communication matters

SPRING 2017

ACCESSIBILITY AT THE THEATRE

NOW WE'RE TALKING

VERSE RESEARCH

BICULTURALISM FOR BEGINNERS

New Zealand Speech-language Therapists' Association

Te Kāhui Kaiwhakatikatika Reo Kōrero o Aotearoa

New Zealand Speech-language Therapists' Association
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contents

01	EDITORIAL
02	PRESIDENT'S REPORT
03	CATCHING HEARING LOSS
04	ACCESSIBILITY AT THE THEATRE
05	NOW WE'RE TALKING
06-07	GIVING VOICE AOTEAROA
08	TACKLING IMPAIRMENT THROUGH TECHNOLOGY
09-10	VERSE RESEARCH IN NEW ZEALAND
10-11	JOAN GORDON, 1914–2017
12-14	AREA REPORTS
15	BICULTURALISM FOR BEGINNERS
16	TE ARA WHAKAPIRI
17	JOIN THE WALK 2 D'FEET MND
18	TALKING MATS
18	PROFESSIONAL DEVELOPMENT EVENT
19-24	EC REPORTS
25	CONTACT DETAILS

Cover photo: Teacher Erica Hays of Kakano Early Childhood Centre talking with children about sea creatures (p. 5). Photo credit: Holly Sharples.

COMMUNICATION MATTERS IS PRINTED ON RECYCLED PAPER USING VEGETABLE-BASED INKS

Editorial –

R. Lucas van Ryn

editor@speechtherapy.org.nz

What a busy season this has been! With the Professional Development Symposium in Rotorua (photos below, report on p. 23), the Giving Voice Aotearoa campaign, which now has a fantastic ambassador, Geneva Tino (pictured on p. 7), and lots of therapists engaging in initiatives around the country, there's lots to do and lots to catch up on.

Week of Action at the University of Auckland.

In Christchurch, Speech-language Therapy student Georgia Holibar has begun an initiative to make theatre more accessible to those with communication disability (p. 4). The Court Theatre now offers relaxed performances and adapted programmes, which people with aphasia say make the shows easier to understand. This ties in excellently with Giving Voice Aotearoa's vision for a communication accessible Aotearoa.

Speech-language Therapists and their clients at Tauranga Hospital and Christchurch Hospital have joined an international trial investigating VERSE therapy for aphasia post stroke (pp. 9-10). The therapists say they can't wait to hear the results!

Claire and Simon Bennett are amongst the ten finalists for Callaghan Innovation's C-Prize (p. 8). Their entry aims to develop a wearable technology tool for people with receptive language impairment. While there is so much technology now available for people with expressive language impairment, there is little available for people with receptive language impairment. We look forward to seeing how their ideas develop.

This quarter, Karen Brewer is stepping down from the Māori and Cultural Development portfolio. I would like to personally thank Karen for her work in this role, her support of the association, and He Kete Whanaungatanga. Ngā mihi nui. We welcome Renee Taylor as our new Māori and Cultural Development officer (p. 24).

I would like to thank all our contributors to Communication Matters; we have once again received an outstanding number of submissions, which show what an engaged, active profession Speech-language Therapy is!

Professional Development symposium in Rotorua. Report on p. 23.

President's Report

Philippa Friary

president@speechtherapy.org.nz

Tēnā koutou, tēnā koutou, tēnā tatou katoa.

This year our Association received a gift from Matua Hori, a kaumatua and friend of the New Zealand Speech-language Therapists' Association. The gift is this whakatauki:

Ehara taku toa i te toa takitahi engari, he toa takitini.

Success is not the work of one, but the work of many.

I believe this whakatauki personifies this year for us as an Association, and as a community. In the NZSTA Annual Report for September 2016-2017, you will be updated on our progress along our Strategic Plan *twenty-twenty*: from our year-long advocacy and awareness campaign Giving Voice Aotearoa to the vast number of government submissions made, from the ongoing development of national and international relationships to our growing and flourishing membership.

As an Association, we strive to have our ear to the ground and our heart to our members. Through a series of workshops and conversations, we listened to our members to create a focus for our advocacy campaign. A communication accessible Aotearoa became our goal. The critical need for us to create environments that are communication accessible hit home for me when listening to Minnie Baragwanath speak openly about having to ask her PA to read aloud an appointment letter regarding a mammogram: A critical test which later confirmed that she had advanced breast cancer. Minnie is legally blind and would not be here as New Zealand's greatest disability advocate if it wasn't for this support. This is one of the many many stories of how inaccessible our environments can be for people with communication disability. Our vision is for Aotearoa to be the most communication accessible country in the world. Congratulations to Annette Rotherham and her team of champions for giving us this voice.

Please join me in congratulating Claire Winward and the 2016 Conference Planning Committee for executing a polished conference in Auckland last year. We were informed and entertained by our two wonderful keynotes: Sharynne McLeod and Lindy McAllister. From then to now, Claire has been industrious in growing our national Expert Advisor network and our e-learning modules, and has also found the time to pull together a fabulous two day symposium in Rotorua in September 2017.

Further highlights for 2016-17 include the great work that Anne van Bysterveldt and her Programme Accreditation Committee have achieved. We also have a new standard, the *Aotearoa Context Standard*, with the rest of our framework under review. Kia ora to Karen Brewer and her rōpū for their work in this. In addition to her leadership in the Programme Accreditation Committee, Anna Miles has been instrumental in facilitating a vast number of government submissions and guidelines. Read about these in our report. Jodi White has been paramount in growing our community of Speech-language Therapists with an active Member Rep network and well attended area meetings nationally.

This year, we will be farewelling Karen Brewer who is stepping down from her role as Māori and Cultural Development portfolio holder for the Executive Council. On behalf of our membership I wish to thank Karen for her support, industry, and guidance. One of Karen's legacies will be He Kete Whanaungatanga, a group of members who offer tikanga and wisdom for this role and our association. Ngā mihi nui Karen. We wish Karen all the best for the next stage of her journey and look forward to reading her future publications.

This takes us back to our whakatauki: Ehara taku toa i te toa takitahi engari, he toa takitini. Without the work of many, our Association would not be where it is today and where it is going tomorrow. Thank you to everyone who has participated in area meetings, spoken at our conference and this year's symposium, submitted to *Communication Matters*, supervised a student or a new graduate, or joined our national campaign to Give Voice to our people.

Whakawhetai koe katoa,
Thank you everyone,
Philippa Friary

Catching Hearing Loss:

The Earlier, The Better

WORDS: KAREN WATSON

I have been thinking about the newborn hearing screening programme lately. In June, my then-three-week-old son was screened at Wellington hospital. Like most new parents, leaving the house with a new baby to get to an appointment at the specified time felt like a Herculean task! Not to mention the screener's request that our baby be asleep during the appointment!

But logistics aside, we made the appointment (and the baby even slept!) because I know just how important the newborn hearing screen is. I have seen the impact of late diagnosis in my work with children who are Deaf or hard of hearing (DHH) over the past three years. Not only does a late diagnosed child have a significant language delay, they also need help to learn to listen—something we usually take for granted.

Just over ten years ago, children with a profound hearing loss were not usually identified until ten to twenty months of age and mild losses were often not detected before the child started school. Since the introduction of the newborn hearing screening protocols, most children are now screened in their first month of life, audiologically assessed by three months, and receive appropriate interventions by six months of age. It is fantastic that children are now given the opportunity to acquire language when their brains are primed for it.

Of course, no screen is perfect and hearing loss can progress over time. If you are working with a child and have concerns about their hearing (even if they "passed" their hearing screen as a newborn), do not hesitate to refer to an audiologist, as even a mild loss can negatively affect a child's language development.

"DHH [children] with normal cognition who are identified and receive help at 6-months of age, develop language skills at 7 years of age within the normal range of normally hearing peers on tests of expressive and receptive language." (Yoshinaga-Itano, 2012)

Accessibility at the Theatre

WORDS: GEORGIA HOLIBAR, FOURTH YEAR SPEECH AND LANGUAGE PATHOLOGY STUDENT, UNIVERSITY OF CANTERBURY
PHOTO: RACHEL PUGH

Georgia Holibar.

The theatre is open and everyone is welcome! Over the past few months, I have been collaborating with The Court Theatre, Christchurch, to adapt shows for adults with communication impairments. This idea began as The Court Theatre already offers relaxed performances for those who would benefit from a calm context. This is where you can choose your own seats, make noise, and move around without judgment, combined with some small changes to lighting and sound to reduce sensory overload. These relaxed performances tend to be during children's shows; therefore, I saw the need to also have support for adults who may find it challenging to attend main productions.

The shows are made accessible to those living with communication disorders through an introduction before the show and an adapted programme. This programme is developed after I have attended the show, where the key themes and events are noted. For example, this may include characters, relationships, or setting. This information is then segmented into parts or scenes of the show and printed in an aphasia friendly format. In the introduction before the show begins, I discuss and elaborate on the programme to ensure all who have come have an understanding of what to expect during the show. In the most recent show, Steel Magnolias, the introduction was conducted in the theatre before it opened to the public—this ensured a safe and quiet environment. These programmes are made into a small booklet so attendees are able to revisit information during the show. Some people with aphasia who have attended the shows said these introductions help them understand the show. One of the attendees said, "when I see a movie, I go twice to understand, but with this [introduction] I don't have to go twice."

Rachel Sears, Education Manager at The Court Theatre, said, "I'm really delighted to be working with Georgia to find ways to make theatre more accessible to those living with aphasia. The Court Theatre wants to be a place for everyone in Canterbury to engage with the arts, and forming partnerships with experts and community organisations is a great way to achieve this."

Jess Phillips (Health Sciences student), and Alicia Ang and Ellen Hawke (Speech and Language Therapy students) are volunteers who have been a great help during the adapted shows. These volunteers have the role of supporting attendees during the introduction, and assisting them when finding their seats if requested. I would like to personally thank all those who have encouraged and supported me to continue this project, and I look forward to more people attending the adapted shows.

Now We're Talking

Improves Preschool Oral Language Development

WORDS: PATRICIA HAYWARD, REBECCA LAWN, JILLY TYLER, AND KELLIE LUMSDEN
PHOTOS: HOLLY SHARPLES

Now We're Talking is improving the oral language skills of children in early childhood education (ECE) centres in South Auckland and building the skills and confidence of teachers.

Counties Manukau Health and the Ministry of Education lead the project, which started in 2015 with 20 ECE centres in South Auckland. It has now been extended to another 16 ECE services.

"Children with strong oral language skills are more likely to do better with learning to read and write, getting along with others, and their achievement and wellbeing. This supports later employment, health, and social participation as adults," says Maryanne O'Hare, Speech-language Therapist.

The aim of Now We're Talking is to improve the oral language skills of children in ECE, and for ECE centres to develop teaching strategies and environments that provide children with stronger oral language skills, including a wider vocabulary and more complex sentences.

The project uses the Breakthrough Series collaborative methodology to teach ECE centre staff the tools and techniques of quality improvement. A key tool is the Model for Improvement, which asks centres to set specific aims and measures and then develop and test *change ideas* using *plan, do, study, act* cycles. Change ideas focus on the environment, teacher practice, and engaging with children's families.

Children and teachers at Kakano Early Childhood Centre

"Quality improvement methods ask teachers to break down a change idea into small manageable chunks and then practise it until they get it right," says Jilly Tyler, former director of the Early Learning Taskforce at the Ministry of Education, who played a key role in the project.

For example, one centre introduced new language through food preparation and recipes. Teachers there soon realised the children needed more extension. By the end of the change cycle, they were exploring the science of food with children using complex language: *protein*, *carbohydrate*, and *saturated fats*. The teachers had to work harder, as the children quickly picked up new language and concepts, and families too became interested and took up the challenge of talking with children about food and meals at home.

Collaboration was a key feature of the project. Learning sessions, masterclasses, cluster meetings, and teacher swap days enabled centres to share ideas and learn from each other's experience.

One centre introduced a 'kaumatua couch' to allow community elders to spend time talking with and telling stories to children. It led to sharing of oral language traditions in different cultures, such as retelling stories. The idea was refined in the first centre and then adopted by others, which used the first centre's experience to implement the idea quickly and efficiently.

All the first 20 centres experienced an improvement in children's oral language, finding changes in both the complexity and use of their oral language.

In addition, teachers reported greater confidence in developing teaching strategies and learning environments that support children's oral language.

The project received international acclaim at the Carnegie Foundation Summit on Improvement in Education in March this year.

Giving Voice Aotearoa

The Giving Voice Aotearoa campaign aims to make New Zealand communication accessible.

We hope you can find ways to enhance everyone's experience of your organisation, workplace, or school and ensure that all New Zealanders are included in all forms of communication.

Communication difficulties affect 1 in 10 people worldwide.

Communication is not just talking, it is processing spoken and written language, reading and following signs.

How do people with speech, language, and communication needs access services in the community?

What can be done to facilitate their access and maintain their human rights to do so?

Communication Access is about creating "Communication Ramps" to ensure people can participate fully in their communities, workplaces, and schools and be fully involved in decisions affecting all aspects of their lives.

For more information, please see https://speechtherapy.org.nz/about-slt/giving-voice-2/ (or http://tx0.org/fh).

Christchurch Aphasia Hub: "Why do you come to the Aphasia group?"

The Great Aphasia Gavel Off between Christchurch and Auckland

2017 C-Prize:

Tackling Receptive Language Impairment through Technology

WORDS: CLAIRE BENNETT, SPEECH-LANGUAGE THERAPIST, INTERACT SLT SERVICES

My husband Simon and I entered the 2017 C-Prize, an incentivised biennial competition designed to push the boundaries of what's possible through technology. The competition is run by Callaghan Innovation, a government agency whose purpose is to help New Zealand businesses succeed through technology.

The brief for this year's competition was to develop a piece of wearable technology in one of three categories: Live Healthier, Work Safer, or Play Smarter. We entered under the Live Healthier category and were selected as one of the top 10 finalists.

Our idea is to develop a device which makes the message of the communication partner clearer to the individual with receptive language impairment (RLI).

There are so many amazing pieces of technology available to the person with expressive language impairment (Apps, dedicated communication devices, literacy support software etc.), however there is little technology specifically designed to make the *communication partner's* message more understandable to the individual with RLI. A successful communicative interaction requires skill by both parties, yet, other than specific training and low tech tools (usually

laminated picture cards), we have few tools to improve the skill of the ever changing communication partner.

We wrote our entry into the C-Prize from the perspective of the mother of a child with moderate to severe autism, detailing how substantially her child's RLI impacted on their day. Recently we attended a two day technology bootcamp in Wellington for all 10 C-Prize finalists. It was satisfying to speak with many of the technology experts present and hear how our story affected them. They selected us as finalists based on the realisation that if we can use technology to improve the clarity of the communication partner's message, there will be an immediate positive impact for the child/individual with RLI.

I view this competition on two levels. Firstly, it is a great opportunity for Simon and I to work together to develop a tool which will have a positive impact on the lives of the individuals and families that I have had the privilege of working with over the course of my speech and language career, and, of course, for many more like them. But secondly, the Callaghan C-Prize is an amazing platform on which to be raising overall awareness of the work that we do as therapists. So many people do not recognise the significant impact a communication impairment has on an individual and those around them, so it is satisfying to feel that, if nothing else, we are raising the profile of our profession as a whole.

At present, we are making good progress, having recently got our first working prototype up and running! It is really exciting, but there is still a lot more work to do before final judging at the end of November.

If you would like further information about this year's C-Prize, please see www.cprize.nz. Please also feel free to contact me at claire.bennett@interactslt.co.nz if you would like to hear more about our entry and our progress through the competition.

VERSE Research in New Zealand:

Perspectives from Christchurch and Tauranga

WORDS: MEGHANN GRAWBURG AND SACHI SUMMERLEE

Very Early Rehabilitation in SpEech, affectionately known as VERSE, is a randomised clinical trial investigating early intervention in aphasia post-stroke. The study is being conducted by a team of researchers in Perth, Australia with participants being recruited across 15 Australian sites. The study will provide vital information of international significance to the current evidence base for early aphasia recovery, investigating the effect of intensive aphasia therapy in the first six months following stroke. In doing this, the researchers hope to drive genuine and measurable clinical improvement in access to and quality of aphasia treatment for people after stroke. This year, Tauranga Hospital and Christchurch Hospital joined the project to help recruit the 246 participants required.

Patients are recruited into the study within the first fourteen days post-stroke. Those who meet the inclusion criteria and agree to participate in the study are randomised to one of three treatment groups: usual care, usual care plus, or VERSE. All participants receive the usual care services provided by the hospital Speech-language Therapists, including therapy for aphasia, apraxia, dysarthria, and dysphagia. In addition to the usual care, those randomised into the usual care plus or VERSE groups receive an extra 15 to 20 hours of aphasia therapy over 5 weeks.

The usual care plus group received the usual therapy at a higher intensity than is typical. The VERSE group received VERSE therapy in addition to the usual therapy. VERSE is a prescribed type of Speech Therapy. Thus far, only Speech-language Therapists trained to deliver VERSE therapy in the study are aware of the elements of VERSE.

Previous, smaller studies completed at Edith Cowan University have shown that patients who received daily aphasia therapy as soon as possible following their stroke experienced

The Tauranga VERSE team: April Mora, Gwen Lake, Meghann Grawburg, Natalie Oakley, Helen Liddall, and Fiona Hewerdine.

The Christchurch VERSE team: Viv Campbell, Sachi Summerlee, Emma Buhler, and Alysha Manson. (Not pictured: Annette Rotherham, Inez Palmer, Adele Siave, Jessica Blanken, Kirsten Salt, Vanessa Huggett, Julianne Johns, and Rachel Haley.)

fewer communication difficulties than those who received traditional treatment, which is usually provided at a far lower intensity. The research team believe that the first 90 days post stroke present a window of opportunity for neural changes to occur in the brain as part of neuroplasticity.

After the study is completed, the data will be analysed to determine the clinical effectiveness and cost effectiveness of usual care plus and VERSE therapy compared to usual care. The Aphasia Quotient from the Western Aphasia Battery-Revised is the primary outcome measure. Baseline assessments are taken within 14 days post-stroke with follow-up assessments completed by a blinded assessor at 12 and 26 weeks post-stroke.

Christchurch Hospital and Tauranga Hospital have recruited three and seven participants, respectively, since joining the study as VERSE sites earlier this year. We have discovered that it's both exciting and challenging to be part of a randomised clinical trial in aphasia. Working within the rather specific research requirements hasn't always fitted well with the normal role of the Speech-language Therapists. We have had to troubleshoot issues of meeting tight timeframes, ensuring precise and consistent data collection, and scheduling staff and patients appropriately. With great teamwork, we've managed to work through these issues with a lot of discussion, brainstorming, and flexibility. Having been so intimately involved with the study, we can't wait to hear the results!

Joan Grace Gordon, nèe Deare, 1914–2017

WORDS: SALLY SCHOON

Joan Gordon.

On a Saturday morning, Wellington Speech-language Therapists were surprised to see in the Dominion Post a death notice for Joan Gordon on 13 May 2017 "in her 103rd year" and that at her request, a private service had been held, for which 40 family members and close friends came together. Joan enjoyed a retirement of more than 40 years continuing to live in Wellington following her farewell ceremony at New Zealand Educational Institute's Education House, the last time most of us had been with her.

Emails went back and forth amongst colleagues sharing memories and anecdotes since Joan had been District Speech Therapist for some 25 years between the 1950s and the 1970s, in the days of the Wellington Education Board. Based at a sunny double Speech Therapy clinic in the grounds of Thorndon School, and regularly travelling to visit each of the school-based clinics from Levin and Masterton to Wainuiomata and Porirua, Joan was exacting, promoting her expectations for professional standards—indeed for excellence—and her praise was highly prized. Having excellent story-telling skills, Joan was in her element revisiting cases and successes with a willing audience at Speech Therapy staff meetings, as well as sharing her delighted enjoyment of being invited to some of the children's birthday parties. There are many stories of fun shared, with Joan hosting an annual dinner for us all at her Newman Court flat, beginning with the legendary peanut soup.

Joan's academic journey saw her witnessing the early days of the profession both here and overseas. She had travelled to London (most likely in the 1930s) to study at the Royal Central School of Speech and Drama, taking their one-year Speech Training course. Following amalgamation with the University of London, the School's records were moved there and a search of the incomplete archive has been unsuccessful in confirming either Joan's course of study or the exact qualification gained. In her memoirs Marion Saunders recorded Joan as having an LCST.

Joan remained immensely proud of her British qualification, and early in her Wellington Speech Therapy days she hosted Ngaire Harding, NZSTA Honorary Life Member, who had travelled to Wellington specifically to learn the latest pedagogy.

A family story tells of Joan having involvement with 'war work' while in London, helping evacuate children, and this dates her study there to being prior to her 4-year clinic appointment in Christchurch. From 1942 to 1945, Joan worked in one of the three newly-established Speech clinics at Christchurch's Normal School. This position included supervising Speech Therapy students from the adjacent Christchurch Teachers College.

Joan married Colin Gordon in St. James' Church, Lower Hutt in January 1946 but Colin tragically died in hospital after a period of prolonged ill-health that same year.

In 1947, Joan, now aged 33, graduated with a Bachelor of Arts from Victoria University of Wellington. Throughout her Speech Therapy career in Wellington, she also treated adults at Wellington Hospital.

Joan was active in the Wellington branch of the New Zealand Federation of Graduate Women (GWNZ), where she instigated academic dress hire for all occasions at Victoria. She also participated in the federation's international conferences as a delegate and a referee. In 2011, the Branch acknowledged Joan's resignation when aged 97. Joan was also a member of Soroptimists New Zealand for many years and an accomplished member of the Wellington Embroiders' Guild. Joan was a devout parishioner of Wellington Cathedral of St. Paul, where, in February 2014, the community celebrated her 99th birthday.

In 2011, mention in the media was made of Joan's Speech Therapy work many years before, with David Farrar reminiscing with David Cohen in the New Zealand Listener, and a subsequent blog post about his childhood speech challenges. Albeit a distorted recollection of the facts, Joan is likely to have been both surprised and perhaps quietly pleased with this unexpected public feedback from a grateful client.

One of the London institutions contacted for this obituary was Trinity College. While they had no record of Joan amongst their regrettably incomplete archive (likely due to the war) I realised that I was emailing a certain Joanne Gordon, who then confessed she had in fact been christened Joan. Our own Joan Gordon would have liked that.

Warm appreciation to Joan's family and friends- Tony Fryer, Viv and Peter Paton, Judy Berryman.

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Area Updates

NORTHLAND AREA

Lucy Schumacher
23 members

The Northland area covers the top of New Zealand, down to Kaiwaka, which includes Whangarei (where most therapists are based), Dargaville, Kaipara, Hokianga, the Mid North (Bay of Islands, Kerikeri, Kaihohe), and the Far North, including Kaitaia.

Attendance at area meetings ranged from 5 to 12 members. The numbers may be small, but include MOE, DHB, and private practice therapists, board of trustees members, and kindergarten therapists. This provides a range of perspectives, experiences, and expertise. We have had our first professional development presentation at an area meeting, and plan to have more of these in the future.

This year, we have held meetings around Whangarei: at the hospital, the Ministry of Education, and the Kindergarten Association. It has been great to have members from Kaitaia video conference or teleconference in.

I'd like to thank members for their contributions, attendance, and assistance throughout the year.

WAIKATO / BAY OF PLENTY AREA

Annabelle Blue
59 members

This year has been another successful one for our area, with an increase in member numbers, along with steady attendance and contribution at teleconferenced area meetings. Our members cover a wide region, from Kawerau to Papamoa; Te Kauwhata across to Thames and the Coromandel; down the coast as far as Opotiki, Taupo, and Rotorua; and down to Taumaranui and Te Kuiti. We continue to have attendance from both private practitioners and MOE and DHB employees, and it has been great to have a variety of perspectives from both education and health clinicians. The year has also brought with it some challenges, with the Edgecumbe flooding affecting members and clients.

Members from across the region have engaged in a wide variety of professional development opportunities. These included the Australasian Stroke Conference, a tracheostomy simulation workshop, a FEES study day, an online paediatric dysphagia course, special interest groups, and DHB regional study days. We have continued to pursue research opportunities, with Tauranga Hospital having had some successful participants in their VERSE therapy study (pp. 9-10). Gwen Lake has also submitted her Master's project on *The clinical implications of objective analysis and interpretation of VFSS into a Speech-language Therapist's decision making*. Additionally, members have welcomed the introduction of the International Dysphagia Diet Standardization Initiative framework and are beginning to implement this in practice across the region.

As always, keeping members' interest in the area meetings has at times been challenging. The inclusion of professional development time is one way we have continued to maintain our attendance at meetings. Members have presented case studies or articles, which have encouraged discussion and can be included as points in members' CPD logs. Area meeting attendance has been assisted by the recent introduction of mandatory NZSTA membership at Waikato DHB, encouraging more clinicians to participate. There have also been a number of staffing changes across both the MOE and DHBs in the region over the last year, which has seen us welcoming quite a few new clinicians.

Finally, thank you to all of the Waikato / Bay of Plenty members for your enthusiasm and engagement, which has made this year such a success. We look forward to encouraging further member participation in the NZSTA in the upcoming year, as well as continuing to raise awareness of our profession through the Giving Voice Aotearoa campaign.

CENTRAL AREA

Emma Horsburgh
50 members

The Central Area includes Gisborne, Hawkes Bay, Manawatu, Whanganui, and Taranaki.

It is hard to believe that it's less than 4 months until Christmas! With the Giving Voice Campaign and the Professional Development Symposium, these months are flying by! However, it has been a reasonably quiet year in the Central Area. We have continued to have a number of staffing changes across the region, so I would like to welcome all those who have joined our area over the past year. It is pleasing to hear that a number of workplaces are now fully staffed across our district.

Meeting attendance in the Central Area has continued to grow, with many members taking advantage of teleconferencing. We continue to struggle with limitations around face to face contact but are hoping to make the most of Zoom in future meetings. There have been a number of local highlights across the region, with a lot of members attending a variety of professional development events, and taking the opportunity to complete online courses too.

Over the last quarter, I announced that I am stepping down as Central Area Rep after three years in the role. I have very much enjoyed my time as Area Rep and meeting a number of our members at various professional development events. Being Area Rep has had its challenges with regards to the wide geographical area we cover, so meetings have all involved teleconferencing, which can make robust discussion difficult. Thank you to all the members who have helped make being an Area Rep so enjoyable. And with that I am pleased to announce that Elisa Mynen is the new Central Area Representative, and I wish her all the best in taking on this role.

WELLINGTON / NELSON AREA

Claire-Ellen Roberts
98 members

The Wellington / Nelson region is now home to 98 members. It has been wonderful being able to welcome so many new members to the area.

Throughout 2017, face to face meetings have been attended by many enthusiastic members willing to share their knowledge and opinions on a range of very important topics. The strong discussions that take place in these meetings have been great to be a part of. The teleconferences have also been well attended with a large quantity of members choosing to attend via this method.

This year has continued to be an exciting one, with Jenni Lyons opening a feeding clinic in Lyall Bay, The Mess Hall. There have also been updates to the Nelson Hospital VFSS procedures. Many members have been able to attend many

exciting professional development opportunities and have come back enthusiastic to use what they have learnt.

There have been a few challenges faced by members of the area within the last year. There has been an increase in the use of Rapid Prompting in the area and members wait for a position statement that can be used.

It has also been brought to our attention that there are many secondary school students who do not have the language skills required to meet the linguistic demands of school. This is leading to many students leaving school purely due to SLI. Along with the resultant mental health issues, this is a major concern. We believe this is an issue that we, as Speech-language Therapists, must advocate for and build awareness of.

Twenty eighteen looks set to be another exciting year for Speech-language Therapists. I look forward to seeing what it has in store for our region.

CANTERBURY / WESTLAND AREA

Ruth Ramsay and Kate Cook
168 members

Kia ora koutou! We have had another great year of participation and networking at our meetings to date and look forward to our final meeting of the year in October. Thanks so much to everyone for coming along and sharing your knowledge and contributing to the great discussions that have been had so far!

Some recent highlights include:

- Participating in the Giving Voice Video Competition—best of luck to all who entered!
- Participating in the Giving Voice Aotearoa week of action in September.
- Welcoming, saying farewell to, and celebrating our Speech-language Therapists, with new therapists moving into the region, moving out of region and those welcoming a new family member!
- Contributing to *Communication Matters.*
- Our Student Reps hosting a workshop for students providing education on the topic of cleft lip and palate assessment and management with Lucy Southby.
- Sharing of professional development opportunities both completed and upcoming, including:
    - August 25 – Dr. Sarah Wallace – Exploring Methods of Integrating Technology and AAC into Provision of Clinical Services for Individuals with Neurogenic Communication Disorders
    - Various dates/locations – TalkLink – Creating Communication Opportunities Throughout the School Day – http://www.talklink.org.nz/index.php/2015/12/17/creating-communication-opportunities/ (or http://tx0.org/fe)
    - October 13 – UC Clinical Education Symposium – Key theme: Advancing Interprofessional Education – email clinicaledsymposium@canterbury.ac.nz for more info
    - October 18 – Christchurch and Auckland PODD training – http://www.atanz.org.nz/podd-one-day-high-tech-workshop/ (or http://tx0.org/ff)
    - January 2018 – Christchurch – No tech to Go Tech and Dysphagia Intensive – http://www.rosecentre.canterbury.ac.nz/courses.shtml (or http://tx0.org/fg)

OTAGO / SOUTHLAND AREA

Kathryn Palmer
46 members

This has been a fairly quiet quarter for members here (apart from the wild weather!). At our area meeting we had a mix of health, education, and private practice therapists. We discussed the Resource Library's formal assessments, and it was suggested that the sale of assessments could be used as a fundraiser for NZSTA. We also revisited the option of holding professional development sessions during the area meeting and talked about the challenge of making sure the topic is relevant to all members. Bridget Sandri is leaving the MOE and going to work for TalkLink in Christchurch.

Biculturalism for Beginners

WORDS: ELIZABETH YOUARD, SPEECH-LANGUAGE THERAPIST AND HEALTH STUDIES TUTOR, TOI OHOMAI INSTITUTE OF TECHNOLOGY

Whaowhia te kete mātauranga. Fill the basket of knowledge.

Kia ora koutou,

I would like to share with you some useful resources for bicultural practice. As a Pākehā Speech-language Therapist, I have recently begun a journey to increase my knowledge of biculturalism and reflect on my bicultural practice. Here are three accessible resources that I've found helpful:

He Papa Tikanga – Certificate in Tikanga Maori, offered by Te Wananga o Aotearoa
This free, home-based course provides an introduction to Te Ao Māori. It covers Māori values, beliefs, and protocols, both traditionally and in the contemporary world. No prior knowledge is needed, and you'll get amazing resources to keep as part of the course. Being home based, this course is flexible for busy schedules. I recommend studying He Papa Tikanga to gain baseline knowledge and understanding.

Cultural safety and nursing education in Aotearoa and Te Waipounamu
The doctoral thesis of Irihapeti Ramsden (2002) explains why the concept of cultural safety was developed in nursing. Cultural safety is a key part of bicultural practice for health settings. I recommend reading Irihapeti Ramsden's thesis as a starting point to understanding cultural safety. Her thesis is available online through the New Zealand Nurses Organisation website.

Success for Māori children in early childhood services: Good practice
This publication by the Education Review Office (2010) includes examples of good bicultural practice in early childhood education settings. I recommend reading the examples to gain ideas for bicultural strategies that could be adapted to your clinical setting.

I hope these resources are helpful for your reflective practice on biculturalism.

Ngā mihi,
Elizabeth Youard

References

Education Review Office. (2010). *Success for Māori children in early childhood services: Good practice*. Retrieved from http://www.ero.govt.nz/publications/success-for-maori-children-in-early-childhood-services-good-practice/examples-of-good-practice/ (or http://tx0.org/f4)

Ramsden, I. M. (2002). *Cultural safety and nursing education in Aotearoa and Te Waipounamu*. A thesis submitted to the Victoria University of Wellington in fulfilment of the requirements for the degree of Doctor of Philosophy in Nursing. Retrieved from http://www.nzno.org.nz/Portals/0/Files/Documents/Services/Library/2002%20RAMSDEN%20I%20Cultural%20Safety_Full.pdf (or http://tx0.org/f3)

Te Ara Whakapiri:
Principles and Guidance for the Last Days of Life

WORDS: FIONA HEWERDINE

This is an update for NZSTA members about the New Zealand document that guides us on the last days of life for people in New Zealand.

The Unifying Pathway *Te Ara Whakapiri* is a Ministry of Health document and has just been released.

Te Ara Whakapiri focuses care on what matters most:

- Provision of person-centred and dignified care
- Clear and compassionate communication
- Attention to cultural and spiritual needs
- Attention to detail on symptom management
- Supporting the family/whānau
- Care after death

The document is interwoven with the Te Whare Tapa Wha model of care supporting the Mason Durie (1985) principles.

There are seven overarching principles:

1. The care is patient-centred and holistic
2. The healthcare workforce is appropriately educated and supported by clinical champions
3. Communication is clear and respectful
4. Services are integrated
5. Services are sustainable
6. Services are nationally driven and supported to reduce variation and enhance flexibility
7. Resources and equipment are consistently accessible

I encourage you to have a look at this document on the Ministry of Health website, for yourself and for your patients. There is some great guidance about recognising the dying person's flow chart. This is something that we might become involved in, not only in a hospital context, but in a hospice or home. There are some very useful documents, for example *Care in the Last Days of Life*, about dyspnoea and mouth care, and of course wellbeing factors that may be an integral part of our care for patients in their closing chapter of life.

Te Ara Whakapiri also provides clarity through consistency of language. There is the possibility of the development of a standardised audit tool and some further resources, so it will be interesting for each of us to see whether this will be rolled out within our own DHB.

There is also the latest information from the national office on Advance Care Planning. Please have a look at the in-service training that is available online for Level 1. These documents keep a record of the person's desires and wishes towards the end of their life. This is really important for a Speech-language Therapist, due to the communication impairment of somebody with a stroke, a learning disability, or a progressive dysarthria, mainly to record what is really important to them. Again, this follows the Te Whare Tapa Wha model, looking at family, and emotional, physical, and spiritual wellness.

All these conversations can be facilitated by a Speech-language Therapist in a clinical context, with communication ramps used to enable access for all our clients. When working with people with degenerative diseases, it is important to enable, in a timely fashion, conversations which may be difficult, but can be woven in well with risk feeding and recording, or voice-banking, or decisions about PEG or the use of non-invasive ventilation. All these aspects sit really well within this document.

The NZSTA resource on palliative care is available online through Moodle. I am also happy to take questions via email (fiona.hewerdine@bopdhb.govt.nz) on Advance Care Planning, *Te Ara Whakapiri*, and palliative care for our patients.

In the Bay of Plenty, the hospice has been running a new three-day fundamentals course for DHB members. We have encouraged an inter-professional allied health team to attend, and the feedback we have had is that this is the best course they have ever attended!

Join the Walk 2 D'Feet MND

Walk 2 D'Feet MND events are being held all over New Zealand on Sunday, November 12. Previous years' walks have been a huge success, with enthusiastic participation from those who have supported someone with MND, current and past caregivers, and those now living with MND themselves. Many health professionals like to attend these walks, as working with a person with MND can leave a lasting impression.

MND is an extraordinarily debilitating disease, and it can be very isolating for people with MND and their carers. The Walk 2 D'Feet MND powerfully shows people they aren't alone. The walk connects and empowers people and families who are facing this tremendous challenge. Walkers also create hope for others, by fundraising for research to find a cure.

The Walk 2 D'Feet MND is the annual fundraiser for MND New Zealand, held in 16 towns and cities all over New Zealand. Go to http://mnda.org.nz/walk (or http://tx0.org/f9) to find your local walk, buy a ticket, and donate or sign up as a fundraiser. Half of the money raised goes to the MND NZ Research Fund to encourage research in New Zealand. The remaining funds are a major contributor to the donation income that MND New Zealand depends upon to continue its vital free service. The Walk 2 D'Feet MND events connect and empower people and families who are facing a tremendous challenge. If MND has touched your life, we recommend going along to one of these positive, powerful, colourful, and life-affirming walks.

About Motor Neurone Disease

Motor neurone disease (MND) causes the muscles that enable us to move, speak, swallow and breathe to gradually stop working. MND can affect anyone. Every week, another two people are diagnosed. In 2011, 0.5% of deaths in New Zealand were due to MND.

About MND New Zealand

MND New Zealand works with people living with MND to enable them to have the best quality of life possible. Its crucial free service helps people with MND access the medical expertise and equipment they need. The support team members are the only people who provide consistent and personalised support through all stages of the disease. MND New Zealand is a small, lean organisation. Only 10% of its funding comes from the Ministry of Health. It depends upon fundraising and donations to continue its free service for people with MND.

The Child Development Service at Waitemata District Health Board is looking for expressions of interest for the *It Takes Two to Talk* Hanen Course. Please email kristi.exley@waitematadhb.govt.nz with the dates you are / are not available from November to March and how likely you are to be able to access funding for the course.

Talking Mats

WORDS: CHRISTINA BAILEY AND SAMANTHA IVIL, SPEECH-LANGUAGE THERAPISTS, THE TALKLINK TRUST

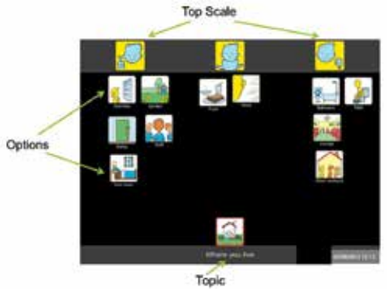
Lois Cameron and Nicki Ewing visited New Zealand in May this year to hold training sessions in Christchurch and Auckland on how to implement the use of a Talking Mat. In Auckland, we had a great range of professions in attendance, including Speech-language Therapists, Paediatricians, and Communication Co-ordinators.

Talking Mats can be used "to improve the lives of people with communication difficulties by increasing their capacity to communicate effectively about things that matter to them." They are "an interactive resource that uses three sets of picture communication symbols—topics, options and a visual scale—and a space on which to display them" (Talking Mats Ltd, 2017).

Here are some key points we took away from the training:

- Talking Mats can be used with a wide range of clients: children and adults, caregivers, parents, etc.
- They are a great conversation starter and can help people open up and provide more insight into a topic
- They are client focused: The client takes ownership of the mat and has control over it
- The client is the thinker, the other person is the listener
- The top scales can gather different information for different questions using the same symbols, for example: like/not like versus things you do/don't do

If you would like to find out more information or are interested in future training please head to the website http://www.talkingmats.com/



Professional Development Event: Complex Clinical Decision Making

PAULA LESLIE, PHD, CCC-SLP, FRCSLT
Director and Professor, Doctor of Clinical Science in Medical Speech-Language Pathology Program, School of Health and Rehabilitation Sciences, University of Pittsburgh.

Paula Leslie is a Specialist Adviser to the Royal College of Speech & Language Therapists in swallowing disorders. She maintains full clinical licenses in the USA and UK. Her interests include the process of clinical decision making, health professionals' education, and non-traditional routes to advanced clinical training. She publishes, provides support to researchers, and provides continuing education from grassroots to international level and across the health professions on complex clinical decision making, ethics, and end of life decisions in vulnerable populations. She contributes to teaching in several programs in SHRS and the Medical School. Her honors include the Honors of the Association, Southwestern Pennsylvania Speech-Language-Hearing Association; the American Speech-Language Hearing Association DiCarlo Clinical Achievement Award; the Pennsylvania Speech-Language-Hearing Association Clinical Achievement Award; and Fellow of the Royal College of Speech & Language Therapists (UK).

Presenting on: Complex clinical decision making and end of life decisions in vulnerable populations (of interest to Speech-language Therapists working with vulnerable children and adults and adults with learning impairments)
Where: Sir Neil Waters Room 100, East Precinct, Albany Campus, Massey University
When: Wednesday, November 15, 10:30am-2:30pm
Cost: Free; morning tea and lunch not provided; cafés available on campus.
To assist with planning and room booking please send expressions of interest to A.L.Cooper1@massey.ac.nz.

Annette Rotherham – Communications

communications@speechtherapy.org.nz

KIA ORA TĀTOU,

As the days get a little longer and we put our clocks forward, I am contemplating a new season and new changes in the air.

It was so wonderful to spend two days of Symposium with our members and EC in Rotorua. Such a great event, and it went so smoothly. Thanks to Claire Winward and Anna Miles for their organisation, and to all the other helpers and participants who made it a successful time. I particularly enjoyed being in Rotorua, as it is soon to become my new home in October as my family make the big move north and join my husband Ross in the Bay of Plenty.

Our Giving Voice Aotearoa campaign called for a week of action in September. Communication Access: Easy As was our theme. We thought it was a great opportunity for us all to look at our own work environments and put in place changes that might make interactions, written information, and systems more communication accessible for the people in our communities to whom we provide services. I look forward to seeing your efforts and results from this challenge! Our Giving Voice Aotearoa ambassador, Geneva Tino, featured in our resources for this part of the campaign, and I was really touched by how honoured and supportive she has been in representing the messages and top tips for Communication Access, as well as the NZSTA Communication Access principles. Geneva is a remarkable woman who has lived with cerebral palsy and has overcome many communication barriers in her life to now have a degree in Communications. She has also featured in Attitude TV and in a short film, *The Voice*, screened in the 2017 ReelheART International Film and Screenplay Festival. We are thrilled and honored to have her on board as the face of Giving Voice Aoetearoa.

Giving Voice Aotearoa continues to grow momentum. We had a workshop in August to look at influencing and advocacy. Keriata Stuart from the Public Health Service provided a stimulating and informative day for the Speech-language Therapy leaders in the campaign and the Expert Advisors of the NZSTA.

Keriata provided some great resources and templates for how to gather our messages and ideas and for making submissions to parliament. I gained excellent insights into how parliament works (the 'cake tin of democracy'), that results may take time, and that the success of a campaign or submission may be seen years later but we need to celebrate our successes along the way. The NZSTA has made a number of submissions to parliament in the last twelve months, and we have formed alliances with organisations with the same mission and vision of a fully accessible New Zealand. We have created a presence of getting the message out there about what exactly communication access is all about. This has all been achieved with a team of people in our NZSTA membership who are willing to give their time and skills to this cause and to advocate for the profession and the people of Aotearoa with speech, language, communication, and swallowing needs.

Let's keep up this momentum and fantastic work.

Ngā mihi mahana,
Annette

Jodi White – Member Networks

membernetworks@speechtherapy.org.nz

KIA ORA KOUTOU EVERYONE,

I hope you are all staying warm and well and haven't been getting too wet with all this rain. We have received some great feedback about having the EC responses to questions in this format, so will keep going, even though there haven't been too many queries this quarter.

Thank you to all those who completed the Member Survey. We have had a wonderful response to this from 278 members and there was some very constructive feedback that we will analyse over the next few months. There was some helpful feedback about area meetings and some possible changes that could make them more useful to members. Please watch this space for changes in the future. There were many comments about some areas not having enough discussion during meetings, so please do try to engage in these conversations, although we do acknowledge it can be difficult with some people attending in person and others at the end of a telephone or computer.

Please continue to keep your feedback coming in, we do appreciate it.

Ngā mihi,
Jodi

QUERIES AND RESPONSES

Query: Is *Communication Matters* environmentally friendly and can we opt out of receiving hard copies?
Response: *Communication Matters* is printed on recycled paper with vegetable-based inks. At this stage we are unable to do anything about the plastic wrapping. It is technically possible to opt out of receiving a hard copy of *Communication Matters* but it is challenging with the way the software for the address system works. We recommend that if you don't want to hang onto your copy, you take it to your local GP's practice, your workplace, or a public space, and leave with other magazines for the public to read. This is a great way of sharing who the NZSTA is and the type of work we do.

Query: Can the process for applying for a letter of good standing for Mutual Recognition Agreement applications be clarified?
Response: You are able to apply for a letter of good standing if you have been a full member of the NZSTA. If you have completed the New Graduate Framework, you may be eligible after one full year of membership. If you have not completed the framework, you need to have been a full member for two consecutive years with up to date CPD logs. Please check the website for further information.

Query: Is the Registration Survey aimed at finding out how many Speech-language Therapists are employed in different sectors? What is the purpose of this survey?

Response: Please check this issue of *Communication Matters*. You will find the information you need in the Professional Standards column (p. 23).

Query: Who was being consulted on and who is reviewing the new FEES guidelines?
Response: This was initially consulted on by Health leaders throughout the country and there is now a final consultation group who are working to finalise the document. There is a range of experienced FEES clinicians and those in the process of developing their service. The aim is for this to be a usable document for all FEES services around the country, no matter the size of hospital.

Query: Is there a plan to update the VFSS guidelines from 2011? When is this likely to be reviewed?
Response: Yes, it is due for review in 2018.

Query: Should part-time members aim to attend two meetings a year for CPD purposes or would this be two meetings over two years?
Response: Part time members need to achieve the same number of points as full members. Part time membership is a reduced fee, but not a reduced commitment to maintaining competence and engagement.

Query: What is the NZSTA doing to promote the profession during election year? There is more evidence for early intervention, but no increase in FTE or acknowledgement that Speech-language Therapists provide this intervention. There is inconsistency is services provided; for example, the Northland Kindergarten Association has a Speech-language Therapist, but no other Kindergarten Associations do. There is also a place for Speech-language Therapy in the Ministry for Vulnerable Children, and in working with adults with intellectual impairment. Some members would like the NZSTA to be more vocal about these issues in election year because they are not able to do so themselves due to their employer.
Response: Although the election will have occurred by the time you read this, the NZSTA has done many things to advocate for our communities. This has included: a number of parliamentary submissions, writing a standard for Communication Access for the Access Alliance, our year-long Giving Voice Campaign (still ongoing), among other activities.

Query: Speech-language Therapy is a female dominated profession. Have there been any thoughts about a pay equity review?
Response: We will bring this up at an upcoming Allied Health Association of New Zealand meeting, as a larger group would be more powerful if this is a possibility.

Anna Miles – Professional Standards

professionalstandards@speechtherapy.org.nz

TO REGISTER OR NOT!

I know registration is a topic that has been of interest to many of you for quite some time. You will be pleased to hear that the NZSTA Executive Committee has begun another phase of consultation and decision making. Unlike teachers (registered under the Education Council) and many of our health professional colleagues (registered under the HPCA Act, 2003), Speech-language Therapy is not a registered profession in New Zealand. Many of you will remember that the NZSTA submitted an HPCA application to the Ministry of Health in 2006-2007, but this was not pursued by the Ministry, due to the Act being reviewed. Interestingly, in 2010, Speech Pathology Australia went through a similar process and were also rejected by the Australian Ministry of Health. They are now functioning as a self-regulated association, with the exception of the State of Queensland, where Speech-language Therapy is a registered profession.

This year, in response to membership, we are revisiting the issue of registration. The process has five phases over a twelve-month period. We are currently in Phase 3.

Phase 1 - Benchmarking - March-May 2017
Phase 1 was a review of the current situation in New Zealand and abroad for Speech-language Therapists and similar professions.

Phase 2 - Employer Survey - June-July 2017
Phase 2 was an online survey gaining the opinions of employers of Speech-language Therapists (and/or their representatives) in New Zealand.

Phase 3 - Information Presentation - September-November 2017
Phase 3 involves informing Speech-language Therapists. The results of Phase 1 and Phase 2 are presented in a narrated PowerPoint presentation (https://www.youtube.com/watch?v=K7UxCdAeMOA or http://tx0.org/fs). Please take the time to watch this short presentation.

Phase 4 - Speech-language Therapist Opinion - December 2017
Phase 4 is when you have the opportunity to provide your opinions and thoughts to the NZSTA Executive Committee. We will be asking all Speech-language Therapists in New Zealand (both NZSTA members and non-members) to tell us their views. We will provide a list of options for next steps. This will be vital information for the NZSTA Executive Committee.

Phase 5 - NZSTA Decision Making - January-March 2018
Once we have all this information (benchmarking, employer opinion, and Speech-language Therapist opinion), the NZSTA Executive Committee will meet with key employers of Speech-language Therapists to discuss and agree on the best approach going forward. It is important to the NZSTA Executive Committee that our key employers (the MOE, DHBs, and private providers) are involved in any decision in order to ensure there is support for the future of our profession.

We look forward to sharing progress with you in future months,
Anna Miles & Clare McCann

Claire Winward – Professional Development

professionaldevelopment@speechtherapy.org.nz

GIVING VOICE AOTEAROA – ACCESS FOR ALL

2017 Professional Development Symposium, Rotorua, September, 2017
A few weeks ago, a hardy bunch of Speech-language Therapists braved the inclement Spring weather to spend two days in Rotorua at this year's Symposium.

Day one started with a mihi whakatau, led by a local kaumatua, Monty Morrison, Kaitiaki Māori at Rotorua Lakes Council. Matua Monty remarked on how impressed he was that he didn't need to cover half the things he had planned to, as we had already done so in our opening. Kei runga noa atu koe! This is a great testament to how much work has been done in this area by everyone in the NZSTA with the leadership and guidance of He Kete Whanaungatanga, and certainly got things off to a positive start.

Our first keynote speaker was Dr. Huhana Hickey, from the University of Auckland (or 'Dr. Hu' as she will now be known—and visualised—to everyone present). Dr. Hickey talked through some of her own experiences of access, and reflected on the importance of 'Giving Voice to the Voiceless'. She reminded us that whānau are uniquely diverse, and challenged us to not make assumptions.

Thursday's open sessions consisted of Communication Access, Inter-professional Practice and Chronic Conditions, and Youth Justice. It was particularly exciting to hear from so many Speech-language Therapists in their first couple of years of practice who are already thinking outside the square.

Anna Miles gave us an update on the International Dysphagia Diet Standardisation Initiative, which New Zealand is now implementing. Whoever knew there were so many different ways to mash broccoli (which were tested later that evening during dinner). . .

Day two started with an update from Annette Rotherham and Dean Sutherland on the Giving Voice Aotearoa campaign, and introduced the campaign slogan, Communication Access – Easy As. We all enjoyed the winning video in the Giving Voice Aotearoa competition, *The Slow Talkers*—TV stars of the future! Congratulations to the Waikato DHB Speech-language Therapists for putting the video together. It really underlined the importance of practising social conversation in real settings for both skills development and continued positive mental health. If you want to see this or any of the other entries, check out the NZSTA Facebook page.

Our second keynote presenter was Dr. Anna Hearne, from Massey University and START, who talked about stuttering, and challenged us to look behind the tools. Anna reflected that 'failure is our friend' and reminded us that it's not parents that fail—it's tasks, and shared some lovely examples. The amount of questions at the end indicated the continuing complexity in the area of fluency, and I know everyone was grateful to Anna for taking the time to answer them all.

Friday's open sessions were Access for All Children; Partnerships with ECEs, Schools and Kāhui Ako; and finally Literacy and Hearing Impairment. It was exciting to hear from so many therapists about local solutions to local issues, and the importance of partnering with parents, teachers, and education leaders to better effect change. The day concluded with some spirited discussion around communication choices for Deaf children and—of course—another well earned drink at the bar.

Thanks to everyone who presented and attended and to everyone who supported with planning and on the day to make this such a successful event. Great work team NZSTA!

Next stop Dunedin 2018—bring it on.
Some photos from the symposium appear on p. 1.

Māori and Cultural Development

culturaldevelopment@speechtherapy.org.nz

KAREN BREWER

Tēnā koutou katoa,

As I hand over the Māori and Cultural Development portfolio to Renee Taylor, I would like to thank the numerous people who have supported me in this role over the past three and a half years. At our recent AGM, Philippa talked about the whakatauki that Matua George gave us: Ehara taku toa i te toa takitahi, engari, he toa takitini. Success is not the work of one, but the work of many. This is a fitting whakatauki for my time on the EC. I am grateful to the previous holders of this portfolio, my fellow EC members, members of He Kete Whanaungatanga, and many, many others. I won't list everyone by name because I wouldn't like to accidentally miss someone out. Two people are worthy of exception though. Waimirirangi Andrews has been my go-to person for advice on many topics. And my husband, Gavin. I was elected onto the EC when we had only been married for six weeks so he hasn't known anything else. Ngā mihi nui ki a kōrua. Having spent time with Renee, and seen the tautoko of her whānau at the AGM, I am excited to hand over the portfolio to her. We have also had a few new people join He Kete Whanaungatanga lately and they have come with fresh ideas and enthusiasm. The future looks bright!

RENEE TAYLOR

Tena koutou katoa,

Ko Tākitimu te Waka	Tākitimu is my waka
Ko Mauao/Maunganui te Maunga	Mauao/Maunganui is my mountain
Ko Tauranga te Moana	Tauranga is my sea
Ko Ngāti Ranginui te Iwi	Ngāti Ranginui is my iwi
Ko Ngāti Hangarau te Hapū	Ngāti Hangarau is my hapū (sub tribe)
Ko Hangarau te Marae	Hangarau is my marae
Ko Te Amo rāua ko Ngāti ōku tupuna	Te Amo and Ngāti are my ancestors
Ko Renee Taylor taku ingoa	My name is Renee Taylor

I am extremely honoured to be taking up this role and cannot thank Karen enough for all the incredible work she has done. Karen has set a very high benchmark so I hope to make her proud by maintaining that standard!

Thank you to Selena for having faith in my skills and nominating me for this role. It's been so humbling to have the support of He Kete Whanaungatanga behind me too. And just a quick plug; for any Māori or non-Māori who are keen to join, please get in touch!

I completed my Masters at the University of Auckland in 2013. I started out doing some contract work for a private practice, gaining experience in ACC and MOE contracting. I now work at Counties Manukau DHB in the community with adults and am really enjoying it there.

I have Māori, Albanian, and Scottish ancestry, so am quite the mixed bag. I think that this is representative of a large portion of people who affiliate with being Māori but often feel like they aren't quite 'Māori enough'.

One of my goals will be to help reduce the fear around Tikanga Māori that I have noticed amongst my peers and experienced myself, and to help facilitate a better understanding of what that means for everyone. Please feel comfortable to approach me with your questions and ideas, as I'm sure I will have had many of the same questions. If I don't know the answer myself, I will endeavour to find it out for you.

I was not brought up on a marae, nor am I trying to claim that I know everything Tikanga Māori, but I am committed to learning and growing this knowledge with the support of my whānau and He Kete Whanaungatanga. I hope this inspires others to join me on the journey!

Contact Details

EXECUTIVE COUNCIL

President	Philippa Friary	president@speechtherapy.org.nz
Communications	Annette Rotherham	communications@speechtherapy.org.nz
Member Networks	Jodi White	membernetworks@speechtherapy.org.nz
Professional Development	Claire Winward	professionaldevelopment@speechtherapy.org.nz
Professional Standards	Anna Miles	professionalstandards@speechtherapy.org.nz
Māori and Cultural Development	Renee Taylor	culturaldevelopment@speechtherapy.org.nz

AREA REPRESENTATIVES

Northland	Lucy Schumacher	ar.northland@speechtherapy.org.nz
Auckland	Fern Maxwell	ar.auckland@speechtherapy.org.nz
Waikato / Bay of Plenty	Annabelle Blue	ar.waikato.bop@speechtherapy.org.nz
Central	Elisa Mynen	ar.central@speechtherapy.org.nz
Wellington / Nelson	Claire-Ellen Roberts	ar.wellington@speechtherapy.org.nz
Canterbury / Westland	Kate Cook & Ruth Ramsay	ar.canterbury@speechtherapy.org.nz
Otago / Southland	Kathryn Palmer	ar.otago.southland@speechtherapy.org.nz

STUDENT BODY REPRESENTATIVES

Canterbury University	Olivia Rozbicki & Charis Siow	sr.canterbury@speechtherapy.org.nz
Massey University (Albany)	Brianna Oosterbroek, Jennifer Fleming, & Jacqui Morgan	sr.massey@speechtherapy.org.nz
Auckland University	Kate McGraw & Nicole Liley	sr.auckland@speechtherapy.org.nz

NATIONAL PRIVATE PRACTITIONER MEMBERS' REPRESENTATIVE

Bridget McArthur	privatepractice@speechtherapy.org.nz

OTHER CONTACTS

Administrator	ONZL Limited Tel +64 9 475 0214	admin@speechtherapy.org.nz
Speech, Language and Hearing Journal of the APSSLH, HKAST and NZSTA	Editor: Mike Robb	michael.robb@canterbury.ac.nz
Members' Affairs and Issues Administrator	Claire Linthwaite	membersaffairs@speechtherapy.org.nz
Inventory of SLT Resources for borrowing	sltresources@hotmail.com	
NZSTA Website Address	www.speechtherapy.org.nz	
NZSTA Email Address	admin@speechtherapy.org.nz	
NZSTA Postal Address	NZSTA, PO Box 302469, North Harbour, Auckland 0751, New Zealand	
NZSTA Physical Address	ONZL Limited, Level 1, Building C, 14-22 Triton Drive, Albany 0632, New Zealand	

SUBMISSION DEADLINES FOR COMMUNICATION MATTERS

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editor@speechtherapy.org.nz

New Zealand
Speech-language
Therapists' Association

Te Kāhui Kaiwhakatikatika Reo Kōrero o Aotearoa

www.speechtherapy.org.nz | PO Box 302469, North Harbour, Auckland 0751, New Zealand
ONZL Limited, Level 1, Building C, 14-22 Triton Drive, Albany 0632, New Zealand

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