09 March, 2026

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

Hon Simeon Brown
Minister of Health
Parliament Buildings
Wellington

Tēnā koe Minister Brown

Re: Improving access to health services for neurodivergent people – request for meeting

I am writing on behalf of the New Zealand Speech-language Therapists' Association (NZSTA) to request a short, face-to-face meeting with you to discuss practical, low-cost, easy-to-implement opportunities to make health care more accessible for neurodivergent people (including autistic people, people with ADHD, people with intellectual disability, people with FASD, and others with neurodevelopmental differences).

We understand you are strongly focused on improving timely access and system performance, and we appreciate that you already have a clear understanding of what speech-language therapists (SLTs) contribute across health pathways.

Why this matters

Even when clinical services are available, many neurodivergent people face *process barriers* that inadvertently block access. A common example is triage or appointment management that relies heavily on phone calls. If a person does not use a phone (or cannot use it reliably), they can be excluded before they ever reach a clinician. These barriers can also show up in verbal-only instructions, processes that refer to implicit social knowledge, noisy waiting rooms, imprecise directions, rushed consultations, and limited access to supported communication—creating a mismatch between the health system's "usual way" and the person's needs.

What we'd like to bring to you: practical access improvements you can move quickly

NZSTA believes there are several actions that are relatively low cost, scalable, and aligned with safe, timely care:

1. **"Access-first" service self-reflection tool (quick audit)**
   A short checklist health services can use to identify common access pinch

points (e.g., phone-only triage, appointment reminders, signage, waiting-room sensory load, instructions, consent processes, patient experience feedback checks, complaints pathways), with straightforward fixes.

2. **Short, targeted online learning for frontline teams**
   Micro-modules (10–15 minutes) for reception, triage, nursing, allied health and medical staff on: supported communication, reducing cognitive load, sensory-aware environments, and simple adjustments that prevent escalation, complaints, and DNAs.

3. **Multiple ways to access services (not phone-only)**
   Practical alternatives that can be standardised: online booking, email/web forms, text-based options, supported communication pathways, and clear instructions in plain language.

4. **A "reasonable adjustments" pathway that is consistently implemented**
   Many services already have alerts/flags, but patients report that they are not always acted on. A practical pathway would ensure preferences are **visible at the point of contact and routinely confirmed**, so agreed adjustments (e.g., "don't call—use text/email") are followed across services.

5. **Use Speech-language therapists' (SLT) expertise to strengthen access across the system**
   SLTs can help services design accessible communication, train staff, and improve triage and consent processes—especially for people with communication differences who are at higher risk of adverse experiences.

Request

We would welcome the opportunity to meet with you (and/or a senior advisor) to share a short set of practical ideas to improve access for neurodivergent people, and to discuss how the Ministry might progress them. We can provide a short briefing note in advance.

Ngā mihi nui,

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