



New Zealand Speech-language Therapists' Association

Te Kāhui Kaiwhakatikatika Reo Kōrero o Aotearoa

Scope of Practice

April 2012

ACKNOWLEDGEMENTS

The NZSTA is extremely grateful to the working party (Robyn Gibson, Helen McLauchlan, Karen McLellan, Anna Miles, Sheela Namboordiripad, Philippa Williams) who spent many months developing and refining this Scope. The working party wishes to acknowledge the valuable input of senior staff at the Ministry of Education and Clare McCann, Professional Standards of the NZSTA.

The New Zealand Speech-language Therapists' Association
www.speechtherapy.org.nz

PO Box 137 256
Parnell
Auckland
New Zealand

Level 3, Denby House
156 Parnell Road
Parnell
Auckland
New Zealand

DISCLAIMER

To the best knowledge of the New Zealand Speech-language Therapists' Association (NZSTA), this information is valid at the time of publication. The NZSTA makes no warranty or representation in relation to the content or accuracy of the material included herein. The NZSTA expressly disclaims any and all liability (including liability for negligence) in respect of use of the information provided. The NZSTA recommends you seek independent professional advice prior to making any decision on the basis of matters outlined in this publication.

INTRODUCTION

This Scope of Practice (Scope) has been developed in accordance with the *NZSTA Code of Ethics* (2008) and the guiding principles of practice from Speech Pathology Australia, the Royal College of Speech and Language Therapists, the American Speech and Hearing Association, and the Canadian Association of Speech-Language Pathologists. These documents describe the skills, knowledge, attitudes and ethical behaviour expected of practising members of the New Zealand Speech-language Therapists' Association.

The Scope outlines the breadth of professional practice carried out within the speech-language therapy profession in New Zealand. It is **not** a description of level of education, experience, skill or competency required to carry out those activities. A speech-language therapist does not typically work with all populations or practise in all contexts listed in this Scope. A speech-language therapist may only practice in areas in which they are deemed competent by their employer. Assessment of competency is made on the basis of education, training and experience. Certain employment situations may necessitate that a speech-language therapist obtains further education or training in order to expand their personal scope of practice into new areas.

This Scope aims to inform employers, the general public, and other professionals of the range of activities covered by the profession of speech-language therapy in New Zealand and the guiding governance framework we work within. It is a dynamic and changing profession; hence the Scope will require continuous revision to include new areas of activity for speech-language therapists in New Zealand.

Given the unique context of the Treaty of Waitangi/Te Tiriti o Waitangi and the significant diversity of cultures and languages spoken we are mindful of the need for culturally sensitive practice. We need to expand our definition of culture to include not only those who are ethnically diverse, but also to consider socioeconomic status and those who may belong to a religious group, follow a specific lifestyle or even eat specific foods. All of these factors may influence “views of disability, of western medical treatment, the roles of family members and clinicians, the different gender roles, and the ways in which we show respect” (Riquelme, 2004). Therefore, speech-language therapists working in New Zealand will need to act with cultural sensitivity in all aspects of their service provision.

An additional framework we work within is the World Health Organisation's International Classification of Functioning, Disability and Health (ICF) (WHO, 2001). One of the fundamental mainstays of the framework is to shift the focus of “disability” from cause to impact, thereby compelling professionals to take a holistic approach to their service provision. The ICF framework has made a substantial impact on how speech-language therapists view their contribution to the community and significantly informs their practice.

OUTLINE

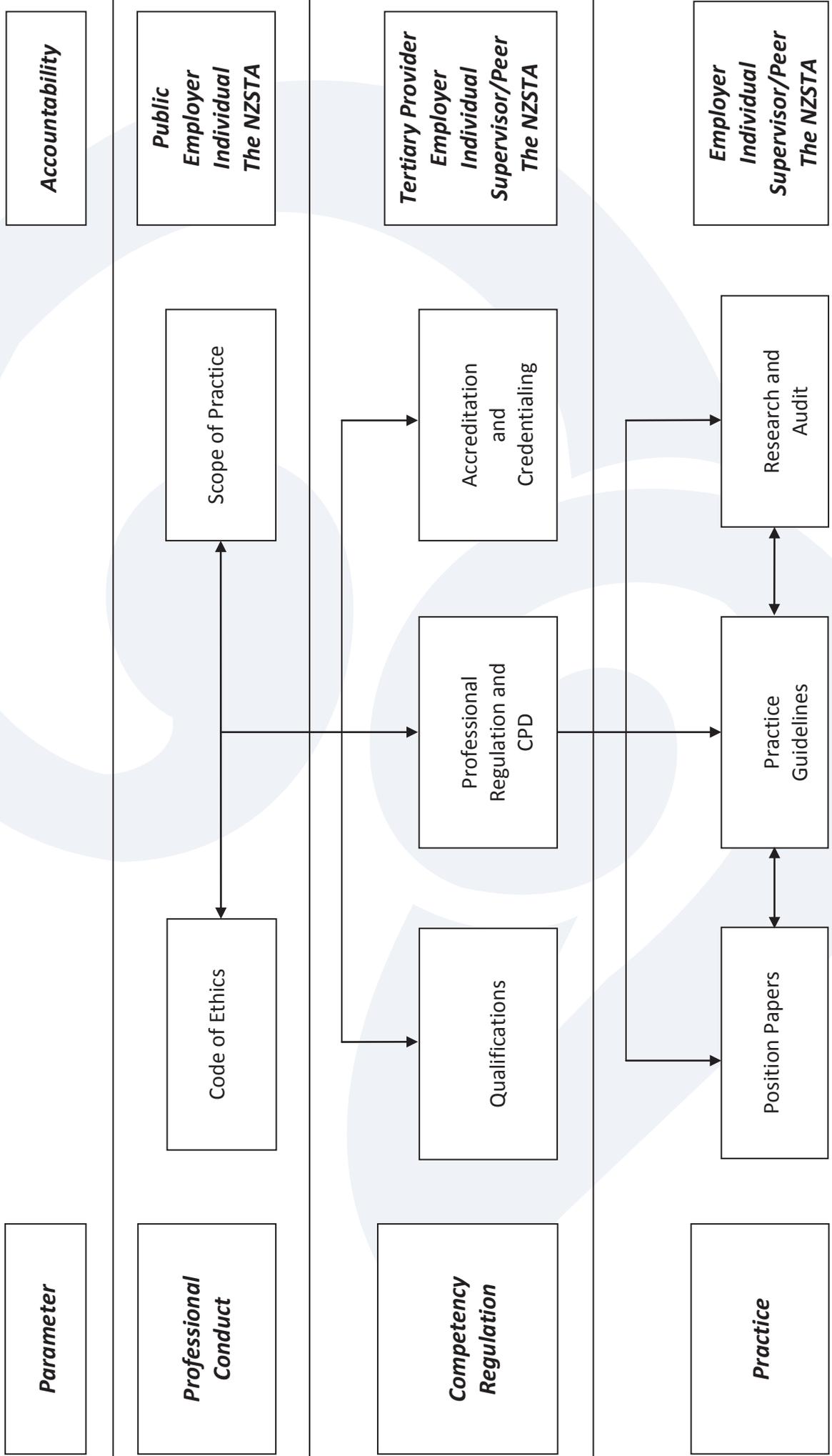
Definitions and formats have been used in a way consistent with other international Scope of Practice documents, to facilitate comparison of the profession as it is practised in various countries. This Scope is presented with the following structure.

- A. A diagram outlining how the Scope sits alongside other documents of the NZSTA
- B. Populations (Who we work with)
- C. Services (What we practise)
- D. Rationale (Why we practise)
- E. Contexts (Where we practise)
- F. Models of service provision (How we practise)

A. DIAGRAM OUTLINING HOW THE SCOPE SITS ALONGSIDE OTHER DOCUMENTS OF THE NZSTA

This diagram illustrates how the Scope fits within existing legal, ethical and professional frameworks. The Scope forms one of the key foundation documents for speech-language therapists practising in New Zealand. The three parameters of professional conduct, competency regulation and practice, represent the layers of governance.

NZSTA Governance Framework



B. POPULATIONS (WHO WE WORK WITH)

In New Zealand, a speech-language therapist typically works with;

People from neonates through to old age

People with difficulties/issues related to...

- Speech
- Fluency
- Voice
- Resonance
- Receptive language
- Expressive language
- Pragmatics and social skills
- Cognitive communication
- Emergent literacy to literacy
- Sensory awareness
- Eating, drinking and swallowing
- Alternative and augmentative communication

People with difficulties/issues caused by...

- Developmental delay/disorder
- Congenital and/or acquired neurological disorder
- Congenital and/or acquired medical conditions
- Progressive neurological and medical conditions
- Cultural and linguistic diversity
- Congenital and acquired intellectual disability
- Mental health problems
- Trauma
- Socio-economic reasons

With or alongside...

- Parents and whānau/families, caregivers, communication partners, friends and colleagues of people with communication and swallowing difficulties/issues
- Employers
- General public/community
- Other professionals including: health workers, therapy assistants, educators, care workers, interpreters, cultural advisors
- Volunteers
- Speech-language therapy students
- Speech-language therapy colleagues

C. SERVICES (WHAT WE PRACTISE)

In New Zealand, a speech-language therapist may;

Work to provide services in the area of communication and swallowing disorders. Including:

- Assessment
- Diagnosis/clarification of communication support needs
- Goal setting
- Treatment/intervention
- Discharge and resolution planning
- Client and/or whānau/family education, counselling, and support
- Documentation
- Screening and identification
- Prevention
- Collaboration within a multi/inter/transdisciplinary team
- Onward referral to relevant services
- Management (accommodating diverse needs of specific populations)
- Advocacy on behalf of clients
- Education of others (students, staff, carers and significant others and the community)
- Developing the skills of those around the client to provide the support needed

Provide specialist advice, selection and recommendation, design and establishment of intervention programmes and training in the optimal use/maintenance of, for example:

- Augmentative and alternative communication techniques and strategies
- Communication technology and software
- Tracheostomy, laryngectomy and voice prostheses
- Assistive devices (NB: this does not include sensory devices used by individuals with hearing loss and other perceptual disorders)

Use instrumentation (e.g. videofluoroscopy, electromyography, nasendoscopy, stroboscopy, electrical stimulation, and communication technology) for intervention/rehabilitation and diagnosis (to observe, collect data and measure parameters of communication and swallowing)

Address behaviours and make environmental modifications that affect communication, swallowing (e.g. dietary modification, tracheostomy management)

Provide services such as hearing screening, auditory training, speech-reading, interpretation of audiological report, speech-language intervention/rehabilitation secondary to hearing loss or central auditory processing disorders

Provide services to modify or enhance communication performance (e.g. accent modification)

Advocate for the use and promotion of a person's first language/home language/minority language as required

Conduct and present research

Serve as case manager/key worker/lead worker

Negotiate service delivery models, referral and prioritisation procedures and team processes

Conduct service management activities such as:

- Human resource management, including supervision of speech-language therapy students and colleagues, mentoring, recruitment
- Business planning
- Financial management
- Physical resources and facilities management
- Marketing and public relations
- Quality improvement

Serve as an expert witness in court

D. RATIONALE (WHY WE PRACTISE)

Populations receiving speech-language therapy services throughout New Zealand are diverse. The rationale for intervention and the expected outcome may differ depending on the setting and caseload. Some examples of outcomes include:

Diagnosis of:

- Communication and/or swallowing disorder

Improvement in:

- Communication skills and/or swallowing function
- General health, well-being and quality of life

Maintenance of:

- Current communication skills and/or swallowing function
- Independence

Reduce risks related to:

- Communication or swallowing impairment in vulnerable populations
- Communication disability
- Respiratory problems and other medical sequelae associated with swallowing difficulties
- Anxiety and avoidance due to communication difficulties
- The development of behavioural disorders
- Literacy achievement
- Educational and vocational achievements

Improve knowledge and understanding through education of:

- Client and whānau/family
- Educators
- Wider community (e.g. Justice system, Child Youth and Family Services)

Access and participation in various communication environments:

- Health
- Education
- Social
- Family
- Work
- Community

E. CONTEXTS (WHERE WE PRACTISE)

Contextual factors are made up of the physical, social and attitudinal influences that affect people's lives.

Environmental factors may include;

- Hospital settings
- Post acute rehabilitation centres
- Community rehabilitation centres
- Community health care centres
- Community day care settings
- Rest homes
- Private hospitals and long term care facilities
- Education settings (e.g. Early childhood, School, Tertiary)
- Client's homes
- Private practice facilities
- Universities and university clinics
- Client's workplaces
- Group homes and supported living facilities
- Mental health facilities
- Community and national agencies and institutions
- Charitable/ non-governmental organisations
- Voluntary organisations
- Self-help groups
- Correctional institutions
- Corporate/industrial settings

Personal factors may include;

- Age
- Culture
- Race
- Gender
- Educational background
- Social background
- Religion
- Socio-economic status
- Profession
- Access to services

F. MODELS OF SERVICE PROVISION (HOW WE PRACTISE)

Speech-language therapists in New Zealand typically work within a number of different models or approaches to service provision. Some examples include:

- Early intervention using a multi/inter/transdisciplinary approach
- Using natural contexts for assessment and intervention (home, school, classroom, work setting, community)
- Clinic-based intervention
- Intensive behaviour programmes
- Training volunteers and significant others as facilitators of intervention programmes
- Multidisciplinary, interdisciplinary and transdisciplinary teams
- Collaborative and consultative partnerships
- Family- and client-centred approaches
- Holistic patient care and management (considering all aspects of an individual's life and well-being)
- Assessing and dispensing (e.g. communication aids)
- Preventative models of service (e.g. advice with regards to preventing aspiration)

REFERENCES

NZSTA (2008). Code of Ethics NZSTA. Retrieved from: [http://www.speechtherapy.org.nz/about-nzsta/Code%20of%20Ethics%202008.pdf/view?searchterm=code of ethics](http://www.speechtherapy.org.nz/about-nzsta/Code%20of%20Ethics%202008.pdf/view?searchterm=code%20of%20ethics)

Riquelme, L.F. (2004). Cultural Competence in Dysphagia. *The ASHA Leader*. Retrieved from: <http://www.asha.org/Publications/leader/2004/040413/f040413b3.htm>

World Health Organization. (2001). International Classification of Functioning, Disability and Health (ICF). Geneva: Switzerland. Retrieved from: <http://www.who.int/classifications/icf/en/>

www.speechtherapy.org.nz

Level 3, Denby House, 156 Parnell Rd, Parnell Auckland +64 9 307 9223

PO Box 137256, Parnell, Auckland 1151