



Scope of Practice for Speech-language Therapists

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DISCLAIMER

This NZSTA Scope of Practice document is provided by the New Zealand Speech-language Therapists' Association (NZSTA), which functions as both the professional association and the regulatory body for speech-language therapists in New Zealand. It offers general guidance on practice matters and is not a substitute for legal advice or individual clinical judgement.

While every effort has been made to ensure the information is accurate and current, this document does not address every possible clinical scenario or circumstance. Speech-language therapists are responsible for ensuring their practice complies with all applicable laws, professional standards, and regulatory requirements.

As research, policy, and practice continually evolve, the scope of practice may be updated periodically. If you have any questions or require clarification regarding its application, please consult the NZSTA.

By using this document, you acknowledge that you have read and understood this disclaimer and agree to exercise your professional judgement in its application.

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GLOSSARY

Culture – the definition of culture is broad and dynamic. In this context, culture refers to all aspects, including ethnicity, gender, age, religion, socioeconomic status, diverse family systems, choice of communication method (e.g., the Deaf community, augmentative and alternative communication), and personal values.

Cultural advisors – Cultural advisors work with individuals from different cultural heritages to facilitate the coexistence of people in a culturally diverse community. (e.g. kaitakawaenga, kaiārahi etc).

Culturally sensitive practice – is recognising and respecting cultural differences and similarities without judging them as good or bad while understanding their impact on an individual's values, learning, and behaviour. It also involves developing skills to understand and engage with people from different cultural backgrounds.

Cultural responsiveness – it is how cultural safety is achieved, maintained, and governed. Culturally responsive practice recognises the centrality of culture to people's identity and works with individuals to determine what culturally safe care is for them.

Cultural safety – Cultural safety involves recognising the challenges to clinical effectiveness caused by the inherent power imbalance between professionals and the person who uses the service (Laverty, M., McDermott, D. R., & Calma, T., 2017). "Cultural safety requires healthcare professionals and their associated healthcare organisations to examine themselves and the potential impact of their own culture on clinical interactions and healthcare service delivery. This requires [speech-language therapists and their] organisations to acknowledge and address their biases, attitudes, assumptions, stereotypes, prejudices, structures and characteristics that may affect the quality of care provided. In doing so, cultural safety encompasses a critical consciousness where healthcare professionals and healthcare organisations engage in ongoing self-reflection and self-awareness and hold themselves accountable for providing culturally safe care, as defined by the [service user] and their communities, and as measured through progress towards achieving health equity. Cultural safety requires healthcare professionals and their associated healthcare organisations to influence healthcare to reduce bias and achieve equity within the workforce and working environment" (Curtis et al., 2019, p.14).

Evidence-based practice – is the integration of evidence gathered from current high-quality research, the values and preferences of clients, practitioner expertise, and the practice context.

Kaitakawaenga – is an individual who works proactively with Māori tamariki, mokopuna and their whānau, hapū and iwi, educators and learning support colleagues to identify and eliminate barriers to access to learning support services for Māori students with learning support and developmental needs.

Speech-language Therapy-Assistant/Kaiāwhina – any individual employed in a role supporting the delivery of speech-language therapy services AND receiving supervision in those delegated duties by a registered speech-language therapist.

Treaty of Waitangi/Te Tiriti o Waitangi – Te Tiriti o Waitangi is Aotearoa New Zealand's founding document, signed in 1840 between the British Crown and more than 500 Māori chiefs.

It set out an agreement on how the country would be governed and how the relationship between Māori (the tangata whenua – people of the land) and the British settlers (tauiwi) would be managed.

Te Tiriti o Waitangi has five key elements:

- a) The preamble affirmed existing relationships.
- b) Article one granted the British kāwanatanga over their (non-Māori) people.
- c) Article two reaffirmed Māori tino rangatiratanga.
- d) Article three granted hapū the same rights and privileges as British subjects.
- e) Oral article four guaranteed cultural and religious freedom.

THE KAUPAPA OF THIS REVIEW

Upholding Te Tiriti o Waitangi in our Scope of Practice Review

In reviewing the NZSTA Scope of Practice document, we acknowledge Te Tiriti o Waitangi as central to our work in Aotearoa/New Zealand. We affirm our commitment to upholding all elements of Te Tiriti, ensuring our practice protects and promotes Māori health. This includes:

- Rangatiratanga – Enabling Māori to make decisions for Māori, free from institutional barriers (Came & Tudor, 2017).
- Wairuatanga – Recognising spirituality and psychological well-being as essential to holistic health, incorporating Māori health models such as *Te Whare Tapa Whā* (Durie, 1998).
- Ōritetanga – Addressing the disproportionate burden of disease and injury experienced by Māori (Marriott & Sim, 2014).

To uphold these commitments, we invited Māori NZSTA members to join the review working party, ensuring Māori representation in line with the draft NZSTA Te Tiriti Policy. Consultation was undertaken with NZSTA kaumātua Rukingi Haupapa (Ngāti Whakaeue) and co-presidents Emma Quigan (Ngāi Tahu) and Katrina McGarr (Ngāi Tahu), and a critical tiriti analysis (Came et al., 2020) was applied to the review process.

This review is a step forward in our ongoing journey to better honour Te Tiriti within our evolving profession. Given the current limited Māori representation in NZSTA, we aim to strengthen *kāwanatanga* by incorporating Māori engagement and consultation into future policy development.

Te Tiriti provides a foundation for recognising Aotearoa's rich cultural and linguistic diversity (Human Rights in NZ, 2010). As speech-language therapists, we are committed to culturally safe and responsive practice, acknowledging the interconnectedness of health, education, language, and belonging. Cultural sensitivity must be at the core of all service provision in Aotearoa.

INTRODUCTION

This Scope of Practice (Scope) has been developed in accordance with the NZSTA *Principles and Rules of Ethics* (2020) and the guiding principles of practice from Speech Pathology Australia, the Royal College of Speech and Language Therapists, the American Speech-Language-Hearing Association, and the Canadian Association of Speech-Language Pathologists. These documents describe the skills, knowledge, attitudes and ethical behaviour expected of practising members, which have been adopted by the New Zealand Speech-language Therapists' Association (NZSTA).

The scope outlines the breadth of professional practice within the speech-language therapy profession in Aotearoa/New Zealand. It does **not** describe the level of education, experience, skill or competency required to carry out those activities. A speech-language therapist (SLT) does not typically work with all populations or practise in all contexts listed in this Scope. An SLT should only practise in areas where they are competent and should have been engaging in appropriate supervision and professional development. Assessment of competency is made based on education, training and experience. Certain employment situations may necessitate an SLT to obtain further education or training to expand their scope of practice into new areas.

STATEMENT OF PURPOSE

The Scope of Practice outlines the breadth of professional practice within the speech-language therapy profession in Aotearoa/New Zealand. This document aims to:

1. Outline the professional practice areas for speech-language therapists (SLTs).
2. Set as a reference for other stakeholders, including healthcare providers, policy writers, regulators, educators, funding providers, and the general public, about the professional roles and responsibilities of a registered SLT.
3. Assist SLTs in providing evidence-based and high-quality services to individuals needing communication, feeding and/ or swallowing support.

DEFINITION OF SPEECH-LANGUAGE THERAPIST (SLT)

As per the New Zealand Speech-language Therapists' Association's constitution, SLTs are professionals currently engaging in speech-language therapy activities [and/or related activities] as practitioners, administrators, managers, [leaders], educators, researchers, or any combination thereof, and whose qualifications are approved by the NZSTA.

OUTLINE

The definitions and formats are consistent with other international scope of practice documents, facilitating comparisons of the profession as practised in various countries.

This Scope is presented with the following structure.

- **Populations:** HUNGA MANAAKI - Who we work with
- **Services:** Ō TĀTOU MAHI - What we practise
- **Rationale:** TE TĪKANGA O TE MAHI - Why we practise
- **Contexts:** TE WĀHI Ō TE MAHI - Where we practise
- **Models of service provision:** ŌNĀ WHAKAMAHI - How we practise

POPULATION: HUNGA MANAAKI - WHO WE WORK WITH

In Aotearoa New Zealand, speech-language therapists work with people across the lifespan – from pēpi (infants), tamariki (children), rangatahi (young people), to adults and kaumātua (older people). We support individuals with communication and/or swallowing needs, recognising that each person brings unique cultural, linguistic, neurodevelopmental, and social experiences. We recognise the importance of whānau and work with whānau, family, caregivers, friends and the wider community across all populations. Our work is grounded in cultural safety and is guided by the needs, rights and preferences of those we support, especially when navigating systems that have not historically served all populations equitably.

We work with:

Pēpi, tamariki, and rangatahi with learning support needs, developmental/congenital or acquired conditions.

Adults and kaumātua with communication and/or swallowing challenges due to injury, illness, neurodegeneration, or other conditions.

People who are neurodivergent, including autistic individuals, and those with ADHD, learning differences, and/or other neurodevelopmental identities.

People with diverse cultural, linguistic and gender identities, including those who use sign language, speak heritage or minority languages or seek support for gender-affirming communication.

Tangata whaikaha (people with disability), including those with complex support needs.

People in vulnerable or underserved communities, including those impacted by systemic inequities, limited access to services, or social isolation.

We also support and work with and through:

Kaiako (teachers), educators and teacher aides

Health professionals, including doctors, nurses, OTs, and allied health colleagues

Cultural and language advisors, including kaitakawaenga

Interpreters and translation services

Employers, support workers and service providers

Researchers and students

Justice and community workers

Charities/non-governmental organisation staff.

SERVICES: Ō TĀTOU MAHI - WHAT WE PRACTISE

In Aotearoa/New Zealand, an SLT may:

Provide services, including but not limited to:

- Speech production – motor planning and execution, articulation, and phonological processes
- Stuttering and cluttering
- Voice
- Resonance
- Respiratory and middle airway disorders
- Hearing and auditory processing
- Receptive language – spoken and written
- Expressive language – spoken and written
- Pragmatics and social engagement skills
- Cognitive communication
- Emergent literacy to literacy
- Sensory awareness
- Eating, drinking and swallowing
- Alternative and augmentative communication
- Research
- Literacy and phonological awareness.

Work to provide services in the area of communication and swallowing disorders, including but not limited to:

- Screening and identification
- Assessment and interpretation
- Diagnosis/ clarification of communication support needs
- Goal setting
- Treatment/ intervention
- Discharge and resolution planning
- Education, counselling, and support are provided to clients, whānau, students, staff, caregivers, significant others, and the broader community, but they are not limited to them.
- Prevention and harm reduction
- Collaboration within a multi/inter/transdisciplinary team
- Onward referral to relevant services
- Management (accommodating the diverse needs of specific populations)
- Advocacy on behalf of clients
- Developing the skills of those around the client to provide the support needed
- Research to advance knowledge of theory and practice
- Court-appointed communication assistants.

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

- Augmentative and alternative communication techniques and strategies
- Communication technology and software
- Tracheostomy, laryngectomy and voice prostheses

- Other assistive devices.

Participate in instrumentation for assessment, diagnosis (to observe, collect data and measure relevant parameters), intervention, and rehabilitation of communication and swallowing, for example:

- Videofluoroscopy
- Electromyography
- Nasendoscopy
- Stroboscopy
- Communication technology.

Address behaviours and make environmental modifications that affect communication and swallowing, including but not limited to dietary modification, tracheostomy management, etc.

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

Provide services to modify or enhance communication performance, such as gender-affirming voice treatment, accent modification, and professional communication coaching. When speech-language therapists (SLTs) offer support in these areas, they must ensure their practice is client-driven, culturally safe, and does not reinforce discrimination or societal biases. Ethical SLT practice prioritises the individual's communication goals, autonomy, and identity.

Advocate for using and promoting a person's first language, home language, heritage language or minority language as required.

Conduct and present quality improvement, audit, and research in speech-language therapy.

Serve as case manager, key worker or 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 and recruitment
- Business planning
- Financial management
- Physical resources and facilities management
- Marketing and public relations
- Industry-led communication or swallowing-related product development and sales
- Expert appraisal reporting for ACC or the justice system.

RATIONALE: TE TĪKANGA O TE MAHI - WHY WE PRACTISE

Populations receiving speech-language therapy services throughout Aotearoa/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 difficulties.

Improvement in:

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

Maintenance of:

- Current communication skills and/ or swallowing functions
- Independence.

Reduce risks related to:

- Communication or swallowing impairment in vulnerable populations
- Communication and swallowing difficulties
- Respiratory problems and other medical sequelae associated with swallowing difficulties
- Anxiety, reduced quality of life or psychosocial wellbeing and avoidance due to communication and swallowing difficulties
- Literacy achievement
- Educational and vocational achievements.

Improve knowledge and understanding through education of:

- Client and whānau or family
- Educators
- Wider community, including but not limited to the Justice system, child, youth and family services.

Access and participation in various communication environments:

- | | |
|-------------|------------------|
| • Health | • Work |
| • Education | • Community |
| • Social | • Justice system |
| • Family | |

Reasons for seeking support may include:

- Developmental delay
- Acquired conditions, including but not limited to trauma, stroke, head and neck cancer, etc.
- Progressive conditions, including, but not limited to, Parkinson's disease, autoimmune diseases, dementia, etc.
- Congenital or developmental conditions, including but not limited to cerebral palsy, cleft palate, speech or language difficulties, etc.

- Neurodiversity, including but not limited to autism spectrum disorder, Down syndrome, etc.
- Cultural and linguistic diversity, including but not limited to accent modification, gender-affirming voice support, etc.
- Mental health conditions, including but not limited to medication-induced dyskinesia, dementia with behavioural/psychiatric symptoms, and schizophrenia.

CONTEXTS: TE WĀHI Ō TE MAHI - WHERE WE PRACTISE

SLTs work in a variety of settings.

Settings may include:

- As part of multidisciplinary or transdisciplinary teams
- Client's home
- Hospital settings
- Post-acute rehabilitation centres
- Community rehabilitation centres
- Community health care centres
- Outpatients clinics
- Community daycare settings
- Education settings, including early childhood, school and tertiary
- Rest homes
- Private hospitals and long-term care facilities
- 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 or non-governmental organisations
- Voluntary organisations
- Self-help groups
- Correctional institutions and the court system
- Corporate or industrial settings
- Research institutes, centres and groups
- Virtually, for example, telepractice/digital health or education services.

MODELS OF SERVICE PROVISION: ŌNA WHAKAMAHI - HOW WE PRACTISE

SLTs across Aotearoa New Zealand use a range of models or approaches when supporting individuals, whānau, and communities. When applying these models, responsiveness to Te Tiriti o Waitangi and cultural safety is critical.

Service provision may include:

- Culturally embedded models
- Individual, whānau/family, and group services
- Clinic, community, school, hospital and home-based services
- In-person and telepractice services
- Multidisciplinary, interdisciplinary, and transdisciplinary models

- Coaching model
- Consultative model
- Intensive programmes
- Training programmes, advice, and guidance services.

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