

Providing essential Assistive Technology

and Alternative Augmentative Communication (AT/AAC) technology to help disabled New Zealanders live with dignity and better participate in society.



Our position

The NZ Speech-language Therapists' Association is urging the next Government to:

- Fund 20 additional speech-language therapists (SLTs) for one year (F26/27) to clear a major backlog in the provision of assistive technology and alternative augmentative communication (AT/AAC) technology for New Zealanders living with disabilities.
- Provide ongoing funding of 10 SLTs a year from Year two (F27 onwards), to maintain equitable and timely access to this technology.

The challenge

- Assistive technology (AT), including alternative augmentative communication (AAC), is necessary for some disabled people to effectively write and/ or communicate. Many disabled people rely on AT/ AAC to use their phones, tablets, computers, home appliances, and the internet.
- According to the Household Disability Survey (2023), 28 per cent of all disabled people (212,000) had an unmet need for assistive equipment or technology at home, school, or work.
- Disabled children were more likely than disabled adults to have unmet needs for this technology, at 76 per cent and 61 per cent respectively.
- Unmet needs at school are common: 51 per cent (48,000) of disabled people enrolled at school had an unmet need, and of these, 16 per cent (or 7,680 learners) had an unmet need in the realm of assistive technology or equipment.

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- While current funding levels for communication assistive technology equipment are secure, and future demand is budgeted for through DSS, the problem is the existing specialist SLT workforce is unable to cope with demand.
- Disabled people typically wait over three years to be assessed by SLTs for this essential technology. There are currently 1,650 people on the assessment waiting list, and demand has steadily increased year on year. Hence the need for the 20 additional SLTs to address the backlog.

The opportunity

Speech-language therapists are key to developing a robust ecosystem for successful access and implementation of AT/AAC. They are the only professionals who design and teach the communication system itself, linking language, access, partners, and participation, so technology becomes talk, not just hardware

Access to timely SLT (AAC/AT) provides the opportunity to:

- Maximise potential: identify communication needs promptly, put the right AAC in place, and build skills while motivation and neuroplasticity are highest.
- Prevent problems before they escalate: enable clear expression of needs, pain, and preferences, reducing health, education, and social issues that arise from unmet communication.
- Increase participation and achievement in education: support understanding, expression, and classroom engagement with tailored vocabularies, access methods, and teacher coaching.
- Enable entry to, and retention in, employment: remove communication barriers at work through job-specific vocab, training for colleagues, and accessible meetings—supporting productivity and independence.
- Strengthen safety, rights, and safeguarding: give people reliable ways to report concerns, refuse, consent, and direct their own care—reducing risk of abuse, neglect, and mistreatment.
- Build capability around the person: equip whānau and support staff to model, prompt, and maintain AAC across home, community, and work so gains are sustained.

The current reality

AAC access in Aotearoa runs through four main pathways.

- Disability Disability Support Services DSS/MSD
 → EMS via TalkLink: TalkLink is the national hub
 of clinicians providing assessment, trials, funding
 applications for Communication Equipment, setup,
 training, and some follow-up—this is the primary route
 for most under-65s not covered by ACC.
- In Education (MoE Learning Support) specialist AAC capacity varies; device funding often still goes via TalkLink/EMS for learners with complex communication needs.
- In Health (Te Whatu Ora) hospital and community SLTs can identify need and help with access but sustained "coaching over time" is seldom resourced.
- ACC provides a separate pathway for injury cohorts, typically with faster procurement but variable implementation support across vendors/teams.

Big gaps remain: long waitlists, thin follow-through on coaching/modelling, too few specialist AAC SLTs in generic services, limited funded resourcing to maintain and support communication partners, carers and whānau, complex system and delays with funding approval, slow repairs/replacements, and fragmented responsibilities across health, education, disability and ACC. Equity is also an issue—access and sustained support are harder for Māori, Pacific, and rural communities, and content/delivery is not always culturally or linguistically matched. Several of these issues result in device abandonment.

What we are asking for

The NZSLTA wants the next Government to fund:

- A one-off, year one investment of \$2.4m for the 20 additional SLTs needed to address the backlog.
- An ongoing investment of \$1.2m pa, starting in year two, for the additional 10 FTEs to maintain service and equitable and timely access to the technology.

Value for money

- AT/AAC is a critical enabler that improves the quality of life, offers choice and supports agency.
- Investing in the use of and access to AAC/AT technologies generates a social return on investment of \$4 for every \$1 spent. Reasonable accommodations (even technological ones) also tend to be cost-neutral in terms of productivity gains.

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