Consultation Survey

Feedback on draft NZ Autism Guideline Supplementary Paper on Augmentative and Alternative Communication for Autistic People

We are grateful for your time and contribution to this important update to the Aotearoa New Zealand Autism Guideline – He Waka Huia Takiwātanga Rau (2022)

Please add more space as required. The deadline is **5pm Wednesday 22 April 2026**

1. Are the Recommendations and Good Practice Points **clear and well-worded**?

Overall, yes. The New Zealand Speech-langauge Therapists' Association (NZSTA) considers the proposed Recommendations and Good Practice Points to be generally clear, well-structured, and easy to follow.

In particular, we support the clarity of the new recommendations that:

- AAC, particularly high-tech aided systems, should be readily available
- autistic people and communication partners should be supported through ongoing evidence-based teaching and learning strategies
- implementation must be individualised and based on the autistic person's preferences, capabilities, strengths, access needs, and trained communication partners
- autistic people must have access to AAC across the settings where they need it.

We also welcome the Good Practice Points on multilingual accessibility, whānau involvement, and supported decision-making.

NZSTA suggests only a small number of wording refinements:

- ensure the wording consistently reflects that communication includes more than speech
- continue to avoid any implication that AAC is only for people with no speech
- ensure that "communication outcomes" include both expressive and receptive communication, participation, autonomy, and social connection, not only task-based requesting. This also needs to take cultural contexts into account and ensure that goals/communication functions are culturally relevant to the person in their context.
- where possible, make explicit that access to AAC includes not just the device or system itself, but also the assessment, setup, modelling, training, and ongoing review needed for meaningful use.

2. Do the new Recommendations and Good Practice Points appear **valid** (based on the reviewed research)?

Yes, broadly. NZSTA considers that the proposed Recommendations and Good Practice Points are supported by the review findings as presented in the paper.

The paper identifies consistent evidence that AAC interventions improve communication outcomes for autistic children and young people, with aided AAC generally outperforming unaided systems, and with particularly positive findings for high-tech systems such as speech-generating devices and mobile tablets. It also identifies evidence that AAC supports a broader range of communicative functions, even though the strongest evidence remains for more foundational functions, such as requesting.

The paper also appropriately notes important caveats, including heterogeneity across studies, the heavy focus on children, the mixed evidence regarding speech production, and the underdevelopment of evidence around generalisation, maintenance, and real-world social validity. NZSTA agrees that these limitations should temper overstatement, but they do not undermine the overall validity of the proposed recommendations.

NZSTA particularly agrees with the paper's position that effective AAC use depends not simply on access to a device, but on pairing AAC with evidence-based instructional strategies and trained communication partners.

3. Are the proposed Recommendations and Good Practice Points **relevant** and **applicable** to sectors of the community you engage with?

Yes. They are highly relevant to the sectors in which NZSTA members work, including early intervention, education, health, disability, community, and family/whānau contexts.
The proposed recommendations are particularly relevant because communication access sits at the heart of:

- participation in learning
- expressing needs, preferences, and consent
- reducing frustration and distress
- social connection and relationships
- access to health and disability services
- inclusion across home, school, and community settings.

This relevance is reinforced by the paper's recognition that AAC should be available across settings, not limited to isolated therapy or classroom situations.
NZSTA also welcomes the paper's recognition that communication partners need support. That is especially relevant in Aotearoa New Zealand, where effective AAC implementation often depends on the knowledge and confidence of parents, whānau, teachers, support staff, therapists, and others around the autistic person.

4. Are the proposed Recommendations and Good Practice Points **able to be implemented** (are there realistic expectations for them being applied)?

They are implementable in principle, but implementation will depend heavily on workforce capability, service availability, resourcing, and system expectations.

NZSTA strongly supports the intent of the proposed recommendations. However, they will only be realistic in practice if the system recognises that AAC implementation requires more than the provision of a device or app. It requires:

- skilled assessment
- individualised selection of AAC system and features
- communication partner training
- integration into everyday settings and routines
- technical support, review, and updating over time
- access to clinicians and educators with relevant expertise.

NZSTA therefore encourages the final paper to be explicit that implementation depends on access to trained professionals, including speech-language therapists, and on the wider workforce having sufficient capability to support AAC use in daily practice.

We also suggest the final paper acknowledge the practical barriers likely to arise, including:

- uneven access to speech-language therapy and AAC expertise across the motu
- variable access to funded devices, apps, and technical support
- inconsistent staff training across sectors
- limited multilingual AAC options
- the risk that AAC recommendations remain aspirational unless organisations are expected and supported to act on them.

The paper itself usefully identifies a research-to-practice gap and the need for interventions that are feasible and sustainable in homes, schools, and communities. NZSTA agrees this is an important implementation issue.

5. Do you have any **other comments** or suggestions about how we can improve this Supplementary Paper?

NZSTA offers the following suggestions.

First, we encourage the final paper to give even greater prominence to the distinction between access to AAC and its meaningful use. The paper does address this, but the point is critical: meaningful AAC access requires trained partners, consistent opportunities to use the system, and support across settings.

Second, we suggest a stronger statement that AAC is not restricted to people who are permanently non-speaking. The terminology section is thoughtful and helpful on this point, and we support that framing. It may be worth carrying that clarity through to the recommendations themselves or associated explanatory text.

Third, NZSTA supports the Good Practice Point on multiple and heritage languages and encourages this to be given practical prominence. The paper rightly notes the risks of English-only assumptions and the limitations of currently available device options for multilingual families. This is especially important in Aotearoa New Zealand.

Fourth, we suggest strengthening the emphasis on outcomes beyond requesting. The paper itself notes that most of the evidence base is dominated by requesting but also highlights the importance of broader communicative functions such as social interaction, commenting, joint attention, and spontaneous communication. This broader communicative participation is important to NZSTA.

Fifth, we support the Good Practice Point on supported decision-making and suggest that it be explicitly linked to consent, autonomy, and the right to express will and preference in everyday contexts.

Finally, while the paper includes some New Zealand research and local context, we would welcome even stronger attention in future to Māori, Pacific, multilingual, and culturally grounded approaches to AAC and communication support. The paper appropriately acknowledges that current research is limited in this respect.

6. Can you suggest **other topics/areas** that need to be **updated** in the Aotearoa NZ Autism Guideline and why? (e.g., new research, current Recommendations no longer apply, gap in the current guideline)

Yes. From NZSTA's perspective, the following areas would benefit from future review or updating.

AAC and communication supports across the lifespan
This paper is a strong step forward, but future work is still needed on adolescents and adults, especially in health care, tertiary education, employment, community living, and ageing. The paper itself notes that the evidence base remains heavily weighted toward young children.

Communication access in naturalistic and cross-sector settings
Further work is needed on implementation in real-world settings, including homes, classrooms, workplaces, health services, and community contexts. This would help bridge the research-to-practice gap identified in the paper.

Culturally and linguistically responsive AAC and communication support
Further guidance is needed on multilingual AAC, heritage languages, and culturally responsive approaches for Māori and Pacific autistic people and their whānau.

Communication-partner capability and workforce development
AAC outcomes depend significantly on the people around the autistic person. Future Guideline work could usefully address what a capable cross-sector workforce looks like and what training, supervision, and support are needed.

Supported decision-making, consent, and communication
This is especially important for autistic people with complex communication needs, where the right supports may be crucial to expressing assent, dissent, preference, and choice.

7. Any other comments?

NZSTA welcomes this draft Supplementary Paper and considers it an important and positive development in the Guideline. It significantly strengthens the place of communication within the Autism Guideline and appropriately recognises AAC as a meaningful and evidence-based support for autistic people.

In NZSTA's view, one of the strongest features of the draft is that it moves beyond simply naming AAC and begins to articulate what good AAC support requires: individualisation, trained partners, access across settings, whānau involvement, multilingual responsiveness, and supported decision-making.

Our main caution is that these recommendations will only achieve their intended impact if implementation is taken seriously. Communication access is not achieved by technology alone. It requires skilled people, culturally and contextually responsive practice, and systems that expect and enable the meaningful use of AAC in everyday life.

NZSTA would be pleased to see the final paper retain this strong direction while being explicit about the practical conditions required to make the recommendations a reality.

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Relevant expertise or role: NA - this submission was supported by several speech-language therapists with expertise in AAC.

T h a n k y o u

Please return the completed questionnaire to Marita Broadstock:
maritabroadstock@insightresearchltd.com

Responses are due by **5 pm Wednesday, 22 April 2026**