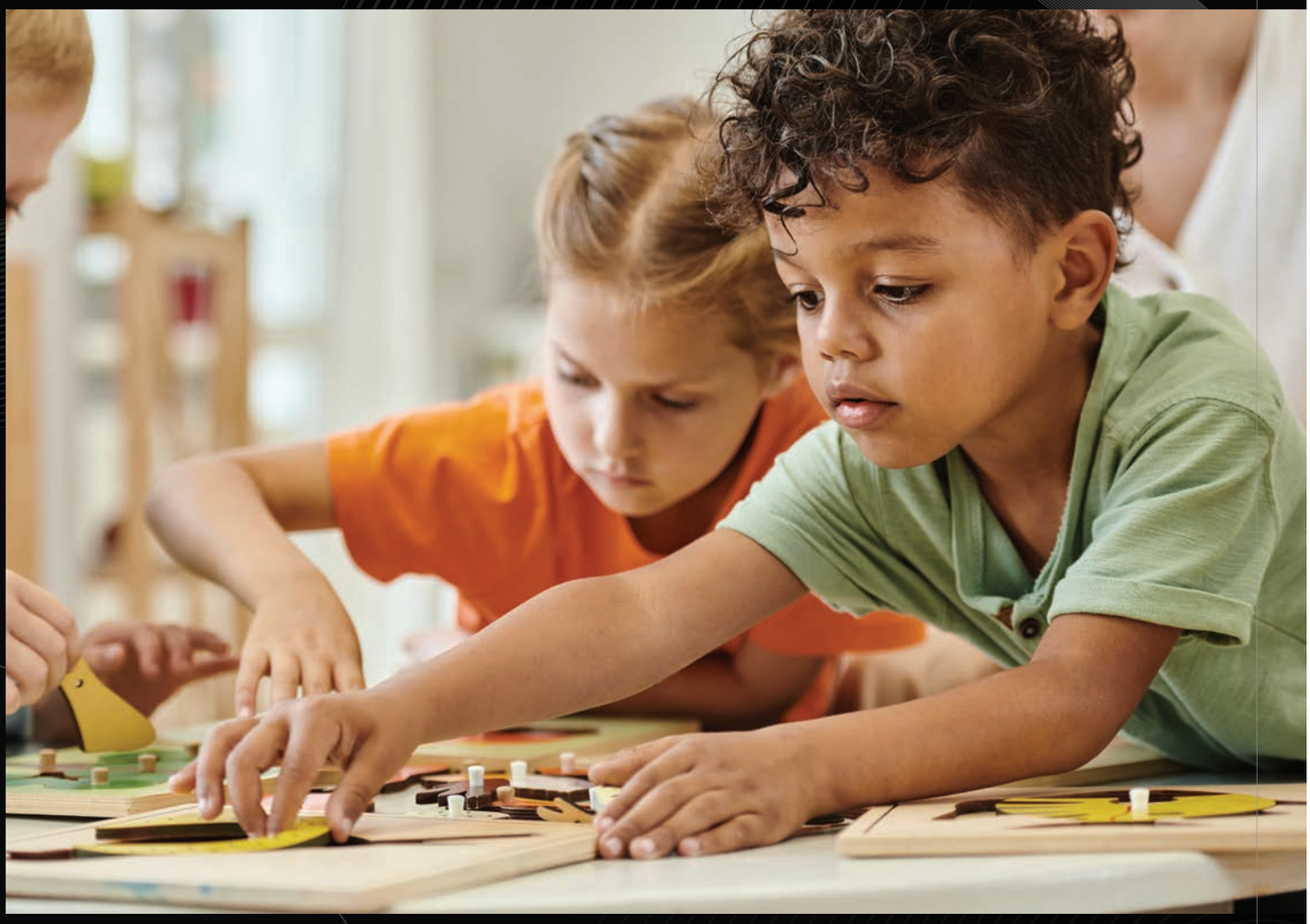
A SHINE Whitepaper



Understanding and addressing Developmental Language Disorder in Australia for 2026 and beyond

Foreword

How a local approach can solve a national problem

As a young child I experienced significant learning challenges. I therefore know first-hand the benefit of early diagnosis, intervention, treatment and support. Had I not received them my life path would likely have been dramatically different from the one I ended up taking.

Before I was diagnosed with a language disorder in the mid 1970's, later including autism spectrum disorder and dyslexia, I was disengaged from school and my peers, struggling to learn and severely bullied. The impact on my education was profound. The impact on mental health was even greater. In fact, I was suicidal.

But thanks to my devoted family, when I was diagnosed and I finally started to receive the right intervention and treatment, the opportunity to reach my potential was presented. Sadly, this is not the story for every Australian child struggling with Developmental Language Disorder (DLD). For many of the estimated 350,000 children with DLD in Australia, every moment of school is dreaded.

They struggle to find a constructive way forward with a learning difficulty they don't understand. Their disengagement can be mistaken as apathy or lack of aptitude. Their frustration mistaken as disruption. They often become socially distanced, bullied and disenchanted.

Unaddressed, DLDs significantly shape a child's development, education, and future participation in society. These challenges are often compounded by systemic barriers such as inconsistent early identification, varying levels of school support, social stigma, and limited access to tailored interventions. This is particularly true in rural and disadvantaged communities.

That is why I founded SHINE. Every child deserves the opportunity to be inspired to dream, believe and achieve their full potential. This can be achieved through access to intensive, multidisciplinary intervention and evidence-based support.

Thankfully, advances in teaching practices, assistive technologies, and professional training have created new pathways for students with DLD to thrive. There is growing recognition of the need for inclusive and evidence-based approaches to education and care. In recent years, policy reforms and increased awareness have also fostered a more inclusive mindset within schools and broader society.

But there is still so much more to do.

At the time of writing SHINE is approaching its 30th anniversary and a good time to pause in the hope that the next chapter of this vital work will be written by other individuals, organisations and governments whose work and values reflect our journey over three decades.

We are proud of to have changed the lives of 28,000 Australian children with DLD, and with our insights, approach and proven track record, we hope this report serves as inspiration for policy makers and educators to implement the changes necessary for every child to reach their potential.

This work needs to continue.

Andrew Dean Fildes, OAM
FOUNDER

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01 Part 1 – Introduction: About DLD and SHINE

What is Developmental Language Disorder?

Developmental Language Disorder (DLD) is a persistent difficulty talking or understanding spoken language, despite having no vision, hearing, neurological or cognitive impairment.

Affecting 2-3 children in every classroom, DLD has profound consequences on learning, social interactions, and mental health, and is associated with many negative life-long consequences.

Whilst Developmental Language Disorder is the currently accepted term, different labels have been applied to this condition over time, including developmental aphasia, congenital aphasia, developmental dysphasia, language deficit, language delay, language impaired, language disordered, minimal brain damage, learning disabilities, language-learning disabilities, specific language impairment, semantic-pragmatic disorder, pragmatic language impairment, and social communication disorders.

When assessed by an appropriately qualified team, children with DLD have a unique presentation including:

- Difficulty understanding words, answering questions and following instructions
- Difficulty using words, organising sentences, telling stories and having conversations
- Difficulty learning to read and write
- Difficulty with social interaction requiring language skills

DLD has no known causes, but there is some evidence that it can run in families, with an estimated 23 to 65 per cent of cases possibly having a genetic link.

There are a lot of myths surrounding children with learning challenges, however, and it's important to know that it is not caused by poor parenting, bilingualism, reduced exposure to language and learning opportunities, or by financial disadvantage.

DLD is estimated to affect between 3 and 12 per cent of the population, but it is often not identified. This means a child's lack of academic progress may be misconstrued as bad behaviour, lack of attention or stupidity.

Diagnosis and intervention is provided by a Speech-Language Pathologist (SLP). Diagnosis is incredibly important in order to provide adequate support and improve long-term outcomes.

Research has demonstrated the effectiveness of strategies and targeted skill development to provide extra opportunities to learn language.

> In summary, with the right supports and adjustments individuals with DLD can live happy, healthy, successful and meaningful lives.

About SHINE

Our Mission

To ensure every child with learning differences has access to intensive, multidisciplinary intervention and evidence-based support, and the opportunity for success.

Our Vision

To ensure every child has access to equitable opportunity and the resources they need to learn and develop to the best of their ability.

Our Story

Since 1996, SHINE (a division of the Andrew Dean Fildes Foundation) has been a leading provider of screening assessment and support for children with Developmental Language Disorder (DLD), helping tens of thousands of children gain the tools they need to overcome their challenges and reach their educational potential.

SHINE also partners with universities across the country to run Australia's largest clinical placement program for SLPs, Occupational Therapists, Psychologists, and Audiologists, giving the practitioners of the future an opportunity to hone their skills and learn from the best education experts in their field.

In fulfilling this dual purpose of helping children, teachers and families, whilst giving clinical placement opportunities to university students, SHINE is making an extraordinary difference.

This is because many of these children do not qualify for external and government funding (such as NDIS support) in order to receive multidisciplinary assessment and evidence-based intervention services.

The following report is a summary of SHINE's research findings and is intended to increase awareness of the challenges being faced by people with Developmental Language Disorder. It also highlights what resources and assistance are available to those looking to improve outcomes for Australian children.

This important report was funded by grants from the Sunshine Foundation and the SHINE ON Foundation.

In particular, it quotes statistics and data sourced from SHINE's Fact Sheet on Developmental Language Disorder – Andrew Dean Fildes Foundation and Helping Parents, Teachers and Speech-Language Pathologists Understand the FACTS about Developmental Language Disorder - Head Author, Dr Carl Parsons, available at www.shine.org.au:
SHINE relies solely on donations to deliver their critical services.

More funding would facilitate additional school programs, widespread education and awareness, and provide for further research; giving all children the potential to shine.

To find out more, please visit:
www.shine.org.au/how-you-can-help or reach out to our team through info@shine.org.au.

What we do

- **Screening Programs:** To ensure young children have adequate hearing, vision, gross and fine motor skills, speech, language, literacy, and social skills, to ensure children are identified early so they can receive proper intervention.
- **Comprehensive Multidisciplinary Assessments:** To understand individual skills in speech, language, literacy, mental health, motor and social abilities in order to provide appropriate diagnosis, intervention and access to allied health funding.
- **Resources and Training:** To equip parents and teachers with crucial knowledge and resources to understand and support skill development in speech, language, literacy, mental health, and social skills development of a child with learning difficulties.
- **Intensive Multidisciplinary Intervention Programs:** incorporating occupational therapy, speech language therapy, psychology, optometry, audiology, special education, art, dance, drama, music, and singing and physical activities that support treatment.
- **Information Programs for Parents and Young People:** To assist in understanding the nature, cause, and treatment options.

Our record

Over 32 years, SHINE has:

Screened more than
18,500
children, providing follow up care and assessment

Completed nearly
2,700
comprehensive multidisciplinary assessments

Provided more than
28,000
individual programs to children

Provided over
6,700
intensive intervention programs entailing some **201,000** hours

Employed advanced training of over
270
allied health professionals

Trained more than
2,000
University students studying allied health degrees

Directly supported
430
Primary schools across Metro and Regional Victoria and NSW

> SHINE is unique in a number of ways. There are no other programs like this in all of Australia.
>
> **DR CARL PARSONS** – PROGRAM DIRECTOR

> "It is really important to help the children, help the families, help the teachers, help the community to understand that some (children) are just a little bit different. And you can get some answers here at the SHINE Program."
>
> **ANNA MARTIN** – PARENT

CASE STUDY

02 Part 2 – DLD in Australia

The prevalence of DLD and available resources

Every classroom in Australia likely has at least one child struggling to learn, express themselves clearly, and connect socially with their peers—not because of low intelligence or poor teaching, but because of a condition few Australians have even heard of: Developmental Language Disorder (or DLD).

Research suggests that 3 to 12 per cent of the population have DLD. In fact, The Raine Study, one of Australia's most comprehensive child development studies, estimates the prevalence of DLD at 6.4 per cent of 10-year-olds, aligning with international figures.

This means DLD is one of the most common childhood developmental conditions—more prevalent than autism, ADHD, or hearing impairment, and affects around 1 in 14 children, or more than 350,000 school-aged Australians. Yet it remains largely under-recognised in public discourse, education systems, and policy.

Despite the scale and seriousness of the condition, Australia's systems are not keeping pace with the need. Speech-language pathologists, who play a critical role in diagnosing and supporting children with DLD, are often out of reach—particularly for rural and low-income families.

In some parts of the country, families report waiting over 12 months for public speech therapy appointments, or having to travel hours for a single session. Meanwhile, the National Disability Insurance Scheme (NDIS) does not consistently recognise DLD as a primary condition, creating further barriers to accessing funded support.

"It breaks your heart," one regional parent told The Guardian. "You know something's not right, but you're stuck on a waitlist or told to pay hundreds of dollars privately. Not everyone can."

SHINE recognised the need for an extensive review of the published research evidence and literature regarding DLD to break the myths and misconceptions associated with DLD, to simplify information, and to empower teachers, parents and speech-language pathologists supporting children with DLD.

Children with DLD have potential to reach or exceed educational targets that are set for typically developing children, provided they have the appropriate support.

Without additional, targeted, evidenced-based intervention, they will fall behind their peers. But with the right support provided to schools, teachers, parents, and health practitioners, these children can experience vastly improved learning outcomes, experience greater success and wellbeing throughout their lives, and more productive participation in the community.

> Imagine a world where every school has access to specialists such as Speech-Language Pathologists, Occupational Therapists, Psychologists, and other vital experts.

Teachers, children, and families would have the support they need to identify Developmental Language Disorder and provide the necessary intervention right there in the classroom.

This is SHINE's hope for the future of education.

[1] https://thedldproject.com/developmental-language-disorder-dld/

[2] Ibid.

[3] https://www.theguardian.com/australia-news/2022/may/02/breaks-your-heart-rural-kids-waiting-on-critical-development-services

Intervening when it matters the most

Australian schools, like most educational institutions, rely heavily on language skills to teach, transfer ideas, and map academic progress. Put simply, language is learning and learning is language.

Research has shown that children with DLD have long-term problems in childhood that not only affect learning in school, but also create enduring challenges in their lives if not appropriately supported or provided with intervention.

Although not every child with DLD will show all the same problems or exactly the same profile, it is important for teachers, professionals, families and those providing funding for these children to understand the myriad of difficulties children can have.

A child with DLD is at increased risk for adverse long-term outcomes across educational, social, vocational, mental health, and life-style domains.

People with DLD consistently experience the following issues:

Stress, anxiety and depression

Withdrawn behaviour

Bullying and victimisation

Low self-esteem and negative self-perception

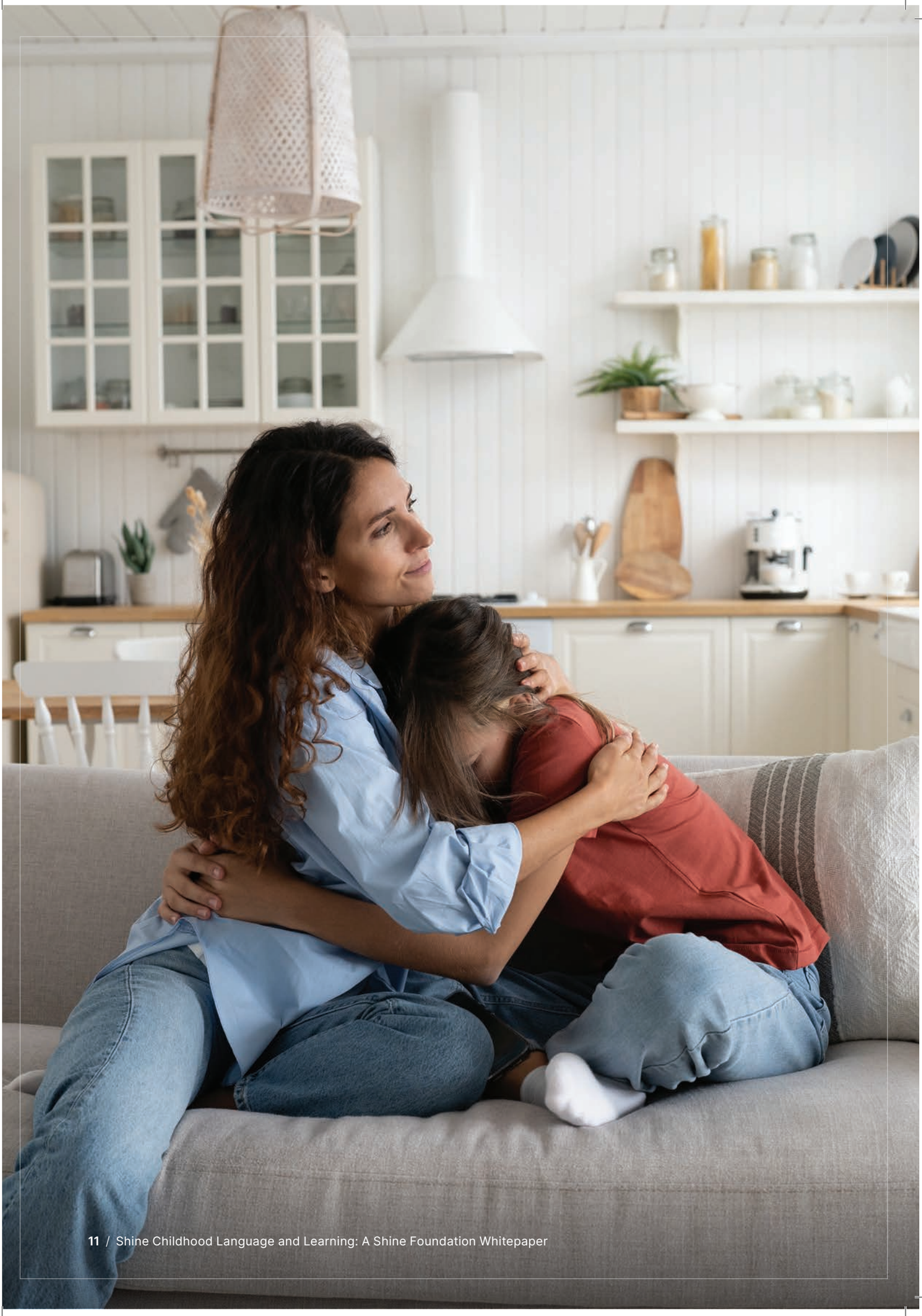
Difficulty forming friendships

Shyness

Three times higher incidence of suicide attempts

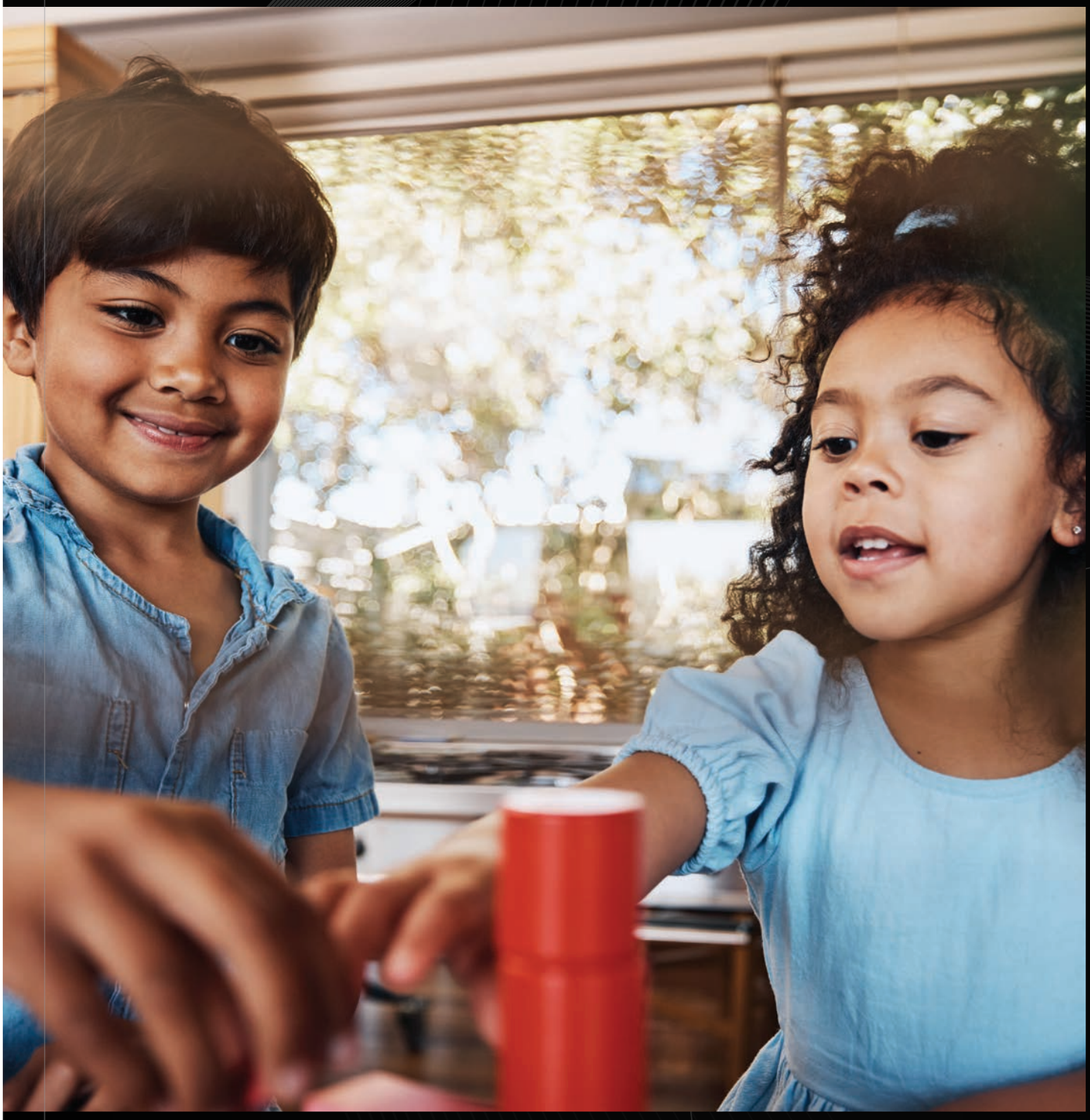
Long term unemployment

Therefore, it is important to identify these children and the associated difficulties as soon as possible so evidence-based interventions can be utilised before negative consequences occur.



CASE STUDY

03 Part 3 – How does DLD affect children?



DLD is multifaceted and requires a multidisciplinary assessment

DLD is a complex and multifaceted disorder, and as such it is often misunderstood by parents, teachers, and other professionals. It is important to recognise the ways in which a child's abilities and skills may additionally be impacted. Thorough assessments can help to identify how we might best support them.

Hearing

Individuals with DLD can have a history of transient hearing impairment and ear infections. They can have problems listening in noisy environments.

While traditional hearing is intact, children with DLD can have speech perception deficits and sometimes people refer to auditory processing skill deficits (when the brain has difficulty understanding and interpreting heard information).

Treatments for auditory processing skills and disorder in children with DLD are controversial; there is little evidence that working on auditory skills improves language skills.

Children with DLD need a hearing assessment, and sometimes recommendations about reducing background noise are made.

Vision

Children with DLD can have visual processing impairments and vision problems not identified by traditional vision tests. They may have trouble making sense of what they see, copying or noticing differences in pictures and letters.

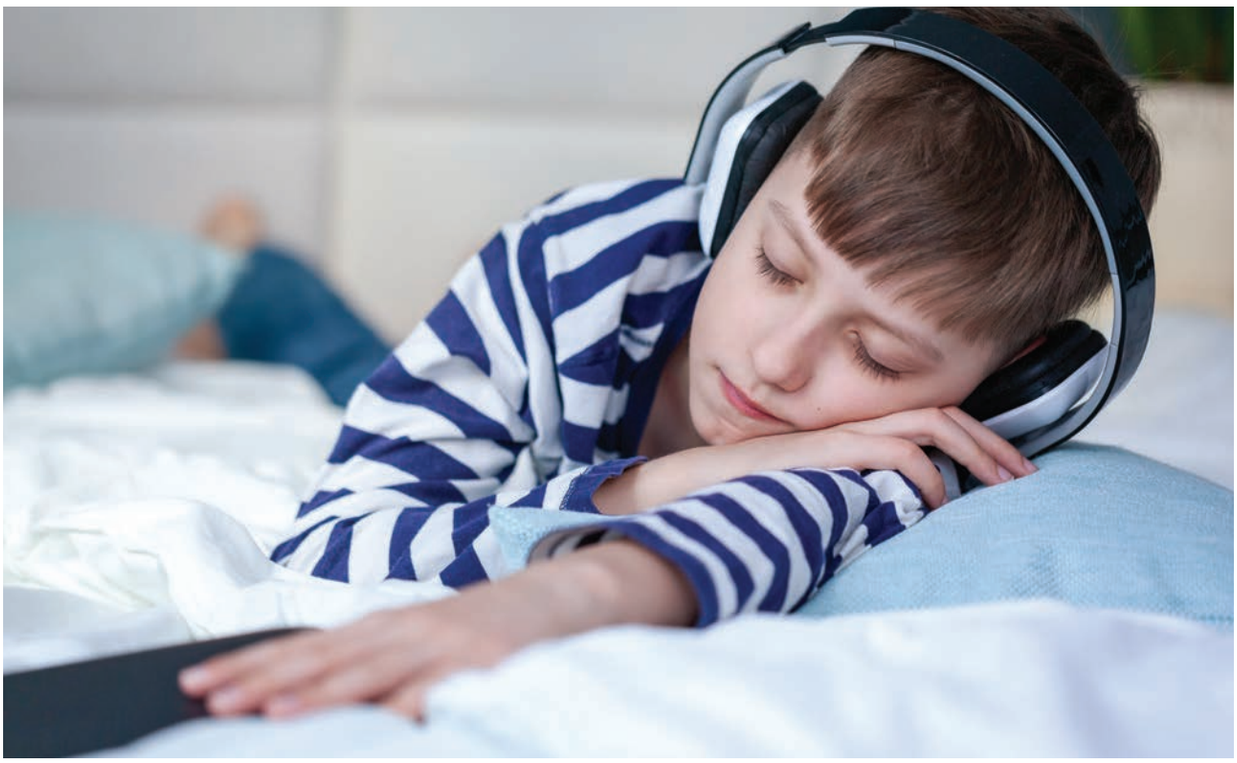
Children with DLD need a comprehensive vision assessment. They can benefit from visual cues that help with processing information and comprehension.

Sensory Processing

Children with DLD may have sensory processing problems, such as challenges interpreting and responding normally to touch, smell, taste, seeing, and hearing.

They may process information differently, impacting learning. Sensory processing problems can lead to unusual behaviours, self-stimulation, or avoidance of activities. Sensory processing research in DLD is limited.

Children with DLD should have a sensory processing assessment conducted by an occupational therapist. Early research suggests children with DLD may increase talking after vestibular stimulation.



Further DLD skill challenges

Motor Skills

Some children with DLD exhibit problems with gross and fine motor skills or have Developmental Coordination Disorder.

- Sequencing motor tasks can be difficult resulting in clumsiness and poor handwriting, throwing, or walking.
- Some children can a) have difficulties producing gestures b) produce more frequent gestures to replace words or c) reply more on gestures and visuals to aid their understanding of language.
- Children with DLD can also have problems with oral movements and are more likely to have Speech Sound Disorders.

Cognitive Skills

Some children with DLD exhibit cognitive issues.

- Children with DLD may have attention problems and research has found that ADHD is more common. There are still many children with DLD who do not have ADHD, however.
- They can have particular problems attending to auditory and speech and language information. Some children have working memory deficits – including phonological/verbal and visuo-spatial working memory issues or reduced working memory capacity, which is the amount of information they can think/hold in their mind at any given time.
- Reduced memory capacity can result in cognitive fatigue associated with sustained mental effort, diminished focus, a loss of mental energy, and academic problems. These issues can be aided by strategies such as information chunking and linking new information to information that a child already knows or understands.
- **Children with DLD may need more time to understand and respond.** They can struggle to process information in sequence, making tasks like learning the alphabet, numbers, and multiplication tables harder.
- Focusing on one task, reducing distractions and information, and speaking more slowly can give them more time to process, respond, decide, or act.

Learning

Children can have problems with learning, including:

- Explicit learning (intentional, memorising) and implicit learning (indirect learning by non-consciously extracting information from the environment), declarative (fact) and procedural learning (sequenced motor activity).
- As gaps in learning increase, children with DLD fall further behind their peers. They can learn to ‘give up’ due to experience not learning, even though they make reasonable attempts.
- Over time they become discouraged and think they are incapable of learning.
- **Children with DLD need more time to establish a skill and have difficulty developing use of the skill out of the initial learning context.** Understanding the individual learning style for children with DLD (auditory, visual, tactile) will support interventions and determine the best learning approaches.

Problem Solving

- Children with DLD can have problem solving difficulties and they can have impairments in analogical and deductive reasoning (making inferences).

Executive Functioning

Individuals with DLD may have impaired executive functioning.

- These are cognitive processes enabling individuals to plan, focus attention, remember instructions, juggle and prioritise tasks, and monitor and self-regulate behaviour/control impulses.
- Impairment results in problems in being organised, planning, adapting and persisting, working independently, initiating and completing activities, and controlling emotions/impulses.
- **Children should have an Executive Functioning Assessment to determine cognitive skill capacities and to support in delivering their individualised speech-language interventions and targets.**

Speech, language and communication

Vocabulary

- Children with DLD know fewer words and can have problems learning and using new words (fast mapping), retrieving words (word finding) and often use less precise, incorrect and nonspecific words (this, that, them, you know).
- Learning vocabulary is useful for language use, comprehension and development of literacy skills.
- **A range of successful interventions can assist with this process.** To learn words, children need more exposure and learning over longer time periods, including linking words to known knowledge. A Speech-Language Pathologist can do an assessment for the understanding and use of vocabulary.

Comprehension

- Children with DLD may have problems comprehending aspects of language that result in difficulties understanding sentences, instruction, questions, conversations, and making inferences (idioms, proverbs, metaphors, similes, humour, and slang).
- This can create reduced understanding of read passages, and limitations interpreting and using figurative expressions.
- Comprehension problems can also be associated with poor attention, memory, processing speed, vocabulary, and other factors.
- **It is important to have an assessment by a Speech-Language Pathologist to determine which aspects of language are not understood.** From there, a number of evidence-based programs can be implemented to support comprehension.

Grammar, Syntactic and Morphologic Skills

Children with DLD often have grammar development delays and present with grammatical errors. These are classic problems associated with DLD.

- Ongoing more subtle difficulties may persist into adolescence.
- They may produce shorter utterances, more simple sentences, and have problems using grammatical structures.
- Metalinguistic deficits making it difficult for children to judge accuracy and correct their grammar errors.
- Standardised assessments do not always adequately identify the exact nature of language impairments.
- **It is recommended that learning specialists appropriately collect and analyse language samples to uncover any difficulties with grammatical structures.** Fortunately, extensive research exists on how to develop grammatical structure use in conversational, narrative, and written communication.

Articulation / Phonology

Many children with DLD have articulation or phonological errors (incorrectly producing sounds, syllables or words) or difficulty processing sound-based information.

- Children may substitute sounds (‘wabbit’ for ‘rabbit’), omit a sound (saying ‘top’ instead of ‘stop’), or distort a sound.
- Multiple errors make it difficult to understand these children, which can impact literacy, social life and perception of self.
- Many children with sound errors report bullying and problems making friends.
- **Successful interventions exist to remedy sound errors.** A Speech-Language Pathologist can examine articulation skills of children with DLD and consider whether to treat these as a priority or simultaneously with language skills.

Speech, language and communication

Fluency / Hesitation / Mazes

There is a subgroup of children with DLD that show fluency difficulties or have more disfluencies than typically developing peers.

- Specifically more part-word and whole-word repetitions, and speech disruptions such as silent pauses before a phrase.
- Many children show hesitation phenomenon or mazes - silent pauses or filled pauses with “uhm”, “er”, “ahh – that signal holding a turn in a conversation while additional time is needed to plan what to say.
- Many children who stutter also show increased difficulties with language.

Pragmatics, Conversational Skills and Social Communication Impairments

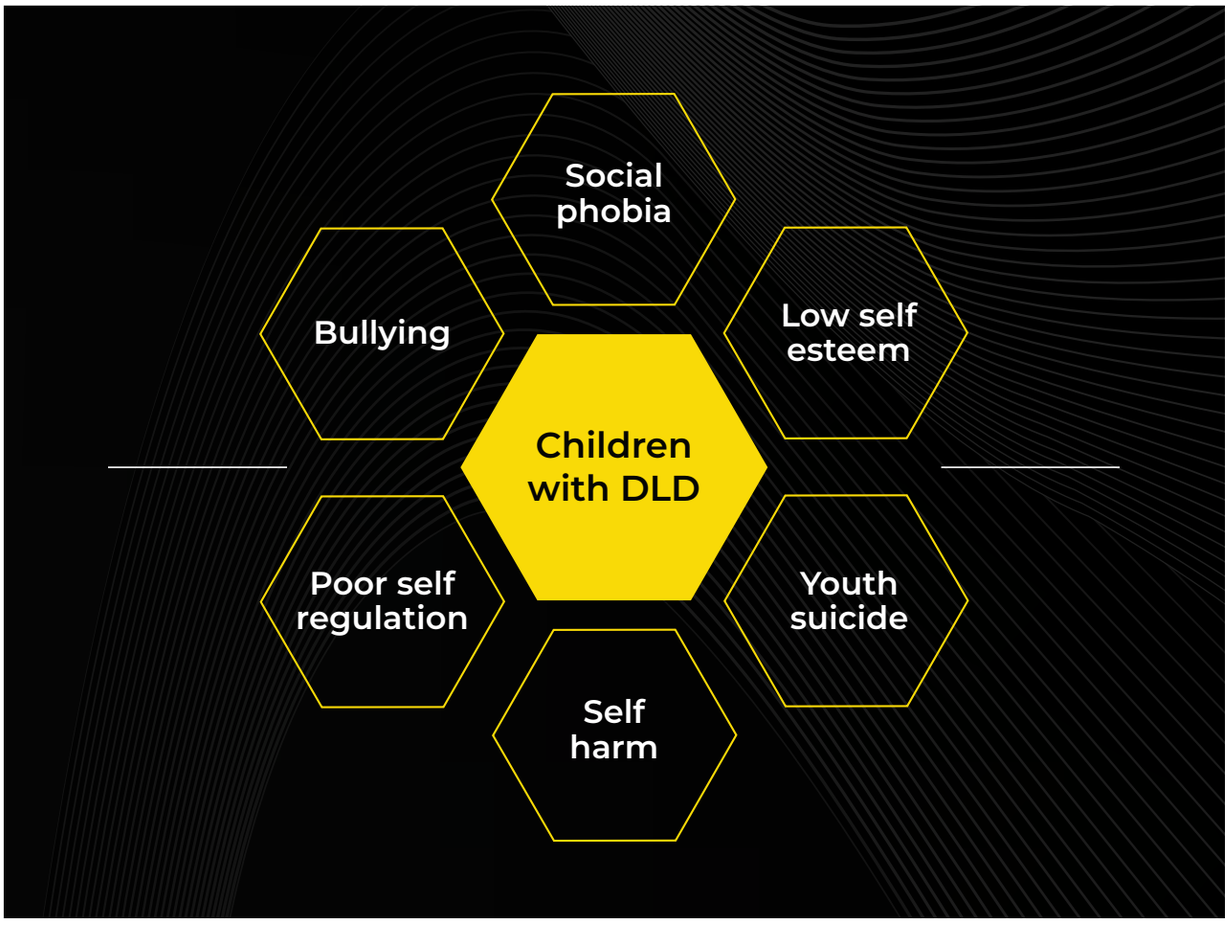
Many individuals with DLD have conversation, pragmatic and social skill difficulties resulting in problems with peer interactions.

- These include problems with conversational skills (difficulties initiating, entering, ending and maintaining conversations), pragmatic functions (requests for actions and information, responding to requests, asking permission, disagreeing etc), and perspective taking (inferring the intent of others).
- Children with DLD are often hesitant to initiate conversation even though they have a desire to engage with others - appearing reticent and shy.
- They can be non-responsive to initiations of conversation by peers or are ignored by peers.
- They can also exhibit problems changing and staying on topic, taking turns during conversations (can interrupt) or end conversations (may abruptly walk away).
- They may fail to provide specific or correct information or detail to listeners, have more communication failures and lack the ability to repair conversation failures.
- They make fewer requests for clarification when not understanding a conversation or direction and may have poor negotiation skills.
- Some individuals with DLD use a reduced range of request forms (to obtain objects, actions, information or permissions) and do not use higher level politeness strategies (indirect requests).They may therefore falsely present as rude.
- They use more ‘back channel’ responses (like ‘Yes’, ‘uh huh’, ‘okay’, ‘humm’, ‘oh’). This gives a false show of understanding conversations.
- Children with DLD are more likely to prefer adult communication partners and rely on others to initiate conversations.
- They may also be less skilful in social skills; but some may improve social skills in later childhood.
- It is unclear if problems with social interactions are related to social tasks that require language skills or if children have deficits in social competence.
- **Speech-Language Pathologists should examine children for suspected problems with pragmatics, social and conversational skills.** Children should receive an evidenced-based intervention to support development of their skills. Research evidence has demonstrated that many pragmatics, social and conversational difficulties can be improved.

Social, emotional and behavioural implications

Developmental Language Disorder is strongly associated with persistent social, emotional, and behavioural difficulties that begin in early childhood and often continue throughout life.

- It is unclear if children with DLD have higher social problems related to tasks that require language skills, or if the children additionally experience deficits in social competence.
- Poor language ability may also serve to identify someone as being “different” resulting in social rejection by peers.
- Children and adolescents with DLD often have low self-esteem related to social relationships and academic abilities.
- Repeated failures create an environment of ‘giving up’ which can lead to exiting formal education, a higher incidence of involvement with the justice system, and problems developing friendships.
- **35–40 per cent** of children with DLD are bullied by their peers
- Up to **67 per cent** of incarcerated youths have a language impairment
- **50 per cent** of teen suicides under the age of 15 have a learning difficulty
- Parents, teachers and professionals need to be aware of the increased risks to people with DLD.
- Every attempt to reduce bullying and support emotional regulation strategies and resilience should be made to improve the lives of children with DLD.
- Research also shows that once adolescents with DLD leave the academic focus of the school environment and shift towards a more personalised and vocational experience, their self-esteem can improve.
- **Early identification and treatment of social, mental health, and self-esteem issues are vital in supporting children and adolescents to live productive and fulfilling lives.**



Academic skills

Typically, children with DLD struggle to access the curriculum, and experience many academic problems that require specialised support.

As gaps in skill levels increase, children with DLD fall further behind their peers in educational attainment through primary and secondary school and perform more poorly across all areas of school. Up to 25 per cent of children with DLD repeat a grade.

Yet children with DLD have the potential to reach or exceed educational targets that are set for typically developing children, provided they have the appropriate support. Without targeted, evidenced-based intervention, they will likely fall behind their peers.

Performance

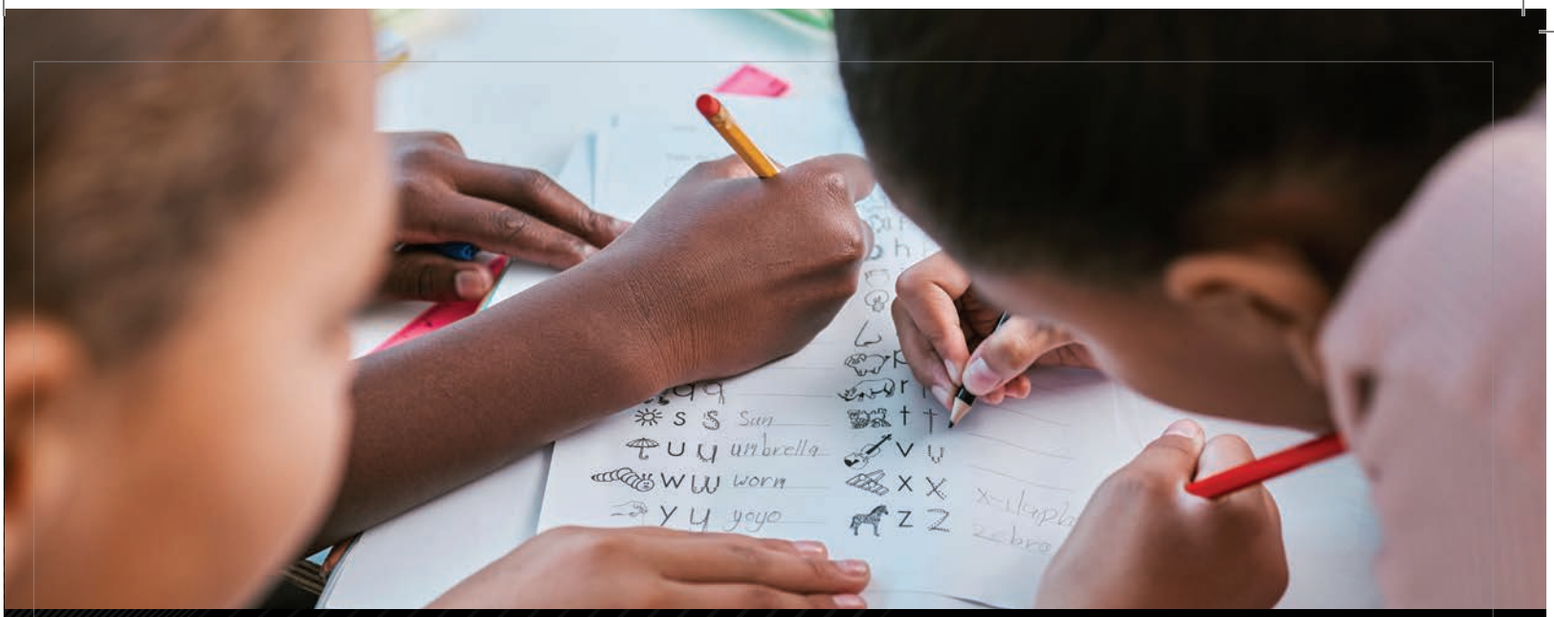
- English is often the weakest subject, followed by Maths and Sciences. Children may additionally struggle in subjects like art or physical education.
- As they progress through school, they can show increasing concern about academic achievement and rate their scholastic competence as lower than that of their peers.
- As they struggle to learn, they can become discouraged and are more likely to fail grades and drop out of school.
- It is important to know that there is not a strong relationship between IQ and language. We also cannot assume that there is a causal relationship between language and IQ or learning ability. Many children with lower IQs in the 40s and 50s have intact language skills. Similarly, many children with an average to high IQ can have DLD.

Comprehension and Narrative Production

- Children with DLD may have attention problems and research has found that ADHD is more common. There are still many children with DLD who do not have ADHD, however.
- They can have particular problems attending to auditory and speech and language information.
- Some children have working memory deficits – including phonological/verbal and visuo-spatial working memory issues or reduced working memory capacity, which is the amount of information they can think/hold in their mind at any given time.

Reading

- Children with DLD often struggle to learn to read. They show difficulties with phonological awareness (a strong predictor in literacy development), identifying letters and letter sounds, sounding out words, reading rate (read slow) and reading comprehension.
- Reading comprehension difficulties can result from language comprehension difficulties, vocabulary limitations and taking longer and more cognitive effort to read a passage – cognitive load.
- Reading rate can be slower due to refusal to read and difficulties sounding out and with rapid automatic naming skills (RAN) – ability to name letters, symbols and words quickly.
- Their reading and sounding out abilities can be less accurate. Children can have a tendency to look at the first letters in a word and guess rather than sound out the word.
- The relationships between DLD and literacy skills (Learning Difficulties & Learning Disabilities, such as Dyslexia) is strong but complex. DLD is closely associated with literacy problems/dyslexia – many but not all children with DLD have reading problems.
- Many but not all children with dyslexia or reading problems have or have previously had language learning difficulties in early life that resolved. There is a small group of children with DLD with hyperlexia, who can identify words and sound them out but do not comprehend what they read.



Writing

- Up to 15 per cent of children with DLD have a writing disorder that persists into adulthood.
- They are more likely to have problems learning to spell and generally make more spelling mistakes.
- Their handwriting can be slow, uneven and less legible than peers, often containing punctuation and capitalisation errors and more grammatical errors.
- Children with DLD often have problems starting writing tasks, generating ideas, or deciding what to write about.
- They generally use less words, lexical diversity and content, and produce incomplete and poorly organised stories that lack an appropriate narrative sequence and cohesion.

Numeracy and Maths

- Children with DLD are also four times more likely to have problems with numeracy and maths.
- They can require more time to do basic math activities and struggle with naming written numbers, writing spoken numbers, matching spoken and written numbers, remembering count sequences and rote counting, manipulating the counting sequence by counting on from a given number or counting backwards.
- They often have difficulties on math tasks that require exact calculations, make more calculation errors (including basic addition and subtraction) and use immature calculation strategies (e.g., finger counting).
- They can have problems using math fact retrieval strategies and understanding and using mathematical symbols which can lead to errors in computation.
- Children who show early counting will likely have continuing difficulties as they get older. Adults with DLD also struggle with finances and their financial literacy skills are reduced.

Foreign Languages

- When it comes to learning foreign languages, children with DLD are often exempted from learning another language to allow for additional work on English or attendance at special remedial sessions.
- However, this strategy is not based on research. There is some evidence that indicates that learning a second language can improve awareness of a native language, critical thinking, and executive functioning.

Children with DLD have the potential to reach or exceed educational targets that are set for typically developing children – provided they have the appropriate support.

DLD and life prospects

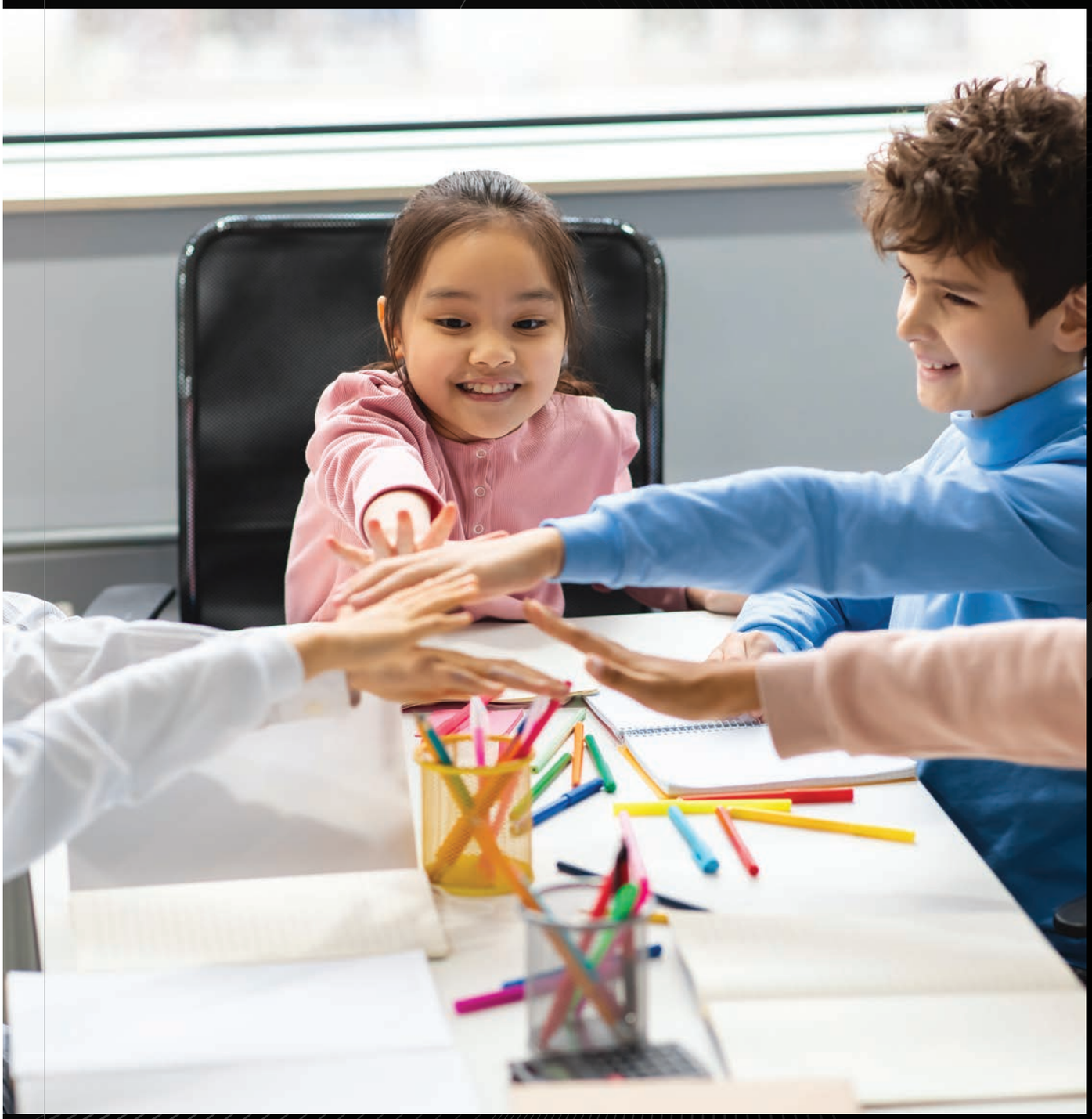
Employment Prospects

- In Australia there is an emphasis on helping people with disabilities to 'get a job' through the National Disability Insurance Scheme, but unfortunately people with DLD are not recognised by NDIS or skill providers supporting employment.
- As a result, people with DLD experience higher incidences of long-term unemployment and under employment.
- There is often failure to find or maintain paid employment, with chances reducing with increased severity of DLD.
- People with DLD are less prepared for job seeking and they occupy more part-time jobs.
- Young adults with DLD sometimes obtain vocational qualifications, although a small number complete secondary school and about 1 per cent complete under-graduate university degrees.
- People with DLD make job choices that are influenced by literacy skills – they often occupy lower skill employment positions or those that rely less on literacy skills.
- Overcoming some of the difficulties with language and literacy skills in school may lead to more job opportunities in the future.
- More focus should be provided at school on learning practical skills for life and employment opportunities for students with DLD.
- Greater social awareness would help with increased support for individuals with DLD to get appropriate training and employment. This would be of benefit on a societal and individual level.
- **Having a secure, suitably paying, and satisfying job can lead to independence and a happier, more satisfying life as one grows older.**
- Participation in the community and access to early support empowers individuals with Developmental Language Disorder to achieve stronger learning outcomes and lifelong wellbeing
- Beyond employment challenges, there are also difference in independence and community involvement.
- Adolescents with DLD are less independent than peers, being more likely to live with their parents and be dependent on them.
- It has also been identified that only 43 per cent of adults with DLD have a driver's license at age 24 compared to 75 per cent of their peers.

  This is often due to choosing not to take the written test or failing it. Yet, no differences exist between those with DLD and peers in traffic violations, accident rates, driving confidence or road test success rates.
- Individuals with DLD marry at similar rates to peers but are more likely to get pregnant in adolescence. The rate of being a parent is the same once adults with DLD reach 30 years.
- The research is unclear and lacking about social and community involvement across the life span with some suggestion that people with DLD are less integrated into their community.
- **They need to receive more support from others to participate in community activities.**

CASE STUDY

04 Part 4 – The way forward: Shine is a case study for success



Real stories

All names have been changed for privacy:

Taylor

Evelyn found out about SHINE on the internet and enrolled her son Taylor in their January intensive program.

The staff noted that he needed a multidisciplinary assessment and then a treatment program. The assessment was completed by the Speech-Language Pathologists, Psychologists, Occupational Therapists, Audiologists, and Optometrists. After the series of observations, discussions and reading reports from teachers and other people who had seen Taylor, it was determined that he had a Developmental Language Disorder and that he was showing signs of anxiety and fear of failure.

Over the next seven days of the program, Taylor had two very specific goals: 1) getting him to participate in tasks that he was good at such as art, music, drama, and computers, and 2) expanding his language into appropriate utterances of three, four and five words, and having him use those words in simple interactions with his clinicians and other children.

Taylor showed great progress; increasing his utterances and even talking to other children in the groups with him. Evelyn noted, “SHINE was a turning point in my life with my son. My son is a different child. It was almost like the day we walked into the program he came in as one child and that was on the Monday and by the Friday of the second week it was like Taylor had turned into a different child. He was confident, he felt like he could achieve.

> He felt like it’s okay to make mistakes, and the more you try the more you learn. He was learning. He was happy. He was not aggressive. He would attempt stuff he’d refused to try previously. He was just a different person altogether and the school noticed.

Virginia

Virginia was diagnosed with a conductive hearing loss. Subsequent assessments documented a language delay, which is mostly an expressive problem leading to a diagnosis of Developmental Language Delay.

A psychology report indicated that Virginia also had deficits in socialisation skills, supported by family concern that she was not making friends her age. Virginia’s school reported that her language difficulties were impacting her academic progress in English, maths, and science, suggesting she is about two-years behind the classroom average. Virginia’s family had not been able to access bi-weekly speech pathology services due to financial constraints. Virginia’s family applied for NDIS funding but were denied.

Virginia attended a SHINE Intensive Intervention program for two weeks. An in-depth assessment of her expressive language skills indicated that she was having difficulty using sentences in a grammatically correct manner. During her Intensive Program, it was demonstrated that Virginia could learn various grammatical structures using specific treatment techniques. Virginia’s father was also shown how to do this work.

A series of materials was provided to the family so that her father could work with Virginia at home, and a staff member used this material with Virginia at school. Virginia is now able to use a full range of grammatical structures correctly for her age. Her difficulties with language are less noticeable in the classroom.

> She is happier at school, her teachers have seen great progress, and Virginia’s family has begun to see the changes in their daughter.

Real stories

All names have been changed for privacy

Riley

Riley is a six year old who attends Grade one at school. He was identified as having unintelligible speech during a SHINE Screening Program at his school.

The teachers were aware that he had major problems with his speech. Other children in his class found it difficult to understand him when speaking and a few had made comments to him. This resulted in Riley becoming self-conscious and having difficulty making friends. He is shy and reserved and reluctant to communicate to other children and adults due to his speech difficulties. His family is aware of his difficulty, but seem to understand him better at home.

The SHINE assessment of his speech indicated that he can make almost all the sounds for his age, but he does not always use the sounds in his speech. For example, in longer words he often leaves off the last sound. Sometimes he substitutes one sound for another. He received two SHINE programs at his school of seven weeks over two terms. The goal was to work on getting him to slow his rate of speaking and learn to add sounds that he could already articulate (but wasn't using) at the end of words. Riley reached his goal over the course of the SHINE Program.

He was able to produce the correct speech sounds at the ends of words and also slowed his speech, which improved his intelligibility. Riley is now more able to speak clearly during conversations with others. His classmates are beginning to interact with him more. His teachers and parents were shown how to help remind Riley to slow his speech and also how to make all of his sounds correctly.

> Riley's teachers and parents have reported that he is now more willing to answer questions and initiate conversations with people he meets.

Nella

Nella was diagnosed with Dyslexia when she was ten. Nella's NAPLAN and reading results have continued to decline since. When she was younger, Nella was reported to be a happy, bubbly bright child. In the last two years Nella has shown increased anxiety about reading and going to school, as well as signs of depression, and has refused to be involved in sporting activities or social groups that she once enjoyed. This past year she started refusing to attend school, which has led to multiple arguments with her family. Nella's school identified her as needing a targeted intensive intervention program.

SHINE organised a program at her school that over two non-consecutive terms. The SHINE team completed a detailed assessment of Nella's actual reading skills, which showed that when attempting to read words of more than two syllables, she would leave out sounds or simply guess. She would see the first letters and guess what the word was, even if it didn't make sense in a sentence. Nella attempted to read very quickly, and this exacerbated the problem. These difficulties severely affected Nella's reading comprehension.

SHINE staff utilised an evidenced-based intervention, breaking multisyllabic words down into the various syllables (segmenting), sounding each out individually, and putting them back together (blending). This approach also encouraged her to remember to slow down to sound the words out accurately. Gradually, Nella was able to sound out words with two, three, and four syllables consistently with 90% accuracy. She began to recognise that her abilities were developing, and felt confident to attend school consistently.

> Nella even volunteered in the school program to read books to young children in grade one. Nella's NAPLAN scores this past year have improved to such an extent that she now scores in the "average" range for her age group, has rejoined her netball team and is looking forward to high school.

CASE STUDY

05 Part 5 – The future

Future research directions

The information in this report is presented for families, teachers, and professionals supporting children with DLD. Historically, there has been an emphasis on the issues related to delayed development of language and the slow progression of grammar skills. The research has shown us that many children with DLD may have long term outcomes that negatively affect them and their potential.

It is hoped that an increased awareness of these issues will guide families and teachers in identifying the multitude of ongoing and lifelong problems children with DLD may have. These areas may all need some additional interventions targeted at improving skills.

By understanding the complex issues surrounding DLD and improving skills we may be able to reduce the many co-morbid problems and the quality-of-life issues that are associated with DLD.

In addition, treatments may lead to better school outcomes, reduced mental health issues, and improved quality of life experiences for people with DLD. However, parents, teachers, and specialists in DLD will need to work together to achieve better outcomes for these children.

Researchers also need to become more proficient at providing specific details about how children are diagnosed, if they fall into particular subgroups, the severity of the DLD, and the characteristics of those children with DLD in order to understand what places a child at greater risk.

Another important detail is the lack of information about girls and women with DLD. A special emphasis on research in this area needs to be completed.

A major problem in the research, is that although many statements are made about the problems with children with DLD, it is clear that these problems are NOT universal, that is not all children exhibit all of these problems. We need to get a better idea of the exact profile and trajectory for each individual, and a better understanding of how many children with DLD have these characteristics impacting their learning and life outcomes.

More research needs to be completed on what interventions and intervention strategies lead to the best outcomes for children with DLD on the various issues identified here.

The road ahead – Priorities for government:

To properly address the widespread and lifelong impacts of Developmental Language Disorder, Australia needs a coordinated, well-funded national response.

Both federal and state governments have critical roles to play in closing the current service and recognition gaps.

1

National Recognition of DLD as a Priority Disability

- The Federal Government should formally recognise DLD as a distinct, high-prevalence developmental disorder in health, education, and disability policy frameworks.
- DLD should be included in the list of disability types eligible for support under the NDIS, with clearer diagnostic pathways and funding for early intervention.

2

Sustainable Public Funding for Speech Pathology Services

- State governments, through education and health departments, must fund salaried speech-language pathologists in all public schools—particularly in areas of high need such as rural, remote, and low-income communities.
- Investment in public community health services must also increase, reducing long waitlists for preschool and early primary-aged children.

3

Universal Early Language Screening and Intervention

- Introduce nationwide early language screening at key ages (e.g., 3.5–4.5 years), embedded in child health checks and kindergarten programs, to allow for earlier identification and support.
- Governments should co-fund evidence-based early language intervention programs, ensuring children with DLD receive support before starting school.

4

Teacher and Professional Training

- Fund comprehensive pre-service and in-service training for teachers, early childhood educators, and allied health workers to recognise DLD and support inclusive learning practices.
- Invest in the development of classroom-based tools and resources that promote language-rich environments for all children.

5

Data Collection and Research

- Allocate federal research funding to track the prevalence, service access, and outcomes of children with DLD across Australia.
- This data should inform targeted funding models and enable consistent service delivery standards across states and territories.

Acknowledgements

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Key Researchers and Authors	Key Sponsors
Dr Carl Parsons	SHINE ON Foundation
Dr Jessica Matov	Sunshine Foundation
Samantha Smrekar Thompson	Andrew Fildes, OAM
Juliette Theobald	Andrew Dean Fildes Foundation
Chrystal Symons	Mutual Trust

Our team

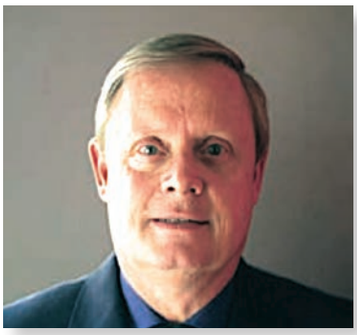
Andrew Dean Fildes

OAM – FOUNDER AND DIRECTOR

Andrew has dedicated his life to helping children reach their full potential through the work and programs of the Foundation and SHINE that he established in 1996. As a child of the 1970s with severe Language Learning difficulties including Autism Spectrum Disorder, Language Disorder, and Dyslexia, his devoted and dedicated family maintained intervention and intensive therapy.

This resulted in Andrew completing his schooling and tertiary qualifications, followed by a dynamic and rewarding career as a Cargo Freight Broker. His purpose since then has been to provide this support at little or no cost to families and as a result has positively impacted the lives of tens of thousands of children and their families.

Andrew's leadership and dedication is a consistent inspiration to the team and the wider community.



Dr Carl Parsons

PROGRAM DIRECTOR

Dr Carl is an eminent clinician and academic, and has been the brains trust behind SHINE and the Foundation for the last 26 years. He holds a Bachelor of Science (Speech Pathology & Audiology), a Master of Science in Education and PhD in Communication Disorders and Developmental Neuropsychology.

His career has spanned many posts as a professor, clinician and consultant to universities, schools and specialist centres in Australia and the United States. Carl is widely published internationally and has contributed his expertise to innumerable curriculums, projects and policy development projects.

Through National Program Director for SHINE and the Andrew Dean Fildes Foundation he has been able to build clinically effective programs informed by decades of senior experience, and the highest level of international research and technology. SHINE's programs are robust, rigorous and evidence based, and over the last few decades have immeasurably improved the lives of children and their families.

Our team

Dr Amanda Musicka-Williams

DRAMATHERAPIST

Dr Amanda Musicka-Williams is a Dramatherapist, professional supervisor, educator and researcher with over twenty years' experience in Australia. She completed her Masters at the Central School of Speech and Drama in London and her PhD in dramatherapy research at The University of Melbourne. Amanda has worked across mainstream and special education, community mental health, the justice system, homelessness and domestic violence services, and private practice.

She has a particular interest in collaborative approaches with neurodiverse youth and has been involved with the Andrew Fildes SHINE programs for over a decade. Through the Rehearsal for Real Life program, which she designed and facilitates, young people build social-emotional skills, problem-solving abilities and well-being through dramatherapy role-play and creative collaboration.

Amanda is passionate about the role of creative arts therapies in expanding mental health and educational supports for young people and continues to publish and contribute to research in these fields.

Dr Jessica Matov

PROGRAM CO-ORDINATOR AND SENIOR CLINICAL SUPERVISOR

Dr Jessica Matov is an experienced Speech Language Pathologist and Clinical Educator, with an interest in research and evidence-based support of children with speech and language concerns. She holds a Bachelor of Biomedical Science, Master of Speech Pathology and PhD in language assessment and intervention services.

Jessica has worked in research positions and as a paediatric speech pathologist in school settings across private and government sectors before joining the Andrew Dean Fildes (SHINE) Foundation. Jessica has published several research papers and is a strong advocate for family access to quality allied health services.

She is very passionate about supporting children in education so that they can SHINE and achieve their full potential.

Other key elements of our team

The SHINE Team includes a large number of professional part-time sessional staff who have been employed each year to supervise the University students on placements during the program and to ensure quality services.

These include:

108
Professional Speech-Language Pathologist Supervisors

35
Professional Occupational Therapist Supervisors

2
Physiotherapists

13
Professional Psychologist Supervisors

4
Professional Audiologist Supervisors

1
Social worker

22
Arts Therapists and Art Teachers (Art, Dance/ Movement, Drama, Music and Singing)

5
Vision Specialists

38
New Graduate Models in Speech-Language Pathology

2
Play Therapists

25
Special Educators (IT, Physical Education, Reading and Special Education)

16
New Graduate Models in Occupational Therapy

A **SHINE**
Whitepaper

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