



New Zealand
Speech-language
Therapists' Association
*Te Kāhui Kaiwhakatikatika
Reo Kōrero o Aotearoa*

The case for building the speech-language therapy workforce capacity: We need more SLTs



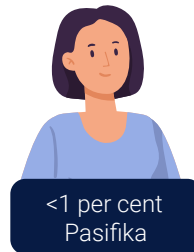
Executive Summary

Speech-language therapists work with individuals with communication and swallowing difficulties across the lifespan, providing critical evaluation and therapeutic input. They predominantly work in health, education, disability and justice settings.

The speech-language therapy profession faces three critical workforce challenges:

- 1.** Current workforce shortages are estimated to affect around 10 per cent of the existing budgeted workforce (over 1,000 registered practitioners in New Zealand).
- 2.** We have a very small workforce by head of population (less than half that of Australia and nearly two-thirds less than the USA). The workforce is insufficient to meet current - not to mention future - population needs, and waitlist times are lengthy.
- 3.** Our workforce is ill-equipped to provide sufficient services to Māori and Pasifika in a culturally safe and responsive way.

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



The impact of these issues is expected to worsen considerably as the demand for speech-language therapy services continues to rise. Several factors contribute to this growing demand, including New Zealand's aging and growing population, with increased incidences of strokes and dementia impacting communication and swallowing and higher life expectancies for those with cerebral palsy, Down syndrome and other complex conditions. There is also the need to address inequities in settings like court hearings and the wider justice system. We need to both address shortages and increase workforce capacity and capability to meet this increasing demand.

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

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

The New Zealand Speech-language Therapists' Association (NZSTA) appreciates that the Association itself and the wider SLT profession must take some steps to address these workforce issues.

These measures are outlined in this business case as part of a four-way collaborative programme involving

- The NZSTA.
- Key employers of SLTs.
- The Tertiary Education Commission (TEC).
- The universities.

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

Recommendations for the new Government

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

1. Increase the number of training places for New Zealanders wanting to enter the profession.
2. Provide additional support for trainee SLTs as they transition into the workforce.
3. Increase Māori and Pasifika-specific training capacity by providing additional scholarships and appropriate funding.
4. Introduce a 'bonding scheme' to keep newly registered SLTs practising for at least five years in New Zealand.



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Who are speech-language therapists (SLTs), and what do they do?

Speech-language therapists (SLTs) prevent, assess, diagnose and treat various communication and swallowing needs. These can range from speech and language difficulties to voice and cognitive-communication issues, and they can occur among all ages, from premature infants to people in end-of-life care. SLTs operate across many sectors, including health, education, justice, disability, corrections, and care and protection.

They also work with specific populations, including infants and children with developmental disabilities, individuals with neuro-disabilities, degenerative diseases and acquired health conditions, those in the justice system and those who rely on augmentative and alternative communication. In addition to direct client interactions, they contribute to systemic improvements, training others in effective communication, and developing communication-supporting services and resources.

Effective communication and safe eating and drinking are fundamental for people to engage fully in their lives and exercise their rights. The NZSTA estimates over 500,000 New Zealanders live with a communication disability, which, together with swallowing difficulties, impact Māori in particular due to disparities in access to income, education, and healthcare.

The NZ Disability Strategy (2016) states: *"New Zealand is a non-disabling society – a place where disabled people have an equal opportunity to achieve their goals and aspirations, and all of New Zealand works together to make this happen"*.

Why speech-language therapy is important

Individuals from a wide range of backgrounds and contexts access speech-language therapy services. Some facts on the importance of SLT services include:

- The [*Communication and Swallowing Disabilities in New Zealand Data Fact Sheet*](#) outlines the wide range of medical conditions SLTs treat. The Data Sheet estimates that up to 10 per cent, or 512,410, of New Zealanders, including over 128,000 children, have some communication difficulty. Over a third of these children are likely to have multiple communication and swallowing disorders, with a higher percentage being boys, with higher incidences amongst Māori and Pasifika. Their feeding and swallowing (dysphagia) disabilities may last a lifetime. It is estimated that over 11,530 New Zealand children, ages 3–17 years, have swallowing problems.
- People with speech, language and communication needs are at greater risk of lower education levels, higher unemployment rates, psychological distress and contact with the criminal justice system.
- Oropharyngeal dysphagia (difficulty in swallowing) is prevalent in older people and those with complex medical conditions. This has considerable medical and psychosocial consequences and reduced quality of life.

Timely diagnosis and appropriate treatment of speech, language, communication and swallowing needs reduce these risks, leading to better life outcomes for the individual and broader social and economic benefits.



Speech-language therapy in practice

The following examples are composites but reflect real-life scenarios, interventions, and outcomes.

Early childhood

Nick faced significant challenges with delayed speech and communication, which led to frustration, isolation, and behavioural difficulties. His struggles impacted his ability to make friends and harmed his self-esteem. Fortunately, Nick's parents sought help from a speech-language therapist (SLT) who diagnosed and treated his communication issues. With targeted assistance and visual aids, the SLT helped Nick improve his speech clarity, allowing him to communicate better with peers and family. This improvement positively impacted his behaviour, self-confidence, and peer interactions. The SLT's support also helped Nick's family and teachers understand how his communication barriers influenced his behaviour, enhancing his learning ability and school engagement. Without intervention from an SLT, Nick's communication challenges could have led to long-term behavioural, learning, and social integration difficulties, potentially resulting in serious consequences like contact with the justice system.

School-age

Olive, a 7-year-old struggling in school, had serious problems following instructions and keeping up with classmates. Her learning was falling behind, and her classroom behaviour was becoming a real problem for her teachers and classmates. The more complicated her classes became, her grades fell, and her behaviour deteriorated, creating problems for everyone. The prognosis for Olive's ongoing educational achievement, which tends to set life-attainment standards, wasn't looking good. A speech-language therapist diagnosed the problem and found solutions. Firstly, the therapist taught the teacher the necessary skills to break instructions down so Olive could understand them. Not only did this help Olive, but it also upskilled the teacher and benefited her other students. Win, win, win. The SLT helped ensure that interventions to support Olive's mental health and social engagement were delivered so she could participate in them fully. Finally, the SLT did Olive another major favour – she helped Olive understand it was OK to ask for help. And that can be a game-changer in a country with major mental health issues affecting our young people, especially those already struggling with some kind of communication issue.



Older person

Peter's dementia diagnosis deeply distressed Joan, especially as communicating with him became increasingly challenging as the condition progressed. Their long-standing marriage made accepting and adjusting to these changes even more difficult. Conversations with Peter became arduous, and the family seemed unable to grasp the situation or offer support. Joan grappled with conflicting emotions, feeling guilty about considering residential care for Peter while also feeling isolated and noticing a toll on her own mental health.

However, when a speech-language therapist (SLT) intervened, everything began to transform for Joan and her family. The SLT provided invaluable insights into how dementia alters communication abilities and offered Joan essential guidance on adapting to these changes. This support significantly improved Joan's well-being, brought greater happiness to their home, and fostered a closer bond within the family. Joan found newfound contentment in ensuring Peter remained at home instead of opting for costly state-funded care. All it took was the compassionate and skilled approach of an understanding SLT to make a profound difference."

Justice sector

Kay, dealing with legal matters regarding her children and alleged offences, received crucial support from a speech-language therapist appointed as a communication assistant. She struggled to understand 'the legal system', including her rights and what she needed to do due to the complex and unfamiliar spoken and written language. By facilitating effective communication in meetings, appointments, court hearings, and courses, the communication assistant ensured Kay's ability to navigate the legal process successfully. This support aided Kay in understanding her options and having her say, which benefited her family, those affected by her actions, and the broader community by making legal communication accessible. She could complete what was required by the court and probation services, and the services relating to the care of her children were no longer required.

Disability sector

Samira, facing a disability, required specialised and costly equipment for effective communication. Additionally, she needed assistance with safe eating and drinking, as well as educational support. With the guidance and aid of a speech-language therapist, Samira and her family identified their goals and devised a tailored plan to address her needs. Samara acquired self-feeding skills, learned safe drinking techniques, and developed effective communication methods with key individuals through this process. Crucially, she received the essential educational support she required, where the SLT played a pivotal role in every aspect of her plan.

The input and expertise of her SLT were invaluable. Supported by her family, Samira achieved remarkable independence and took control of her life. Today, she holds a job and contributes through taxation, a reality that seemed beyond reach before the intervention of a skilled SLT. This transformation exceeded her and her family's expectations, showcasing the profound impact of a knowledgeable SLT's intervention.

The SLT workforce: what's the problem?

A workforce shortage of 10 per cent

New Zealand's speech-language therapy profession faces significant challenges, including a major shortage of therapists and overwhelming – and growing – caseloads.

The SLT workforce, already small by comparison with other countries, has a vacancy rate of around 10 per cent. This may not sound much compared to the nursing workforce, but to add context, New Zealand only has a little over 1,000 practising SLTs to care for around one in 10 New Zealanders with a disability that can affect their swallowing and communication.

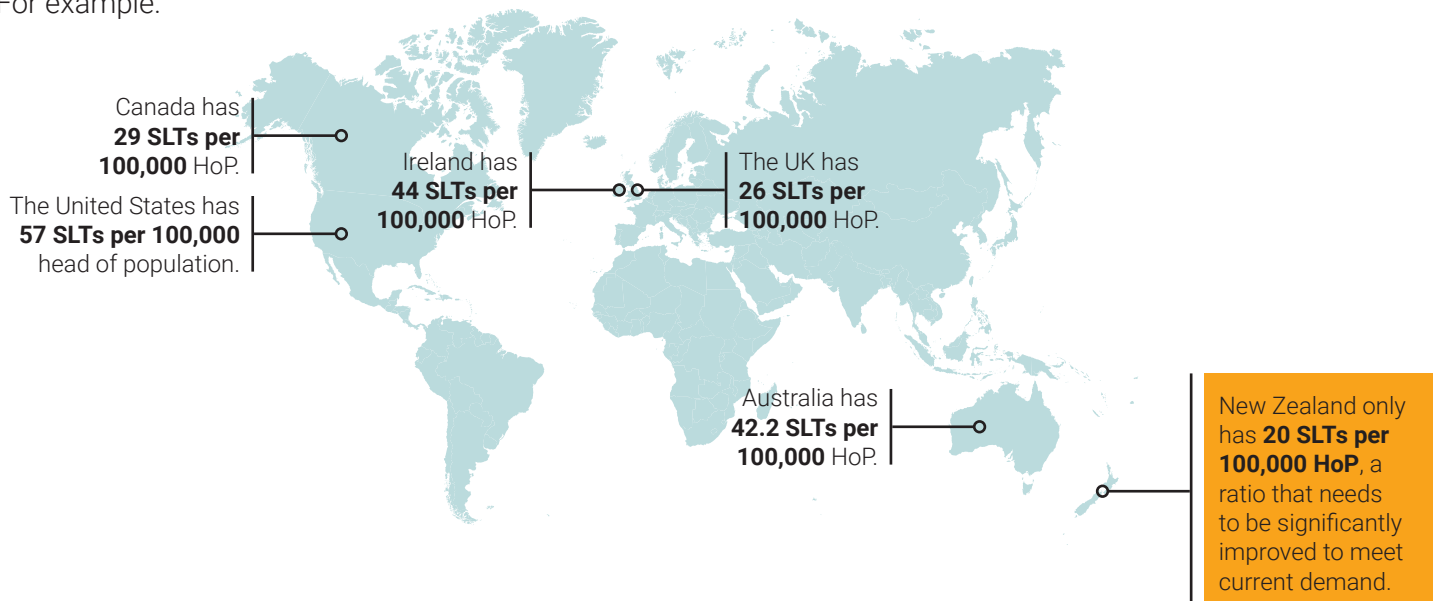
This shortfall only concerns budgeted FTE vacancies; it fails to address known service gaps. It also creates significant workforce pressures and growing equity issues. Filling an SLT FTE vacancy takes six months, on average. The lag in the fill rate significantly stresses the remaining workforce, who are constantly in a state of backfilling roles and service gaps.

The NZSTA estimates that 100 new therapists are needed right now to meet existing demand. That number will only grow as our population ages, and the demand for speech-language therapists increases. On average, we recruit about 26 overseas speech-language therapists annually. And while the Green List is a welcome policy change, it is not the whole answer to our workforce shortage problem.

New Zealand versus overseas jurisdictions

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

For example:



On top of the 100 vacancies we need to fill now, we need to recruit an additional 2,191 SLTs over the next five years (438 SLTs pa on average) to begin to meet future demand. This will align New Zealand with Australia's 42.2 SLT per 100,000 HoP.

After that, we will need to recruit sufficient speech-language therapists to maintain our HoP ratio.

Waitlist times are lengthy

Waitlist times for SLT service highlight the existing and ever-growing unmet needs and the impacts of the workforce shortage.

As of 1 October 2023, the national average wait times for services involving SLTs were as follows:

- **Communication Service** (school-aged) – **82 days**, with regional variation between 46.56 days and 149.91 days.
- **Early Intervention Services** (for ākonga in early childhood education) – **123.68 days**, with regional variation between 48.32 days and 188.1 days.
- **Ongoing Resourcing Scheme** (for ākonga with complex needs) – **13.75 days**, with regional variation between 3.17 days and 45.14 days. However, to add perspective, ORS funding applications are highly complex and time-consuming processes and can take one to three terms to curate, and many are not accepted on the first application.
- **Community and Outpatient services** (Te Whatu Ora) – an average of **73 days for adults** (range 21 – 162 days on average) and **79 days for children** (range 21 – 373 days on average).
- **Inpatient services** (Te Whatu Ora) – most districts do not collect statistics, or it would be too difficult to extract; however, most are seen within **24 – 48 hours**. However, speech-language services are a five-day-a-week service, and there can be delays over weekends and public holidays; the average wait time for one inpatient assessment and rehabilitation unit was **209 days**.

Consequences of long waitlists

As with any medical condition, there are consequences and implications if long waitlists delay treatment. For consumers (e.g. children, families/whānau) waiting for speech-language therapy, these include but are not limited to:

- Long-term developmental outcomes (e.g. poorer academic and behavioural outcomes).
- Physical health (e.g. swallowing aspiration risk leading to pneumonia and hospital stays).
- Emotional wellbeing (e.g. feeling stressed, concerned, frustrated, isolated)
- Finances (e.g. costs of accessing private services).
- Relationships (e.g. family cohesiveness, peer relationships).
- Time (e.g. months spent waiting for support).

Concerning older people's health, significant waitlists, specifically for communication referrals, lead to increased carer distress, which is a high indicator for someone to be placed into aged residential care. Longer waitlists also lead to higher hospital admissions because people can't be seen in their own homes.

SLTs also experience psychological and practical consequences of working with long waitlists, with the pressure contributing to burnout and attrition of SLTs working in the field. Stress caused by long waitlists may also impact SLTs' abilities to provide effective, evidence-based service.

Inequities in SLT for Māori: a more diverse workforce is needed

In addition to basic numbers, we also face a cultural challenge; we need to increase workforce diversity and ensure cultural safety through education.

It is critically important that our workforce quickly increases the number of Māori and Pasifika therapists because those communities are over-represented in the populations requiring SLT services.

Given that Māori aged 35 years and over are hospitalised with stroke at twice the rate of non-Māori (Ministry of Health, 2010) and Māori have above-average rates of disability (Statistics New Zealand, 2013), it can be assumed that a reasonable number of Māori do require speech-language therapy.

The fact the SLT workforce is not appropriately equipped to provide culturally safe care creates major health equity issues and further disadvantages the outcomes for these communities across health, education and justice.

Recommendations to build workforce capacity

1. Increase the number of training places for New Zealanders wanting to enter the profession and appropriately fund it.

Three universities offer pre-qualification SLT education (University of Auckland, Massey University, University of Canterbury). As of July 2023, the programme at Massey University is under threat due to a funding crisis.

Like Massey University, undergraduate programmes are mostly funded using a C2 funding category (at \$12,451 Equivalent Full-Time Student [EFTS]).

However, the cost of running SLT programmes is significantly higher due to clinical placement, supervision requirements and compliance with accreditation to international practice standards. Universities need increased support to make these essential programmes sustainable and provide more of them.

This support can be provided by creating more accessible SLT qualification education training places. This, in turn, can be achieved by re-classifying TEC funding categories for university undergraduate programmes.

The NZSTA recognises that any uplift in training places may require the universities to deploy additional resources to meet this training demand.



ACTION

Re-classify SLT programmes into TEC's M3/M4 funding category for undergraduate programmes. This will provide \$21,203.00 to \$22,580 per EFTS.

2. Make clinical placements more accessible.

Students undertake clinical placements as part of their training as they transition into the workforce. Yearly, SLT students are placed in approximately nine external clinical sites across various education and health settings. This equates to about 130 individual placements (in 2023) across undergraduate and postgraduate programmes in New Zealand.

The number of fieldwork places available impacts the number of student training places. We recognise that Te Whatu Ora is reviewing this issue, too. And it is often difficult for students to access placements because placement numbers/opportunities are 'limited'. More placements are needed.

Clinical placements also incur high costs for the student, who may have to give up paid work and who may have to travel and live away from home, on no pay, while completing a placement. These cost factors hinder placement accessibility.

We seek limited funding to support students to undertake clinical placements and make this aspect of SLT training more accessible.



ACTION

Provide each clinical placement student with a maximum of three months of financial support over the duration of each programme, equivalent to the value of the Job Seeker benefit, on top of any student allowance they may already access.

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

Māori SLTs comprise around four per cent, Pasifika comprise less than one per cent, and Pākehā comprise approximately 90 per cent of the current workforce. This means the future workforce is not well set up to match the New Zealand population these graduates will serve.

There is a particular need to train more Māori and Pasifika SLTs to adequately prepare the profession to address these communities' current and growing needs and to support the NZSTA's - and its members' - commitment to Te Tiriti o Waitangi.

There is also a particular need for more SLTs who can speak te reo Māori to meet the growing demand for te reo Māori speakers requiring speech and language therapy..

The NZSTA proposes that, over the next five years, efforts be made to attract a further 484 Māori students, especially te reo speakers and 262 Pasifika students. These placements can be filled with appropriately designed and funded scholarships.



ACTION

Fund SLT scholarships for an additional 97 Māori, with 15 of those targeting reo Māori speakers and 53 Pasifika students annually.

4. Introduce a student 'bonding scheme'.

The NZSTA recognises the funding implications involved in building SLT workforce capacity. It also knows that pay scales for SLTs in New Zealand are less attractive than those on offer in Australia, for example. This creates the risk that newly registered SLTs may seek employment offshore. To mitigate that, we recommend introducing a student 'bonding scheme'.



ACTION

Introduce an employment 'bonding scheme' for SLT students entering training starting in 2026. The scheme will 'bond' SLTs to a New Zealand-based employer of SLTs (primarily Te Whatu Ora or the Ministry of Education) for the first five years of their post-graduation working life. The scheme will enable them to move between employers, but they must remain 'bonded' to the profession in New Zealand for that period.



Attracting more people to the profession

The recommendations in this business case will help to:

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

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

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

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

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

Annual new entrant projections required to match Australia's per-HoP SLT workforce are available [here](#).

A collaborative programme

We propose a programme that unites the Association, the universities, key employers (e.g., Ministries of Education and Health) and the Tertiary Education Commission in a four-way collaboration as follows:

- Working with the other three parties, the NZSTA will consider the development of a public-facing recruitment campaign designed to fill current vacancies and those roles that major employers estimate will be required in coming years to meet New Zealanders' specific-to-SLT healthcare needs. This will include –
 - promoting SLT as a career choice with secondary school students and other catchments.
 - attracting other, suitably qualified graduates into qualified speech-language therapist roles through master's entry into the profession.
 - attracting non-practising, resident, onshore SLTs back to professional practice.
 - working with employers to support them in recruiting suitably qualified therapists from offshore.
 - developing continuing professional development programmes targeting and growing the workforce's cultural competence.
- As part of this arrangement, and in keeping with Recommendation #1, TEC will agree to provide appropriate funding to the universities to ensure new recruits can access training.
- In keeping with Recommendation #2, Government will provide the requisite support to make clinical placements more accessible. The NZSTA will discuss this issue directly with the key employers, the Ministries of Health and Education, and the private sector.
- The NZSTA will also work with key Government employers to reinforce the need for them to expand the workforce by providing additional SLT FTEs. This will help greatly to address unmet need.
- Lastly, the universities will, within resource constraints, agree to lift any caps on student numbers to ensure new entrants to the profession can access training.