Giving Voice Aotearoa Week of Action
AAC advocate • Leaving a legacy • Consumer focus group
From the editor
Karen Watson editor@speechtherapy.org.nz

Tenā koutou,
Spring is a busy time for the world of speech-language therapy. There are a lot of passionate, energetic members out there organising events, making posters and videos about speech-language therapy! Ka pai to everyone who promoted our profession and advocated for our clients during the Giving Voice Aotearoa Week of Action. These were translated by Kaumātua Rukingi Haupapa. We appreciate all the mahi you do for NZSTA, especially at this time when you’re busy preparing for the Māori stroke conference. Tēnā rawa atu koe, Rukingi.

So, grab a cuppa and take some time to read through this issue of Communication Matters. Our members have written about conferences they have presented at and attended across Asia and in Australia; technology developed in New Zealand to support Deaf and hard of hearing young people; an innovative app that supports people to leave a video legacy for their family and whānau; and more.

Hei konā mai,
Karen

Cover: Giving Voice Aotearoa Week of Action. Illustration credit: Gusto.
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Who to follow
Mā wai e whai?

Swallow Your Pride podcast
Swallow Your Pride (SYP) is the “not afraid to say it like it is” kid on the block of podcast-land. Effortlessly keep up to date with the latest in dysphagia evidence-based practice internationally. Perfect for those long drives to work in Auckland traffic, SYP host and speech pathologist, Theresa Richard interviews leading experts and researchers in the field of swallowing disorders. She covers controversial, practice-changing and thought-provoking pieces including “the 3 pillars of aspiration pneumonia”, “ethical decision making” and “track, vent and swallow in the ICU”. With 91 episodes at your fingertips, are you ready to #swallowyourpride and put into practice this new learning to create the best outcomes for our clients, families and communities?

Stella Karaman

Swallow Your Pride podcast
Tune in here: mobiledysphagiadiagnostics.com/podcast-3/
From the president
Na te tumuaki

Annette Rotherham
president@speechtherapy.org.nz

Tēnā koutou te whānau o kawhikatikata reo kōrero.

Firstly, a huge thank you for embracing our 2019 Giving Voice Aotearoa Week of Action, that blended with Te Wiki o te Reo Māori. Our digital resources were shared widely, and we loved the videos you posted to social media to celebrate the valuable mahi of speech-language therapy in Aotearoa. My heartfelt thanks also go to the amazing duo made up of two waiata, “Kōrero” and “Tōnā Reo”, for our association. These are probably one of the most significant gifts we have received – arohanui to you, Rukingi, for all your mahi and taukiri for us in this short time since you joined our association.

The last three months have been jam-packed for the board and myself. In July, we had the AGM alongside a wonderful professional development day. Bridget McArthur and Anna Miles led a productive private practice workshop that will lead to some new guidelines and resources for those working privately. Emma Quigan from Talking Matters and Polly Newton from REAP wowed us all with a workshop demonstrating the successful early childhood programmes delivered on marae and co-designed with their local communities. A fantastic example of how speech-language therapy can take our expert knowledge, combine with the expert knowledge of the local community, incorporating their insights on culture and language, and come up with something magical.

The annual leadership forum for the profession was also held in July in Wellington. We were honoured to host Paula Tesoriero, the disability rights commissioner. She presented our profession for taking a disability rights lens to our practice and to government. Speech-language therapists from all over the country and different areas of practice came together to strategise on issues facing our profession. Key issues raised were cultural safety for all and recruitment of Māori to the profession.

With all that activity, I need coffee and sustenance! Send us a video and we will look forward to our turn to host. Anna Miles and I also met to revise our ethical framework to align us more closely to other allied health groups. This framework emerged through a qualitative analysis of the intervention context – naturally align us more closely to other allied health groups in New Zealand. I am grateful to have hosted Rukingi presented his own stroke journey and his research, Stroke in Te Arawa. We attended the area meeting to talk about culturally safe practice, discussing how the NZSTA can assist members to ensure speech-language therapy services are equitable and accessible to Māori in Aotearoa.

With all that activity, I need coffee and to knock out the rest of this report! Out of the four major tasks I set for myself this year, the second consumer group meeting led by Genevoy Hakaraia-Tonga and the ISEI conference, were welcomed to Christchurch for two days.

Over three days, I did a great deal of listening and gaining knowledge that spanned many professional fields. The mission of the ISEI is to provide a framework for communicating advances and promoting international networks in the field of early intervention. This has led to a group with over 3000 members across 100 countries, including researchers, clinicians, policy makers, speech-language therapists, and paediatricians. What a rich moment in time for us to be able to connect with this important group.

I also had the privilege to present findings from my master’s research project at this conference. Since completing my master’s in speech and language therapy at Massey University, many doors have been opened for me to share my research at local, national and international level. Presenting how the NZSTA can assist members to ensure speech-language therapy services are equitable and accessible for the broadest range of whānau.
Taipei for IALP 2019.

The final boarding call on the Auckland International Airport – we were off, destination: Taipei for IALP 2022.

The new Hong Kong some say. This 24/7 city promises to overload all your senses at once. From the constant ring of mopeds and scooters, to the call of roadside fruit sellers, and the inviting smells of dumplings and bao. And amongst the calam chaos, groups of locals practising tai chi and chi gung. This dizzying combination of Taiwanese, Chinese and Japanese culture makes for an incredible experience. We were here firstly to attend the IALP congress, a five-day speech-language therapy extravaganza.

IALP is the world association for clinicians, academics and researchers in the fields of speech, voice, communication, audiology and swallowing. This global association was founded in Vienna, Austria, in 1924, by Dr Emil Froeschels. One of our pioneers for speech-language therapy, Froeschels chaired IALP until 1953. Since its inception, IALP has grown in membership with both individual and association members from around the world. NZSTA is a member of IALP.

With 95 years under its belt, IALP has many keynotes were impressive and delivered presentations varied from keynote style, to panel discussions, oral presentations and posters. The main reports or keynotes were impressive and delivered by Professor Maureen Smith (Innovations in multimodal communication), Professor Helen Grech (The impact of forced migration on communication and social adaptation), Shelly Chadha who spoke at the World Health Organisation Roundtable event Global action for hearing), and Dr Cha-Ying Lee (Neural underpinnings of early speech perception and emergent literacy). There truly was something for everyone. And when you needed some time out from growing new neural networks, you could walk around the expo and see how many textbook authors you could spot: Pamela St. John, Liz Ward, and our very own, Gail Gillon.

Not often do you get to share the lift or a bit of banter over some afternoon tea with the “who’s who” of speech, language, swallowing and audiology. When we weren’t giving out chocolates and enticing our international colleagues over to Aotearoa in 2022 with tales of hobbits and world-class wine, we were sharing jokes about our ‘e’ s and ‘i’ s while performing percussion.

Other cultural and social events included a half-day excursion for all delegates and the gala dinner. The gala dinner was held at the stunning Sil Palace, where we were treated to entertainment by some traditional Taiwanese dancers and a Taiwanese puppet show. We were truly looked after by our hosts who invited us to a banquet of traditional Taiwanese food with a modern-day twist. With full stomachs and new Facebook friends, the evening drew to a close. The scientific programme was four days long with six streams covering all corners of speech, communication, voice, audiology and swallowing. The type of presentations varied from keynote style, to panel discussions, oral presentations and posters. The main reports or keynotes were impressive and delivered by Professor Maureen Smith (Innovations in multimodal communication), Professor Helen Grech (The impact of forced migration on communication and social adaptation), Shelly Chadha who spoke at the World Health Organisation Roundtable event Global action for hearing), and Dr Cha-Ying Lee (Neural underpinnings of early speech perception and emergent literacy). There truly was something for everyone. And when you needed some time out from growing new neural networks, you could walk around the expo and see how many textbook authors you could spot: Pamela St. John, Liz Ward, and our very own, Gail Gillon.

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Marie Jardine
Sharing dysphagia research in Japan

I’m a PhD candidate in speech science at the University of Auckland, investigating age-related swallowing changes, particularly in advanced age. I am supervised by Dr Anna Miles and Dr Jacqui Allen and have received funding from the Health Research Council of NZ and the HOPE Foundation.

In March this year at the Dysphagia Research Society Annual Meeting in San Diego, I was awarded the Sumiko Okada Fellowship. This involved travelling to NZ and the HOPE Foundation. Before the event, speakers were given a tour of the almost 1500 bed university hospital, which is the largest in Japan. The rehabilitation spaces were a hive of activity, reflecting the hospital’s emphasis on the overload principle. Patients participate in rehab at least three hours with therapists every day. The facilities were remarkable; I have never seen so many medical robots. It was fascinating to observe this technology in action in a real context, rather than as a concept. There were patients suspended from the ceiling to assist them with walking in order to reduce the risk of falls, patients on treadmills with cameras so they could monitor their gait while walking, occupational therapy using video games with life-sized controls, a robot that assisted with bed to chair transfers, a robot that helped with activities of daily living. I felt like I had stepped into a future of rehabilitation.

In the speech-language therapy department, we were shown specialised chairs for videofluoroscopy and the 320-row area detector CT scan, which the Fujita Health team are famous for. The game starts with the player creating a map of Talk Town and explore different situations where communication can be challenging. Talk Town was created with the input of DHH students from van Asch DEC and Deaf adults. Zoe and I also used the best research available to inform development.

Zoe Hector began developing the idea of Talk Town while completing her masters in audiology at the University of Canterbury. She first had the idea for it when she was working as a teacher aide with DHH children. Zoe entered and won several competitions which allowed her to develop the idea further. Zoe and I met at van Asch Deaf Education Centre (DEC), at the premier of a short film about a Māori Deaf boy. A working relationship developed, initially through collaboration between Talk Town and van Asch DEC and later I joined the Talk Town team. You might say the rest is history.

The game starts with the player creating an avatar, choosing their own listening devices and identity. They then move to a map of Talk Town and explore the different scenarios that present unique communication challenges for DHH young people.

An audiologist and a speech-language therapist meet at the movies...

Rosie Lamb

Sounds like the start of a joke, right? Well, it’s a true story that resulted in the creation of a new digital game for Deaf and hard of hearing (DHH) young people in New Zealand. The game aims to facilitate the development of pragmatic and self-advocacy skills.

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Find out more
www.talktowngame.net
Contact Rosie
fire.chief@talktowngame.net
App available on Google Play and iTunes stores.

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Recordmenow is a free app that allows you to leave a legacy for your loved ones in video form. It grew out of research on what 100 bereaved children wish that they had known about their family. The app allows you to make a lasting video. This could be for fun or history. The app will guide you with prompts. The recording is private and it's free.

I encourage you to pass this to your families who may be about to lose their loved ones. This may be through head and neck cancer, motor neurone disease, Huntington's chorea or something else. Our job is all about communication, so we are well-equipped to promote this resource. The nature of degenerative disease means that the time of optimum communication may be earlier in the disease trajectory, so again we may be well-placed to identify the best time for making a video.

You may find that this links well with advance care planning and may wrap naturally with conversations about supported breathing and nutrition.

Thousands of people have chosen this means of leaving messages for their family and friends, aiding timely communication, bringing enhanced quality of life and purpose for the patient, and a legacy gift for the listener.

The founder of the app, Gaby Eirew, has also collaborated with Dr Pipa Hawley and produced a book called Lap of Honour: A Guide to Living Well with Dying. It's new this year and it's aimed to help people scaffold a quality of life in the time that they have left. It has been helpful to link with bucket lists and goals. Readers report it is immensely helpful to interpret what the diagnosis means. It's also put together in a very patient-friendly way and is jargon-free.

These two resources may help enhance the difficult practice of palliative care for the speech-language therapist, and equip us to take the opportunity to make a difference for patients, and their families and whanau, living and dying with life-limiting diseases.

Please contact me if you’d like to know more.

Find out more: recordmenow.org
Free to download onto Windows, Mac pcs, iphone. lapofhonourbook.com

Nathan Thompson is a 20-year-old man who aspires to support others like him. To communicate, Nathan uses an eye gaze device with text-to-speech to type. He uses this to write emails, complete NCEA schoolwork and like any other young adult, scroll through Facebook and Instagram.

Nathan understands that he has the right to be heard. When he leaves school, Nathan wishes to be an advocate for individuals like himself. He has two important tips for those who communicate with individuals using alternative communication. First, “the most important thing is to be patient” by giving an individual time to construct their message, not talking over them or guessing what they are trying to say. Second, as a communication partner, it is important to “read a person’s body language” when something needs to be actioned immediately and they don’t have their device available.

If you want to get in touch with Nathan for support or advice, please contact Jessamy at jessamy.bell@talklink.org.nz.
Press pause – Please give us time to talk

This was the theme for the Week of Action 2019. We had a great response to the material created this year, in particular the new association video. Our video, “What does a speech-language therapist do?” was created by the team at Gusto Design. You can watch on the NZSTA’s YouTube page and share it from there.

We were pleased to see many of our members get on board with the video competition this year: “A day in the life of a speech-language therapist in Aotearoa”. This was won by Beth Laurenson from Speech Language Illustrated. Beth created a beautifully illustrated and animated video, combining Te Wiki o Te Reo Māori and Giving Voice Aotearoa awareness week. You can see Beth’s video on her business Facebook page.

Thank you to everyone that put in an entry. You all created fabulous videos that highlight the broad work we do as speech-language therapists in New Zealand. These will be fabulous resources. Keep sharing them around. It was great to see so many members getting involved in the Giving Voice Aotearoa Week of Action. A team from the University of Auckland organised a screening of the award-winning film, When I Stutter, directed by John Gomez; speech-language therapists from different practices came together to celebrate awareness week over dinner; businesses and speech-language therapy departments ran their own competitions for the general public and other staff members which helped to increase engagement during the week. Well done, everyone, to thinking outside the box, being creative, and giving back to the community while advocating for our clients and our profession. We do amazing work as speech-language therapists and it is getting noticed! Keep up the amazing work.

Amy Oughton communications@speechtherapy.org.nz

Giving Voice Aotearoa Week of Action

Communications / Tūranga whakapaoho

Above: A successful order using AAC.

Lacie, third year speech-language therapy student at Massey University, and I went to a café in Tauranga during MND (motor neurone disease) Awareness Week. We used an augmentative and alternative communication (AAC) device called Predictable on an iPad Mini, and a partner-assisted scanning communication book to introduce ourselves to the café staff, tell them about MND, why we were using AAC, and order our food and drinks. The main thing we both noticed was the time pressure. This is something I talk to spouses, family members, caregivers and staff at rest homes, hospices, hospitals about all the time! It takes time to use AAC and it is important to be patient when someone is constructing their message. Well done to the staff for getting our orders correct!

Jessamy Bell, TalkLink Bay of Plenty

MND New Zealand, mnd.org.nz, for more information and free direct personal support.
TalkLink Trust, talklink.org.nz, for a communication book template or support with AAC.

Community team in Bay of Plenty

The interprofessional team based with district nursing shared reflections on the meaning of communication in their patient work. The team were asked to write one word on the importance of communication to them.

We also replaced the jokes in the ladies’ loos with info about speech-language therapy for a week – catching that two-minute hand washing time with advice on being a great listener. We also looked at how the Talking Mats approach could be used for goal setting with people with complex speech communication by occupational therapists, physiotherapists and dietitians.

Fiona Hewerdine

Cuppa tea for motor neurone disease

Jessamy Bell, TalkLink Bay of Plenty
Auditory processing disorder guidelines: A welcome step forward

Jessica Scott, final year speech-language therapy student, University of Auckland

Published by the New Zealand Audiological Society (NZAS), with support from the Ministry of Education and Ministry of Health, the guidelines represent three years’ work by the APD Reference Group. The resulting internationally peer-reviewed document has gained a highly recommended rating from the Appraisal of Guidelines for Research & Evaluation II protocol (Keith, Purdy, Baily & Kay, 2019). APD has been a challenge for those in the fields of language, education and health to understand and treat. Consequently, there are concerns that it is under-recognised, under-diagnosed and under-funded.

Why does it matter?

I have been collating interviews as part of a research project focusing on parental experiences of APD in New Zealand, supervised by Clare McCann and Lucy Sparshott. I feel the powerful stories that parents shared with me deserve to be brought to the fore. Many parents reported that APD is not well understood and there are misconceptions about it in the community. Some have encountered people who deny the existence of APD as a condition. Parents expressed bewilderment, confusion and a lack of support both leading up to and following their child’s diagnosis of APD. This seems to be felt most acutely by those living rurally and outside of main centres. As APD must be diagnosed by a specialist audiologist, many parents report feeling frustration at having to travel to and pay for a costly assessment because publicly funded assessment is not common. The expense of funding remote microphone hearing aids, which have proven benefits for those with APD (Smart, Purdy & Kelly, 2018), is another barrier to seeing improvement in their child.

Spreading the word

The guidelines have been warmly welcomed by those active in APD communities such as the Ministry of Education, the Ministry of Health and Hear for Families. I feel hopeful that the recommendations specific to speech-language therapy, it is something we should all be aware of.

New Zealand Guidelines on Auditory Processing Disorder can be accessed from the NZAS website: www.audiology.org.nz

References:


Hear for Families (H4F) is a nationwide organisation for people living with auditory processing disorder. Your clients can find them on Facebook.

Guidelines launched

In August 2019 the Eisdell Moore Centre supported the launch of The New Zealand Guidelines on Auditory Processing Disorder (APD) at the University of Auckland.

APD in New Zealand

APD is a hearing disorder which is estimated to affect 54,000 (6.2%) of our child population (Esplin & Wright, 2014). Yet many people who work with children are not aware of it. APD can impact a child’s participation, academic achievement, ability to communicate and make friends. Diagnosis of APD is made by a specialist audiologist, and it is not detected by standard audiological tests (Keith, Purdy, Baily & Kay, 2019). APD has been a challenge for those in the fields of language, education and health to understand and treat. Consequently, there are concerns that it is under-recognised, under-diagnosed and under-funded.

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Hear for Families (H4F) is a nationwide organisation for people living with auditory processing disorder. Your clients can find them on Facebook.
Time saving tips for assessment of multilingual language skills
Dr Jayne Newbury, lecturer in paediatric speech and language disorders in the School of Psychology, Speech and Hearing, University of Canterbury and NZSTA expert advisor on child language, jayne.newbury@canterbury.ac.nz

Kia ora koutou katoa, Assessment of multilingual children’s language skills is challenging. Over and under identification of children with language disorders is common in this population. It has been estimated that bilingual assessments can take three times the amount of time required for a monolingual child. Time is a limited commodity for clinicians and the reality is that this extra allocation of time is not always possible. Recently, I have come across a few ideas and resources for how to save time in multilingual children’s assessment but retain high accuracy in identifying children with developmental language disorder (DLD). While it was previously thought that bilingual assessments can take the same non-English languages as the children they serve. Multilingual children’s best interests are likely best served by assessment and intervention in all the child’s languages (Kohnert, 2010). It is particularly important to provide a bilingual service for Māori and English bilingual children who are attending Māori immersion education (May & Hill, 2005). Hemsley and colleagues (2014) published a useful tutorial on bilingual assessment of child language relevant to our context. This article includes two case studies (Somao and Vietnamees) and outlines the procedures undertaken for both assessments and interpretation of the results. Search for the CHESL (Child English as a Second Language) Resource Centre website. There is a great summary of information about bilingual language acquisition, and useful resources to guide clinicians in accurately distinguishing between language difference and disorder. If you’d like talk about this, feel free to email me.

Ngā mihimi nui, Jayne

Please email Jayne or editor@speechtherapy.org.nz for full list of references.

Consumer focus group
Geneva Hakarai-Tino

Ko Matautu te waka
Ko Rakaumangamanga te maunga
Ko Tiritiri te moana
Ko Te Rawhiti te marae
Ko Ngāpūti te īwi
Ko Ngāti Kura me Patukeha ngā hapū
Ko Geneva Hakarai-Tino tōku ingoa.

Tenā koutou katoa. 2019 marks the third year that the Giving Voice Aotearoa campaign has been running. I feel very privileged to have been part of this journey as consumer lead. This year, we have made consumer focus a priority by providing the opportunity for voices to be heard. With the amazing support of Amy Oughton, the communication portfolio holder, and Georga Holbar, Giving Voice Aotearoa champion, we have formed a consumer focus group connected to the campain. We have had two meetings this year so far with attendees in both Auckland and Christchurch, connected via Zoom. There are people with a range of communication disabilities in our group, providing different views and opinions. It was notable in our February meeting that all participants shared a common goal: to raise awareness about communication accessibility in Aotearoa through sharing stories, lobbying government and gaining media attention. In August, we held our second meeting which was centred around the Week of Action and the Choosing Wisely (a global initiative to stop unnecessary tests and treatments) campaign. The group made suggestions on the “Press pause” logo, and how to best use it as a promotional resource during the awareness week. People were particularly interested in getting involved in Choosing Wisely by reviewing the resources to support shared decision making for people with communication disabilities. It will be really exciting to see where this group will lead Giving Voice Aotearoa and our association in the future.

Continuing with the concept of ensuring that the voices of consumers are heard, a consumers’ panel session was held at the NZSTA and Speech Pathology Australia collaborative conference in June. This session aimed to challenge whether the practice of speech-language therapy does a successful job of collaborating, engaging and empowering with clients and their whānau. This created a space for consumers to talk and delegates to reflect. Three representatives were on the panel, including NZSTA’s kaumātua, Mātua Rukingi Haupapa. Panel members shared their experiences as clients and their interactions with speech-language therapists. Although their stories were different, the discussion surrounded the importance of building a rapport with a client and including their whānau in this process. Then the consumer representation and conference delegates had an open discussion about how the service of speech-language therapy can be improved. Again, there was an interest to be the main focus within group discussions and how essential it is to communicate effectively with clients, to ensure that their needs are met. I am so grateful to have had the opportunity to facilitate this consumer panel session and be part of a very successful conference. Ngā mihimi mahana, ngā mihimi ki a koutou a NZSTA.

Based on what we have achieved thus far, the future is looking bright. The support and insights provided by consumers will help guide the practice of speech-language therapy in Aotearoa towards collaborating, engaging and empowering. Nāku noa, Geneva

The Giving Voice Aotearoa consumer focus group aims to meet three times a year with people who have the lived experience of communication disability. The group has identified that communication access and raising awareness are key goals. They are able to provide feedback on projects within NZSTA and related areas. New members are always welcome.
There are a few updates to IDDSI. Check Anna Miles
Tūranga ūmanga
Professional standards
Sized to Regular was too great.
Chew. This was created based on our
feedback that the jump from Soft and Bite
Level 7 Regular Diet Easy to Chew
International Dysphagia Diet
Communication Matters
Copyright guidelines
Remember you can freely use all the IDDSI
handouts and resources at
www.iddsi.org
information, communications, please be
sure to cite the creative commons license:
https://iddsi.org/framework/
Standardisation Initiative 2016 ©
The International Dysphagia Diet
Framework that extend beyond
any alterations to the IDDSI
for derivative works incorporating
Attribution is NOT PERMITTED.

The NZSTA are participating in the Health
and advocating for communication and
swallowing standards in aged care. A
NZSTA Assessment Standard – Hospitality
on IDDSI has been proposed and
approved. This will eventually lead to the
development of IDDSI training for chefs in
aged care.
Keep in touch with your successes and challenges.
Anna
New Zealand progress
The NZSTA are participating in the Health
and Disability Services Standards Review
and advocating for communication and
swallowing standards in aged care. A
NZSTA Assessment Standard – Hospitality
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aged care.
Keep in touch with your successes and challenges.
Anna

Expressions of interest: NZSTA position paper – the speech-
language therapy assistant role
Calling speech-language therapists working in education and health.
The NZSTA position paper on the speech-language therapy assistant role was created in 2008.
it is now out of date, and much has
changed in how we work with other professions and with delegated
responsibilities. If you are interested in participating in the revision of this
position paper, please contact Anna
Miles at professionalstandards@speechtherapy.org.nz

Kia ora koutou and welcome to spring,
Thank you to for your continued
commitment to the profession and
NZSTA. Great things have been
happening this year and a lot of it is down
to the members’ active involvement, we
really appreciate it. The association can
only be as strong as its membership.

Q: How many consumers in total do they envisage? Just one for each client type?
A: Geneva Hakaraia-Tino, our consumer
lead, has written an article for this edition on page 15. If anything requires further
clarification, please get in touch with me.

Q: Discussion led by Hannah Iman on

high cost of thickener for patients
swallowing difficulties
members working in the adult
population contributed, and discussed
accessing
WINZ funding. We are looking at
alternative thickeners, not just ones made
for this purpose. Alison Paulin promoted
the need to increase the use of the free
water protocol. We request advocacy
from NZSTA for funding or subsidisation
of thickeners.

Q: Is it possible not to have a plastic
cover for Communication Matters
environmental reasons?
A: The current soft plastic packaging
indicates that it is biodegradable. We
understand there are different levels of
biodegradability, at this stage it is our
best solution.

Note from editor: MMA (Media Magazine
Association) is currently testing compostable
wrapping for magazines that is strong
enough to go through mailing machines.
They intend the final product to be available
for all magazines, so watch this space.

Q: “I had raised with the CPD Audit panel
I will help.

Q: Please could we progress the provision
of a microphone to enable members
attending area meetings over Zoom to
hear more easily?
A: We have been looking at different
options and believe we have found a
suitable solution. We plan to purchase
a number of these devices and share them
around area reps for use at meetings.
I recently spent time in Christchurch. It has been a busy three months since the last time I shared whakaaro with you in the winter issue. I was privileged to be involved in the accreditation process at the University of Auckland, and then meet with people at the other end of the country at Burwood Hospital, the University of Canterbury and even an aphasia group. This gave me a chance to meet health clinicians, speech-language therapists, university staff and students, and survivors – and just share what we are doing. It amazes me the diversity of the work you all do. Ngā mihi muru kī a koutou katoa.

At the same time, I was also tinkering with writing waiata to go with the already growing kete (collection) of songs used in many formal situations we are involved in, for example, the Brisbane conference. The waiata used are excellent, however, none are specific to NZSTA or to the work you do. And this led to communicating affectively once again.

We are a group who can support and guide clinicians, speech-language therapists, and doctors. Being welcomed by Mātua Rukingi was very special. As usual, Mātua Rukingi stole the show and presented a great kōrero about his stroke journey, where that has led him, and our new pathway together. The response was immense and revealed a lot of emotion. The connection was deep and wairua present, to say the least.

Next stop was University of Canterbury for the area meeting. I’ve been to a few area meetings in Auckland in my time, but this took the prize for “best incentives to attend an area meeting”. Nothing quite like being greeted with a glass of bubbles and an assortment of snacks. I think the best part was watching Mātua wear a headset to connect with the speech-language therapists who were using Zoom to join! Again, this forum was a great way to use face-to-face interactions to help grow and strengthen the bond between the board, members, and our new kaumātua, and share the values of biculturalism that we’re trying to promote.

Our time in Ōtautahi was hugely beneficial. So, until next time!
The NZSTA have agreed to support an
The collective knowledge of the group
The attendees were positive and
Wellington to talk about what
is going well, the challenges
Over 50 NZSTA private
practitioners met in
20
Bridget McArthur
Anna Miles
What I love …
• There is no shortage of work across
health or education
• Good work and business satisfaction
• Autonomy and creativity
• Ability to build and work to own values
• Varied caseload
• Sharing of resources
• Control over wastefull, caseload/clients
• and how you work, new ways to work
• Gain confidence in clinical skills
• Easy to specialise
• Feel valued
• Flexibility of hours
The challenges …
• Vulnerability of working for self, health
and safety (client and self), liability
• Learning how to run a business
• Feelings of being an outsider, isolation
• Accessing other professional services, as an outsider
• Lack of support
• Marketing: you’re not selling a product, selling yourself
• Financial issues: practitioners must
charge enough to cover supervision,
conferences, continued professional development, advertising, and other
non-billable time
What I love …
• NZSTA private practice webpage
recommendations between members,
list of supervisors, links to useful resources
• Advice from private practitioners in Communication Matters
• Professional development events, e.g.,
risk, ethics, small business management
• Annual private practice meeting
• Working document for some guidelines
for private and public working together
• Recommendations for people going into
private practice: mentorship, health and
safety policies, peer review audit form, etc.
Solutions
• NZSTA private practice webpage
• Communication Matters
• Area updates
Kōrero a rohe
Kōrero a rohe
Happy kōanga (spring) everyone.
The longer evenings from now on.
Member who had attended the
how this funding will be allocated.
Recent increased funding has been
provided to education for disability and
DHB staff. It is currently being decided
how this funding will be allocated.
Members who had attended the
private practitioners’ forum in July
gave positive feedback.
Time to get out more and enjoy
the longer evenings from now on.
Happy kōanga (spring) everyone.
Gwen Kersin
We need your help with the actions
from the workshop. Please:
1. Write an article for Communication Matters
with your reflections or advice on working privately.
2. Recommend courses and resources
you have found. Send to Bridget McArthur for the NZSTA private
practitioners page.
3. If you’d be happy to be a supervisor to a NZSTA private practitioner,
let Bridget know so your name can be
added to the NZSTA private practitioners page.
4. Let us know if you’d like to participate in a working group to help develop
documents to support NZSTA private practitioners.

NZSTA Private practice forum July 2019
Over 50 NZSTA private practitioners met in Wellington to talk about what is going well, the challenges and possible solutions. The attendees were positive and showed a strong desire to support each other at a national level. We reflected on what it is like to be a private practitioner lingual.
The collective knowledge of the group also meant we could discuss practical solutions and finalize a plan.
Look out for the new NZSTA private practitioners’ page on our website, a place to share resources and feedback on courses relevant to working privately. The NZSTA have agreed to support an annual meeting for private practitioners and to investigate webinars relevant to working privately.

University of Canterbury
We have continued to organise our popular student professional development events. The topics have included working in the NICU (neonatal intensive care unit), ICU, and working with people with hearing loss. It is a great opportunity for students to see where their studies can lead to and we are grateful for the speakers who gave their time.
Livvy Pride, Emma Barbajetera & Jessica Eagle

Central
• There have been several staffing changes and new vacancies arising, with people returning from maternity leave and others moving out of the region.
• Kate Willoughby will be completing her postgraduate diploma in applied linguistics shortly.
Elsa Mynen

Canterbury/Westland
We were lucky enough to use our winter meeting to meet with Kaumatua Rukingi Haupapa, Annette Rotherham and Renee Taylor. Mātua Rukingi spoke about his journey following his stroke and how he came to be working alongside speech-language therapists in his new role as kaumatua for our association. He shared some of his experiences so far with NZSTA board and some of his learnings from his PhD in progress. Annette, Renee and Rukingi – it was an awesome opportunity to meet with you all and learn from you all – thanks for heading south!
Ruth Ramsay & Kate Cook

Waikato
• NZSTA awareness week was a success with lots of wonderful activities throughout the region and excellent engagement from colleagues and the public.
• We received positive feedback on the electronic resources created by NZSTA. It was also wonderful to incorporate Te Wiki o te Reo Maori within this as well.
• We are looking forward to supporting the conference for Māori Stroke Survivors being convened by Mātua Rukingi Haupapa at the beginning of October in Rotorua.
• Waikato DHB hosted a Midlands Regional Stroke day which has had some great feedback already.
• There have been several staffing changes and new vacancies arising, including people returning from maternity leave and others moving out of the region.

Renee and Rukingi – it was an awesome opportunity
We were lucky enough to use our winter meeting to meet with Kaumatua Rukingi Haupapa, Annette Rotherham and Renee Taylor. Mātua Rukingi spoke about his journey following his stroke and how he came to be working alongside speech-language therapists in his new role as kaumatua for our association. He shared some of his experiences so far with NZSTA board and some of his learnings from his PhD in progress. Annette, Renee and Rukingi – it was an awesome opportunity to meet with you all and learn from you all – thanks for heading south!
Ruth Ramsay & Kate Cook

Area updates
Kōrero a rohe

Communication Matters

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New Zealand Speech and Language Therapy Association

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Recommend courses and resources to a NZSTA private practitioner, or let Bridget know so your name can be added to the NZSTA private practitioners’ page.

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