

# NZSTA Submission: Universal Newborn Hearing Screening and Early Intervention Programme (UNHSEIP) Service Standards

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## 1. About NZSTA

The New Zealand Speech-language Therapists' Association (NZSTA) welcomes the opportunity to contribute to the consultation on Universal Newborn Hearing Screening and Early Intervention Programme (UNHSEIP) Service Standards.

As the professional body representing over 1,300 speech-language therapists (SLTs) and student members across Aotearoa in Aotearoa New Zealand, NZSTA advocates for the communication and swallowing needs of disabled people across health, education, and disability support sectors.

Our members support individuals, whānau and communities across the lifespan, including in early intervention, neonatal, and audiology-linked services. NZSTA is committed to upholding Te Tiriti o Waitangi, promoting culturally safe practice, and advancing communication and swallowing wellbeing.

We appreciate the opportunity to provide feedback and have identified several areas where further clarity or strengthening would benefit implementation and the inclusion of the SLT workforce.

## 2. General Endorsement

NZSTA welcomes the review and supports the intent of these draft Service Standards. We commend the strong alignment with **Ngā Paerewa**, the **Tiriti articles and principles**, and the

**emphasis on culturally safe, equity-driven services.** We particularly acknowledge the focus on meaningful engagement with Māori, Pacific peoples, and disabled communities.

### **About the term *hearing loss* and ‘*deaf culture*’**

With this in mind, in Aotearoa, where we're increasingly guided by kaupapa Māori, rights-based approaches, and inclusive practice, NZSTA would advocate for intentionally choosing language that uplifts, includes, and respects diverse identities. The term “hearing difference” could be used to reflect the child’s way of experiencing sound — and to avoid language that suggests something is wrong or missing. Each whānau will have their preferred terminology, and some may use “hearing difference” while others may identify with terms like “Deaf,” “hard of hearing,” or “has a hearing loss.” We would advocate honouring the language that whānau choose for their child while modelling language that uplifts the child.

“Deaf Culture,” in which the individual's identity focuses on deafness and the right to use signing as a primary mode of communication confidently, coexists with individuals whose families have chosen for their tamariki to use spoken language. Both valid communication modes can and should happily and respectfully coexist.

## **3. Feedback on Specific Areas**

### **♦ Rights as a screening participant**

**Relevant Sections:** 1.3.3- 1.3.4

- “... approaching us in a deaf-culture sensitive manner” followed by “Our service provider shall ensure our health care and support workers understand deaf culture” appears vague.

#### **Suggestions:**

- Include more specificity about the expectations of the provider in relation to Deaf culture.

### **♦ Inclusion and Role Clarity of Speech-language Therapists**

**Relevant Sections:** 3.2.25–3.2.27

- In Aotearoa New Zealand, speech-language therapist (SLT) is a hyphenated word, not two words conjoined with an ampersand.
- SLTs are listed as part of the multidisciplinary team supporting babies diagnosed with hearing loss, alongside audiologists, ENTs, Aodcs, and paediatricians.

- NZSTA strongly supports this inclusion and recommends **greater clarity and visibility** of SLT contributions throughout the pathway.

### **Suggestions:**

- NZSTA recommends strengthening this section by explicitly highlighting the role of speech-language therapists (SLTs) as part of early planning and diagnostic teams following newborn hearing screening (NBHS). SLTs are highly skilled professionals with expertise in early listening and oral language development. Their knowledge is critical in supporting families in making informed choices about communication modalities for their tamariki.
- SLTs contribute research-based advice on neuroplasticity, developmental windows for spoken language, and the interplay between hearing technology and communication development. Their input should be included in the information shared with families during early decision-making.
- NZSTA also recommends including references to SLTs in service governance and design processes and early intervention pathways. Early oral language stimulation and communication support—delivered in partnership with families and aligned with audiological care—are essential for maximising outcomes in the preschool years.

### ◆ **Workforce Development and Competency**

#### **Relevant Sections: 2.3.5–2.3.16**

- The document outlines clear expectations for audiology and screening staff training. However, there is minimal reference to the training, professional support, and capacity-building needs of speech-language therapists (SLTs). While SLTs are listed as part of the multidisciplinary team, the document does not convey the same level of expectation regarding their role in supporting tamariki and whānau. It is important to recognise that wearing hearing technologies alone does not guarantee the development of spoken language or the foundational skills required across all communication modes. An analogy may be helpful: just as physiotherapy is needed following some surgical procedures to regain function, speech-language therapy is often required after hearing technologies are fitted, to support the development and use of communication "muscles".
- SLTs receive foundational training in working with children with hearing differences during their qualification; however, ongoing professional development is essential. Our understanding of language development continues to grow, and SLTs working in this area need regular access to specialist support and peer learning. This includes upskilling in:

- Critical windows for brain development and neuroplasticity
- Emerging hearing and communication technologies
- Whānau-centred approaches to sharing complex information and supporting decision-making
- NZSTA recommends that the document include expectations for the ongoing training and support of SLTs to ensure tamariki and their whānau receive the highest quality of care across the whole pathway.

#### **Suggestions:**

- Recognise that SLT providers working in the UNHSEIP also require compliance with NZSTA registration, awareness of UNHSEIP service standards, meeting professional codes of ethics, etc.
- Recognise the need for **ongoing SLT professional development** in newborn hearing screening, communication development, and whānau-centred early intervention.
- Consider including SLTs in examples of cross-training or interprofessional education in neonatal services.

### ◆ **Te Tiriti o Waitangi and Equity Obligations**

**Relevant Sections:** Standard 1.1, Appendix 3

- The standards strongly support tino rangatiratanga, equity, partnership, active protection, and options for Māori and Pacific peoples. NZSTA supports this direction.

#### **Suggestions:**

- Ensure SLTs are actively supported to uphold these standards, including through resourcing, access to training in kaupapa Māori approaches, and system-level support for participation in whānau-led care.
- Encourage UNHSEIP partners to work with Māori and Pacific SLTs and Māori-led / Pacific-led services to co-design responsive communication pathways.

### ◆ **Multidisciplinary Coordination and System Integration**

**Relevant Sections:** 2.1.9–2.1.14; 3.2.25–3.2.27

- The document promotes coordinated care, but a stronger direction regarding how **interdisciplinary** teams will work in practice is needed.

#### **Suggestions:**

- Strengthen emphasis on interdisciplinary team functioning, including clear expectations for leadership, information sharing, collaborative planning, and whānau-informed consent.
- Highlight the ongoing and active role of speech-language therapists (SLTs) within these teams. SLTs often work more intensively with whānau—frequently on a weekly or fortnightly basis—providing tailored intervention aligned to the child’s hearing difference, technology use, and communication goals.
- Acknowledge that SLTs embed therapy within the context of whānau aspirations, coaching parents to become confident communication partners and advocates for their tamariki.
- Ensure information from and to SLTs is consistently shared within the interdisciplinary team, as this is critical for integrated support and positive outcomes.
- Encourage regionally tailored pathways that reflect the availability of local SLT services, including partnerships across sectors and service providers.

### **◆ Credentialling and Professional Regulation**

#### **Relevant Section: 2.4.1**

- NZSTA supports the requirement that healthcare workers have validated qualifications, registration, and appropriate scope of practice.

#### **Suggestions:**

- We recommend that the final standards explicitly state that speech-language therapists working within the UNHSEIP must be registered with the New Zealand Speech-language Therapists’ Association (NZSTA), acknowledging the profession’s self-regulated status in Aotearoa.
- This clarity will ensure consistency across regulated professions (e.g., audiologists, SLTs) and accountabilities for the registered SLTs, and it will help service providers understand their obligations when appointing or contracting SLTs.

#### **4. Additional Comments**

- We encourage the inclusion of SLTs in the next phase of protocol and manual reviews to ensure the clinical and communication aspects of intervention are robust and person-centred.

#### **Conclusion**

NZSTA supports the direction of the revised UNHSEIP Service Standards and welcomes further engagement. We advocate for a collaborative and culturally safe approach to newborn hearing screening and early intervention, in which speech-language therapists are recognised and resourced as key partners.

**Ngā mihi nui on behalf of the,  
New Zealand Speech-language Therapists' Association (NZSTA)**