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

Safe to Eat. Free to Communicate. A small investment in speech-language therapy (SLT) will save millions and protect human rights in residential care.

Our position

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

- Fund 23.3 SLT FTE speech-language therapists (SLTs) to be directly employed or panel-contracted across all community residential care services for under 65s.

The challenge

As of 31 December 2024:

- 6,154 disabled people under 65 were living in Community Residential Support Services (CRSS)1.
- 82% of these people had an intellectual disability; the remainder live with physical, sensory, or neurological disabilities or autism. In all cases, they experience significant communication and swallowing difficulties and need timely and ongoing speech and language therapy support.

- Within CRSS, this support is often delayed and reactive because most residential providers do not employ SLTs directly. Instead, they rely on Health NZ waitlists. When Health NZ does provide input, it is typically consultative, leaving day-to-day implementation to support staff, who often lack the specialist knowledge and organisational training required to deliver safe dysphagia management and effective communication/alternative augmentative communication (AAC) support.
- These problems contribute to preventable mealtime safety incidents, including choking/aspiration and avoidable admissions or deaths, and ongoing barriers to residents' ability to communicate and have their needs and rights met.

The opportunity

The direct employment of SLTs can dramatically change this story. Early, proactive speech-language therapy intervention:

- Keeps people engaged in daily life and decision-making, and reduces distress.
- Supports safe eating and drinking.
- Reduces avoidable emergency department and hospitalisations, and risk of choking to death.
- Reduces repeated crises, investigations, and complaints (including HDC), higher costs downstream, and staff burnout/turnover.

The current reality

Current service specifications are broad and inconsistently interpreted, even though the intent is to keep people well. Providers are expected to ensure access to speech-language therapy. In practice, heavy reliance on already over-burdened Health NZ services — where community coverage may be limited or absent, wait lists are long, and caseloads are less focused on long-term disability — leads to delayed and insufficient SLT provision.

SLTs working in the disability sector require a distinct skill set that combines health and community rehabilitation expertise with deep knowledge of communication, augmentative and alternative communication (AAC), and long-term dysphagia management across diverse cognitive and physical disabilities. Their role includes proactive screening and review, tailored assessment and intervention, mealtime safety planning aligned with the International Dysphagia Diet Standardisation Initiative (IDDSI), AAC setup and coaching, and ongoing staff and whānau training.

Without reliable and readily available, disability-focused SLT cover, too many residents lack the support needed to eat safely and be understood. The result is elevated risk of choking and aspiration, avoidable hospitalisations, communication-related distress, abuse/neglect, and breaches of human rights.

What we're asking for

The NZSLTA wants the next Government to:

- Fund 23.3 SLT FTE speech-language therapists (SLTs) to be directly employed or panel-contracted across all community residential care services for under 65s. This FTE would enable a contracted minimum SLT time in every DSS residential contract, a requirement of ≥ 1hour per month per 3–5 residents of proactive SLT time, to be rostered and evidenced.

We also urge the Government to:

- **Write it into contracts:** Include the SLT minimum, standards, and KPI requirements in the upcoming DSS residential service specifications and national contracts.
- **Enable providers:** Signal that employing/contracting 'registered' SLTs is expected, and that smaller residential homes would be expected to access pooled/telehealth SLT models.
- **Name SLT in purchasing guidance:** Make SLT access for dysphagia and communication/AAC explicit in DSS purchasing rules to complement provider capacity.
- **Publish the numbers:** Report quarterly on timeliness, safety incidents, communication, safe eating and drinking plan currency, staff training, and equity gaps so residents are safe to eat and free to speak.

Value for money

The investment is estimated to cost $2.5m annually. This is a minor investment in the Health budget, but it will generate major savings, helping to prevent aspiration admissions, avoidable percutaneous endoscopic gastrostomies (PEGs), emergency department (ED) presentations, additional permanent disabilities, psychiatric inpatient stays and even deaths.

The funding uplift also aligns with UNCRPD rights (The ask supports rights to communication, participation, and health (e.g., Articles 9, 19, 21, 25). Guaranteeing SLT helps people eat safely and be understood, which are prerequisites for exercising choice and living with dignity.