

ISSUE/NGĀ TAKE 46  
SUMMER/RAUMATI  
2022

communication

# matters



**SLT and COVID-19**

Awahi Nga Mātua • 2021 Highlights

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**Cover:** Polly Newton creating her video courses. Photo: Lucia Zanmonti Photography

Please contact the editor with your ideas at any time: [editor@speechtherapy.org.nz](mailto:editor@speechtherapy.org.nz)

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# From the president

## Nā te tumuaki

Annette Rotherham [president@speechtherapy.org.nz](mailto:president@speechtherapy.org.nz)



2021 started with a hiss and roar with an exciting leadership summit in Wellington, a new advocacy plan for increasing access to SLT for all and planning for our Biannual Conference. Unfortunately, the old COVID-19 pandemic landed on our shores in August and life changed dramatically.

Back to zoom and online life-schooling, work, shopping, social events. NZSTA swung into full force to keep our members informed and I thank Siobhan Molloy and Anna Miles for all their hard work interpreting the new laws and frameworks. We all felt the impact of how this changed our lives and work practices for the unforeseeable future. A tremendous amount of Aroha to our Auckland whānau, who carried the burden for the rest of the country. We hope you have managed to keep well mentally, keep your families safe and can now take some time to live more freely again in our brave new world within the COVID-19 Protection Framework.

The mahi of the NZSTA has continued. We introduced the new role of an Executive Director in 2021. Siobhan Molloy has filled this role with zest and gusto; however we still rely on the skills and knowledge of our membership. We thank all our members who have taken on roles to ensure a high standard of work. Firstly the Programme Accreditation Committee led by Felicity Bright ensured that two universities and three programmes went through the re-accreditation process this year. We have also called on senior members to assist with a range of ethical issues and revised our ethical complaints process along the way.

We continue on our journey exploring biculturalism and what this means for our profession and for the people we serve. Matua Rukingi continues to be a tower of strength for myself, the board, and all the members who reach out to him for advice and general awhi. NZSTA hosted the first Māori SLT Wānanga in Ohinemutu, Rotorua in July. Katrina McGarr will continue to build this rōpū as we look more deeply in 2022 to strengthen our governance frameworks to reflect Te Tiriti o Waitangi better – keeping the partnership between Tangata Whenua and Tangata te Tiriti at the forefront.

This year, we have farewelled some outstanding board members, with Anna Miles and Claire Winward completing 6 years each on the board – making way for new leaders – Mel Street and Anna Hearne. Meeting together in person in 2022 is a priority for us as a board to whakawhanaungatanga and reinforce our purpose. The next opportunity to gather is at our NZSTA Symposium event in Ōtautahi (Take 3). Hope to see you there! ●

*Wishing you every success in 2022.*

**Annette**

“

We hope you have managed to keep well mentally, keep your families safe and can now take some time to live more freely again in our brave new world within the COVID-19 Protection Framework.

# Te reo o te Kaumatua Nā Rukingi Haupapa

Rukingi Haupapa, Kaumatua



Ngā mihi o te wā.

The Kōanga (Spring) Communication Matters item from me focussed on the TOHU awards that celebrates NZSTA Māori Speech Language Therapists (SLTs) showing leadership. Karen Brewer was awarded the Tohu Rangahau for the SLT skilled in Māori research, Tracey Karanui was awarded the Tohu Kaupapa Māori for the SLT who shows leadership in Māori issues and topics, and finally, Hana Tuwhare was awarded the Tohu Manaaki for the SLT who shows leadership with aroha (care and support) to others.

Though the COVID-19 response seriously affected the 'blessing' and 'giving' of these awards to the three Tohu awardees, we simply decided we will 'bless' these tāonga (gifts, awards) the best way we can. The families of Karen, Tracey and Hana were able to do and perform many of the rituals required, close and personal – by Zoom.

Seeing the parents, siblings, partners, and children take part, bless the tāonga, and then give the awards with hongī and hūg – that was special. WOW!!

The cultural significance of what we (NZSTA) are doing is not only with the Tohu awards, but with all SLT mahi that involves Māori and other cultures. The great thing is that you do have supports, including Māori SLTs and board members, around you. The question is whether to tap into the pool of indigenous talent available?

There are three cultural practices that Māori (including me) try and use in what we do everyday: TIKA means that we apply ourselves correctly and appropriately; PONO means that we have trust and faith with others, and that we show AROHA (care and support) to all. Those are what leaders have and that is what we see in Karen, Tracey and Hana. *Kia kaha tātou katoa.*

Finally, the 'traffic light system' eased the walls that divided us in Aotearoa New Zealand for such a long time and everyone can now reconnect again. I hope we all travel safely, spend quality time with whānau and friends, and can connect in person again in 2022. ●

*Nākū noa.*  
**Rukingi**

## NZSTA happenings

Some of our recent Association happenings at a glance...

NOV-FEB



### Board meetings

**25 November** by Zoom

**6 December** by Zoom

**3 February** Noho marae stay – whakawhanaungatanga for all Board members

**4 February** Board meeting in Rotorua

**4 February** Governance training for Board

18 FEB



### Online workshop

A collaborative approach to growing readers, thinkers and talkers within Aotearoa

# Farewell

**Felicity Bright, Programme Accreditation Committee Chair (PAC)**

Late 2021, the Programme Accreditation Committee (PAC) farewelled two long-standing members, Dr Linda Hand and Jane Musgrave.

Linda joined PAC as the University of Auckland as an academic representative in 2011; Jane joined PAC as the Education sector representative in 2012. Over the last ten years, Jane and Linda have made such a contribution to PAC, bringing wisdom and kindness to discussions within PAC and with the four university programmes. They have helped ensure the Programme Accreditation Framework and PAC's decision-making is informed by a comprehensive understanding of these sectors.

Jane's role has been critical in ensuring the needs and perspectives of the Education sector are understood by the Programmes. She has participated in several Programme accreditation site visits, including leading the first accreditation of the MSLP Programme at the University of Canterbury. Linda

has not only offered her considerable academic expertise to support robust accreditation processes, but also her experience in working to support culturally safe practice and education. She and Dr Karen Brewer led the development of the Aotearoa New Zealand Context standard of the Programme Accreditation Framework. This has played a key role in supporting PAC and the Programmes to develop their cultural responsiveness, and support growth of a more diverse and culturally responsive workforce.

As PAC members, Jane and Linda have invested significant time and energy in supporting the growth of future speech-language therapists and of the profession. Whilst we will miss them in PAC, we all wish them both a happy, relaxed and very well-deserved retirement. Although we would like to reserve the right to buy them a coffee or three and draw on their experience as we embark on the Framework review in the next year! ●



FEB

## Professional development

Conference 21 online presentations to end of February



FEB/MAR

## Summer Area Representatives Meeting



MAR

## Programme Accreditation Committee



27 APRIL

## 71st AGM

4.30pm by Zoom

# Member highlights and summer reading

We asked our community for some of their favourite media from 2021.



**Fiona Hewerdine**  
recommended

***Whenua ki te whenua: A taonga for your whānau.*** Fiona describes this new advance care planning guide as “beautiful”. Recently launched by the Health Quality and Safety Commission and designed using kaupapa Māori processes this is a wonderful resource to help all New Zealanders talk through their advance care planning.

Fiona also recommends the book ***Lap of Honour: A no fear guide to living well with dying*** by Gaby Eirew and Pippa Hawley.

Finally, Fiona profiled the Handsteady Cup with rotating handle for people who have a tremor.  
[handsteady.com/Welcome](https://handsteady.com/Welcome)



**Anna Miles**

highlighted the fantastic media coverage SLTs received for their COVID-19 response in the UK:

[www.bbc.com/news/uk-england-birmingham-55660877?fbclid=IwAR0iA8Mw9zYu5xbcBLEvt31e3RkdwjXJoY8MHvTu3cYxU6R5XgnzIFzDv2Y](https://www.bbc.com/news/uk-england-birmingham-55660877?fbclid=IwAR0iA8Mw9zYu5xbcBLEvt31e3RkdwjXJoY8MHvTu3cYxU6R5XgnzIFzDv2Y)

And the support of the Dysphagia Research Society and NZSTA in their COVID-19 response:  
[link.springer.com/article/10.1007/s00455-020-10153-8](https://link.springer.com/article/10.1007/s00455-020-10153-8)



**Lucy Sparshott**

[uniquelyhuman.com/2021/11/19/nonspeakers-and-human-rights-a-discussion-with-jordyn-zimmerman-and-tauna-szymanski](https://uniquelyhuman.com/2021/11/19/nonspeakers-and-human-rights-a-discussion-with-jordyn-zimmerman-and-tauna-szymanski)



## Robyn Gibson

**FB groups** – Ask Me I’m an ACC User,  
The Minspeaker

**Podcasts** – Swallow your Pride, Down the Hatch, Aphasia  
Access Conversations, NeuroNerds,  
The Lost Art of Communication including  
[podcasts.apple.com/ca/podcast/authentically-  
autistic-conversation-rachel-dorsey-autistic/  
id1410346037?i=1000490511001](https://podcasts.apple.com/ca/podcast/authentically-autistic-conversation-rachel-dorsey-autistic/id1410346037?i=1000490511001)

## Stroke Stories

[www.stroke.org.uk/life-after-stroke/stroke-stories-podcast](http://www.stroke.org.uk/life-after-stroke/stroke-stories-podcast)

[www.accessalliance.org.nz](http://www.accessalliance.org.nz)

[www.autisticslt.com](http://www.autisticslt.com)

**Giving Voice** campaign



## What was yours?

Send your “bookmarks” to:  
[editor@speechtherapy.org.nz](mailto:editor@speechtherapy.org.nz)

# Recount and review

We hope the Summer issue provided some relaxing reading after such a busy and chaotic year of work.

Your contribution for the next issue of Communication Matters would be warmly welcomed.

Writing for our professional magazine is a superb way to share your ideas and boost that CPD log.

Please contact Selena  
[editor@speechtherapy.org.nz](mailto:editor@speechtherapy.org.nz)





# Awhi Nga Mātua

Selena Donaldson, Editor

In the lead up to Christmas, Emily Writes published a helpful array of scripts for parents of medically fragile children, to help with the difficult conversations happening with unvaccinated whānau and friends.

These were the mahi of Awhi Ngā Mātua, an online space for parents of medically fragile, immuno-compromised and disabled children.

Selena met with Creator, Elizabeth Goodwin and Director, Emily Writes to discover more about Awhi Ngā Mātua. This is a unique online, private website and app, where parents can meet each other, share stories, and get reliable and robust support and advice.

The kaupapa of Awhi Ngā Mātua grew from the stories of whānau of children with disability, which spoke of loneliness, isolation, and the destruction to wellbeing and identity trying to find a way through parenthood and feeling underground, hurt and ashamed in our ableist communities. The people who were thriving were the people with support and community.

The support of IHC library has provided the opportunity to create “an information bank of truth”; evidence-based resources and reliable information, taking the leg-work away for parents who are exhausted. Whilst navigating waiting lists, parents want to know “what can I do in the meantime”, and Awhi Ngā Mātua wants to help parents and whānau find information from sources that they can trust.

Safety and privacy remains the hallmarks of Awhi Nga Mātua, as they continue to grow, with support from Oranga Tamariki’s S.K.I.P funding. Emily describes the “noisy” nature of many platforms, such as facebook for parents reaching out to other parents. A key feature of Awhi Ngā Mātua’s platform is that participants can be as anonymous as they choose to be and do not have to fear repercussions from sharing their stories or describing their experiences.

As a developing “line in the sand” parent-centred space, Emily Writes and Elizabeth Goodwin, invite speech-language therapists to share Awhi Nga Mātua with the whānau of speech-language therapy service users across Aotearoa. ●



“



“

## If your family member is unvaccinated

AWHI NGĀ  
MĀTUA

"Unfortunately, we need to ensure that everyone who comes into our home is vaccinated. I'm sure you understand that keeping our household safe is our highest priority.

As soon as you're vaccinated, we'd love to have you over. We will be so grateful for you protecting our child as well as your family and the community."



“

## Holding Firm

AWHI NGĀ  
MĀTUA

- "I understand that you're disappointed you won't see us for family time, we're disappointed too. Let me know once you've booked your vaccination, I'll come hold your hand!"

- "I'm not going to debate this with you."

- "My highest priority is keeping our household safe."

- "I know masks aren't the most comfortable or flattering things in the world, and I don't like needles either! But I figure both of those things are worth doing to keep our children safe."

- "I'm disappointed that you're not able to set aside your discomfort to ensure our child's safety. Let me know if you change your mind."



# COVID-19 two years on – how have NZSTA members supported the COVID-19 response?

Dr Anna Miles, Expert Adviser – COVID-19 / Expert Adviser – Adult Dysphagia, The University of Auckland



It is hard to believe two years have gone by and we are still in the middle of this COVID-19 pandemic.

COVID-19 has hit all of us personally and professionally. For many of us, we have been financially impacted. For some, it's the disconnection from loved ones that has been the toughest impact. In comparison to many countries in the world, most of us have not had to suffer the same health impact or loss of multiple family and friends. However, wherever we work as speech-language therapists, we've seen the impact of lockdowns on the communities we work with. Our work practices have been dramatically shifted to focus, not only on the content on our therapy interventions, but also on protection of ourselves and of the public through our own 'improved' infection control processes.

On 2 December 2021, the COVID-19 Public Health Response (Protection Framework) Order 2021 came into force (CPF). Workers who provide a health service, disability service or ACC work and /or work in a designated premise (including DHBs, Oranga Tamaki, Justice sector, Education) are exempt from some requirements of the Order. These workers may continue to **work through**

**all traffic light phases and cannot require vaccination in their clients to access their services.** The Order outlines public health protection strategies that are essential for all close proximity services, including health and disability work, and SLTs need to work within the Order. On 15 December, **NZSTA launched new guidance for hospital based and community based SLTs.** This guidance

## Increased risk for SLTs

SLTs have been challenged by COVID-19 as an airborne disease because of the work we conduct. In addition to the need to work with patients with COVID-19, other respiratory diseases and open airways (e.g. tracheostomy, laryngectomy), the following are risk factors for viral transmission that are common in SLT work:

- inability for a patient to wear a mask i.e. during an oral exam or oral trials or communication effectiveness
- contact with oral and respiratory secretions
- asking patients to cough, talk, vocalise loudly, forced expiration
- triggering a cough in patients through tasks performed
- close proximity to the airway
- use of short bursts of nebulisation for cough reflex testing
- endoscopic evaluations with entrance through nose
- prolonged contact times

is available on the COVID-19 page of the NZSTA website.

NZSTA members have worked hard to provide timely guidance to SLTs throughout the pandemic as Alert Levels and Government rules have changed. I thought, as we adjust to the COVID-19 Protection Framework and Traffic Light System, it was a good time to reflect on two years of our lives and what we have achieved. This timeline shows the two-year history of COVID-19 in NZ alongside our NZSTA COVID-19 response.

### What does the future bring?

I think we can guarantee the COVID-19 pandemic is not over for NZ. 2022 will bring more widespread COVID-19 as we open our borders. We will rely on our high vaccination protection and stringent infection control processes to keep the vulnerable safe and limit the load on our hospital based SLTs. Hopefully, vaccination protection plus new successful COVID-19 treatments will allow us to limit the numbers who suffer the most severe disease.

We will begin to treat more patients recovering from COVID-19 across the country. Currently, this has been primarily managed by our three Auckland DHBs. We thank them for their work. There is a video about dysphonia and dysphagia

after COVID-19 on the NZSTA COVID-19 page if you are interested. For those who suffer severe COVID-19 disease and survive, post-ICU recovery is long and we will need to support these patients with their rehabilitation. For those with mild and moderate disease, we will begin to see more long COVID-19 in our communities of all ages. It will potentially impact educational outcomes, occupational, physical and mental health outcomes more broadly. I encourage you to read about long COVID-19 as this is going to affect our children as well as our adult populations.

### Reflections

NZSTA is one of the smallest allied health professions in New Zealand yet, has led the COVID-19 response across our workplaces. Our guidance has been used in hospitals, rehabilitation and residential facilities, Universities, Ministry of Education and private sector settings guiding our work, the work of other professionals and local policy. We have been considered leaders in the response and are regularly asked to contribute and inform 'next steps' nationally.

We should be proud of our ability to come together, to collaborate and to act with confidence. We're in this together but flying strong! •

## General Infection Control for COVID-19

In accordance with the [COVID-19 Public Health Response \(Protection Framework\) Order 2021](#), all SLTs working in an inpatient setting, at all levels of the [NZ COVID-19 Protection Framework](#) are expected to adhere to the following general strategies, as guided by local policy:

- ✓ **Mandatory vaccination for health and education workers including SLTs**
- ✓ **Maintain contact tracing records**
- ✓ **Regular health risk assessments and surveillance swabbing**
- ✓ **Risk assessment of all patients and triaged care based on COVID-19 risk status of patient**
- ✓ **Physical distancing where able**
- ✓ **PPE at appropriate level for activity and COVID-19 risk status of patient**
- ✓ **Vigilant cleaning and ventilation standards**
- ✓ **Stay away from your workplace and from clients if sick**

The NZSTA Infection Control Standards provide general advice to guide local policy.

# COVID-19 events at a glance

Dr Anna Miles, Expert Adviser – COVID-19 /  
Expert Adviser – Adult Dysphagia, The University of Auckland



## 28 February

First case of COVID-19 reported in New Zealand

## 25 March

New Zealand enters first lockdown

## May

New Zealand moves to Alert level 3

New Zealand moves to Alert level 2

## August – September

Auckland experiences another Level 3 lockdown

## New Zealand

## NZSTA

### 25 March

Endoscopy and Cough Reflex Testing (CRT) banned internationally as potentially aerosol generating

### April

Dr Anna Miles elected to Chair of Dysphagia Research Society Taskforce for COVID-19  
NZSTA launched their first ever Infection Control Standards

NZSTA launch Level 3–4 guidance of hospital SLT providing information on remote care, PPE and sanitation. FEES and CRT banned at all hospitals

NZSTA launch Level 2 guidance for health SLTs

### May

Dysphagia Research Society launch first guidance statement on dysphagia and aerosol generating procedures

NZSTA develops first national guidance on maximising your Clinical Swallowing Evaluation in the absence of instrumental assessment

NZSTA launch COVID-19 web page with resources on telepractice

NZSTA launch Level 2 guidance for community-based SLTs

### June

NZSTA Programme Accreditation Committee meet monthly with the three accrediting University programmes. NZSTA state no reduction in competency requirements for graduating SLTs

NZSTA contribute to NZ COVID-19 Rehabilitation Guidance document

### July

NZSTA launch Level 1 guidance for community-based SLTs

Dysphagia Research Society publish comprehensive report on COVID-19 and dysphagia care providing substantial guidance on risk management

[doi.org/10.1007/s00455-020-10153-8](https://doi.org/10.1007/s00455-020-10153-8)

### October

International change in stance to remove endoscopy from high risk procedure list and allow best practice dysphagia care to recommence

NZSTA revise their Level 3–4 guidance to allow essential FEES where appropriate

### November

NZSTA Infection Control Standards revised to reflect new international understanding of aerosol-generating procedures and behaviours in dysphagia care

NZSTA launch infection control video for students

# 2020

● **February**

Auckland experiences another Level 3 lockdown

● **June**

Wellington experiences a Level 2 lockdown with first case of Delta variant in NZ

● **17 August**

New Zealand moves to Level 4 – followed by 100+ days of lockdown and lifting of restrictions across different regions



Image credit: COVID-19 Resource Toolkit

● **2 December**

Government Traffic Light System introduced

● **September**

NZSTA launch new Level 1–4 guidance to reflect change in Government Alert Levels with additional precautions against the Delta variant

● **October**

NZSTA support mandatory vaccination for all SLTs  
● DHBs submit business cases for increased FTE for ICU SLTs to support pandemic in 2022

● **2 December**

NZSTA launch new guidance for hospital-based and community-based SLTs. All dysphagia care to be best practice with appropriate risk assessments and infection control precautions in place



NZSTA COVID-19 Guidance for Community Based SLTs

## How have services changed – members respond



At Explore Specialist Advice, an 0800 line has been set up where people referred to our service can get up to 3 phone-based consultations with a behaviour specialist if there are any safety or behaviour concerns. This can be accessed while they are waiting for support. We also started the option of joining our group courses online which has opened up more opportunities for families that can't travel.

### Dr. Michelle Stevens

Explore Specialist Advice NZ



Delve back to our *Thriving in Challenging Times: members share, Winter 2020 Communication Matters*, for a wonderful array of tips and tricks and inspiration for innovation. Recent editions are all available on NZSTA's website.

# Reflecting on COVID-19 Working remotely at TalkLink

## Polly Khushal

As a service that specialises in assistive technology, it has certainly been an interesting venture into new territory shifting to telepractice to support our clients, most of whom have severely impaired functional speech and often challenges with physically accessing technology.

Whilst there were a number of challenges, having such a lengthy lockdown has given us the opportunity to problem solve around some of the challenges with remote working, making telepractice a viable option as an ongoing service for many of our clients as we move into post lockdown life.

One of the key issues raised repeatedly with staff is that it feels difficult to build rapport in the

same way as a face-to-face visit. Based on feedback from the PD event by Felipe Retamal-Walter, we have now recommended to all clinical staff that they spend the first 10 minutes of every initial assessment session talking to their client informally with a 'get to know them' focus. We have suggested clinicians consider around 5–10 questions prior to their sessions that they could ask their client/family as a way of actively working on rapport building within a virtual space knowing this is such a key part of getting positive outcomes with our clients.

Another major key issue has been challenges with teams in using video call platforms such as Zoom or Microsoft Teams. To overcome this, prior to meeting, we have put together some simple quick guide and tip sheets to help teams to prepare for their meeting including what the client needs to make a video call and positioning of equipment etc. A corresponding Quick Guide around the platform they will use outlining key features such as how to mute, how to turn your



camera on/off etc and this is also sent out prior to the session. Before they start their session, we encourage clinicians to spend time referring back to these guides and providing a brief demonstration via screen sharing of how to use their video call platform.

From a practical sense, we have found that some important training opportunities are difficult to replicate in a video call such as modelling on a communication device. Whilst an explanation may be enough for some teams, we have also put together a bank of video resources to help and send these to our clients or teams after our sessions.

Although initially it was easy to focus on the challenges, we have also learnt that there have been a number of positives that have come out of lockdown and remote working.

A major positive from a practical side has been reduced travel time and travel cost. Since TalkLink provides support over a large geographical area, providing support remotely has meant we can see clients in a more timely way, particularly in hard to reach areas. This has impacted positively on our waiting times for some regions.

We have also found that some components of our intervention seem to work better when delivered in a virtual space. Technical training where screen sharing enables us to clearly demonstrate functions of apps or devices has often engaged our teams well as each team member has been able to see the functions of the app on their own screen.

In some cases, working remotely has allowed us to become more client and whānau centered. We can capture the wider team who may have previously been unable to attend sessions due to the additional travel time, work commitments or living away from the client. A good example of increased attendance when sessions are provided remotely is with our Kiwi Chat sessions. We have had great attendance at these sessions this year and teams can also access recordings of the sessions on our website [talklink.org.nz/virtual-kiwichat-groups](http://talklink.org.nz/virtual-kiwichat-groups) if they are unable to attend or wish to revisit activities. Having a larger support network around a client or team members who are proficient at using a device is shown to significantly improve outcomes measures for our clients. We also have remote supports in place on our dedicated devices and using Team Viewer has been a successful way to engage with our clients and modify settings and problem solve remotely.

Working remotely has also encouraged us to work more closely with community SLTs and enabled us to build our working relationships with teams who have often been able to do face to face visits such as in regions outside of Auckland. In doing so, we hope that community SLTs will feel more confident in implementing AAC strategies themselves and have a better understanding of the parameters of our service which will in turn improve how we can work collaboratively.

Finally, we feel that working from home has been a good solution for some staff in helping reduce stress by removing the daily commute from their working day. Hybrid working has been adopted in many services overseas as a permanent solution available as an option to staff to encourage a healthy work-life balance and enable some staff to better manage the juggle of family and work life. ●



TalkLink SLT Jennifer Rim leading a Virtual KiwiChat; the theme was "Sports"

# Pandemic innovation at Talking Trouble

Sally Kedge

Our working life at Talking Trouble has been a mixed bag over the pandemic.

The constant trying to work out what we can do and how the latest guidance applies has been tiresome. Can we do the mahi safely? What are the risks? How will those be managed and will the integrity of the mahi be maintained? However, we're a resourceful bunch and we're still busy with a range of work – some directly involving people and some at a project/consultation/training level.

We have worked directly on COVID-19 communication projects – helping develop resources for children, young people and whānau involved with Oranga Tamariki to understand COVID-19 and the Alert Levels and what that means for them. We understand some of those resources were also used by others in the sector, including Corrections. We also developed resources and training about considering the communication demands involved in participating in legal and other important meetings via audio/visual means. Those were shared with judges, lawyers and also participants themselves. Although virtual communication has come into

nearly every aspect of everyone's lives, it doesn't always work well for everyone, and care is needed.

Lots of the training we provide was cancelled although some continued via Zoom etc. We have also been able to access a lot of professional development ourselves that we wouldn't have otherwise had the opportunity to do, particularly because sometimes it has been recorded. I've participated in some specialist full day training courses happening in UK time (in the night here) several times this year which has been fantastic.

The ability to use breakout rooms, padlets, whiteboards, screen sharing on Zoom, Teams and other platforms has enabled us to get creative. Although a lot of our 'normal' work has been cancelled or rescheduled because kanohi ki te kanohi is required, this creativity has sometimes extended to working with people in our SLT and Communication Assistant roles.

- We've done an assessment of a witness via a police officer's phone on zoom to the witness socially distancing from the police officer on a back porch.

- We've tried to see if we can enable young people or adults to participate effectively in court hearings and Family Group Conferences via audio/visual means. This is not always possible depending on the needs and level of complexity of communication involved. However it has sometimes opened conversations that might not have otherwise occurred with stakeholders who have had to take into account communication demands in ways that perhaps they hadn't before.
- We've carried out Talking Mats using office walls, Blu Tack and cameras.

The creativity won't diminish and it will be interesting to see what innovations persist and what new ones are around the corner, but we'd like a break from the constant pivoting please! •


Kia ora e te whānau

**Thank you! You're awesome!**

We all worked together. We stayed at home even though it was hard. We slowed down COVID 19.

**COVID 19 isn't gone yet.** Some people are still sick.

Stay at home! **Don't put nanny, koro, mum, dad at risk by breaking your bubble.** We've got to help the oldies out!



**Level 3**


For most people Level 3 rules are **the same as Level 4** rules:


- stay at home
- don't hang out with our mates
- if we are sick phone the doctor or Healthline **0800 359 5453**

**Why do we still have to stay at home?**

To stop COVID 19 we need to keep away from each other. It's easy for COVID 19 to make lots of people sick again if we all hang out together.

I don't want to get sick. I don't want others to stuff it up and we are back in level 4 AGAIN!



**NZ at Alert Level 3** Young people's comments and questions helped to create this resource 

“

Although virtual communication has come into nearly every aspect of everyone's lives, it doesn't always work well for everyone, and care is needed.

“

The ability to use breakout rooms, padlets, whiteboards, screen sharing on Zoom, Teams and other platforms has enabled us to get creative.

**Level 3 rules**

**Stay at home**

- We can't go out with our friends – even if friends ask us to
- We can't go for a drive with our friends
- We can't go to places like the gym, or the movies
- We can buy some stuff like takeaways. We have to order them by phone or online

I want to protect my family. This stuff is helping everyone stay safe. It stops them from dying.



**Stay in our bubble**

- We can hang out with the people who live in our house. We can go out for some exercise with them
- Look after whānau like Koro, Nannies or auntsies who need extra help
- We can't go see our girlfriend, boyfriend, partner

**Wash our hands with soap**

- Dry our hands
- Don't touch our face
- Cough or sneeze into our elbows

**If we're sick**

- Stay at home.
- Phone the doctor or Healthline **0800 359 5453**

Talk to a doctor. Do what they say.



**NZ at Alert Level 3** Young people's comments and questions helped to create this resource 

# Bundling service into video courses

Polly Newton



Inspiration can hit in many different ways and in many different times and places. For me, it was in Downward Dog.

Having recently moved to a new, rural location with a newborn and a preschooler, there were multiple reasons why I could no longer attend yoga classes. But my need and desire for those yoga classes hadn't diminished. I didn't have the expertise or discipline to just do yoga on my own, so I turned to online video classes.

Those classes were, and still are so useful to me, because I could do them at home, at a time that suited me. They were often interrupted so I could tend to the needs of my children, or done with a four year old climbing on me.

This got me thinking: could speech-language therapy be provided in a similar way? What if I could bundle up my years

of knowledge and expertise into a video course that taught parents what they needed to know to work on their child's communication difficulties? It had been done before with worksheet courses, but I knew I could do better.

Fast forward a few years, and we are in the middle of a global pandemic. People all over the world have been locked down multiple times, for varying lengths of time, to slow the spread of the virus. This forced businesses to get creative about how they work. Daily zoom meetings with teams and clients were soon a regular occurrence. I'm sure we have all attended at least one professional developmental course over video link.

Suddenly, receiving speech-language therapy services via video course didn't seem so outlandish any more. I planned out nine courses, each focusing on one speech sound that we commonly see for articulation.

Fast forward a bit more and I have several completed video courses, several more under production and more planned! The feedback from those who have reviewed, tested and purchased my courses has been overwhelmingly positive. For those locked down and unable to access face to face speech

language therapy, having video courses that they can watch in their own time has been very useful.

My courses and free resources are a way to provide service to those unable to receive face to face speech-language therapy. I created them for those who don't meet criteria for Government funded services, are unable to afford private speech-language therapy, are waiting for service, are in remote geographical locations, or live in areas where there simply aren't enough speech-language therapists to go around. I am so grateful that I have found a way to support those people. As speech-language therapists, I know many of us feel the crushing demand for our services out there and wish we could help more of those in need.

Looking back, I have taught myself so many new skills: I have learned how to structure online courses, write scripts, use a tele-prompter, film myself, edit videos, create a website and market and sell my online products. I am learning new skills and ways of doing things every day.

The new learning, skills and what I have created have been wonderful to acquire, but the best outcome has been the faith in myself and knowledge that I will persist

“

For those locked down and unable to access face to face speech language therapy, having video courses that they can watch in their own time has been very useful.

and find a way, while doing something completely out of my current skill set and area of expertise. I definitely felt (and feel) the fear and did it anyway.

This year I started a peer-supervision group for educators working in the online entrepreneurs space. We meet online every six weeks and provide support, feedback and education for each other. If you are working in this area and would like to see if our group would be right for you, please email me on [polly@speechteacher.co.nz](mailto:polly@speechteacher.co.nz)

Please also feel free to contact me if you would like to discuss the process of creating online courses: I'd love to help where I can. ●

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[speechteacher.co.nz](http://speechteacher.co.nz)



Polly Newton at work

Photo credits: Lucia Zanmonti Photography

# What's new and different at Massey University

Yvonne Cope

Over the past three years, our Programme Coordinator, Dr Elizabeth Doell has skilfully led us through two large projects,

1. a full programme refresh which included the development of our Distance offering, and
2. a re-accreditation process.

We are extremely grateful for her dedication and commitment to these projects and to her adept leadership.

This year has been an exciting year for our programme. Quite a few months after his appointment due to border restrictions, we were finally able to welcome Dr Mershen Pillay, our new Programme Coordinator. Mershen, an audiologist and a speech-language therapist, came to us from the University of Kwazulu-Natal, South Africa. His clinical research interests are in dysphagia, neurorehabilitation, speech acoustics, occupational health, and hearing disorders due to chemical exposures in the workplace. He is passionate about theoretically and practically repositioning the way in which health care professionals work with people who have disabilities.

Last decade, Theodoros predicted that speech-language therapy (SLT) practice was on the cusp of a new phase.

*“Our knowledge base will increase exponentially with new discoveries, our approaches to client management will diversify, innovative technology will transform the way we practice, and future generations of SLPs will have the skills, tools, and the focus to move forward in an era of unprecedented change.”*  
(2012, p. 197)

In February, our programme launched the inaugural and only Distance delivery of speech-language therapy training in New Zealand. This alternative offering commenced for our Year 1 students and will progressively move through the subsequent years. Interestingly, we have approximately the same number of enrolments in the Distance and Internal offerings. Massey University is renowned for remote and distance learning and has provided this model of tertiary learning for 20 plus years in Aotearoa NZ. We're fortunate to have support from the University's existing systems and resources.

Values-based models for delivering remote training (Taren, et al., 2011) are embedded into our new work-integrated learning (WIL) model of community-based placements. We've shifted from a reliance on campus clinic-based learning to a focus on contextualised workplace learning in our students' own communities and regions. Through the triangulation



partnership model the student/field educator/Massey clinical educator work in collaboration strengthening the relationships between the university and the profession. The Campus Clinic will remain a source for clinical education teaching, a 3-week on-campus block for all Year 3 students, and staff specialist, research, and teaching clinics.

Next year we will deliver the new work-integrated learning placement schedule for all Year 2 Distance and Internal students; these students' experiences will be community-based. Features of this new schedule include weekly remote observations of Year 4s' telepractice client sessions in Semester 1 and in-person placements in their communities in Semester 2. **This is a great opportunity for SLTs to consider if they have any clients of any age who have feeding and swallowing, literacy, communication, voice, or fluency support needs and who would benefit from some frequent support over a semester via telepractice.** We invite you to be in touch with us. For Semester 2, some SLTs will also have the opportunity to offer a Year 2 student a 6-week, 1-day per week placement at their workplace setting.

We are also experiencing some changes in staffing. At the end of this year, we are farewelling Dr Anna Hearne who has taught our Stuttering course



since 2007, then moved to a broader academic teaching role in 2014. She has made significant contributions to the introductory level courses in communication development and in communication disorders, to the *Speech Sound Disorders* course, and to our *Fluency* course. Anna has received several Teaching Awards over this time. We wish her well as she takes up a new career opportunity that allows her to focus solely on stuttering by working remotely for the Australian Stuttering Research Centre.

Later in Semester 1 next year, we'll be celebrating Yvonne Cope's contribution to our speech and language therapy programme in her role as Clinical Director since 2004 and wishing her well for her future retirement plans. Yvonne has supported many students through to graduation by upholding professional and ethical standards and being consistently available to provide individual guidance and mentoring to students and work in partnership with field educators. She shares her passion for the WIL programme with our team and inspires us all to think about new and innovative ways of teaching and supporting the development of clinical competencies. Her vision for the new WIL programme has provided the team with a solid foundation which provides a framework and legacy that will guide comprehensive planning over future years.

We're extremely excited about 2022. We'll be implementing the next stages of our refreshed programme and welcoming new staff... watch this space! ●

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References available on request

## Introducing Mershen Pillay



**Mershen Pillay** has recently joined Massey University as programme leader for SLT. He is an audiologist and speech-language therapist from Durban (South Africa), most recently University of KwaZulu-Natal (UKZN). Mershen has worked in clinical and academic posts in various countries, including South Africa, United Arab Emirates and England, and had collaborations in Africa (including Ghana, Uganda), Asia (including Sri Lanka, India), Portugal and elsewhere. His clinical specialities are voice and swallowing – mainly in the management of adults living with dysphagia and voice/communication with people who are trans and gender diverse.

From early in his career, Mershen was concerned about assimilating into a profession that did not represent his worldview. He saw how he was invisible in an SLT world serving the interests of Eurocentric, heteronormative, middle class, urban people. He also saw how this professional blind spot led to most people in the world being

underserved by SLTs. This led to his first study (in 1992) on indigenous values and beliefs regarding communication and its disorders. He continued this focus into his doctoral studies (2003) where he has investigated professional transformation, specifically within a framework of decolonisation.

Being a clinician at heart, Mershen has translated his research into decolonising practices across education, health and the labour sector, through the development of THRIVE – *Tackling Hunger via Research & Innovation in Vulnerable Environments*. Working with communities, THRIVE connects people with disabilities to their food sovereignty by decolonising dysphagia research and practice. This means focussing on aspects like indigenous food production (gardens) and cultural eating practices. Within THRIVE, Mershen has merged his curiosities across the hearing, communication and swallowing sciences via multisensory eating – specifically on food textural acoustics (yes, it is a thing!).

Mershen hopes to make a meaningful contribution to the landscape of speech-language therapy in New Zealand and welcomes any and all forms of professional conversation. (m.pillay@massey.ac.nz). ●

# Good governance – Journal Club

Siobhan Molloy NZSTA Executive Director

Come and join the NZSTA board in a good governance journal club – meeting virtually every three months.

The concept of “governance” is not new. It is as old as human civilisation. Put simply, ‘governance’ means the process of decision-making and the process by which decisions are implemented (or not implemented). For NZSTA, stakeholder members elect other members to the Board and hold them accountable for communicating the organisation’s mission, vision, values and culture.

The NZSTA Board is keen to develop their governance skills through a quarterly good governance virtual meeting – a kind of journal club. If you are interested in a future role on the NZSTA board or are part of another governance group, you are welcome to join in this learning journey.

The idea is to challenge our thinking, connect with others and learn and discuss in a proactive way about what good governance is and what it is not. Good governance group members will be expected to read an article or two before each meeting and be prepared

to participate in discussions and take turns to choose the article(s) and lead the facilitation on your chosen topic.

Some examples for discussion:

- **Groupthink (or the tendency to make dumb decisions):** In a nutshell groupthink occurs when a group reaches a consensus without critical reasoning or evaluation of the consequences or alternatives.
- **Effective boards are proactive:** Board members can ask ten questions to change themselves from passive to active and from reactive to transformational. For example:
  - How is the external world changing in ways that are not reflected in our board conversations?
  - Are we addressing all the stakeholders, not just the [members]? If so, how, and what’s the order of priority?
- **Doom management or success management?** What is best practice regarding risk management for NZSTA? Is compiling a risk register and periodically reviewing all the things that can go wrong sufficient, or is there a better way? ●



If these kinds of conversations are of interest to you, please get in touch with executive director Siobhan Molloy:

**[executivedirector@speechtherapy.org.nz](mailto:executivedirector@speechtherapy.org.nz)**

# The opportunity to communicate is a fundamental human right

Communication is the most fundamental of human capacities.

People need to communicate to fulfil their social, educational, emotional and vocational potential. Everybody has the potential to communicate.

NZSTA is an organisational signatory to a public declaration of communication rights and urges members to read the universal declaration of communication rights and sign the pledge: [internationalcommunicationproject.com/sign-the-pledge/](http://internationalcommunicationproject.com/sign-the-pledge/)

The International Communication Project (ICP) advocates for those with communication disabilities and their families, caregivers, and communication professionals. The ICP highlights the importance of human communication and how communication disabilities significantly impact every aspect of life. Established in 2014, the ICP is built on the premise that communication is vital to life; yet is largely ignored as a disability. The World Health Organization's *World Report on Disability* estimates that roughly one billion people worldwide

live with some form of disability. However, the report's authors acknowledge that people with communication disabilities may not be included in this estimate, even though they encounter significant difficulties in their daily lives.

The ICP joins organisations worldwide to advocate for people with communication disorders and raise the profile of communication disabilities.

## Key ICP messages:

- **Communication is vital to life** – communication disorders limit a person's ability to participate fully in family life, their community, education and work.
- **Communication professionals make a critical difference** – without access to key services, people with communication disorders are at a lifelong disadvantage.
- **Early intervention is key** – research shows that early identification and intervention programs create positive results over a lifetime for children with communication disorders and society as a whole. •



## Important links

Read more about the ICP activities at: [internationalcommunicationproject.com/](http://internationalcommunicationproject.com/)

World Report on Disability (2011) can be found at: [www.who.int/disabilities/world\\_report/2011/en/index.html](http://www.who.int/disabilities/world_report/2011/en/index.html)

Sign the pledge at: [internationalcommunicationproject.com/sign-the-pledge/](http://internationalcommunicationproject.com/sign-the-pledge/)



## Sign the Pledge

The Universal Declaration of Communication Rights



# Contact details Whakapā tangata

Please consider contributing content to *Communication Matters* about any aspect of our profession. Feel free to discuss with Selena Donaldson, Editor, any ideas you have.  
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