

communication

matters



A core board success story at Porirua City Council pools

Uniting for equity in speech-language therapy • Aphasia Awareness month at AphasiaNZ

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Cover image: The core board currently on display at Te Rauparaha Arena in Porirua. Photo courtesy of Nikki Parlane.

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

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AUG

Coaching for Communication Partners two-day workshop

Hosted by Sam Brydon

Christchurch, 8–9 August • Wellington, 15–16 August • Auckland, 22–23 August

Access tickets at atanz.org.nz/events/course/communicationpartnercoachingworkshop



AUG/
SEP

LAMP Words for Life and the LAMP therapy approach two-day workshop

Hosted by Sam Brydon

Christchurch, 29–30 August
Wellington, 5–6 September
Auckland, 12–13 September

Access tickets at atanz.org.nz/events/course/lampworkshops2024



30–31
AUG

Prader-Willi Syndrome Conference

Sydney, Australia

More information available at appws.org



15–18
OCT

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

Kirikiroa Hamilton – Claudelands Convention Centre

More information available from conferences@w4u.co.nz



12–14
AUG

New Zealand Audiological Society (NZAS) conference

Ōtautahi Christchurch

Register at audiologyconference.org

NZSTA upcoming events

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



21–22
OCT

NZSTA 2024 Symposium – Ngā Hononga

Te Wānanga o Raukawa, Ōtaki campus

Register at events.humanitix.com/2024-nzsta-symposium/tickets



4–5
DEC

Allied Professionals Forum – International Alliance of ALS / MND Professionals

Online and in-person in Montréal, Canada

als-mnd.org/events-programs/allied-professionals-forum



2025

33rd World Congress of the IALP

Malta, 10–14 August, 2025

Registrations and call for abstracts accessible at ialpmalta2025.org

Amplifying voices: Uniting for equity in speech-language therapy

NZSTA team

Over the last year and a bit, NZSTA has been developing a detailed business case containing recommendations for the government to build much-needed capacity in the speech-language therapists' (SLTs) workforce in New Zealand.

The development of this business case has been the focus of our advocacy efforts. It was led by a small but very committed team, including co-president Katrina McGarr, Sally Kedge, Hannah Barnes, Shannon Hennig, Melanie Street, Mershen Pillay, Tiahna Kingi, Sarah Spence and Elizabeth Cross.

The New Zealand Speech-Language Therapists' Association is asking the Government for support to build much-needed capacity in the speech-language therapists' workforce.

We have identified three key issues:

1

Current workforce shortages are estimated to affect around 10 per cent of the existing budgeted workforce (over 1,000 registered practitioners in New Zealand).

2

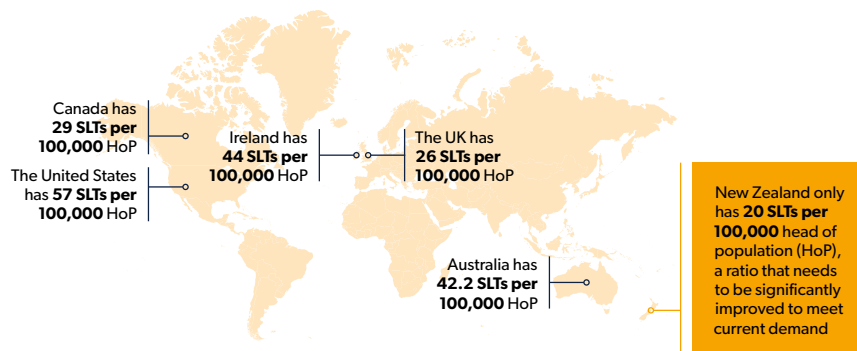
We have a very small workforce by head of population (less than half that of Australia and nearly two-thirds less than the USA). The workforce is insufficient to meet current – not to mention future – population needs, and waitlist times are lengthy.

3

Our workforce is ill-equipped to provide sufficient services to Māori and Pasifika in a culturally safe and responsive way.

New Zealand versus overseas jurisdictions

Compounding our workforce shortage is the fact New Zealand has very few speech-language therapists to begin with, compared to other countries. For example:



These issues mean:

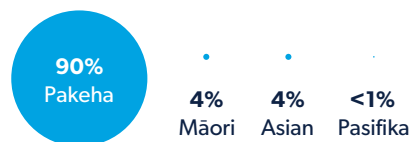
- Existing SLT services and personnel are under significant and increasing pressure, which will only worsen as our population grows and ages.
- Clients can't always get timely access to SLT services; wait lists are lengthy and growing.
- We can't always provide services that reflect and cater to the needs of our clients, particularly our Māori and Pasifika communities, which are over-represented in terms of requiring SLT services.

The impact of these issues is expected to worsen considerably as the demand for SLT services continues to rise. Several factors contribute to this growing demand, including New Zealand's ageing and growing population, with increased incidences of strokes and dementia impacting communication and swallowing and higher life expectancies for those with cerebral palsy, Down syndrome and other complex conditions.

While both Māori and Pasifika communities are under-represented in the SLT workforce, they are over-represented in the populations requiring SLT services. This creates major health equity issues and further disadvantages the outcomes for these communities across health, education, disability, and justice. There is an additional need to upskill practising SLTs in providing culturally competent services, including the capacity of the profession to provide services in te reo Māori.

The make-up of the workforce of registered speech-language therapists in Aotearoa New Zealand underpins the cultural capability issues.

Our current workforce comprises:



Lastly, we need to address the existing gender imbalance. The existing workforce is almost entirely female, and the profession needs more male SLTs to better reflect and cater to our clients.

The New Zealand Speech-language Therapists' Association (NZSTA) appreciates that the Association itself and the wider SLT profession must take some steps to address these workforce issues. These measures are outlined in a business case as part of a four-way collaborative programme involving:

- NZSTA.
- key employers of SLTs.
- Tertiary Education Commission (TEC).
- universities providing entry-level qualifications for speech-language therapy.

However, the NZSTA believes some Government support will also be needed. This document outlines four key recommendations for the Government to help address the dire workforce issues faced by the SLT profession.

Recommendations for the Government

The New Zealand Speech-language Therapists' Association recommends the Government take these initiatives:

1

Increase the number of training places for New Zealanders wanting to enter the profession.

2

Provide additional support for trainee SLTs as they transition into the workforce.

3

Increase Māori- and Pasifika-specific training capacity by providing additional scholarships and appropriate funding.

4

Introduce a voluntary 'bonding scheme' to keep newly registered SLTs practising for at least five years in New Zealand.

5

Increase the publicly funded SLT workforce to reduce unmet need.

Attracting more people to the profession

The recommendations in this business case will help to:

- Enhance access to and encourage completion of SLT training.
- Encourage more Māori and Pasifika people into the profession.
- Facilitate better and more equitable access to much-needed SLT services and reduce patient waitlists.

There is still a need to attract more people into the profession, including more males, to remedy the existing gender imbalance, take advantage of the more accessible training framework, and transition into registered SLT practice.

The NZSTA estimates the profession should target an additional 2,191 new trainees over the next five years to:

- Minimise the current workforce shortages of around 10 per cent.
- Bring our workforce numbers into parity with Australia's (Australia has 42.2 SLTs per 100,000 people compared to our 20 SLTs per 100,000 people) by 2028.
- Account for anticipated workforce attrition in that period.
- Match the service demand of New Zealand's growing population, which is expected to reach almost 5.5 million by 2028.

Of these new entrants, the NZSTA would hope to attract 484 Māori and 262 Pasifika people into the profession in that time period. This programme would aim to ensure New Zealand's SLT workforce is both culturally competent and has sufficient capacity to meet the growing demand.

A collaborative programme

A collaborative programme involving the NZSTA, universities, key employers (such as Ministries of Education and Health), and the Tertiary Education Commission is proposed. The programme aims to address current and future speech-language therapy (SLT) workforce needs in New Zealand through several initiatives:

- Developing a public recruitment campaign to fill current and projected SLT vacancies.
- Promoting SLT as a career choice to secondary school students and other potential candidates.
- Attracting suitably qualified graduates into SLT roles through master's entry programs.
- Encouraging non-practising SLTs to return to professional practice.
- Assisting employers in recruiting qualified therapists from overseas.
- Creating cultural competence training programs for the workforce.
- Securing appropriate funding from the Tertiary Education Commission for university training programs.
- Improving accessibility of clinical placements with support from the government.

- Advocating for expansion of the SLT workforce by government employers.
- Removing student number caps at universities to facilitate training for new entrants to the profession. •

Read the NZSTA business case in full: speechtherapy.org.nz/advocacy

Front line stories

Read some stories from the front line of speech-language therapy – some lived experiences:

speechtherapy.org.nz/advocacy/anecdotes-from-the-frontlines-of-speech-language-therapy



Ash is keen to work again



Eli: The more support, the more progress



Kathlyn: SLT worked wonders



Laura and Isla: "We really need more SLTs"



Martin has aphasia



Star Brooks: An amazing journey!



Vale – Dr. Alison Louise Cooper (nee Webb)

Emily Jones, Annabel Grant, Patty Govender, Rachael McEvoy, and Paula Leslie

Our dear friend and colleague Alison died in October last year after a long battle with cancer. To those of us at Te Whatu Ora Waitematā and Massey University, Alison was a dear friend and colleague, who achieved a great deal in her profession, yet was very humble about these achievements. We would like the wider speech-language therapy community to know more about her.

Please see the supplement to the Communication Matters Ngahuru / Autumn 2024 issue, available on the NZSTA website, to read our full tribute to Dr. Cooper.



Alison at Kreem Cafe in 2019, with SLT colleagues from Auckland City Hospital, Waitematā District Health Board, and Massey University. Left to right: Carleen Perris, Louise Hume, Robyn Gibson, Delize Delaney, Annabel Grant, Emily Jones, Patty Govender, Elizabeth Doell, Yvonne Cope

Leo Moana: a fresh look at speech-language therapy in Aotearoa

Marie Ualesi, on behalf of Leo Moana

Introducing Leo Moana: We are experienced SLTs with origins and connections that extend across the Pacific.

Our vibrant team, currently eight strong, work throughout the public and private sectors in the areas of health, education, and justice across the lifespan. Since our inaugural meeting in May 2021 we have been growing together, collaborating, and building our skills, networks, and team.

Leo Moana was born from a heartfelt need for a Pasifika perspective for speech-language therapy within Aotearoa. We are excited to bring this fresh, culturally rich approach to the forefront.

The name 'Leo Moana' represents our professional and expert '**Leo**' (voice).

Top: Our inaugural meeting May 2021

Left to right: Anelisa Lole, Chermei Haufano, Amy Fa'apoi, Ina Fautua, Marie Ualesi, Tilisa Taungapeau

We also use 'leo' to refer to the voices of our communities, people and colleagues that we serve and assist in terms of communication and swallowing needs. '**Moana**' is a reference to the vast and deep ocean – this ocean that connects the diverse Pacific nations from which our communities originate, and the communities with which we continue to be actively involved.

Leo Moana is all about supporting, promoting, and advocating for a Pasifika lens within the SLT profession. We are looking to develop and expand resources for our communities and colleagues. One of our goals is to grow our workforce in Aotearoa. We are blessed and thankful for the relationship we are forming with NZSTA and look forward with excitement and enthusiasm to what lies ahead for us all. ●

We are fresh on the scene, and are keen to connect with as many of you as possible. You can flick us an email at admin@leomoana.org and we can take it from there.

Aphasia Awareness Month at AphasiaNZ

Kate Milford, Community Aphasia Advisor practice supervisor, AphasiaNZ

By the time you read this article, Aphasia Awareness Month will be over – but I am writing this at the end of May as we finalise our plans for the month.

I hope that you subscribe to our emails and newsletters – and indeed that you have heard of AphasiaNZ! Please look at our website aphasia.org.nz, subscribe to our emails/newsletters, and like us on Facebook.

Aphasia New Zealand Charitable Trust was launched following a conference for people with aphasia in Auckland in 2005. Initially we formed an incorporated society, but we transitioned to become a charitable trust as that structure is more appropriate to our purposes and the needs of people that we support. Over the past 17 years, we have developed and grown, changing our services to provide the maximum support to the largest number of people that we can.

Challenges do remain. Firstly, in the general public there are still very few people who know what aphasia is; even within healthcare, understanding of the impact of aphasia and how to support people affected by it remains low. Secondly, having a low profile means that we have ongoing challenges to secure funding to provide our services. Thirdly, only a small percentage of people with aphasia are referred to us for support. We need SLTs in the health system to include provision of information about AphasiaNZ to every family affected by aphasia. All you need to do is direct them to our website or provide them with a leaflet – which can be obtained from us free of charge. Referrals can be made through our website.

This year, our awareness campaign is titled 'Until you've met it, you just can't get it!' From experience, we know that trying to explain aphasia to other people is difficult. Every person's aphasia is unique to them. We know that the best way to grab someone's attention is to tell a story that they can connect with – so this year, people with aphasia have stepped forward to share their experiences. We have made a number of short videos, showcasing people

with aphasia talking about the impact of aphasia on their lives. This approach also allows us to measure how successful we have been as the number of views are recorded in YouTube.

We have also run a *givealittle* campaign over the month – donations can still be made – which you can find at givealittle.co.nz/cause/say-nothing-give-a-little

We are asking children to take part in a sponsored silence to raise awareness of the impact of communication difficulties including aphasia. Do you have children who might try this for us?

As a team of Community Aphasia Advisors, we are privileged to be able to see the ongoing improvements and adaptations made by people affected by aphasia long after their therapy has finished. This is one of the joys of the role – being able to form long-term relationships with people with aphasia and their families and seeing the amazing benefits that come from those with aphasia supporting others and encouraging them. Gains in language ability continue for many years. One such story is featured on the next page. ●



John Hesson at Stroke of Luck

Photo credit: John Hesson

John Hesson's story

John was 32 years old when he had his stroke. He had knocked off from work and was enjoying a beer with an employee when his stroke occurred.

He distinctly remembers it was 5.10pm. He has little memory of the following weeks as he was placed into a coma in ICU. He was told by doctors in Christchurch Hospital he wouldn't walk or talk again – "they wrote me off" says John. After his tracheostomy was removed, the effects of aphasia first became apparent. The first word he could say was 'No'. He spoke of not having a means of communicating during his time in ICU and early days of being in the acute hospital, even though his cognition and intelligence were intact.

John slowly regained more words and by the time he returned home, around two months later he could say around 15 words. He was very motivated, and learned quickly that the best way for

him to regain more language was to get out into his community and speak to people. As he was learning to live with aphasia, he realized how few people knew what aphasia was and what was happening with his communication – John himself admits he had never heard of the word aphasia until he acquired it from his stroke. He got benefit from meeting other people who also had aphasia at his local AphasiaNZ Kōrero club. This helped him realise he wasn't alone.

Not only has John's English been affected but also his Te Reo. He was fluent prior to his stroke, and still understands Te Reo but no longer speaks it.

Today John's aphasia has improved to the point where he has been able to return to work. He gave up his trucking contracting business and now works as a security guard. He has also started up a food truck called 'Stroke of Luck – Food Trailer'. The main aim of his food trailer is to raise public awareness of aphasia. John takes any chance he can to tell people about aphasia.

Paediatric dysphagia is blooming at the Rose Centre

Gilly Kitto, Speech-language therapist, Rosebud Clinic, UC Rose Centre for Stroke Recovery & Research



The University of Canterbury Rose Centre for Stroke Recovery & Research recently hosted a three-day training course for speech-language therapists across Aotearoa who work in the field of paediatric dysphagia.



Left to right: Dr Phoebe Macrae, Professor Maggie-Lee Huckabee, and Gilly Kitto

Developing the course and connecting with clinicians in the field was a huge highlight for us in terms of new learning and relationship building. It has also been a great way to kick off the Rosebud Clinic, our new paediatric dysphagia service.

The Child Development Service Improvement Project identified that clinicians working in the area of paediatric dysphagia have various levels of confidence and often feel vulnerable due to reduced training and ongoing support.



“ It was great to feel supported by so many other clinicians. To know that many others feel the same. It helped me reflect on the purpose of VFSS.”

Course participant

This can result in difficulty recruiting and retaining staff with high staff turnover, and clinicians often working in isolation. SLTs were interviewed by the project coordinator, and feedback indicated the need for more tools in their toolbox to support tamariki with dysphagia. They reported feeling underprepared for managing paediatric dysphagia when entering the workforce, and having few options when it comes to rehabilitation. The CDS Improvement Project therefore allocated funding to support clinicians across the South Island who work in this area.

A course was developed to upskill SLTs in their foundational dysphagia knowledge, including neurophysiology of swallowing and neuro-rehabilitation, and the practical implementation of these principles in the paediatric population. The aims of developing this course were to provide accessible training, to facilitate equity in services across regions, to allow paediatric clinicians to learn more about what our fellow adult clinicians are doing in dysphagia rehabilitation, and to explore whether these practices can translate to paediatric dysphagia management. Importantly, this course also aimed to build connections

between SLTs across Aotearoa and to link clinicians with researchers.

The invitation was extended to clinicians working in early intervention across the country. Forty clinicians from as far south as Invercargill all the way up to Northland registered. There was a mix of experience levels, ranging from new graduates to highly experienced clinicians. The course was available via Zoom and in-person. The first two days were presented in a lecture style, given by Professor Maggie-Lee Huckabee, covering the foundations of swallowing anatomy and neurophysiology. Our brains were very full after this! The third day was held eight weeks later, focusing on collaborative discussions. Six clinicians presented a case they'd seen clinically. Together we problem-solved and had robust discussions around management options. Dr. Phoebe Macrae also attended this third day, providing invaluable insight around sensory and respiratory factors relating to dysphagia.

Overall, feedback has been very positive, “It has challenged me to think further and more creatively about how I may be able to support tamariki with dysphagia,” said a course participant.

“It was great to feel supported by so many other clinicians. To know that many others feel the same. It helped me reflect on the purpose of VFSS. It encouraged me to think about risk feeding in order to support progression,” expressed another course participant.

“I felt like I was more a participant learning about paediatrics than a presenter;” commented Professor Maggie-Lee Huckabee. “Truly a collaborative exchange in questioning and supporting paediatric service delivery.”

The collaborative discussions have left us with more questions around paediatric dysphagia. We agreed that this is an area with great research and development potential, and the need for collaboration is highly evident. Since the course, multiple clinicians have expressed interest in supporting each other with difficult clinical cases. This is exciting, and these opportunities will provide avenues to trial different approaches to habilitate or rehabilitate swallowing in our tamariki.

It was a privilege to guide this mahi and to connect with clinicians from all across Aotearoa. ●

A core board success story at Porirua City Council pools

Interview with Craig Heberley

Communication Matters editor (and Titahi Bay resident) **Emma Wollum** interviewed Te Rauparaha Arena Kaiwhakahaere Ratonga Huihuinga **Craig Heberley** about the recent initiative to install core boards at Porirua City Council aquatic facilities. Te Rauparaha Arena's core board is featured on the cover of this issue.



Core board advocate Cameron Fraser models use of the core board for swimmers

CM: I was really pleased to see the core board up there – there have been quite a few initiatives to use them in playgrounds around New Zealand, and this is the first time I've seen one at a pool. What's the story behind your core board?

CH: We do have a lot of users that come in, like from Mana College, and Cameron Fraser brings his crew in from the different needs unit every week – so it's just through a conversation with Cam around accessibility. We've got sensory times on Thursdays between 7 and 9pm, we turn the lights down with music off, and that's something that had a lot of traction. That was part of a bigger scheme with [Ahuru Mōwai Trust co-founder] Paul Latham who previously achieved a Wellington Airport Regional Community Award for their work with Awesome Bounce and other facilities as well. So it's cool to be on that vibe, and then Cam and I were just talking because I noticed he uses core boards in the pool with the kids. And he said 'well look at

this' and showed me a picture of one that had been put up in a playground in Whangarei. So he said 'look, it would be really great to have something like this down in Porirua, it'd be really awesome', and Paul Latham had also come to the Porirua City Council some years ago to put forward the idea. So we thought we could do this here, and we've got all these user groups that could benefit from it. We used Boardmaker for the symbols – it was just really a bit of trial and error, I started with a pretty simple one and then pretty quickly realised I needed to make it bigger. I did a lot of work with Cam around what information should be included and what the layout would be, we were really inspired by the one in Whangarei and by others in playgrounds around New Zealand. I also worked with the team leader of the Swim School, she works with children with different needs and she was really helpful in terms of feedback on what information to include. They were really helpful with aspects of the layout and what information would be sort of critical, like having the yes and the no on opposite sides of the board, and the need to put the emotions together.

CM: And how did you decide on which symbols to use – like the range of emotions?

CH: We were working with what we'd seen on the other core boards and working with Dash Swim School around really common ones that would come up within the team at the swim school. Obviously they get lots of gear so

important to include symbols for that, and we also worked with Cam around vocabulary related to the slide.

We also used our observations of what you see here day to day, like kids getting frustrated, kids getting upset, and trying to smooth those communication boundaries with them – so that you could differentiate between someone who was having a bad day and someone who wanted to go on the slide but the slide was closed. An important part of it for me was to make sure I had a variety of diverse people and diverse faces on the core board for our multicultural community.

CM: And what was it like working with kaimahi in how to use it? Did you find that to be a difficult process to get people on board or was it pretty straightforward?

CH: For a lot of our staff it was really simple to get them on board, they really embraced it. It could be used for multiple purposes, like if English is not your first language that could be useful, and also sometimes young kids that sometimes won't talk to you as a lifeguard, they'll be more comfortable pointing out what they're after. Once [kaimahi] sort of had an awareness of what it was, I think they were largely very happy with it.



CM: It's a fantastic initiative – I know the core boards at playgrounds have had some great feedback, have you had much feedback from the community and from pool users?

CH: Straightaway, yeah – the day it went up at Cannons Creek pool coincided with the day one of those special needs groups went up there, and they had really great feedback. There's been a lot of good feedback on Facebook around providing more accessibility. It's also given leverage to other locations, like 'we've got one there why can't we do it here', it's opened the door for other facilities to be able to do it.

CM: So at the moment it's Te Rauparaha Arena and Cannons Creek, are there any others in development?

CH: I know other areas in Porirua City Council have seen the board, so I hope we will see more popping up in our spaces in the near future.

CM: That is really exciting! What was the learning process like for you in creating the core board?

CH: I really enjoyed it – working with Boardmaker was frustrating at the beginning, but the main bit for me was just having to step back and think about what we communicated naturally, what we need to be able to communicate freely and breaking that down. There’s probably thousands of things you could put on there, right? But what are the core things you need to communicate simply? One of the really bizarre details was how high to put it up on the wall, because we got the size, and so if you make the symbols really big it’s going to be like five metres wide – but then if you make it small it might be less accessible because of the extra coordination required. I think the bit that really opened my eyes was how many people were really positive about it, and how there’s a whole community that was overlooked. It’s really cool to be able to tap into that – as an accessibility piece you’re often looking at things like wheelchair access and accessible change rooms, but we don’t often look at communication.

CM: Yes, I really like what you said before about how it helps determine whether someone’s having a bad day, or if they want to go on the slide and it’s closed. You mentioned that you want to bring this to other facilities, are there any other areas where you see this project going?

CH: I’m really excited that we’ve sort of started a trend, I’m hoping to see it pop up in other pools in the area. Kāpiti actually got some just at the end of summer holidays, for playgrounds and public spaces, so it’s cool to see that trend going through councils as well. For us, it’s a community focus, so my hope is that we’ve started something new, that we’ve shown there’s no reason we shouldn’t have these in all aquatics facilities. I think the biggest challenge we had was where we were going to put it, so we’re lucky we have this space. Sometimes it’s about the easy wins – we’re all about long-term plans, and where’s the money going to be going in the next 20 years, but here’s something we did in a couple of months, that made an immediate impact.

CM: It sounds like it was pretty easy to get the council on board with it?

CH: Yes, when we have an opportunity to remove barriers to recreation, it leads to more community engagement, so it’s a no-brainer. As a facility we are focused on providing recreation opportunities to our community. Having an opportunity to remove some of the barriers people face with a tool like the board is something we are excited to do. Making things more accessible and serving our community better.

CM: Thanks for taking the time to talk with me – it’s really hopeful to hear that you had such strong support from both the institutional side and from staff. •

Email editor@speechtherapy.org.nz for a full transcript of the interview with Craig.

“

I’m really excited that we’ve sort of started a trend, I’m hoping to see it pop up in other pools in the area. Kāpiti actually got some just at the end of summer holidays, for playgrounds and public spaces, so it’s cool to see that trend going through councils as well.”

Access Ability Australia

Increasing communication access through communication boards at community facilities

Access Ability Australia has collaborated with a range of local government clients on creating communication boards access signs and communication boards for aquatic centres and community facilities in Victoria, NSW, Western Australia and the Northern Territory. *Communication Matters* editor **Emma Wollum** interviewed Access Ability Australia co-founders **Judy O'Connor** and **Maxine Parker**.

CM: I wanted to ask how the aquatic centre communication access sign project came about – whether you approached the aquatic centres or whether they approached you, how did it get started?

MP: It's a whole combination – we started our business 10 years ago now, and at that point in time, we were focusing on our core product, which is an Access Key. The Access Key is a customised accessibility guide, and the communication access component came in a little bit later. When we first started, obviously, we were a new business, we had a product that was a new concept, so we had to do the legwork and the groundwork to get ourselves to market. Once we established ourselves in the industry, with local government as our primary client, many local government organisations began seeking our services. Local governments have been fantastic supporters of all of our products and services. We have just released a full-size Communication Access Sign for Aquanation; an Aquatic Centre, here in Melbourne, with more to follow. Most of our previous communication boards

were smaller, designed to facilitate initial interactions between staff and visitors. Our new offering is entirely different. It not only provides communication access for staff to interact with visitors but also enables visitors to communicate with the partners they bring to the centres.

JO: As a parent of a non-verbal child with a disability, I deeply understand the importance of supporting individuals with disabilities in our communities. My son James faces unique challenges, and so do I, when navigating various environments with him. Communication boards and communication access signs are invaluable tools that signal we are welcomed and supported in different facilities.

At Access Ability Australia, we emphasise the importance of preparation and prediction from the comfort of home – this has always been a key priority of ours as an organisation. One of the fantastic aspects of these communication access signs is their digital availability; they can be easily downloaded and accessed.

It's also important to know that these tools are beneficial not only for non-



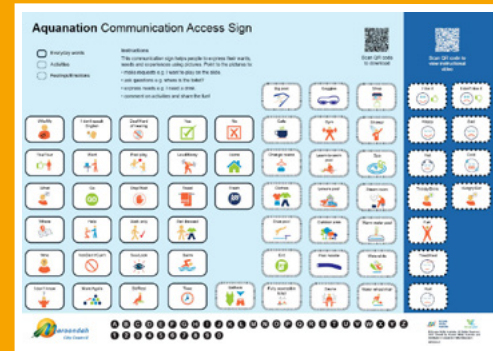
Maxine Parker and Judy O'Connor, co-founders of Access Ability Australia

verbal individuals but also for those who are less confident in English, those recovering from a stroke, or anyone experiencing temporary speech difficulties. They provide a universal means of communication, ensuring inclusivity and support for all.

“

It's about making sure you can pass on how to use the device. All the staff need to know about it and it needs to be promoted.”

Access Ability Australia's Aquanation Community Access Sign can be downloaded from their website library at accessabilityaustralia.com/communication-boards



CM: You mentioned that you've had a lot of local government input and that they've been really happy to receive those and use them – have you faced any resistance or barriers to implementing the communication boards and signs, and how did you overcome those?

JO: No, we haven't encountered significant issues with this approach. We collaborate closely with clients and centre managers to ensure that the symbols are accurate and tailored to their specific facilities. We also incorporate speech therapy principles, considering the purpose of the symbols and how they will be used.

Each of our communication access signs features a QR code that links to a brief, informative video on how to use the sign. This is particularly helpful for individuals unfamiliar with alternative communication methods. Additionally, these signs serve as excellent awareness tools, promoting inclusivity and understanding within the community.

MP: We also have an online members' portal filled with a variety of resources. We encourage members to use these as staff induction tools. Often, when a new staff member joins, they might miss the opportunity to learn about the board. Suddenly, they encounter it at the reception counter and don't know what to do with it.

As a result, they are more likely to avoid using it rather than risk making a mistake or offending someone. Unfortunately, this fear stems from the unfamiliarity of these tools. Therefore, we regularly encourage and remind our members to log into the portal and explore the available tools and training videos. Simply providing the tool is not enough; without proper training, it becomes essentially useless.

CM: And it's important to provide training that's easily accessible as well, like the training materials that you can access at any time?

MP: Absolutely. We aim to keep our resources concise. In Australia, for example, swimming pool buildings are often owned by local councils but

operated by third-party organisations with high staff turnover. This trend is common across the leisure industry, where many employees are university students working part-time while completing their studies. Consequently, there is a significant amount of staff turnover, making it essential to upskill new staff members quickly.

JO: It's essential to ensure that everyone knows how to use these resources and understands their purpose. Staff members must be well-informed and trained on their application, and it's crucial to actively promote their use. All clients should also be made aware of these tools as they come in, ensuring widespread understanding and effective utilisation.

MP: I recently saw a great example at my local library. When we are commissioned to develop these boards, we provide both an A3 printed hard copy on corflute and a digital file. This particular library had their A3 hard copy board in a Perspex frame on their counter, making it impossible to miss. It was excellent: hygienic because it

can be wiped clean, and prominently displayed on their customer service counter. It makes no sense to hide the communication tool under the desk, as it is meant for individuals who might have communication challenges. We always encourage our clients to ensure the boards are well-presented and placed in a highly visible, easily accessible location.

CM: It really fits with the principles of universal design – rather than having something special that you have to get out, which can be very bothering to people, I think.

MP: Offering a high level of customisation is also incredibly helpful. For instance, we can add QR codes to communication access signs, allowing users to download instructional videos. This enhances awareness; our communication signs, which feature around 60 symbols, include a video of our speech pathologist demonstrating how to use the board. For a family visiting a play space for the first time, this provides a valuable introduction. They can watch the video and start using the board to interact with other children in the playground.

CM: I noticed on your website that there are some communication boards that have specific people's names on them. So, are those designed in collaboration with a specific client?

MP: Absolutely. Every client has unique needs and requirements, and we strive to be flexible. However, sometimes we need to discuss the placement of symbols and best practices. For example, individuals like Judy's son, who are accustomed to using AAC devices, rely on specific symbol arrangements. If our signs don't

replicate this arrangement, they won't engage. We provide extensive support on selecting and arranging symbols, including video tutorials and flyers. We also encourage councils to consult with frontline staff about their communication challenges, frequently asked questions, and the products and services they offer.

CM: So you'll collaborate with your client and with a speech pathologist as well – who else is involved in that team?

MP: It very much depends on the client – sometimes it can be local governments, it can be a speech pathologist, it can be third party operators, and sometimes local government also like to collaborate and engage with not just community but there are disability advisory committees as well. Sometimes, it can get a little too complicated in terms of advice coming from all different directions. We're flexible and ready to work with anyone but we have to ensure that we are abiding by best practice guidelines.

JO: The development of our communication access signs was a collaborative effort, designed in partnership with our speech pathologist, who has been with us since the beginning.

MP: Understanding sensory processing is crucial as it significantly impacts a person's ability to communicate effectively. We have a sensory processing disorder awareness training program about to be released where organisations can learn about the challenges faced by individuals with this condition. Additionally, they will learn how to create more accommodating sensory environments and build their own sensory rooms.

CM: In Aotearoa New Zealand recently there have been projects to get more communication boards in pools and playgrounds as well, in both English and Te Reo Māori – have you created communication boards based on any other languages?

MP: We have created communication boards in Mandarin, and our app features a wide range of communication symbols, currently available in both English and Mandarin. We're actively working on expanding the app to include many more languages in the near future.

JO: We've been quite busy, focusing on refining our app to serve as an additional communication access tool. Communication boards offer a low-cost, high-impact starting point for any council or organisation embarking on the access and inclusion journey. Our goal is to support organisations and councils in providing more resources for clients who need additional support. Our training programs are designed to help their staff effectively use and maximise the benefits of these resources.

We are excited to announce that we will soon be formally introducing ourselves to New Zealand. •

Email editor@speechtherapy.org.nz for a full transcript of the interview with Access Ability Australia, and visit accessabilityaustralia.com to view their customised communication boards and AAC resources.

Dialect change in ‘returning’ third culture kids

Dr Bianca Vowell, Lecturer, Massey University

To start this article, I need to give a bit of background about myself. I was born in New Zealand and when I was five years old, my family moved to Hong Kong because of my Dad’s job.



In our expatriate bubble, everyone was from somewhere else. I had a strong sense of being a Kiwi, even though I had picked up a Standard Southern British English accent from my English-curriculum international school.

At 15 I started boarding school in Christchurch, and was suddenly confronted by an unexpected identity crisis which I now recognise as ‘reverse culture shock’ – a common phenomenon for people returning ‘home’ after a long period of living away. This identity crisis sat unresolved while I finished school, trained as an SLT and began my career. A friend, who had also grown up as an expat in Hong Kong, casually mentioned one day that I might like to read a book called ‘Third Culture Kids: Growing Up Among Worlds’ by Pollock, Van Reken and Pollock. I read my experiences in the pages of that book, and so much suddenly made sense. While many of my long-held questions had been answered, I now had a new list of questions and that led me to my PhD topic: Dialect Change in ‘Returning’ Third Culture Kids.

Some definitions are needed at this point. Third Culture Kids (TCKs) sit within the umbrella term of Cross-Cultural Kids (CCKs), defined as a “person who has

lived in – or meaningfully interacted with – two or more cultural environments for a significant period of time during developmental years.” With such a broad definition, and with migration being so common, I’m sure that many of you reading this would connect with this definition of CCKs. The key defining characteristic of TCKs, as a subgroup of CCKs, is that TCKs grow up in another place *temporarily*. This contributes to being disconnected from the local culture as well as being geographically disconnected from the ‘home’ or passport country. The culture that TCKs grow up in is neither ‘home’, nor ‘local’ but is a third culture that has links to both cultures but full ‘membership’ of neither.

When I started my study, I already knew that our identities are reflected in the way we speak, and that accents change when we move from one place to another, especially as children. I wanted to know how these things were connected, so I studied accent features of children who grew up in expatriate communities in Hong Kong and Singapore and moved permanently to New Zealand.

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‘Third Culture Kids: Growing Up Among Worlds’ by Pollock, Van Reken and Pollock

younger when they moved adopted the new accent more quickly than the older children. One of the findings that was new in my study, but not surprising, was that previous exposure to New Zealand English (NZE) facilitated acquisition of NZE features. In other words, the children who had lived in NZ and started speaking before moving overseas re-acquired features of NZE faster and more completely than those who hadn’t. Also, the children with NZE-speaking parents were quicker to acquire NZE features than the children whose parents spoke a different variety.

I could also see the influence of identity and belonging on accent change. The children who were more reluctant to

move to NZ were a little slower to pick up the NZE accent features. The children who consistently expressed a strong NZ identity adopted features of NZE quickly, including some of the more subtle features.

The most interesting finding I had related to one particular girl who had almost no changes in her dialect, despite moving at an age where she would be expected to acquire NZE in a couple of years.

As I dove deeper into what she had told me about her background and identities, it became clear that she had always used her dialect to show her ‘home’ identity and had always maintained a different dialect from her peers, and continued

to show this ‘other’ identity even after her permanent move to New Zealand. This has really piqued an interest in me in ‘other’ or ‘not quite’ as an identity, and is something I am looking into with my future research.

I really love what my study has given me in terms of understanding how identity and belonging influence speech acquisition and change. I also love how answering some of my questions about TCKs has generated a whole new list of questions about CCKs more broadly, and I can’t wait to sink my teeth into new research in this area. ●

Taonga: Where speech-language therapy meets art, culture, and climate change

Tracy Kendall, Speech-language therapist

COVID was the catalyst for my husband and I to flee Auckland, where we had lived, worked, and raised a family together for over three and a half decades. My speech-language therapy business shifted to telehealth on the Coromandel. I found myself working in a way that even the best sci-fi books could never have predicted.



It was during this period that I found time to join a local writers' group. The group was a research project for the University of Auckland, and Bergen in Norway, to explore how communities worldwide are experiencing and effecting changes to their seasonal cultures. We met monthly to share, discuss, and critique each other's work. After a year I was invited to develop my best piece of writing.

I hadn't joined the group to become a published author, but once the possibility was within my reach, I didn't want to stop! Dr Paul Schneider, who has since gone on to become a world-famous gin

maker, encouraged me to work on my writing named **"Crimson Calamity."** In this work I chose to give the beautiful pōhutukawa in our little Waitete Bay a "voice." This was the most natural thing for me to do, as I'd spent the best part of four decades doing just that, with the babies, children, and young adults I worked with daily on speech and language.

After a further six months my piece was honed and accepted for the book **"Changing Seasonality: How communities are revising their seasons"**, published by

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Right: The pōhutukawa in post-cyclonic flood at Waitete Bay

Photo credit: Deb Clarke



De Gruyter in Germany. In September last year the book was launched in Bergen, at a conference for the researchers that had also contributed through their PhD projects to the book. I found myself on a plane to Norway to join writers, climate scientists, anthropologists, social scientists, and university lecturers from all over the world to join together for the book launch, an anthology of 35 chapters.

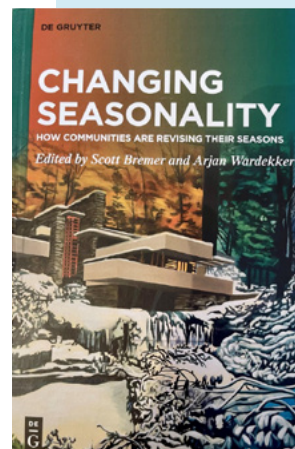
Before I left for Norway, I took the time to speak with Rukingi Haupapa, kaumātua for NZSTA. In my book chapter, I had given the pōhutukawa tree a Māori voice. After speaking for some time, Rukingi went to the heart of my prose, explaining that this special tree in our bay, where we had lived during summer holidays and more recently full-time, was our family's taonga. It was one of those light-bulb moments! I realised the writing had captured something more than just a chapter in an academic book. The pōhutukawa tree was deeply significant and symbolic to our family, who had emigrated from the UK in 1970. When we berthed in Wellington by ship, the coast was lined with these splendid red flowered trees. My very British mother became and remained instantly captivated by their brushed blossoms,

marvelling at their deep crimson colour, and display of Christmas joy.

Over the years, the tree in Waitete Bay that I wrote about has been photographed by many, including an award-winning National Geographic photographer, and each of our family members has a framed portrait of the tree in our homes. My mother's precious taonga has given readers pause to critically rethink what seasons mean in their lives and open up exciting new directions in climate adaption. Importantly, the rich beauty of the Māori language and culture has been celebrated in the prose for readers across the world to experience. ●

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Book link is available as a free download, or can be purchased as a hard copy at the following: degruyter.com/document/doi/10.1515/9783111245591/html

Welcome to the New Zealand Speech-language Therapists' Association Partnership with The Hanen Centre!



We've partnered with The Hanen Centre!

If you work with families of young children with language delays and disorders, knowing how to skillfully engage and coach parents and educators is the key to effective intervention. NZSTA has partnered with the Hanen Centre to support this critical facet of your work by providing you with opportunities to receive outstanding professional development and resources.

As part of this partnership, New Zealand Speech-language Therapists' Association (NZSTA) members have access to:

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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.
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