



New Zealand
Speech-language
Therapists' Association

*Te Kāhui Kaiwhakatikatika
Reo Kōrero o Aotearoa*

New Zealand Speech-language Therapists' Association (NZSTA) Statement on the Term Developmental Language Disorder (DLD) in the Aotearoa New Zealand Context: Background and Considerations for Practice

This document has been prepared to support self-reflection for speech-language therapists in Aotearoa New Zealand regarding the use of the term Developmental Language Disorder (DLD). As international terminology continues to evolve, its application within our local context requires careful, culturally grounded consideration. The NZSTA acknowledges the diverse viewpoints held within our profession and recognises that the adoption of any diagnostic label carries implications for equity, identity and wellbeing, particularly for Māori and other communities whose experiences may not be fully reflected in Western diagnostic traditions. This document outlines some of the issues and considerations regarding this kaupapa, situating them within Aotearoa New Zealand's unique cultural, historical and clinical landscape. It is intended to guide individual practitioners as they evaluate their own practices, reflect on underlying assumptions and make informed, culturally responsive decisions when working with tamariki and their whānau.

This statement represents the board's whakaaro at this time and further exploration is not on our workplan presently. We warmly encourage members to undertake and contribute to local research on this topic.

Background

In 2017, the international CATALISE-2 project sought to address longstanding inconsistencies in the diagnostic criteria used to describe childhood language difficulties (see Bishop et al., 2016; Bishop et al., 2017). The project brought together 59 selected experts in speech and language development, who participated in multiple rounds of rating statements related to language identification, relevance and validity. Although the initial aim of the project was not to create new terminology, the repeated consensus rounds revealed a recurring theme: existing terms were applied inconsistently and did not adequately capture the diverse presentations of

children with language difficulties. As this pattern became clearer, the group concluded that a new overarching term was required.

Prior to this work, language-related conditions were variously described using terms such as *specific language impairment* and *language delay*. Through the CATALISE-2 consensus process, the term *Developmental Language Disorder* (DLD) was endorsed for language disorders not associated with a known biomedical aetiology. Since then, the term DLD has been increasingly adopted across several Western countries, including the USA, Canada, UK and Australia, and has been integrated into service delivery and funding frameworks. In some contexts, its adoption has been actively promoted. The term is now included in the *International Classification of Diseases for Mortality and Morbidity Statistics, 11th Revision (ICD-11)** within sections 6A01.2–6A01.2.

Despite the CATALISE process undoubtedly being grounded in the intent to improve clarity and consistency, it had notable limitations. Only four New Zealanders participated, and there was limited or no consideration of Indigenous worldviews. The process drew heavily on Western scientific knowledge and was largely shaped by participants from English-speaking, high-income countries, many of which rely on diagnostic labelling to access services. These contextual factors inevitably shaped the resulting recommendations.

Since the wider international adoption of the term DLD, speech-language therapists in Aotearoa New Zealand have engaged in robust and ongoing discussion about its suitability within our context. Much of this conversation has been driven by NZSTA members, including a dedicated working group that operated independently of the NZSTA Board. While these discussions have been thoughtful and wide-ranging, they have not resulted in collective agreement. This document summarises some of the perspectives and challenges identified by members of our speech-language therapy community and provides key considerations for practitioners to reflect on regarding the use of the term DLD in clinical practice.

Considering DLD Within the Aotearoa New Zealand Context

Within the NZSTA membership, there are differing and often strongly held views regarding the adoption of the term DLD. Some members value the alignment with international practice and believe that adopting the term promotes consistency, shared understanding and advocacy for children with language difficulties. From this standpoint, diagnostic clarity is seen as a pathway to improving visibility, resourcing and potentially access to services.

Others, however, view the term as misaligned with the cultural, historical and social realities of Aotearoa New Zealand. Concerns relate to its deficit-focused framing, its grounding in Western diagnostic traditions and the potential harm that may arise when applying this label without consideration of Aotearoa's unique cultural context. For these members, the use of the word *disorder* is not a neutral descriptor, rather it reflects a Eurocentric worldview that may inadvertently reinforce narratives of inadequacy, including those historically applied to Māori.

As an association, the NZSTA is guided by its Te Tiriti Responsiveness Plan, which emphasises shared responsibility and accountability in addressing long-standing and ongoing inequities affecting Māori wellbeing. This includes critically examining the adoption of diagnostic labels that may contribute to inequity or cause harm. Language is deeply embedded in cultural identity and any conceptualisation of language difficulties must reflect our bicultural foundations and honour Te Tiriti o Waitangi.

This position aligns with frameworks that prioritise strengths-based, culturally affirming approaches centred on tamariki and their whānau. The Ministry of Education's *He Pikorua* framework, for example, places children and whānau at the centre of decision-making and emphasises practices that affirm identity, strengths and wellbeing. Importantly, *He Pikorua* principles do not require a diagnosis for intervention to occur, underscoring the value of responsive support over categorisation.

Childhood language difficulties can have far-reaching and lifelong impacts, shaping communication, social relationships, educational opportunities and overall wellbeing. Because language is intimately tied to identity and self-expression, any framing that does not fully account for cultural and linguistic diversity risks misunderstanding a child's experience. In Aotearoa, it is essential that identification and intervention strategies honour the strengths and lived experiences of Māori and Pasifika communities. A deficit-focused approach risks widening existing inequities rather than addressing them.

At the same time, the absence of a clear and shared framework for language difficulties has consequences. A diagnostic term, and the visibility that comes with it, can support advocacy, planning and funding decisions. Despite language difficulties affecting an estimated 7% of 4–5-year-olds (Norbury et al., 2016), they remain largely invisible within national policy, including the *Learning Support Action Plan 2019–2025*. In contrast, other neurodiverse conditions such as dyslexia and Fetal Alcohol Spectrum Disorder (FASD) have gained significant public and policy attention. For some, this disparity highlights gaps in recognition, resourcing and targeted support for children whose primary challenges are language-based.

Language and literacy challenges are also closely interrelated. According to the *Simple View of Reading* (Hoover & Gough, 1990; Gough & Tunmer, 1986), reading comprehension depends on both decoding skill and language comprehension. New Zealand data show that approximately 66% of 8–10-year-olds with reading comprehension difficulties have language as a contributing factor (Sleeman et al., 2024). Nevertheless, the language component of literacy difficulties receives far less visibility and advocacy compared with decoding-based challenges such as dyslexia. This underscores the need for greater recognition of language-based barriers to reading success and the children most affected by them.

Any move toward diagnostic labelling must carefully weigh the risks of both under- and over-identification, considering the potential impacts on children, whānau and access to appropriate support. Under-identification may result in children's needs being overlooked, limiting

opportunities for timely and targeted intervention and potentially contributing to ongoing inequities in educational outcomes. Conversely, over-identification, or identification that does not fully account for cultural, linguistic, and contextual factors, may lead to unnecessary labelling, stigma, or lowered expectations, and can place undue stress on whānau.

In the Aotearoa New Zealand context, diagnostic labels do not, in principle, determine access to services or funding; however, they may still influence how children are perceived, how their needs are understood and how whānau navigate support systems. Both under- and over-identification therefore carry the risk of shaping a child's trajectory in ways that may not reflect their strengths, identity or lived realities. For practitioners, this underscores the importance of critical reflection, culturally grounded practice, whānau collaboration and careful consideration of whether assigning a diagnostic label will ultimately support, or inadvertently hinder, a child's wellbeing.

Cultural and Clinical Considerations

Understanding DLD within the context of Aotearoa requires a balance between international consistency and locally relevant, culturally appropriate terminology. While global definitions provide a common language for research and practice, they must be adapted to reflect the diverse linguistic and cultural realities of our communities. Alternative framings, such as the concept of *takiwātanga* (autism as 'in his or her own time'), highlight the importance of discussing language challenges in a way that moves beyond deficit-based narratives. Through the use of *takiwātanga* in their international research, New Zealand researchers actively question dominant Western narratives in autism research, using the term to open discussions about how culture influences the perception and support of neurodiverse individuals globally. The desire for a move away from deficit-based language has been reported in New Zealand research (Quigan et al., 2021; Ingham et al., 2022).

Additionally, language difficulties often do not exist in isolation but can co-occur with broader factors such as mental health challenges and historical trauma, necessitating a more holistic perspective. Many tamariki in Aotearoa grow up in multilingual environments, making it essential to differentiate between language differences and true language disorders to prevent misidentification. Accurate diagnosis requires a collaborative approach, where speech-language therapists work alongside educators, psychologists and communities to ensure that assessments and interventions are effective and culturally responsive.

Furthermore, given the infancy of its adoption, there is limited research to understand the long-term impact of a diagnostic label such as DLD. Other research in areas such as ADHD suggests that the diagnostic label led to poorer outcomes for diagnosed children (see Kazda, McGeechan & Bell, 2022 and O'Connor & McNicholas, 2020). Further, some young adults with a diagnosis of dyslexia have also felt the label was stigmatising (Morris & Turnbull, 2006). There is some evidence that New Zealand mothers of children with a diagnosis of DLD may find this label useful for better understanding their child's difficulties and for seeking additional support,

although equally, other mothers found the deficit-based label problematic and that it did not necessarily change the approach to intervention or increase understanding from others (Newbury & Eagle, 2023).

Points to Consider for Practitioners

Holistic and Culturally Safe Assessment

Ensure assessment practices are holistic and culturally responsive, recognising that traditional Western models may not adequately capture the linguistic and cultural strengths of Māori, Pasifika and multilingual children. Consider how Māori ways of knowing and being can guide assessment processes, interpretations and decisions.

Multilingual Assessment Challenges

Be mindful of the limitations of standardised assessments for bilingual and multilingual children, including the lack of normed tools, limited availability of multilingual clinicians and the variable influence of language exposure. Interpret assessment data with caution and avoid over-reliance on tools not designed for the child's linguistic context.

Multiple Perspectives and Shared Understanding

Gather information from a range of perspectives (e.g., child, whānau, educators, and practitioners) as guided by *He Pikorua*. This supports a more accurate, culturally grounded understanding of the child's communication strengths and needs.

Whānau Aspirations and Informed Consent

Ensure whānau are meaningfully informed about what a DLD diagnosis entails - both immediate and long-term implications. How might this label influence expectations, decision-making, access to resources and hopes for their child now and into the future?

Funding and Service Access

Clarify that access to support and funding is not necessarily dependent on a formal DLD diagnosis. This helps challenge assumptions that diagnostic labels are always required to obtain services.

Diagnosis vs. Descriptive Language

Consider the long-term impacts of assigning a diagnostic label compared with providing a descriptive account of a child's communication profile. Reflect on implications for identity, stigma, strengths-based practice and access to support.

Cultural and Indigenous Perspectives

Reflect on the absence of an indigenous worldview in the CATALISE framework and consider how the DLD label aligns, or conflicts, with cultural understandings of child development, identity, disability and communication within Aotearoa New Zealand.

Relevance to Intervention Planning

Evaluate whether a DLD diagnosis would meaningfully change intervention decisions or strategies. If the label does not substantially alter the support provided, consider the purpose and utility of assigning it.

Conclusion and Future Directions

The NZSTA recognises the evolving discourse surrounding childhood language difficulties and remains committed to ensuring that any terminology used in Aotearoa aligns with our values of cultural responsiveness, inclusion and equity while not impacting on access to essential services for children with these needs. Our role is not to endorse or reject specific terminology, but to contextualise thinking within Aotearoa and support practitioners to navigate this complex and developing space with care and consideration.

There is a clear need for further research in Aotearoa, grounded in Indigenous and bicultural methodologies such as Kaupapa Māori and Tangata Moana approaches. Culturally safe, relevant research must centre the voices of tamariki and whānau and involve meaningful engagement with iwi, hapū and key stakeholders. This kaupapa is substantial and ongoing. Future directions may include a locally led Delphi process involving practitioners and researchers, both Māori and non-Māori, who are committed to shaping terminology that reflects Aotearoa's unique cultural context. A future direction may also include exploring the development of a culturally grounded term or framing for language difficulties - one that reflects Māori worldview, affirms strengths and identity and better aligns with the unique context of Aotearoa New Zealand. Whānau perspectives must remain central to this work.

As we continue to engage with this complex and evolving landscape, the NZSTA remains committed to promoting thinking that is culturally grounded, strengths-based, evidence-informed and responsive to the needs of our tamariki and their whānau. The conversation surrounding DLD presents an opportunity to reconsider how we conceptualise and respond to language challenges in Aotearoa - an opportunity guided by innovation, partnership and cultural wisdom. By keeping these values at the heart of our practice, we can ensure that every child is supported to thrive.

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