artist: Jimmy, art group participant at Headway: Brain Injury Auckland

Please contact the editor with your ideas at any time: editor@speechtherapy.org.nz

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First words

Kupu tuatahi

Emma Quigan and Katrina McGarr, Co-presidents, NZSTA



Mānawatia a Matariki ki a koutou katoa,

We have started a new year (or half way through the year, depending on your calendar!), reflecting on what we've experienced and accomplished, as well as planning ahead and setting goals. While reflections often focus on "what is working well right now" and "what do I need to change?", we've been asked to specifically focus on *Kotahitanga* as our NZSTA value for this year's Speech-Language Therapy Awareness Week.

What does it mean to work in partnership? To work with integrity, respect and humility? These seem intrinsic to what we do, so how do we measure these in action? How do we ensure we are working in solidarity and with the same vision at all times?

What we have learnt about working in partnership is that it doesn't mean we agree with each other on everything, however we do have a shared vision and goal and agree to work together to see it achieved. It means that we each bring perspectives and knowledge to broaden our understanding on different topics, and that we can have open and honest

conversations about the similarities and differences in these perspectives. Working in partnership is about trust and reciprocity, about acknowledging and respecting each other's expectations and roles for how to work together, and ensuring everything is done with integrity and aroha.

As you reflect on the NZSTA value of *kotahitanga*, consider too what this means and looks like for you as a value, and explore the *kotahitanga* movements within Aotearoa to appreciate the history of *kotahitanga* within New Zealand. When you reflect on your relationship with colleagues, peers, and *kitaki*, you will recognise the many ways in which you demonstrate *kotahitanga* in your work. You can embody *kotahitanga* when you engage in advocacy, action, and careful planning to enhance the lives around you, which may not be a conscious decision. As we move into the start of a new phase of Matariki, make plans for how you can enhance or improve upon how you demonstrate *kotahitanga* in your work and in your home life. ●

Ngā mihi

Emma and Katrina

Te Reo o Te Kaumātua

Nā Rukingi Haupapa

Rukingi Haupapa, Kaumātua, NZSTA

Ngā mihi ki a tātou i runga
i ngā āhuatanga o te wā

Bad weather and climate change have continued to batter our country and result in a series of storms and unprecedented weather events in Aotearoa. Many of you, our members, have had to live with colossal and devastating damage and effects on you and your whānau.

Nā reira kia kaha, kia māia (be strong, be courageous). Our **aroha** is with you.

Matariki

Māori and New Zealand calendars in June and July celebrate **Matariki**, the end of a year and the beginning of another. That involves acknowledging successful goals and priorities and remembering to include those unsuccessful ones in the next year's plan. We also remember those that we have lost over the last year. It is another lovely tikanga of being who we are.

Many cultures of the world, including Māori, share similar worldviews around the new year. It is great that many of us who know nothing about Matariki can actually do something that connects personally or professionally

with the many Matariki community events and activities across Aotearoa.

Mahia te mahi (do it, give it a go)!

My whānau had an overnight wānanga at Te Kuirau marae celebrating Matariki. We reflected on 2022/23 and have new goals set for 2023/24. The main point is being together, sharing the lead, and building our knowledge about Matariki. As a child I wasn't raised with this, but it's so great that my children and mokopuna are. Exciting times ahead folks!

Ingoa Māori and 2023 Awareness Week

Many SLTs have been discussing the te reo title for 'speech-language therapist' used across Aotearoa. Everyone knows the diverse work that SLTs actually do today, but the question is – does the Māori name still fit the definition of what SLTs do?

Matariki is upon us, and one of its purposes is to review and to plan better for the future. NZSTA members collaborating and then deciding on a te reo title is a great kaupapa, and I'm sure we can have constructive kōrero about an ingoa that will be flexible enough to include the key roles of what SLTs

do, and be simple enough for all to say, understand, and use.

2023 Awareness Week takes place in September and has the theme of '**Kotahitanga = work in partnership with integrity, respect, and humility**'. This sounds like the perfect time to include discussions and deciding on our Māori name!

What do you think? Please let **Hana** (your Cultural Advisor) and **Rukingi** (your kaumātua) know. We will definitely talk with others and get their views so please join in. •

Mā whero mā pango, ka oti te mahi
Working together will get the job done!!

Nāku noa
Rukingi Haupapa



NZSTA happenings and upcoming events



2023

NZSTA Board Meetings

27 November – Tāmaki
Makaurau/Auckland



15–16
OCT

TalkTools Level 1: A Three Part Treatment Plan for Oral Placement Therapy

Penang, Malaysia

More information available at
pacificspeechtx.my,
NZSTA members can claim
a 10% discount



1–2
NOV

RCSLT Conference 2023: Embracing the future together

Online event

More information available at
rslt.org



16–17
SEP

Music for Self-Care: Enhancing and Supporting our own Waioara and Hauora (Music Therapy NZ national hui and AGM)

Heretaunga/Hastings –
Taikura House

More information available at
musictherapy.org.nz



OCT–
DEC

Classification of the Movement Disorders of Cerebral Palsy

Online distance-based learning
module

10 October – 1 December
(applications close 12 September)

Contact **anne@**
neurorehabsouth.co.nz
for an application form



14–16
DEC

Asia Pacific Society of Speech, Language, and Hearing (APSSLH) Conference 2023

Ho Chi Minh City, Vietnam

More information available at:
apsslhconference.net



23–24
SEP

Joint Study Day – ADAPT, Communication Therapy International, OT Frontiers

Zoom webinar

Tickets available via Eventbrite



2024

77th Annual General and Scientific Meeting of the New Zealand Society of Otolaryngology – Head and Neck Surgery (NZSOHNS)

Kirikiriroa/Hamilton –
Claudelands Convention Centre

15–18 October

More information available from
conferences@w4u.co.nz

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

Empowering parents for AAC: Developing an evidence base for core board use

Sam Brydon, PhD student, Massey University



Back in 2017, I was working as part of a team of speech-language therapists at Patricia Avenue Specialist School in Hamilton.

As a team, we had helped to change the school's approach to AAC over the past few years. The ubiquitous PECS folders had gradually disappeared and were replaced with a schoolwide policy that encouraged staff to carry and model on core boards with the students, alongside a range of personalised low-, mid-, and high-tech AAC systems for individual students. This shift reflected changing practices in the wider field of AAC, and it was exciting to observe the progress that some students made when they had access to robust, core

vocabulary-based, AAC systems. At the time, I occasionally facilitated workshops to share information with interested caregivers and professionals about how to best support young people with these AAC systems, and I was sometimes asked about the research evidence to support core boards by the participants. When I went to find out what evidence was available, I learned that the strategy of aided language modelling that we recommended using had a growing research base, but I could find nothing to specifically support the use of core boards. This lack of evidence eventually led me to start my doctoral research at Massey University the following year.

Guided by my supervision team at Massey, comprising of Associate Professor Sally Clendon, Dr Elizabeth Doell, and Associate Professor Tara McLaughlin, I wrestled with the conundrum of how to carry out research on such a complex topic, involving children and families who have different strengths and needs, in a way that would capture the nuances of learning to communicate with AAC. Eventually we decided to use a mixed-methods multiple case study design, based around an intervention that was specifically developed for the research. One of the first steps in undertaking research is to review the

available literature, and this process helped me to confirm my belief that AAC implementation is highly unlikely to succeed without the full support of the child's significant communication partners. I was keen to carry out research with children who were using AAC for the first time; this meant my tamariki participants would be preschoolers, and the most important communication partners would be their parents and whānau.



Above:
A tamariki participant in Sam's research

Left:
A coreboard used in
EP-AAC intervention



The Empowering Parents for AAC (EP-AAC) intervention designed for this study consisted of four group workshops which shared evidence-based, supportive AAC strategies, followed up with in-home coaching during everyday routines. This intervention was followed by maintenance coaching sessions two months apart, for the rest of the year, to ensure that parents and whānau were supported to continue using the strategies. The goal was to empower whānau to have the skills and confidence to support tamariki in using a core board.

The year-long study took place across 2021 and 2022, dodging between various periods of COVID-19 restrictions. Six tamariki and their whānau (all parents) were recruited thanks to the assistance of Waikato MOE. The children were all aged between 3;6 and 4;6 years, and had complex communication needs resulting in little or no spoken language. One parent from each family participated in the EP-AAC intervention. Each family was provided with a core board with comprehensive generic fringe vocabulary attached at the top.

Over time, parents were able to personalise the fringe vocabulary for their child. While the parents took the lead role in implementing the core board with their children, a mixture of quantitative and qualitative data were collected via surveys, recorded observations, field notes, and a final interview.

The results of the intervention exceeded all my expectations. Retention was extremely high, with all six families remaining in the study for eight months, and five families completing the full year. All of the parents learned to use the complex AAC strategies with skill and confidence, and they maintained them until the end of the study or

until their child no longer required AAC. The children varied in how they initially reacted to the core board, but within a few weeks, five of the children were demonstrating a wide range of communicative functions with the core board, using it to communicate a variety of needs and ideas as well as sequencing symbols together. The sixth child needed more time, and her family needed more support to feel comfortable with using AAC, but by the end of the year, she was also accessing the core board to express herself. Four of the six children demonstrated development in spoken language, to the extent that one child no longer required



any AAC by six months in, and two others only needed it occasionally to help make themselves understood.

Through the surveys and the interview, the parents shared that they had found the EP-AAC intervention to be very supportive, and they particularly rated the opportunities to practise the strategies and receive feedback during the coaching sessions. My ideas about coaching had shifted significantly during the time of this research, and I now realise the practice I had thought of as ‘coaching’ in the past did not align with the research evidence around effective coaching. I had sometimes felt frustrated

when communication partners did not appear to support AAC implementation after receiving training, but now I have a better understanding of the type of personalised support that is needed to learn a complex set of skills and apply them in daily routines. This research has taught me many lessons, but my main takeaway is the importance of providing sustained, collaborative support to communication partners when implementing AAC. And yes, core boards can be a great option as a beginning AAC system too! ●

Above left:
Parents and children using a coreboard together

Above right:
Using fringe vocabulary to describe shapes

Photo credits:
Sam Brydon (consent gained from parents)

Improvising with augmentative and alternative communication (AAC)

Alyssa Hillary Zisk (they/them/theirs), Ph.D. Interdisciplinary Neuroscience, AssistiveWare



I'm an Autistic improviser, and sometimes I use AAC. This is my story of combining improvised theatre with AAC and why I think it matters.

I have been involved in performing arts for most of my life – possibly starting with writing my kindergarten play. During graduate school, I signed up for an improv (improvised theatre) class. I'm also a mostly-but-not-always speaking Autistic person, and I use AAC when speech isn't working for me. This included part of the first meeting of my first improv class – so I've been improvising without speech and thinking about how to do it better ever since.

Every year, my local community theatre invites people to submit ideas to create new shows. In fall 2022, I suggested an improv show themed around and using AAC, and found a small group of actors who would work with me on the show. We created new improv scene formats, modified existing ones, and explored how some existing improv scene formats could already be suited to AAC! We performed the show on March 31 and April 1, 2023.

Through the show's development and performance, we learned a few things I'd like to share:

- It is possible to bring busy improvisers from zero AAC experience (or only having seen me use a text-based app) to using AAC on stage in a show within two months of rehearsing once or twice a week.
- You get better at AAC by using it: even the SLT involved in the show felt she was better at using AAC at the end than at the beginning!
- Wait time is important: even when disability isn't a factor in communication rates with AAC, people need more time and space to participate when using it!

- Sharing these formats led to my actors thinking about and discussing the barriers people who use (or need) AAC face.

I'll be teaching the improv formats at Closing the Gap this fall, and I look forward to seeing how well these lessons translate when working with people who may be new to improv. •



Watch my video, 'Using AAC for an improv show' at:
[youtube.com/
watch?v=OZ9eJYgYJYs](https://www.youtube.com/watch?v=OZ9eJYgYJYs)

Please contact me on Bluesky (@[yesthattoo](#)) or Tumblr ([yesthattoo](#)) about descriptions or the rules of the improv theatre formats if you're interested.

Using a Samoan legend as a sensory story for oral language development

Amy Faapoi, Speech Language Therapist, Mt Richmond School

Talofa lava, o lo'u igoa o Amy Faapoi. As one of the few Pasifika speech-language therapists in Aotearoa, I always feel a certain level of (partially self-induced) pressure around Pacific language weeks, and never more so than when I started working at the predominantly Pasifika Mt Richmond School in Ōtāhuhu.



The theme for Vaiaso o le Gagana Samoa (Samoa Language Week) this year was 'mitamita i lau gagana, maua'a lou fa'asinomaga', which translates to 'be proud of your language and grounded in your identity.' This made me think of the rich oratory history of Samoa, how we as Samoans pass down our histories in the form of stories, and how these stories shape the Samoan worldview and way of being.

As a relatively new employee of Mt Richmond School, I had been introduced to sensory stories, which are often well-known stories that incorporate sensory elements into the storytelling. My SLT brain saw the sensory aspects of the story as a great opportunity for strengthening receptive language and language modelling. What a fantastic way to introduce children to new words and concepts, when they can hear, touch, smell, and taste exactly what you are talking about!

In the lead-up to Samoan Language Week, I revisited an old Samoan legend I had been told as a child – Sina and the Eel. I dissected the story, deciding on which sensory elements to include and which parts of the story to highlight for oral language development. The first thing that came to mind was using jelly and having the students touch it while modelling descriptive words like 'cold', 'wobbly'. Prepositions were modelled when the students were encouraged to bury their hands into a bowl of sand. Before long the story was filled with lots of sensory experiences that the students could engage in to deepen their understanding of the plot.

Senior leadership allowed me to present the story across the school during Samoan Language Week, and it was a huge honour to be able to use the Samoan oratory traditions of passing down stories in a way that our children could understand and with a focus on language development. ●



Top right:
Mt Richmond ākonga engaging with the sensory story

Left:
Exploring different textures



Cantabrainers Choir: “Therapy by stealth”*

Angela Reimer and Bron Hunter, Speech-language therapists, Christchurch Hospital

Cantabrainers Choir was formed in February 2012 by Kimberley Wade, Registered music therapist (RMT), and Susan McDonald, Speech-language therapist (SLT).

It was funded primarily by Therapy Professionals, with additional seed funding from the Brain Institute and Music Therapy New Zealand. At the time an aphasia choir was a new concept in therapy and was developed as an intensive communication therapy for people with neurological conditions. There are now choirs nationwide, although Cantabrainers is the only one facilitated jointly by a RMT and SLT.

Singing and talking activate different paths in the brain. While speech tends to be concentrated in one hemisphere of the brain, music activates several areas in both hemispheres, many of which overlap with speech areas. If one area is damaged, given the right stimulation another can compensate. Music and speech share many characteristics including pitch, rhythm, tone, pace, and volume, and this is why the Cantabrainers Choir is run by a RMT and SLT – a successful synergy of therapy.



Above:
The Cantabrainers choir sharing music together

At its inception Cantabrainers had 12 participants. The central choir now has 40, and a waitlist. An additional choir set up in North Canterbury at the beginning of April this year already has eight members. The choir caters for people who have experienced changes in their language due to an acquired aetiology. Dementia is the only diagnosis excluded, due to the overwhelming nature of the choir sessions, however there is a specific dementia choir to which interested parties can be referred. Currently Cantabrainers includes members who have dysarthria, expressive and/or

receptive aphasia, selective mutism, apraxia of speech, significant TBI with memory and pragmatic impairments, and voice changes that are usually a result of Parkinson’s disease.

The central city choir is currently facilitated by Angela Reimer, SLT, and Valentina Muga, RMT, Southern Music Therapy. The weekly sessions are two hours long and focus on a different target each term: articulation, breath support and volume, and individual storytelling through song or spoken word. Term four is dedicated to rehearsal for the choir’s end of year concert.

* Dr. Gerald Johnson, Board Member of The Cantabrainers Therapeutic Choir Charitable Trust, and Older Persons Health SMO Te Whatu Ora



Left:

Each session includes a consistent welcome song followed by structured SLT exercises

“

I finally feel included.”

New choir member, North Canterbury Cantabrainers Choir

Each session follows the same structure: the same welcome song followed by structured SLT exercises (muscle warm up, articulation practise, and breathing practise). The next songs are scaffolded across the term: initially a familiar song, moving on to an unfamiliar song with a familiar melody, an unfamiliar song, and lastly a fast tricky song. Each session ends with a consistent finishing song. Choir members are encouraged to utilise a total communication approach, augmenting attempts at verbalising words with gesture and facial expression.

The underlying therapy values and targets in each song include:

1. *Word retrieval and compensatory strategies:* with an expressive language disorder, familiar songs and tunes can facilitate word recall, and stimulate the use of strategies to overcome the challenge of unfamiliar words – ‘Something’s not right, how can I manage this?’
2. *Variation of pace and intensity:* ‘loud and soft, fast and slow’ targets voice production problems.
3. *Repetition of patterns in melody and words:* for a motor speech disorder where the lips and tongue are not coordinated, a song full of repetition with contrasting words can help.

Therapists often use recordings as biofeedback to support the members’ progress and confidence.

Participation in Cantabrainers has many benefits for its members, not least whanaungatanga. Angela describes the choir as a safe space and supportive environment, where people on the same journey can share tips and tricks. Many choir members also have dysphagia, but at choir any symptoms go unnoticed – the focus of morning tea is sharing kai and supportive kōrero. Angela sees most choir members achieve clearer speech and louder voices, but she feels most rewarded by their growing confidence to speak and join in conversations. Most crucially, members come to realise that communication is not just about speech.

Right:
The end of year
concert gets festive

“

I'd forgotten how good
it was to laugh.”

Wife of a choir member

You can find out more about
Cantabrainers Choir, including videos
of them in action, on their website
www.cantabrainerschoir.nz or
Facebook page [www.facebook.com/
cantabrainerschoir](https://www.facebook.com/cantabrainerschoir). Referrals can
be made to either choir by contacting
the choir coordinator directly:
charlotte@therapychoirs.org.nz.

Please also check out the wonderful
work of Southern Music Therapy at
www.smt.nz or [www.facebook.com/
southernmusictherapy](https://www.facebook.com/southernmusictherapy).

The choir welcomes visitors and
would love to see you at their end
of year concert. ●



Clinical field supervision in practice

Sarah Brown, Practice Lead Speech-Language Therapy, Spectrum Care
Hannah Barnes, previous Spectrum Care SLT

The speech-language therapy team at Spectrum Care has been supporting students on placement, and taking part in student research projects for many years now. This year, we were honoured to receive the NZSTA Clinical Field Supervisors Award.



Like so many other SLTs across the country, we take students for a number of reasons – we love what we do, and it is exciting to share it with others. Students come with new knowledge and perspectives, so they always teach us something new and it helps us reflect on our work. Placements are such an important part of students' learning and development, it's a great way to contribute to the ongoing development of our profession. Both of us (Sarah and Hannah) had placements at Spectrum Care before later joining the team as SLTs, so we're well aware of the value of a placement for both students and the workplace!

Our SLT mahi at Spectrum Care is unique and offers specific learning opportunities for students. We support adults with intellectual disabilities who usually live with other disabled adults, being supported in their daily life by a staff team. A placement at Spectrum Care covers a wide range of clinical skills – complex communication, high and low tech AAC, medically and behaviourally complex dysphagia, opportunities for coaching and training staff, and resource development. We work hard to integrate our support into people's lives, which we hope gives students an



Placements are such an important part of students' learning and development, it's a great way to contribute to the ongoing development of our profession."

opportunity to see the practical side of how to implement functional goals in context. We emphasise achieving the best possible outcomes while working within the challenges, constraints, and practicalities of real life. Students also learn how SLTs can contribute to the leadership of an organisation – as our team contributes to organisational projects, quality improvement, training initiatives, and much more.

In addition to building clinical skills, we hope our placements and research opportunities build awareness of the

“

With the foundation of the new Whaikaha – Ministry of Disabled People and an ever-increasing focus on Enabling Good Lives (EGL) Principles, we hope that the role of SLTs in the disability sector will expand, and that we'll have played a small part in preparing the workforce to meet this need.”

needs of this population, and the current inequities. Currently in Aotearoa, most adults with an intellectual disability have no access to SLT support after they finish school. However, the disability sector is changing. With the foundation of the new **Whaikaha – Ministry of Disabled People** and an ever-increasing focus on **Enabling Good Lives (EGL) Principles**, we hope that the role of SLTs in the disability sector will expand, and that we'll have played a small part in preparing the workforce to meet this need. In the meantime, we hope our new graduate SLTs reflect on the knowledge from our placements to consider the needs of adults with intellectual disabilities, and how other SLT roles and environments connect with this population.

Those working in MoE, special schools, and other paediatric services will have increased context and knowledge of the adult services their clients may access in future. Those working in hospitals, ACC, and other adult services have the skills to provide quality services to disabled adults when they access mainstream adult services. ●

We look forward to continuing to share our work, working together with SLT students. A big thank you to all the students who have worked with us, we look forward to working with many more in future.



Top:
Hannah Barnes, previous SLT and clinical supervisor, Spectrum Care

Bottom:
Sarah Brown, Practice Lead Speech-Language Therapy, Spectrum Care

The role of the speech therapist in Enabling Good Lives

Hannah Perry, Principal Advisor, Whaikaha – Ministry of Disabled People

Hannah has been working with the Enabling Good Lives Christchurch team over the last ten years, and originally trained as a Speech Language Therapist.

Whaikaha – Ministry of Disabled People

was established, just over a year ago, to work in partnership with the disability community and Māori to transform the disability system.



Whaikaha has a stewardship role to work with other government agencies – including health, education, transport and housing – so they consider the impact of their policies and services design on disabled people and their whānau.

It is also responsible for the commissioning and delivery of more than \$2 billion in disability support services, with a clear mandate to transform the way they are commissioned.

Our leadership of the system will follow three important pou: a system that embeds a Te Tiriti o Waitangi approach, a system that responds to the social movement that is the Enabling Good Lives approach, and realises the rights of disabled people under the United Nations Convention on the Rights of Persons with Disabilities.

“

Whaikaha consider the impact of their policies and services design on disabled people and their whānau.”

Enabling Good Lives

(EGL) is a social movement, led by disabled people, tāngata whaikaha Māori and whānau. It is guided by a vision and eight principles, all aimed at disabled people and their families having more choice and control over their lives and the supports available to them.



Enabling Good Lives

Through this approach, the disabled person, within the context of their whānau, builds a good life in a community who values who they are and what they have to offer.

Critical to this thinking, is recognising:



Everyone can communicate, everyone does communicate;



Everyone is able to express how they feel (even if it is to let others know that something isn't working for them);



We can change what we as communication partners do, to make communication more successful, and recognise (and honour) the disabled person's will and preference;



It's important that people, particularly those who have traditionally had very little opportunity to make decisions in the past, are presented with information in a way that is accessible and engaging.

With the right support, all people can exercise more choice and control over their lives

When someone is heavily reliant on others to interpret their communication and, where necessary, 'speak on their behalf', it's important that the people who support them and know them well reflect on their own biases and opinions about what is good or right for the person.

There is an inherent risk for those who, for a variety of reasons, are unable to effectively contradict their substituted 'voice', if what is being reiterated for them is not what they intended.

There is a significant safeguard for disabled people in having a support network of people who are there because they love the person and choose to be there. The risk is greater when the disabled person's network is limited to people who are paid to support them.

An Enabling Good Lives approach suggests that disability supports must be led by the disabled person's will and preference. Needs Assessment Service Coordination organisations (NASC) and service providers must strive to listen to the disabled person's voice, including when people don't use words to communicate.

In practice, time pressures and lack of confidence in understanding a variety of pre-intentional and intentional communication attempts, mean that substituted voice is frequently relied on in decision making, planning, and implementation of support.

Speech-language therapists, regardless of the field they work in, have the skills to connect with disabled people when they make an effort to understand different styles of communication.

We are well placed to ensure that supporters of disabled people (whānau and others) have the skills and knowledge they need to identify how the person communicates – and to share this information with others.

This can involve identifying and recording:

- a) how the person communicates
- b) what their current preferences are (and be reflective on how we have come to know this)
- c) new opportunities for expanding the range of experiences people have (and monitoring their reactions)
- d) using this information to plan even more new opportunities.

A process like this enables disabled people to have increasing control over their lives.

This process reduces the risk of making assumptions about what would be “good” or beneficial for the disabled person, instead providing information communicated by the person themselves about their likes, dislikes and wants.

Although some people may not be in a position to state their aspirations in a way that can be easily understood, their supporters can set things up in a way that ensures they are active participants in making decisions about accessing the good things in life.

Enabling Good Lives is for everyone. All people can exercise self-determination. Our expectations of the people and systems that serve disabled people, are that the time is taken to recognise and grow the way that people form and express their will and preference.

Communities across Aotearoa can take an Enabling Good Lives approach in supporting disabled people and their families to build aspirations and take leadership in living good lives.

There is a critical role for SLTs who understand and can identify the variety of ways that people communicate.

If people’s lives are to be self-determined, how can we support those involved in enabling that to truly recognise, celebrate, and respect what is being communicated?

How will we begin to share power and authority as the ‘experts’ in communication and acknowledge the fact that people are experts in their own lives?

How do we ensure that those we serve, who have had the least opportunity to articulate their views, are able to participate meaningfully in leading this change? ●

“

Enabling Good Lives aims for disabled people and their families to have more choice and control over their lives and the supports available to them.”

Te Whatu Ora as one

Shannon Mackintosh, SLT, Te Whatu Ora Lakes

Initially, “one healthcare system” sounded like a far-fetched dream.

When I returned from Europe six months after the implementation of Te Whatu Ora and asked hospital SLTs what had changed, the feedback was largely “nothing really”. Slowly, there has been more sharing of knowledge and resources, with one successful example of this being the Surgical Voice Restoration Study workshop in March organised by Te Whatu Ora Waitaha Canterbury.

Alexandra Smedley, SLT and expert clinician in head and neck/oncology, organised a tremendous day with SLTs, nurses, and ENTs from around the country attending and presenting. There were patient demonstrations and experiences, opportunities to practise valve insertion on dummies, as well as presentations from various professionals. Because it was run by Te Whatu Ora,

it was free to attend for anyone in the organisation, therefore the only potential costs were travel and accommodation.

As a ‘generalist’ SLT in a secondary hospital, I have limited experience in a lot of the more specialist areas of speech-language therapy, but will occasionally have involvement with more complex patients. The opportunity to get a lot of in-depth knowledge surrounding such a specialist area is invaluable. Access to this kind of knowledge and experience will help a lot of generalist SLTs around the country to develop specialist knowledge and skills, and potentially even develop these services within more regional areas.

The two-day Surgical Voice Restoration Study workshop comprised of ENT presentations from Mr Allan Keast, head and neck surgeon from Christchurch Hospital, and Professor Michiel van den Brekel, head and neck surgeon from the Netherland Cancer Institute. Understanding different approach methods for laryngectomy surgery could help SLTs identify expected impacts on the swallow and oesophageal voice, and plan for these accordingly.



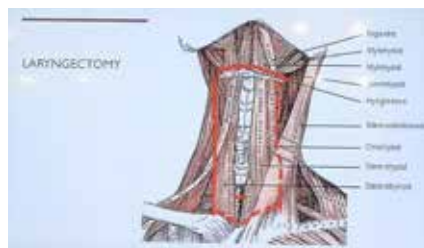
Above:
SLTs attending the Surgical Voice Restoration Study workshop

Presentations from SLTs included: Alex Smedley, Liv Thompson-Williams, Becky Lantz, Emma Burns, Cath Lawson, and Kelly Dellahunt. There was a broad range of experience and expertise from SLTs in tertiary, secondary, and primary hospitals, which made the day relevant for all SLTs attending.

I was also able to hear the experience of an SLT who created a laryngectomy service from the ground up, and is now able to pass on that valuable experience to help others develop their service.

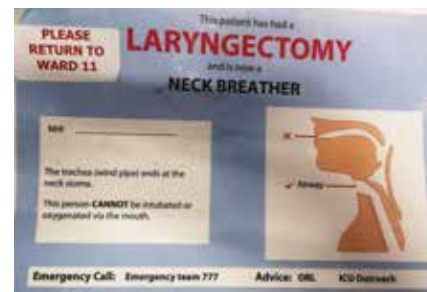
Systemic change can be challenging and can take longer than we would like, but it also creates valuable learning opportunities. I look forward to seeing what further opportunities might come about from the ongoing changes within healthcare in New Zealand. If you work for Te Whatu Ora, try and be part of the change to create opportunities and share knowledge.

I know Alex is keen to travel for the next study day, so where will it be? ●



Above:
Content from head and neck surgeon Mr Allan Keast's presentation on ENT

Right:
Signs and resources used on the ENT ward at Christchurch Hospital



Introducing New Zealand Relay

Elizabeth Vete, Team Leader for Relay Assistants, New Zealand Relay

New Zealand Relay is a service established in 2004, provided by the New Zealand Government.



NZ Relay's purpose is to support people with communication difficulties by providing communication support services that allow our users to live autonomously and independently. NZ Relay is funded by MBIE, and offers a variety of services that support providing equal work and lifestyle opportunities for those who are Deaf, hard of hearing, have speech and/or communication difficulties, or are deafblind – enabling them to connect with businesses, friends, and whānau over the phone.

At NZ Relay, our people are passionate about delivering exceptional support services to our community. We have a dedicated team that includes Relay advisors, NZSL interpreters, and support staff.

Most of our services are available 24 hours a day, 7 days a week. Our video assisted services, including our NZSL interpreting service, are available Monday to Friday 8am to 8pm, and between 10am and 5pm Saturday and 12pm and 5pm Sunday.

NZ Relay offers nine different services to facilitate communication for our users. Users can choose the service that best suits their need at any given time.

Speech-to-Speech and Video Assisted Speech-to-Speech

Speech to Speech and Video Assisted Speech to Speech (STS and VA-STs) are two services we offer that might benefit individuals in Aotearoa with speech and/or communication difficulties.

If you or your kiritaki require assistance speaking to someone over the phone, you can dial 0800 8 715 715, which connects you with one of our Relay advisors. Once connected, let them



Above:
NZ Relay users can use a variety of devices to access the service

know which number you would like to call and how you would like to be assisted while on call. The Relay advisor will stay on the call with you to assist where instructed.

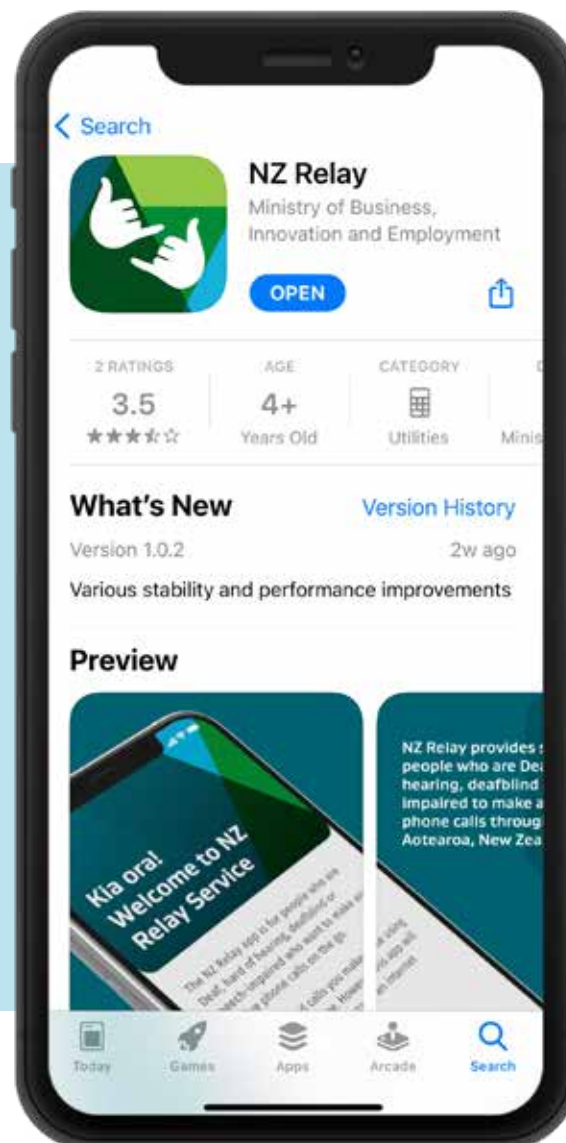
We also have a Video Assisted Speech to Speech service – where our Relay advisors will connect with you on video via Skype. This service can be especially useful if you prefer to use visual cues, written messages, and body language to help communicate. Dial 0800 8 715 715 and you will be connected to one of our fantastic Relay advisors.

We encourage anyone wanting to try the service to check out our website at **www.nzrelay.co.nz**.

It includes detailed descriptions of all our services, as well as some great instructional videos. You can also contact us through our helpdesk email: **nzrelayadmin@nzrelay.co.nz**.

We have round-the-clock staff who would be happy to help you with any questions or concerns you might have.

Whether you're an existing user or someone who thinks the service might add value to their lives, NZ Relay would love to hear from you. ●



Left:
The NZ
Relay app

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
Therapists' Association
*Te Kāhui Kaiwhakatikatika
Reo Kōrero o Aotearoa*

www.speechtherapy.org.nz

NZSTA Board Members

Co-Presidents • Emma Quigan, Katrina McGarr
president@speechtherapy.org.nz

Communications • Amy Scott
communications@speechtherapy.org.nz

Member networks • Polly Newton
membernetworks@speechtherapy.org.nz

Professional development • Mel Street
professionaldevelopment@speechtherapy.org.nz

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

Māori and cultural development •
Hana Tuwhare
culturaldevelopment@speechtherapy.org.nz

Other contacts

National private practitioner members' representative • Ashleigh Neumann
privatepractice@speechtherapy.org.nz

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

**Speech, Language and Hearing
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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 Intellectual Disability (Communication and Dysphagia) • Hannah Barnes
Hannah.Barnes@spectrumcare.org.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
robyngibson10@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@mhmclicalethics.co.nz

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

Fluency • Anna Hearne & Tika Ormond
anna@start.org.nz
tika.ormond@canterbury.ac.nz

Head and Neck Cancer • Rebecca Lantz
rebecca.lantz@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 • Jocelyn Roxburgh & Noel Byrn
ar.auckland@speechtherapy.org.nz

Waikato/Bay of Plenty • Alicia Ang
ar.waikato.bop@speechtherapy.org.nz

Central • Alicia Scott
ar.central@speechtherapy.org.nz

Wellington/Nelson • Catherine Campbell & Tricia Mayuga
ar.wellington@speechtherapy.org.nz

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

Otago/Southland • Emma Burnip
ar.otago.southland@speechtherapy.org.nz

Student representatives

Massey University •
Tamanna Bhatia (Year 3) & Riya Bhatia (Year 4)
sr.massey@speechtherapy.org.nz

University of Auckland • Alycia McGray (Year 1), Ben Twinn (Year 1) & Ashleigh Stove (Year 2)
sr.auckland@speechtherapy.org.nz

University of Canterbury • Kate Tyson (Year 3), Abbie Low (Year 4) & Maggie Beggs (Master's)
sr.canterbury@speechtherapy.org.nz