NZSTA Position Paper

The Speech Language Therapy Assistant Role

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Background

The Executive of the New Zealand Speech-Language Therapists’ Association (NZSTA) solicited interest from its membership in early 2007 regarding the establishment of a working party. The working party’s charge was to explore the use of speech-language therapy assistants worldwide, as well as within the New Zealand workforce context. A working party was assembled and held its first meeting in August 2007. Following a series of meetings, the working party has summarised its activities in the following position paper. The paper outlines:

1. the current use of speech-language therapy assistants in New Zealand,
2. the rationale for using speech-language therapy assistants,
3. the proposed scope of practice for speech-language therapy assistants,
4. training and supervision requirements, and
5. a formal statement regarding the role of the NZSTA and speech-language therapy assistants.

Definitions

The term Speech Language Therapy Assistant (SLTA) refers to any worker who is employed to assist with speech and language therapy (SLT) work in any setting. The role may have various titles, such as Education Support Worker (ESW), who works in early intervention settings; Communication Support Worker (CSW), who works in school settings; Rehabilitation Assistant (RA), who works in rehabilitation settings; or Therapy Assistant (TA), who usually works in health contexts. In some settings (e.g., Special Schools), a Teacher Aide may carry out some SLTA duties.

The current use of SLT Assistants in New Zealand

The working party gathered information from Ministry of Education Special Education (Group Special Education (GSE)) documentation and from SLT leaders working in District Health Boards (DHBs), as well as other employment situations throughout New Zealand at the end of 2007. A request for information from the membership was also circulated in the Autumn 2008 quarterly publication of the NZSTA: Communication Matters.

A key difference emerged between assistant roles in GSE, where an individual is employed to assist with a specific client or clients and in DHBs, where an individual is typically employed to assist the speech language therapist (SLT) and other allied health professionals in their work across a range of clients.
1. Ministry of Education Special Education

The use of assistants who support SLT services in GSE is widespread in both the Early Intervention and School Focus services. A description of their use is provided below.

1A. Early Intervention

Within Early Intervention services, an assistant is referred to as an Education Support Worker (ESW). The ESW works with a child or children with special education needs to support their presence, participation and learning in an Early Childhood Education setting. Although the ESW may be working in collaboration with the SLT, it is quite likely they will also be working to support the goals of other GSE Early Intervention professionals, the child’s parents/caregivers/whanau, teachers and other educators. That is, the ESW’s role is not specific to speech language therapy services.

The role of the ESW is a broad one with him or her working to support the child in a variety of ways. For example:

- supporting full participation in Centre activities
- supporting children’s spontaneous learning and allowing them to make choices
- involving the child in group times
- encouraging the development of friendships
- encouraging independence
- implementing aspects of the child’s Individual Plan

As of 31 July, 2007, there were 771 ESWs working within GSE, ten of which were male.

No formal education is required of these workers.

1B. School Focus

In the School Focus service an assistant is referred to as a Communication Support Worker (CSW).

The CSW is employed to work with individual children, usually travelling between several schools within a morning or across a day. The children receiving CSW input have been selected for this finite and intensive resource (usually two terms’ input) by means of a prioritisation process.

The CSW engages the child each session in activities specifically chosen to achieve speech and/or language goals set by the SLT. These are monitored closely and collaboratively by the CSW and SLT.

CSWs are selected because they have the personal qualities and attitudes needed to work effectively with young children with communication needs.

GSE supports the CSWs in all employment matters, including formal supervision, accountability and professional development. Supervision and
professional development are typically provided by the SLT and tailored to the needs of the CSW.

Each CSW works closely with the SLT who has full responsibility for the assessment of the child’s speech and language, and develops and monitors the intervention programme which is delivered by the CSW.

As of 31 July, 2007, there were 134 CSWs working within GSE, all of whom were female.

No formal education is required of these workers.

2. District Health Boards

The employment of assistants specifically to work alongside SLTs in DHBs is not common within New Zealand. There is presently only one SLTA employed by a New Zealand DHB to work exclusively with an SLT.

There are a large number of Physiotherapy Assistants and Occupational Therapy Assistants employed by DHBs, and smaller numbers of generic Therapy Assistants and Rehabilitation Assistants.

No formal education is required of these workers in most DHBs. The role of these assistants in regard to the provision of speech-language therapy services is described below.

2A. Physiotherapy and Occupational Therapy Assistants

Where specific Physiotherapy Assistants and Occupational Therapy Assistants are employed (mostly in small DHBs), SLTs occasionally use their time but in some instances without official approval, or SLTs are officially allowed to use their time but have not done so to date. There are some examples of within-DHB variation, for example within Bay of Plenty DHB, Whakatane SLTs have access to assistant time, but Tauranga SLTs do not.

2B. Generic Assistants

Where generic assistant positions exist (usually in DHBs in large centres), the workers in these positions are used to assist SLTs, as well as other therapy staff such as OTs and PTs. Only in one DHB does a generic assistant have a specific amount of time allocated for SLT. From the information gathered from 15 DHBs, eight had SLTs with some access to a generic therapy assistant.

Opportunities

The working party obtained a significant amount of informal feedback from SLTs in DHBs which indicated there was room for increased use of assistants by SLTs for both administrative and client-related tasks.
3. Other Employment Situations

The use of teacher aides to assist SLTs in special schools is limited and assistant roles are used in some capacity to assist SLTs working in brain-injury rehabilitation.

There are no reports of SLTAs being used in private practice, other than in private brain-injury rehabilitation services, where generic assistants are used in a similar way to those employed by DHBs.

Rationale for use of SLTAs

There is an increasing demand for SLT services in schools (Gillon, Moriarty and Schwartz, 2006), and increasing demand for health services in general (Ministry of Health and District Health Board New Zealand Workforce Group, 2007). These demands require action from those responsible for planning SLT services to health, disability and education sectors within New Zealand. One solution developed internationally to meet the need for SLT services in the context of limited resources is the use of assistant roles to augment the services SLTs offer (American Speech-Language-Hearing Association, 2004; Canadian Association of Speech-Language Pathologists and Audiologists, 2008).

The benefits of utilising SLTAs have been described as:

- increasing the availability, frequency, and efficiency of services (American Speech-Language-Hearing Association, 2004), allowing SLTs to devote more time to actual clinical procedures (Gillon et al, 2006)


- increasing the pool of potential bilingual service providers to enhance service delivery (American Speech-Language-Hearing Association, 2004)

- increasing services available to remote and rural populations (Paul-Brown and Goldberg, 2001).

- increasing the frequency of services (through the use of well-trained and supervised support personnel) while maintaining the quality of services provided (American Speech-Language-Hearing Association, 2004)
• not restricting the employment of qualified professionals. The use of support personnel has not resulted in a decrease of positions for qualified professionals (Paul-Brown and Goldberg, 2001).

• replicating a well-established practice seen in other core rehabilitation professions, such as occupational and physical therapy (American Speech-Language-Hearing Association, 2004)

• demonstrating positive intervention outcomes when SLTAs carry out all or part of an intervention programme (Gillon et al, 2006)

The **risks** of utilising SLTAs have been described as:

• misleading consumers because they do not recognise the difference between a professional therapist and an assistant (Gillon et al, 2006)

• SLTAs performing clinical tasks they do not adequately understand, but this would only be in the absence of strict supervision, (Paul-Brown and Goldberg, 2001)

• poorer quality service to clients if direct service by the SLT or the degree of SLT supervision of the assistant is compromised or reduced (Paul-Brown and Goldberg, 2001)

There is a lack of research evidence regarding the efficacy of SLT services delivered by an SLTA compared with those delivered by an SLT (Gillon et al, 2006).

**Caveats**

It is clear from recommendations in the international literature that the critical factor in the successful use of SLTAs is achieving clarity about the scope of the role they play, and the level of support provided to them. The ASHA position paper states thus:

> Some tasks, procedures, or activities used with individuals with communication disorders can be performed successfully by persons other than speech-language pathologists if the persons conducting the activity are properly trained and supervised by ASHA-certified speech-language pathologists. The decision to shift responsibility for implementation of the more repetitive, mechanical, or routine clinical activities to assistants should be made only by qualified professionals and only when the quality of care and level of professionalism will not be compromised. Professional judgment should be at the heart of the selection, management, training, supervision, and use of support personnel.

(ASHA, 2004)
SLTA Scope of Practice

There are some areas of overlap between the roles and responsibilities of the SLTA and the SLT, as well as specific areas of responsibility to be undertaken by the SLT alone.

Assessment, Planning and Implementation

The SLT is responsible for the assessment of the client. The SLTA may carry out delegated tasks (following appropriate training) to contribute to the assessment process. Examples include tape-recording and transcribing language samples or intelligibility tests (which the SLT would analyse), administration of informal assessments (selected and interpreted by the SLT), preparation of materials for videofluoroscopic swallowing studies, and observations of client behaviour using guidelines given by the SLT. During the course of therapy, the SLTA could contribute to the data gathered through the provision of information obtained through observation. The SLT is responsible for monitoring the client’s overall progress and undertaking qualitative and quantitative assessment of intervention outcomes.

The SLT is responsible for planning all intervention. The SLTA may be delegated to implement a prescribed intervention plan, or tasks within the plan, following training and with appropriate support. Delegated tasks are to be carried out as instructed and any changes to plans or tasks will be made by the SLT.

Collaboration

SLTAs and SLTs work alongside and are expected to develop positive working relationships with clients, families and staff. Where clients, families, staff and other specialists require advice and guidance, the SLT would provide this.

Records

Both SLTs and SLTAs are expected to keep written records of their contact with clients. The expectations for SLTAs are that these records will be brief and templates are provided (where necessary). The SLTA may be required to complete a summary of their intervention with tasks completed and outcomes achieved. SLTs are expected to maintain accurate service provision records and have overall responsibility for the client file.
Training and Supervision Requirements

Educational Background and Training

It is essential that SLTAs have a good grasp of spoken and written English, appropriate communication skills with a variety of people and situations, and basic level computer literacy. It is expected (but not essential) that they would have at least a secondary school level qualification. Relevant life experience should be taken into consideration when assessing applicants to SLTA roles.

NZSTA recommends employers seek to employ SLTAs who have completed a relevant (ideally NZSTA-approved) course at the tertiary level; however the current reality of the New Zealand workforce market prohibits mandating this requirement for a number of reasons:

- Currently, there are no such tertiary courses available
- The majority of SLTAs in New Zealand are employed to assist a number of different professionals rather than to assist SLTs specifically, making the issue of training more complex
- The significant differences between the work SLTAs perform in the health and education sectors adds further complexity to the development of appropriate training

Given the factors above, it is possible that initial tertiary training of SLTAs would need to be generic and allow for specific on-the-job training (as done currently) so as to provide the most effective form of training.

SLTAs would be expected to engage in professional development on a regular basis to maintain their knowledge and skills. The SLT has a responsibility for the development and provision of training for a variety of professionals and paraprofessionals as required. This training should also include SLTAs.

Supervision

SLTAs are required to be supervised by an SLT. It is acknowledged that in some settings, a person other than an SLT is likely to be supervising the assistant (for example, teacher, physiotherapist, occupational therapist) but the SLT would ultimately be responsible for providing appropriate training and support for the specific tasks the assistant will carry out that relate to SLT work.

Supervisors must remember there are significant differences between supervision offered to qualified (or those hoping to qualify as) SLTs, and supervision offered to SLTAs. When supervising SLTs and students, the goal of supervision is clinical independence. In contrast, “the goal for supervising
assistants is to ensure adherence to prescribed tasks” (Paul-Brown and Goldberg, 2001; 10).

ASHA guidelines specify that SLTAs should be supervised for 30% of the time for the first 90 days of service, and for 20% of the time thereafter. 10% of that supervision time may be indirect, but the remainder should be direct (defined as on-site, in-view observation and guidance by a speech language pathologist while an assigned activity is performed by support personnel) (Paul-Brown and Goldberg, 2001; 6).

Currently, the National Accreditation Standards established by the New Zealand Ministry of Education stipulate that an SLTA is to be contacted at least three times per term by the SLT to assist them in working with the child. Supervision may be carried out in a group, one to one, or on the phone. The view of the working party is that this stipulated level of SLTA supervision is inadequate. The NZSTA’s position is that the degree of supervision will depend heavily on the following factors:

- The rate of change expected in the client the SLTA is working with (based on prognostic factors)
- The level of competence the SLTA has previously demonstrated in carrying out the specific tasks or programme in question
- The level of familiarity the SLTA has with the client or client group in question and their needs

The minimum expectation is that the supervising SLT will have contact with the SLTA once in three weeks, in a client with a clearly prescribed intervention programme that has been underway for some time, where the client's needs are unlikely to change during the course of a month. Intervention programmes or tasks that are new to the SLTA, or for a client whose needs are changing more rapidly, will require significantly more supervision time, and the majority of that supervision should be direct observations and feedback.

**NZSTA Position**

It is the position of NZSTA that assistants may be used to perform activities adjunct to the primary clinical efforts of speech language therapists (SLT). Appropriate training and supervision must be provided by trained SLTs who are eligible to become members of NZSTA. Activities may be assigned only at the discretion of the supervising SLT and should be constrained by the responsibilities for support personnel specific to the individual employer. The clinical needs and protection of the client must be held paramount at all times.  

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The educational background required for SLTAs may become more formalised in the future as tertiary education institutions begin to provide appropriate courses for assistant roles in the health and education sectors. This development must occur in collaboration with the NZSTA and will require negotiation with potential employers, given the proportion of SLTAs in New Zealand who are employed to assist a number of different professional groups. In the event that SLT becomes a registered profession in New Zealand, the question of registration of SLTAs may arise as it has in the USA.

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References


