DYSLEXIA SCREENING AUSTRALIA

# LEFT BEHIND

## The Dyslexia Identification Gap in Australia and What We Can Do About It

### The Case for Universal Screening

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*A white paper by Dyslexia Screening Australia*

Introducing DYSORA™ — Dyslexia Screening Australia's dyslexia pre-screening platform

2026 | Version 3.0

*This document is intended for parents, educators, policymakers, health professionals, and funding bodies. It does not constitute clinical or legal advice. DYSORA™ is a dyslexia pre-screening tool and does not replace formal assessment by a qualified professional.*

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ABOUT THE AUTHOR

# PERSPECTIVE THAT BECAME PURPOSE

Before founding Dyslexia Screening Australia, Bernadette Haigh spent more than 25 years building, scaling, and selling businesses across multiple industries, including ventures that reached seven and eight-figures. Her career was built on identifying gaps others had overlooked and creating practical, scalable solutions to solve them.

But behind that entrepreneurial success was a child who moved through every year of school with undiagnosed dyslexia and limited support.

Dyslexia was never identified, explained or accommodated throughout her education. She developed coping strategies without understanding why reading and learning felt harder than it seemed for many of her peers.

Navigating a system that was never designed to recognise children who learn differently, became the foundation for everything that followed.

Dyslexia Screening Australia sits within a broader social enterprise ecosystem that includes *Daring Dyslexic*, a growing advocacy and community platform supporting dyslexic children and their families globally. Through the *Doing Dyslexia Differently* podcast, educational resources, and ongoing community engagement, years have been spent listening to the first hand experiences of families navigating learning differences, delayed identification, and systemic barriers to support.

Dyslexia Screening Australia is built from professional and personal experience, deep community insight, and the belief that entrepreneurial innovation, applied intentionally to a system that continues to leave many children unidentified, can help create change where traditional pathways alone have struggled to do so.

**A NOTE ON PERSPECTIVE**

This paper has been written from the perspective of a founder, parent advocate, and entrepreneur working within the dyslexia and learning support space.

It draws on peer-reviewed research, government policy, published data, and the lived experiences of Australian families navigating dyslexia and its co-ocurring learning differences. Clinical and research-based references are cited throughout.

Dyslexia Screening Australia welcomes collaboration with educators, clinicians, researchers, policymakers, and advocacy organisations committed to improving early identification and support outcomes for Australian children.

EXECUTIVE SUMMARY

# THE CASE IN BRIEF

Dyslexia affects an estimated one in ten Australians, including approximately 800,000 school-aged children. It is neurobilogical in origin, lifelong in its impact, and highly responsive to early, targeted intervention.

When identified in the early years of schooling, children with dyslexia can make significant progress with appropriate support. When identification is delayed, as it routinely is in Australia, the consequences compound across a lifetime: academic struggle, secondary anxiety, school disengagement, reduced employment outcomes, and diminished life opportunities.

Australia is now moving toward universal phonics screening in Year 1 through the Federal Government's Better and Fairer Schools Agreements. This represents important progress. However, phonics screening identifies children who are not decoding at the expected level. It does not identify dyslexia, provide an individual learning profile, or create a pathway to dyslexia-specific assessment and support.

The gap between a failed phonics check and timely dyslexia identification remains largely unaddressed.

Formal diagnosis still relies heavily on costly private assessment, with no Medicare coverage and wait times that can extend for years.

This paper highlights four core arguments:

- The **cost of delayed dyslexia identification** is educational, economic, social, and generational. When children are not identified early, the impacts extend far beyond the classroom and across a lifetime.

- Australia's **identification bottleneck** has shifted. Phonics screening is expanding nationally, but the gap between an early screening signal and timely dyslexia identification remains largely unresolved.

- The **psychologist-only diagnostic pathway** is institutional convention, not legislative requirement. It has become one of the primary drivers of cost, delay, and inequitable access to identification.

- Formal dyslexia diagnosis does not automatically unlock **individual funding support** for children in Australian schools. In most cases, funding is allocated at a school level, and support remains inconsistent.

Note: Dyslexia prevalence estimates vary internationally depending on diagnostic criteria, language orthography, and study methodology. This paper uses the widely cited Australian estimate of approximately 10% while acknowledging that some researchers argue the true prevalence may be higher because of under-identification

DYSORA™ is introduced in this paper as a practical response to Australia's dyslexia identification gap.

It is a dyslexia pre-screening tool, not a diagnostic assessment or broad developmental screener. Its purpose is to provide families with an accessible, evidence-informed pathway when concerns about reading difficulties first emerge, or when a child has been identified through phonics screening.

Available online across primary school age groups DYSORA™ provides structured pre-screening, individual learning insights, and guidance toward appropriate professional assessment and support pathways.

It is designed to address the gap between early signs of reading difficulty and timely dyslexia identification.

Dyslexia Screening Australia operates as a social enterprise. Success is not measured by revenue alone, but by earlier identification, shorter pathways to support, and better long-term outcomes for children and families.

STATE OF THE GAP

# THE DYSLEXIA IDENTIFICATION GAP IN AUSTRALIA AT A GLANCE: *The human cost of a system that waits for children to fail*

**MORE THAN HALF**

**of the estimated 800,000 Australian children with dyslexia**

will leave school without a formal identification and without the targeted support that identification makes possible.

Anthony et al. (2025) · Dyslexia Screening Australia (2025)

## THE SCALE OF THE PROBLEM

**800K**

**Children affected by dyslexia**

1 in 10 Australian school-age children — the most common specific learning disorder

**58%**

**Not identified until adulthood**

More than half grow up without ever understanding why literacy was so hard

**3 yrs**

**Average wait for diagnosis**

From a parent's first concern to formal identification — the highest-impact intervention window closed

## THE COST OF GETTING THERE

**$3,500+**

**Private assessment cost**

Comprehensive multi-condition assessment. No Medicare rebate. Many families discover the 6-month intervention requirement only after their first appointment.

**$16K/yr**

**Annual private tutoring**

For families supplementing inadequate school support with specialist literacy sessions — on top of assessment costs already paid.

**1–2×/wk**

**Typical school support**

20–30 minute group sessions post-diagnosis. Rarely sufficient to close the gap for a child years behind their peers.

## THE LITERACY CRISIS — HIDING IN PLAIN SIGHT

**1 in 3**

**Students below NAPLAN proficiency**

~33.5% children not meeting literacy and numeracy standards in 2023, 2024 & more recently 2026. The trend is not improving. (ACARA 2026)

**40%**

**NSW Year 1 phonics check fails**

After 3 years of mandatory screening — with no mandated referral pathway or dyslexia-specific next step when a child fails. (NSW DoE 2024)

**Note: children with dyslexia are commonly advised to withdraw from NAPLAN**

Students most affected by reading difficulty are systematically suggested to opt out from contributing to national literacy data. The true scale of the gap is larger than NAPLAN results indicate.

## THE HUMAN COST — BEYOND THE CLASSROOM

**Elevated risk**

**Mental health impact**

Children with dyslexia face significantly elevated rates of anxiety, depression, and reduced self-esteem — often as early as Year 1. Curtin University research links unidentified dyslexia to poor school connectedness as the key mechanism. (Wilmot et al. 2023, 2024)

**20% vs 77%**

**Year 12 completion prison vs population**

20% of Australian prison entrants completed Year 12 vs 77% of the general adult population. AIHW confirms people in prison have higher rates of learning difficulty than the general community. (AIHW 2023)

**3–5%**

**Extra health care spend from low literacy**

Low health literacy adds an estimated 3–5% to total healthcare expenditure annually. Unidentified learning difficulty drives lower workforce participation and greater welfare dependency. (Eichler et al. 2009)

Sources: AIHW (2019, 2022, 2023) · ACARA NAPLAN 2024 · NSW DoE Phonics Check 2024 · Anthony et al. (2025) · Wilmot, Hasking & Leitão, Curtin University (2023, 2024) · Eichler et al. (2009) · Trucco et al. (2021) · Dyslexia Screening Australia (2025)

CHAPTER 1

# UNDERSTANDING DYSLEXIA

## 1.1 What Dyslexia is

Dyslexia is a specific learning disorder (SLD) that affects reading accuracy, reading fluency, spelling, and decoding. It is neurobiological in origin, heritable, and exists on a spectrum of severity.

Importantly, dyslexia is not caused by low intelligence, poor parenting, inadequate schooling, lack of effort, or vision problems. Many children with dyslexia are of average or above-average intelligence. Their literacy difficulties are often unexpected when compared with their broader capabilities, which is part of what makes dyslexia so frequently misunderstood or overlooked in early childhood.

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) classifies dyslexia under “Specific Learning Disorder with impairment in reading” (315.00), with presentations ranging from mild to severe.

Most children with dyslexia fall within the mild-to-moderate range. These are often the children most likely to be missed within current systems, despite being highly responsive to early, evidence-based intervention and support.

## 1.2 Related Specific Learning Disorders

**Dyslexia** is one of several recognised specific learning disorders that can significantly affect a child’s educational experience and long-term outcomes.

Two commonly associated learning disorders are dysgraphia and dyscalculia.

**Dysgraphia** affects written expression and can involve difficulties with handwriting, spelling, written organisation, and the physical process of writing. Children with dysgraphia may struggle to translate thoughts into written language despite strong verbal understanding.

**Dyscalculia** affects mathematical understanding and number processing. Difficulties may include number recognition, sequencing, arithmetic concepts, mathematical reasoning, and working with numerical information.

Like dyslexia, both dysgraphia and dyscalculia exist across a spectrum of severity and are often misunderstood, under-identified, or identified only after prolonged academic struggle.

These learning disorders can occur independently or alongside dyslexia, contributing to increasingly complex learning profiles that require early identification and appropriate educational support.

## 1.3 The Neurodiversity Framing

Understanding of dyslexia has evolved significantly in recent decades. Alongside the traditional medical model, there is growing recognition of dyslexia within a broader neurodiversity framework that views neurobiological variation as a natural part of human diversity.

This perspective acknowledges that while dyslexia can create significant challenges within literacy-based education systems, it is also commonly associated with strengths in areas such as problem-solving, creativity, big-picture thinking, verbal reasoning, and innovation.

This paper operates within both frameworks simultaneously. The neurodiversity perspective is important in shaping how children with dyslexia are understood, supported, and spoken about.

The clinical perspective remains essential for early identification, access to intervention, educational planning, and the development of effective support systems.

## 1.4 Why Early Identification Matters

The evidence supporting early intervention in dyslexia is clear. Children who receive structured literacy support in the early years of schooling make significantly greater progress than those identified later.

Early childhood represents a critical window for intervention. The brain's neuroplasticity is highest in the first years of formal learning, meaning intervention at age six or seven is not equivalent to intervention delayed until age ten or twelve.

The impacts of delayed identification extend well beyond academic performance. Children who repeatedly struggle with reading without understanding why are at increased risk of secondary anxiety, reduced self-esteem, school disengagement, and behavioural difficulties that can persist into adolescence and adulthood.

Early identification does not simply improve literacy outcomes. It changes the trajectory of a child's educational and emotional experience.

## 1.5 The Structured Literacy Evidence Base

The evidence supporting targeted literacy intervention for children with dyslexia is now extensive and well established.

Structured literacy approaches involve systematic, explicit teaching of phonemic awareness, phonics, fluency, vocabulary, spelling, and reading comprehension. These approaches are strongly supported by the current scientific evidence on reading development and dyslexia intervention.

Early identification matters because it enables earlier access to targeted, evidence-based support during the years when intervention is most effective.

**Early access changes outcomes.**

CHAPTER 2

# HOW WE CURRENTLY IDENTIFY DYSLEXIA

## 2.1 The Absence of a National Dyslexia Identification System

Australia has no nationally consistent process for identifying dyslexia in school-aged children. There is no universal dyslexia screening program, no nationally standardised identification pathway, and no dedicated national funding model for dyslexia assessment or support.

Year 1 phonics screening checks are now being introduced nationally, representing an important step forward in early literacy reform. However, phonics screening identifies decoding difficulty, not dyslexia itself. It does not provide an individual learning profile, determine the underlying cause of reading difficulty, or create a pathway to dyslexia-specific assessment and intervention.

For most Australian families, the path to dyslexia identification remains reactive, privately funded, and heavily dependent on parental advocacy.
Even after identification, families are commonly left to navigate complex support systems with limited guidance and inconsistent access to appropriate supports.

At almost every stage of the process, the responsibility for recognition, advocacy, coordination, and access to support falls primarily on caregivers rather than the education system itself.

## 2.2 The Formal Assessment Pathway and its True Cost

In Australia, the most common pathway to formal dyslexia identification involves assessment by a registered psychologist with educational expertise.

A dyslexia-focused assessment alone typically costs between $1,200 and $1,600. However, many children presenting with reading difficulties also experience co-occurring conditions such as ADHD, dyscalculia, dysgraphia, developmental language disorder, or anxiety-related challenges. Research suggests that the majority of children with dyslexia present with at least one co-occurring condition, increasing the complexity of assessment and support needs.

## 2.3 The Six Month Intervention Trap

A further barrier within Australia's current dyslexia assessment pathway is the requirement for documented intervention prior to formal diagnosis. Under DSM-5 criteria, persistent reading difficulty despite appropriate instruction is an important diagnostic consideration — the rationale being that some literacy difficulties may reflect gaps in instruction rather than an underlying specific learning disorder.

In principle, this makes clinical sense. In practice, it creates significant confusion and delay.

Many parents arrive at their first appointment after months on a waiting list, expecting clarity about their child's difficulties, only to be told that formal diagnosis cannot yet occur because sufficient (documented) intervention has not taken place. They are then referred back into a system that provides limited guidance about what intervention should involve, who should provide it, or what evidence will be required for reassessment.

## Fig 1 - The Formal Assessment Pathway and its True Cost


## Fig 2 - The Six Month Intervention Trap

**THE SIX-MONTH INTERVENTION GAP**

The requirement for documented intervention before formal dyslexia diagnosis is clinically justified, but many families enter the assessment process unaware that this step is required.

The result is often additional delays, repeated costs, and prolonged uncertainty, with limited guidance about what appropriate intervention should involve or how progress should be measured.

DYSORA™ is designed to help address this gap by providing:

- a documented baseline learning profile
- identification of key literacy risk areas
- and structured guidance to support early intervention pathways before formal reassessment occurs.

## 2.4 The Equity Gap

The cost of private assessment disproportionately affects families with the fewest financial resources, despite these children often being at greater risk of educational disadvantage.

Children from lower socioeconomic backgrounds are less likely to access dyslexia identification, not because dyslexia is less prevalent, but because the pathway itself is financially inaccessible.

Families in regional and remote Australia face additional barriers, including limited provider availability, travel requirements, and extended wait times.

## 2.5 The Role of Speech Pathologists

Speech pathologists have specialised expertise in phonological processing, oral language development, and the linguistic foundations that underpin reading acquisition, all areas closely associated with dyslexia identification and intervention.

Despite this, speech pathologists in Australia are generally not recognised as authorised providers of formal dyslexia diagnosis, and their assessments may not be accepted by schools, funding systems, or parts of the broader assessment pathway.

This sits in tension with evolving clinical understanding of specific learning disorders, particularly following the DSM-5's move away from the traditional IQ-achievement discrepancy model.

This means the experts who understand a child's needs best often can't formally diagnose them — so families end up paying more, waiting longer, and repeating steps to get support.

## 2.6 What Schools Communicate Versus What the Law Requires

Many families are led to believe that a formal dyslexia diagnosis is required before a child can receive additional support at school. In practice, this is not always the case.

Under the Disability Discrimination Act 1992 and the Disability Standards for Education 2005, schools are required to make reasonable adjustments for students with disability, even in the absence of a formal diagnosis.

Government guidance across several states supports early intervention based on observed learning needs rather than delayed action pending formal assessment. For example, guidance from the South Australian Department for Education states that intervention for struggling readers should begin as soon as concerns are identified, rather than waiting for formal diagnosis.

Despite this, many families continue to experience systems where formal diagnosis becomes the unofficial gateway to support, placing additional financial and administrative pressure on parents seeking help for their child.

CHAPTER 3

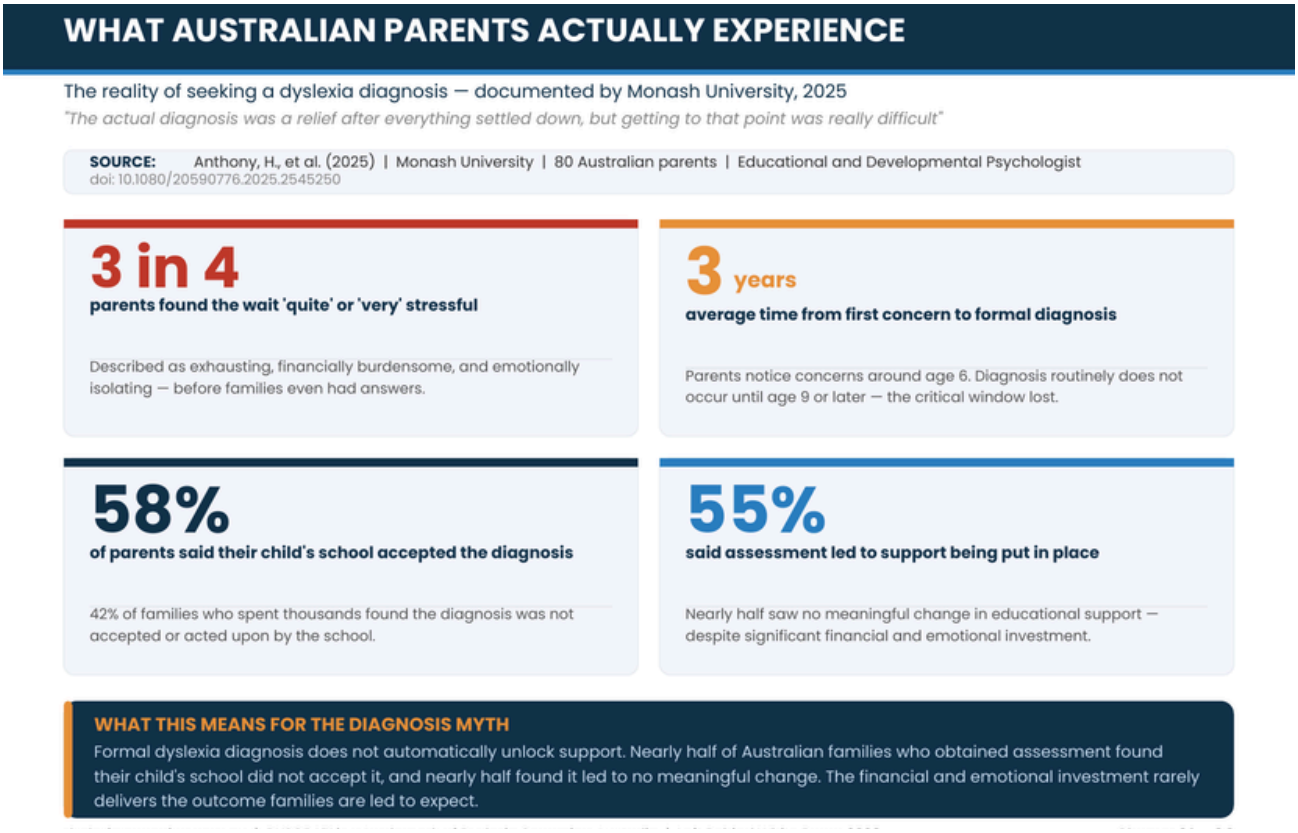
# THE DIAGNOSIS MYTH: WHAT FORMAL ASSESSMENT ACTUALLY UNLOCKS

## 3.1 What Families Believe

When Australian families are told their child requires a formal assessment, there is often an underlying expectation that diagnosis will lead directly to more meaningful educational support.

Families invest significant financial, emotional, and practical resources into the assessment process. They navigate lengthy wait times, difficult conversations, and the emotional weight that can accompany formal identification, believing that diagnosis will substantially change the support their child receives.

For many families, that expectation is rarely realised.



## 3.2 The Funding Reality

No Australian state or territory currently provides funding specifically attached to an individual child with dyslexia.

A formal dyslexia diagnosis does not automatically entitle a child to a dedicated support worker, specialist teacher, or guaranteed additional educational resources.

In most cases, funding is allocated broadly to schools rather than directly to students, and schools determine how those resources are distributed across competing support needs.

As a result, many children with mild-to-moderate dyslexia receive little additional support following formal diagnosis beyond what was already available to them as struggling readers, despite the significant financial and emotional investment families have made to obtain assessment.

### THE POOLED FUNDING MODEL

School disability and inclusion funding in Australia generally operates through pooled allocation models. Funding is provided to schools based on factors such as student enrolment, educational needs, and academic performance data, with schools responsible for determining how those resources are distributed.

As a result, a formal dyslexia diagnosis does not guarantee that an individual child will receive additional targeted support, even when families have invested significantly in obtaining assessment.

In some jurisdictions, funding mechanisms already operate without requiring individual diagnosis. In Western Australia, for example, the Education Adjustment Allowance is linked to school-level literacy performance data rather than formal student diagnoses.

## 3.3 What School Support Actually Looks Like in Practice

Even when families obtain a formal dyslexia diagnosis, the support that follows is often limited and insufficient to close significant literacy gaps.

In many schools, additional support may involve one or two small-group sessions per week with a learning support teacher or education support staff member, often for limited periods of time. For children already substantially behind in reading, this level of intervention is rarely enough to produce the accelerated progress required to close the gap.

As a result, many families turn to private intervention to supplement school support, including structured literacy tutoring, specialist intervention programs, and speech pathology services.

These supports commonly cost between $100 and $200 per session. For families accessing ongoing intervention across a school year, the financial burden can quickly escalate into many thousands of dollars, in addition to the cost of formal assessment already incurred.

The limitations described here reflect broader system and resourcing constraints, not the commitment of individual educators working within increasingly complex and stretched school environments.

**THE SCHOOL-TO-SCHOOL LOTTERY**

One of the most significant challenges within the Australian dyslexia landscape is the inconsistency of support between schools.

Two children with similar learning profiles may receive vastly different levels of intervention depending on the school they attend, the expertise of staff, available resources, leadership priorities, and the school's broader approach to literacy support.

Some schools have invested heavily in structured literacy training and evidence-based intervention approaches. Others continue to rely on generic learning support models with limited dyslexia-specific expertise.

As a result, access to effective support is often influenced as much by geography and school context as by the individual needs of the child.

## 3.4 What Schools Can Do Without a Dyslexia Diagnosis

Australian schools have the capacity, and in many cases the legal obligation, to support students experiencing significant learning difficulty without waiting for a formal dyslexia diagnosis.

Support measures such as targeted literacy intervention, classroom adjustments, individual learning plans, and small-group instruction can be implemented based on observed educational need rather than formal diagnostic status.

Frameworks such as Multi-Tiered Systems of Support (MTSS) are specifically designed to identify and support struggling learners early, regardless of whether a formal diagnosis has been obtained.

In practice, the system is often more flexible than many families are told.

## 3.5 The NDIS Funding Myth

A formal dyslexia diagnosis does not unlock NDIS funding.

This remains one of the most widespread misconceptions among Australian families navigating dyslexia identification, and it is a misconception the broader system does little to clarify.

Dyslexia is legally recognised as a disability in Australia. The Australian Government's response to the Dyslexia Working Party Report confirmed that dyslexia falls within the definition of disability under the Disability Discrimination Act 1992, which includes disorders or malfunctions that result in a person learning differently from others.

For many families, this creates a reasonable assumption: that Australia's national disability funding scheme will provide support.

In practice, it does not.

The NDIS does not fund dyslexia as a standalone condition, and a diagnosis of dyslexia alone does not meet NDIS access criteria. Current NDIS guidance positions specific learning disorders primarily affecting educational participation as the responsibility of mainstream education systems rather than the disability funding system.

Families are therefore directed back to schools for support. Yet as previously discussed school-based support operates through pooled funding models that carry no guarantee of child-specific intervention or resourcing.

Where children with dyslexia do access NDIS funding, it is generally because they have a separate co-occurring condition that independently meets eligibility criteria, such as autism spectrum disorder, intellectual disability, or significant psychosocial disability. In these cases, dyslexia-related supports may be included incidentally within broader plans, but access is not driven by the dyslexia diagnosis itself.

This reveals a significant structural gap within Australia's current approach to dyslexia: a condition recognised as a disability in law, excluded from the national disability funding scheme, and inconsistently supported within the education system expected to respond to it.

CHAPTER 4

# THE BOTTLENECK HAS SHIFTED

## 4.1 The Old Problem

For much of the past three decades, the primary barriers to early dyslexia identification in Australia were cost, access, and specialist availability.

Assessment pathways were expensive, slow, geographically limited, and heavily dependent on specialist expertise. As a result, dyslexia identification evolved as a reactive, clinician-led, privately funded model that remained most accessible to families with financial resources and the capacity to navigate complex referral & intervention pathways.

## 4.2 What has Changed: Technology has Broken the Delivery Barrier

For decades, large-scale dyslexia pre-screening was limited not by awareness or clinical understanding, but by delivery capacity.

Reaching children at population scale, particularly outside major metropolitan areas, was operationally difficult and financially unrealistic.

That landscape has changed.

The same digital infrastructure that now supports telehealth, online banking, and remote access to essential services has made scalable dyslexia pre-screening technically and operationally viable.

A structured, multi-domain pre-screening tool can now be delivered online, completed remotely, and used to generate detailed learning profiles without requiring a specialist to administer the process directly.

This changes the nature of the national conversation.

The question is no longer whether early dyslexia pre-screening can be delivered at scale. The question is whether Australia is prepared to build the policy, educational, and implementation pathways required to support it.

**THE TECHNOLOGY BARRIER IS GONE**

The barriers to large-scale dyslexia pre-screening are no longer primarily technological or logistical. Structured, evidence-informed dyslexia pre-screening can now be delivered digitally, at accessible cost, without requiring specialist administration for every child screened.

What remains is the challenge of building clear educational and policy pathways that connect early screening signals to timely support, intervention, and further assessment where needed.

This becomes increasingly important as Year 1 phonics screening expands nationally, identifying large numbers of children with reading difficulties who currently have no consistent next-step.

## 4.3 What has Changed: The Arrival of National Phonics Screening

Australia is now in the final stages of achieving universal phonics screening for the first time.

The federal government's Better and Fairer Schools Agreements — which tie $16 billion in additional school funding over 10 years to specific educational reforms, have secured commitments from all states and territories to roll out Year 1 phonics checks.

During 2026, every Australian state and territory will have mandatory phonics screening in Year 1 government schools.

South Australia has had mandatory phonics screening since 2018, New South Wales since 2021, Tasmania and Victoria followed, and Queensland announced mandatory phonics and numeracy checks in late 2025 as part of its bilateral agreement with the federal government.

This is real progress, and it deserves to be acknowledged as such.

### THE BETTER AND FAIRER SCHOOLS AGREEMENT

The Commonwealth Government has now signed Better and Fairer Schools Agreements with all states and territories, committing public schools to a pathway toward full funding alongside a series of nationally coordinated education reforms.

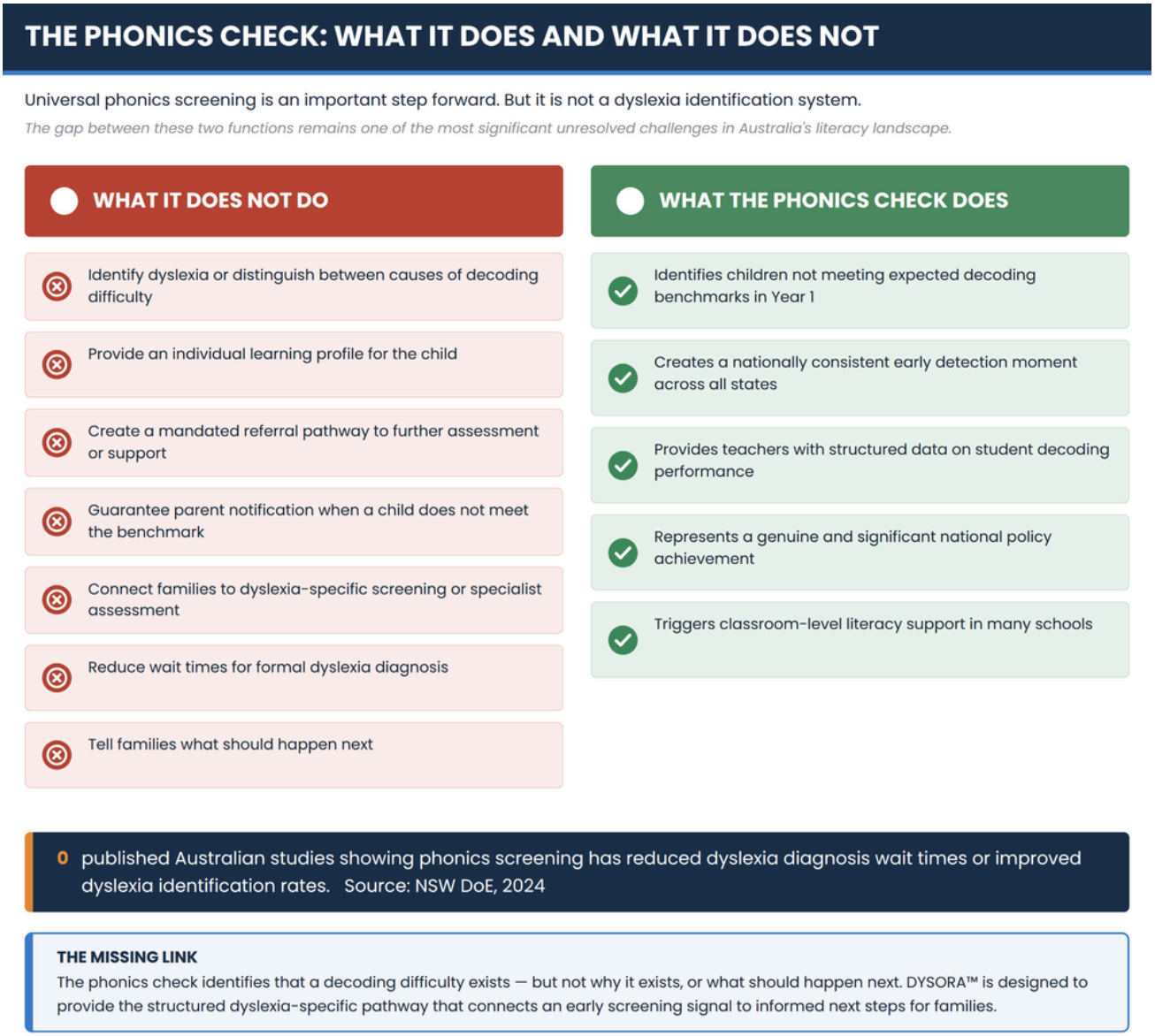
Importantly, this funding is tied to specific measures, including Year 1 phonics screening, early years numeracy checks, evidence-based teaching practices, and targeted small-group intervention for students who fall behind.

This marks a significant shift in Australia's literacy landscape. Universal early literacy screening is no longer emerging as isolated state policy. It is becoming embedded within national school reform.

The critical question is no longer whether children with reading difficulties will be identified earlier. The question is what structure will exist once those children are identified.

## 4.4 The Phonics Check

Universal phonics screening changes the early detection landscape.




**The check identifies that a decoding difficulty exists, but not why it exists.**

A child may struggle on the phonics check because of dyslexia, gaps in literacy instruction, broader language-based learning difficulties, disrupted schooling, or other contributing factors affecting early reading development.

Evidence from South Australia demonstrates that universal phonics screening, combined with evidence-based literacy instruction, can improve early decoding outcomes at a population level. However, data from New South Wales also shows that large numbers of children continue to fall below expected benchmarks despite the introduction of mandatory screening.

The gap between phonic screening and what comes next remains one of the most significant unresolved challenges within Australia's current literacy and learning support landscape.

## 4.5 There Is No Mandated Process When a Child Fails

One of the most significant findings within the emerging phonics screening process is what happens after a child does not meet the expected benchmark.

A review of publicly available guidance across Australian jurisdictions with mandatory phonics screening shows there is currently no nationally consistent or mandated response following identification of decoding difficulty.

In New South Wales, Department of Education guidance states that teachers analyse phonics screening results and, where appropriate, plan additional support aligned with syllabus outcomes.

However, there is no mandated referral process, no required SLD specific follow-up, no standardised parent notification, and no nationally consistent timeframe for intervention or reassessment.

Similarly, South Australian guidance describes phonics screening as a tool to help teachers provide targeted support, but does not prescribe minimum intervention standards, specialist referral requirements, or consistent next-step procedures following identification.

Federal guidance also focuses primarily on providing schools and teachers with resources to support local decision-making rather than establishing a mandated national response.

As a result, while phonics screening is improving the early identification of decoding difficulties, the response that follows remains highly variable between schools, systems, and jurisdictions.

**CURRENT GOVERNMENT GUIDANCE WHEN A CHILD FAILS THE PHONICS CHECK**

**NSW Department of Education**
"Teachers analyse the results and, if necessary, plan for any additional support that students might require by targeting teaching."

**South Australian Department for Education**
"Identifying these children early allows teachers to provide targeted support."

**Australian Government Literacy Hub**
"Teachers will have access to quality assured teaching and learning resources to equip them to act on assessment findings."

The pattern is consistent: phonics screening identifies decoding difficulty, but there is no mandated national response that determines what must happen next.

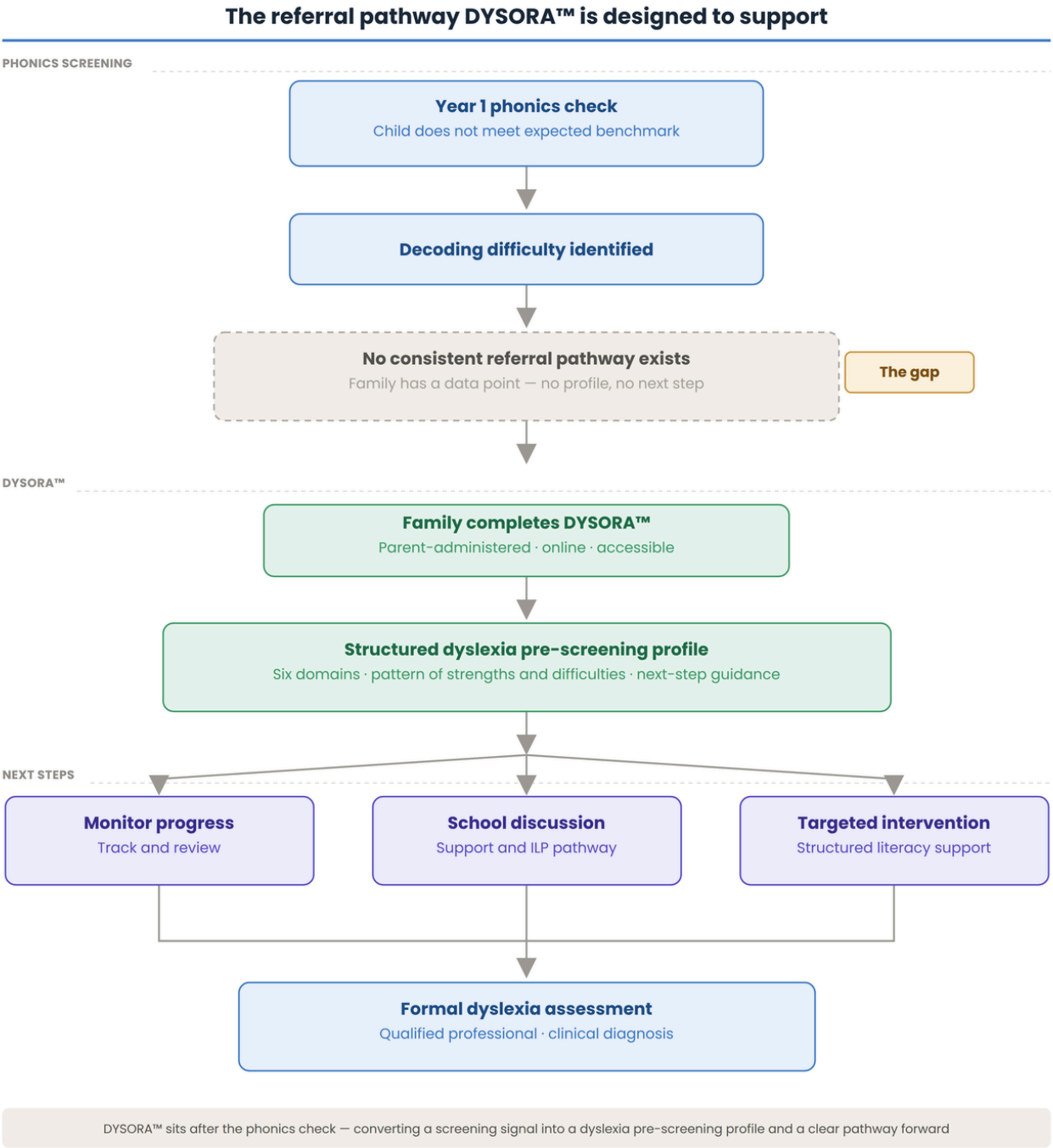
There is no required SLD specific referral process, no mandated specialist involvement, no nationally consistent minimum standard of response, and no formalised pathway linking screening results to further assessment or support.

**This gap matters enormously.**

For many children with dyslexia, this is where years can be lost. A child fails the phonics check. The result is recorded. Some additional classroom support may be provided, depending on the school, teacher capacity, available resources, and local processes.

In many cases, families may not be formally notified that their child has not met the expected benchmark. Where notification does occur, it is often accompanied by limited guidance about what the result may indicate, what further assessment options exist, or what evidence-based intervention should occur next.

**The result is a system that has become increasingly effective at identifying difficulty, but remains inconsistent in what happens after that difficulty is identified.**



## 4.6 International Comparators

| Country | Screening approach | Key features |
|---|---|---|
| United Kingdom | Year 1 Phonics Screening Check (mandatory, national since 2012) | Universal, standardised, teacher-administered. Children below threshold receive targeted support and resit in Year 2. Pass rates rose from 58% in 2012 to over 80% by 2019. |
| United States | RTI mandated nationally; 44+ states have specific dyslexia screening laws | Multi-tiered support with universal screening at kindergarten entry. Many states require dyslexia-specific identification and structured literacy instruction. |
| New Zealand | Structured literacy integrated in national curriculum with universal early assessment | National investment in teacher training in structured literacy and early literacy assessment. |
| Australia | Universal phonics screening being finalised nationally under Better and Fairer Schools Agreements (all states and territories by 2026) | No mandated referral pathway from phonics check to dyslexia identification. No national dyslexia identification protocol. No child-specific dyslexia funding. |

## 4.7 The Cost of Inaction

The case for timely identification is not only educational. It is also economic, social, and public health related.

Delayed or missed identification is associated with higher rates of school disengagement, lower educational attainment, reduced employment participation, and increased mental health challenges across the lifespan.

These outcomes carry substantial long-term costs, both for individuals and for broader education, health, and social systems.

Australia's current model remains heavily weighted toward delayed identification, expensive private assessment, and intensive later-stage intervention. Yet dyslexia is a condition that responds most effectively to early, targeted, and accessible support.

From both a human and systems perspective, earlier clarity is not simply beneficial. It is more effective, more equitable, and ultimately more economically sustainable.

CHAPTER 5

# THE LONG-TERM COST:

## 5.1 A Lifetime of Compounding Disadvantage

When dyslexia is not identified or supported early, the consequences often extend far beyond literacy itself.

The child who struggles to read without understanding why may become the student who disengages from learning, avoids academic participation, or begins to internalise a sense of failure. Over time, these experiences can influence educational attainment, confidence, mental health, employment, and long-term social participation.

Understanding the broader trajectory of unidentified learning difficulty is essential to understanding why early dyslexia identification is not solely an educational issue. It is also a social, economic, and public health issue with lifelong implications.

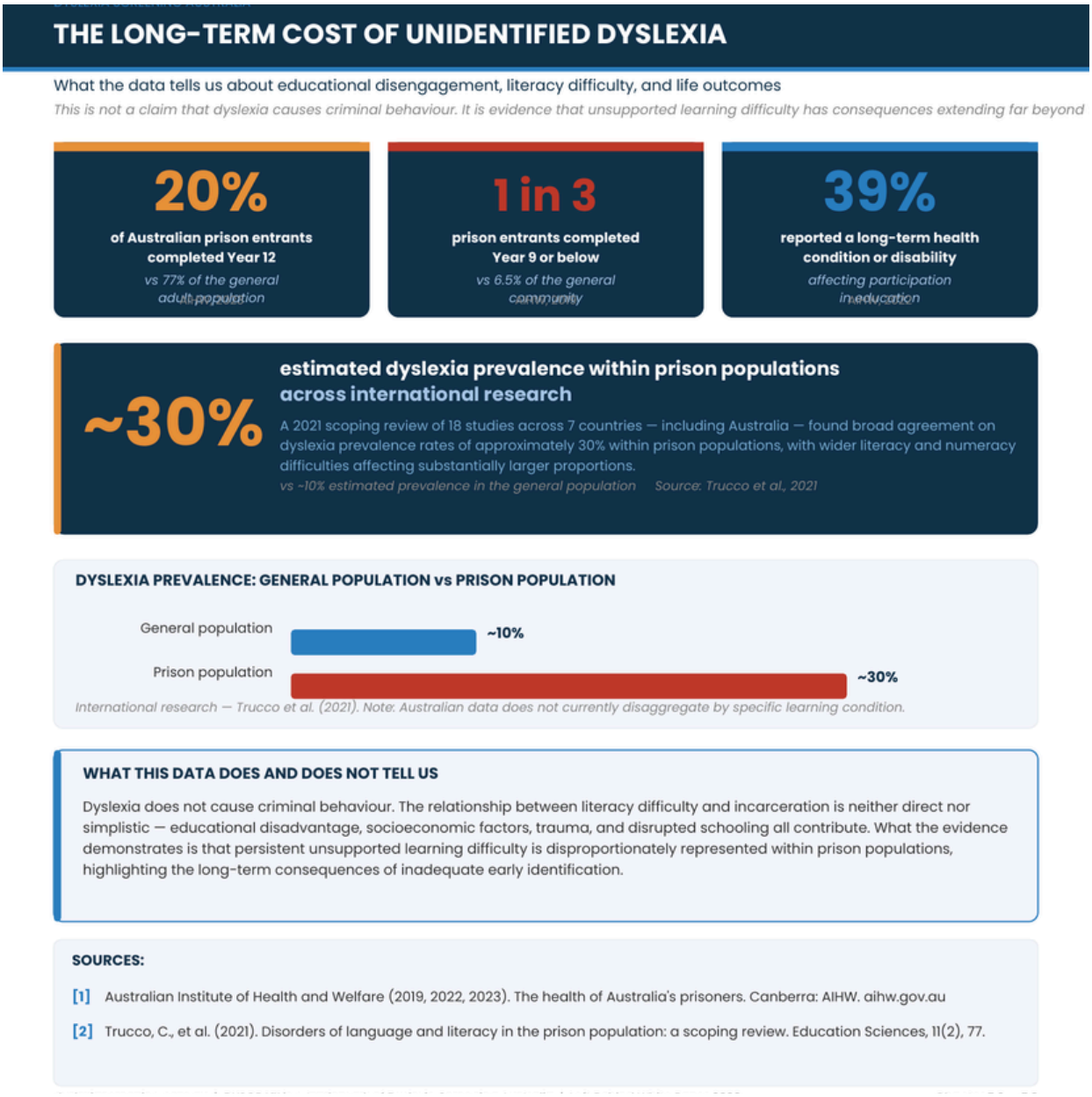
## 5.2 Educational Attainment and the Prison Population

Some of the clearest evidence of the long-term impact of unidentified learning difficulty can be seen in Australia's prison population data.

The Australian Institute of Health and Welfare (AIHW) consistently reports significantly lower levels of educational attainment among people entering prison compared with the general Australian population, alongside higher rates of learning difficulty and learning disability.

These statistics do not suggest that dyslexia causes criminal behaviour. They do, however, illustrate the long-term risks associated with educational disengagement, persistent academic failure, and unsupported learning difficulty across childhood and adolescence.

Reducing delay in identification and evidence-based intervention cannot eliminate broader social disadvantage. But they can significantly alter educational trajectories that shape later life outcomes.




## WHAT THIS MEANS FOR THE CASE FOR EARLY IDENTIFICATION

The educational profile of Australia's prison population, as documented through national government data, is consistent with a population in which significant numbers of individuals experienced longstanding and unsupported learning difficulties during childhood.

This is a recognition that persistent literacy difficulty, educational disengagement, and unsupported learning needs can shape life trajectories in profound ways when intervention does not occur early.

The case for earlier dyslexia identification is therefore not solely educational. It is also social, economic, and preventative.

How a society responds to children struggling to read in the early years has consequences that extend far beyond the classroom.

## 5.3 The Parent Experience

For many Australian families, the journey toward dyslexia identification begins not with a formal assessment, but with a growing sense that something is not quite right.

A child who was previously confident and engaged begins avoiding reading tasks. Homework becomes increasingly stressful. School-related anxiety emerges. Parents raise concerns and are often reassured that children develop at different rates, that reading difficulties may resolve with time, or that it is too early to investigate further.

Research suggests that parents commonly notice concerns about reading development when their child is around six years of age, yet formal dyslexia diagnosis often does not occur until several years later.

**Those intervening years matter.**

They represent years of ongoing struggle, uncertainty, reduced confidence, and missed opportunities for earlier evidence based instruction during one of the most responsive periods of literacy development.

### IN THEIR OWN WORDS

Australian research consistently reflects a common experience among families navigating the dyslexia journey.

Parents frequently describe the diagnosis itself as clarifying and validating, but the process of reaching it as exhausting, financially burdensome, and emotionally isolating.

Many report feeling dismissed when concerns were first raised, overwhelmed by conflicting advice, and unable to access timely or affordable professional support for their child.

These experiences are not isolated cases. They reflect broader patterns within Australia's current identification and support system.

When families describe what would have made the greatest difference, the answer is often remarkably consistent: *they needed something meaningful to act on earlier.*

Not necessarily a formal diagnosis, but a structured and credible starting point that helped them understand what they were observing, communicate concerns more confidently with schools and professionals, and access clearer guidance about what steps to take next.

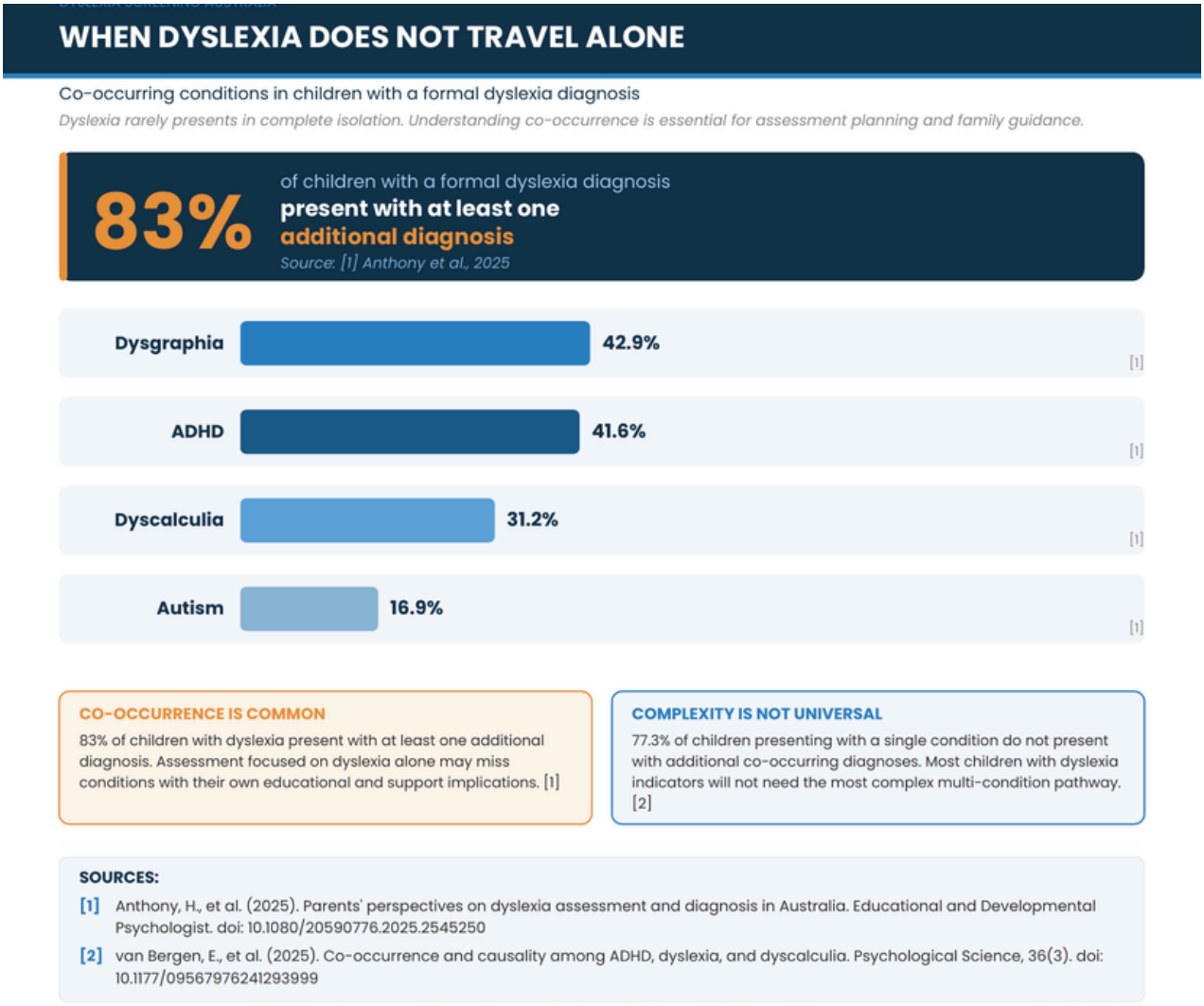
CHAPTER 6

# WHEN DYSLEXIA DOES NOT TRAVEL ALONE

## 6.1 The Evidence on Co-Occurrence

Dyslexia rarely presents in complete isolation. Children with dyslexia are more likely than their peers to also experience difficulties involving attention, written expression, mathematics, language processing, and emotional regulation.

This is not a reason to delay dyslexia identification. It is a reason to ensure that early identification is capable of recognising broader learning patterns and potential co-occurring difficulties.




This distinction matters. While co-occurrence is common, most children identified with dyslexia indicators will not necessarily present with highly complex multi-condition learning profiles.

## 6.2 What Co-Occurrence Means for Assessment Cost

The high rate of co-occurrence has significant implications for the cost and complexity of formal assessment.

A dyslexia-focused assessment conducted in isolation may not identify co-occurring conditions such as ADHD, dyscalculia, dysgraphia, or developmental language disorder, despite these conditions carrying their own educational and support implications.

As a result, many families require broader psychoeducational assessment processes that evaluate across multiple domains rather than literacy difficulties alone. As outlined in Chapter 2, these come at a high cost.

The co-occurrence data is therefore not simply clinically relevant. It is one of the primary factors driving the financial burden experienced by families seeking clarity about their child's learning profile.

## 6.3 What Co-Occurrence Means for Dyslexia Screening

The presence of co-occurring conditions does not weaken the case for dyslexia-focused pre-screening. It reinforces the importance of a screening tool that assess beyond decoding difficulty alone.

A pre-screening tool limited solely to phonics or decoding measures may identify some children with dyslexia while overlooking others whose learning profile includes broader language, attention, written expression, or mathematical processing difficulties.

Effective dyslexia pre-screening therefore requires a broader, multi-domain approach that can identify patterns commonly associated with dyslexia while also recognising when a child's profile may warrant more comprehensive assessment.

This includes being transparent about both what a pre-screening tool can identify and what it cannot determine.

## 6.4 How DYSORA™ Addresses Co-Occurrence

DYSORA™ is designed to identify patterns of strength and difficulty commonly associated with dyslexia through a structured, six-domain learning profile framework.

The inclusion of domains beyond decoding is not intended to diagnose or screen independently for other conditions. Rather, it reflects the reality that dyslexia often presents alongside broader learning, language, behavioural, or attentional indicators that may influence how reading difficulties emerge in children.

Where DYSORA™ identifies elevated concern across multiple domains, the platform does not attempt to determine clinical complexity or provide multi-condition identification. Instead, it guides families toward appropriate next-steps, including comprehensive professional assessment where warranted. This distinction is important.

The role of formal clinical assessment is to evaluate complexity, clarify co-occurring conditions, and determine diagnostic outcomes. **The role of DYSORA™ is to provide families with an earlier, structured, evidence-informed starting point that helps bridge the gap between initial concern and appropriate professional support.**

As the platform evolves, future development will include expanded learning profile capabilities relating to dysgraphia and dyscalculia.

## DYSORA™ Screening Domains

| Domain | What it Assesses and Why it Matters for Dyslexia Identification |
|---|---|
| **Phonological processing** | The foundation of dyslexia identification. Assesses a child's ability to hear, identify, and manipulate sounds within words — the primary deficit in most dyslexia presentations. Consistent with the phonics check, but provides a more nuanced profile. |
| **Decoding** | The ability to apply phonics knowledge to read unfamiliar words. A core marker of dyslexia when persistently below expectation despite appropriate instruction. Goes beyond the phonics check to assess patterns over time. |
| **Spelling** | Frequently disrupted in dyslexia and often persists even when reading improves with intervention. Assessed separately to dysgraphia |
| **Reading comprehension** | Affected by dyslexia when decoding difficulties impede access to meaning. Distinguishing comprehension difficulty from decoding difficulty helps direct the most appropriate form of support. |
| **Behavioural and emotional indicators** | Captures avoidance, anxiety, and frustration patterns that are both common in children with unidentified dyslexia and diagnostically relevant. Often the first signs a parent observes. |
| **Background risk factors** | Family history of dyslexia, developmental history, and prior professional concerns. Substantially increases the accuracy of the dyslexia profile and helps determine the urgency of formal assessment referral. |

CHAPTER 7

# PRINCIPLES OF EFFECTIVE DYSLEXIA PRE-SCREENING

## 7.1 Screening Versus Diagnosis

Screening and diagnosis serve different functions within the identification process, and both are necessary.

Screening is a population-level tool designed to identify individuals who may be at elevated risk and would benefit from further monitoring, intervention, or professional assessment.

Diagnosis is a clinical process involving comprehensive evaluation to determine whether an individual meets the criteria for a specific condition.

One does not replace the other.

DYSORA™ operates within the screening space. Its role is to generate structured, dyslexia-focused learning profiles that help guide next-step decision making, not to provide clinical diagnosis.

## 7.2 What Makes a Dyslexia Screening Tool Credible

For a dyslexia pre-screening tool to be both clinically credible and practically useful, several elements are essential:

- Grounding in established dyslexia research
- The domains assessed and indicators used should reflect the peer-reviewed evidence base on how dyslexia presents across childhood and adolescence.
- Age-appropriate design
- Screening measures should align with the developmental stage of the child, recognising that dyslexia indicators present differently across age groups.
- Multi-domain assessment
- No single indicator reliably identifies dyslexia. Effective pre-screening considers patterns across multiple domains associated with literacy development and dyslexia risk.
- Transparency about limitations
- Credible screening tools are explicit about what they can and cannot determine, and clearly direct families toward appropriate professional assessment where needed.
- Accessibility
- A screening pathway that is financially inaccessible, geographically limited, or operationally difficult for families to access cannot function effectively at population scale.

## 7.3 The Structured Literacy Connection

DYSORA™ was developed around these principles. Its framework draws on established research relating to dyslexia indicators, structured literacy, and DSM-5 criteria for specific learning disorders in reading.

The platform assesses across six domains selected for their relevance to dyslexia identification and is delivered across multiple age bands to reflect the developmental differences in how dyslexia presents over time.

Importantly, the domains assessed through dyslexia pre-screening should connect directly to the foundations of structured literacy, the instructional approach most strongly supported by evidence for children with dyslexia.

The literacy skills targeted through structured literacy instruction are the same skills most commonly disrupted in dyslexia. When a learning profile identifies elevated difficulty in areas such as phonological processing and decoding, it provides educators and families with clearer guidance about where evidence-based intervention should begin.

In this way, effective screening and effective intervention are designed to work together.

## 7.4 The International Screening Landscape: Proof of Concept

Australia is not alone in grappling with the gap between early literacy screening and dyslexia-specific identification. Internationally, governments, researchers, and education systems are increasingly implementing structured dyslexia screening pathways at scale.

A 2025 narrative review by researchers from Imperial College London and King's College London, published in Frontiers in Public Health, examined school-based dyslexia screening studies involving children and young people aged 4 to 16 years. The review analysed 16 studies across more than 6,000 participants and identified 17 different school-based dyslexia screening tools. Its conclusion was clear: schools are an effective setting for universal dyslexia screening, and early identification within school environments can help reduce the educational and social impacts associated with unidentified dyslexia.

In the United States, the *Shaywitz DyslexiaScreen*, developed by Dr Sally Shaywitz through the *Yale Center for Dyslexia and Creativity*, represents one of the most established examples of dyslexia-specific screening implemented at policy scale. Designed to align with the US First Step Act definition of an evidence-based dyslexia screening program, the Shaywitz screen has been adopted across every school district in Missouri as part of a state-funded universal screening initiative for Kindergarten through Grade 3 students.

In Louisiana, legislation mandated statewide dyslexia screening for all kindergarten students, including formal parent notification requirements within 30 days where a child is identified as being at risk.

The *Shaywitz* model is teacher-administered, with teachers completing structured observational ratings of student reading and language behaviours digitally. This differs from tools such as DYSORA™, which is designed to operate in the classroom or independently of school systems directly by families.

In the United Kingdom, digital screening platforms are also emerging. *Talamo*, a fully digital child-administered dyslexia screener and cognitive profiling platform was presented to the UK All-Party Parliamentary Group for Dyslexia in 2025. The platform analyses results against a large cognitive dataset to generate dyslexia risk indicators and learning profiles without requiring specialist administration.

While independent outcome data for *Talamo* is still emerging, its parliamentary presentation reflects a broader international shift toward scalable, digitally delivered dyslexia-specific screening pathways embedded earlier within education systems.

The international direction is increasingly clear: dyslexia-specific screening at population scale is both technically and operationally achievable.

CHAPTER 8

# INTRODUCING DYSORA™

## 8.1 Why DYSORA™ Was Built

DYSORA™ was not developed within a research laboratory or large clinical institution. It emerged from research, advocacy, firsthand experience, and a recognition that Australia's dyslexia identification process was leaving too many families without accessible early support.

The platform was founded by Bernadette Haigh who navigated her own schooling undiagnosed, built and exited multiple businesses across more than two decades, and later turned that same problem-solving lens toward the barriers families face when seeking clarity about their child's reading development.

DYSORA™ purpose is simple and specific: to provide Australian families with access to a structured, evidence-informed dyslexia pre-screening regardless of geography, income, or access to specialist services.

Dyslexia Screening Australia operates as a social enterprise, and accessibility has been embedded as a core design principle from the beginning.

The families most in need of earlier identification are not always those best positioned to access expensive private assessment. DYSORA™ was developed to help reduce that gap by creating a more accessible starting point for families seeking earlier clarity and guidance.

## 8.2 Where DYSORA™ Sits Within the Identification Pathway

DYSORA™ is a digital, parent-administered (currently) dyslexia pre-screening tool designed to provide families with an accessible and structured starting point when concerns about literacy development emerge.

Completed online, DYSORA™ generates a dyslexia-focused learning profile alongside guidance about appropriate next steps, including monitoring, school-based support discussions, targeted intervention, or formal professional assessment where warranted.

DYSORA™ is currently designed specifically around dyslexia identification. Its six-domain framework reflects the research evidence on how dyslexia commonly presents across the primary years, including profiles that extend beyond decoding difficulty alone.

The purpose of this broader multi-domain approach is not to diagnose co-occurring conditions, but to improve the sensitivity and usefulness of dyslexia pre-screening by recognising the varied ways dyslexia can present in children.

Where elevated concern is identified, the recommended next step is comprehensive professional assessment to further evaluate the child's full learning profile and support needs.

**DYSORA'S ROLE WITHIN THE IDENTIFICATION PATHWAY**

DYSORA™ is designed to operate within a specific gap in Australia's current identification process: the space between early decoding difficulty being identified and formal dyslexia assessment occurring.

A child who does not meet the expected phonics benchmark has been identified as experiencing difficulty with early literacy development. What frequently remains absent is a structured dyslexia-specific next step for families.

DYSORA™ provides that intermediary pathway through a structured pre-screening process assessing areas including phonological processing, decoding, spelling, reading comprehension, and associated behavioural and risk indicators.

The resulting learning profile helps families better understand their child's pattern of strengths and difficulties, supports more informed conversations with schools and professionals, and provides guidance about whether further assessment may be warranted.

In this way, DYSORA™ is designed to help translate an early screening signal into a clearer and more actionable roadmap for families seeking support.

## 8.3 Who DYSORA is for

DYSORA™ is designed for Australian families who:

- have concerns about their child's literacy development
- have received a phonics screening result without clear next steps
- are waiting for formal assessment
- or are seeking a structured, evidence-informed starting point before pursuing further support

DYSORA™ has been developed across two age bands to reflect the different ways dyslexia commonly presents over time:

**Ages 6–8**

The early primary years, when foundational literacy skills are emerging and dyslexia indicators first become observable. This is the highest-impact window for early identification and intervention.

**Ages 9–11**

The middle primary years, when unidentified dyslexia often becomes more academically and emotionally significant. Many children at this stage have already experienced years of literacy struggle without a clear explanation or structured support pathway.

## 8.4 Current Stage of Development

DYSORA™ is currently in its early rollout phase, more than 150 Australian families having used the platform to date.

The tool has been developed using established dyslexia research, commonly recognised dyslexia indicators, and structured literacy principles as foundational guidance. Ongoing validation, refinement, and future research partnerships form an important part of the platform's long-term development.

Planned future development includes:

- expansion into individual year-level screening pathways
- expanded learning profile capabilities relating to dysgraphia and dyscalculia risk indicators
- and development of a school-administered version designed to support implementation within educational settings.

DYSORA™ represents the first iteration of a platform intended to evolve through ongoing validation, independent research partnerships, expert advisory oversight, and continuous refinement as new evidence emerges.

These future stages are intended to strengthen DYSORA™'s ability to support earlier identification pathways while remaining accessible and evidence-informed.

**A NOTE ON TRANSPARENCY**

DYSORA™ is an early-stage platform. It has been developed using established dyslexia research, structured literacy principles, and evidence-informed indicators associated with dyslexia identification, but it has not yet undergone formal validation against clinical dyslexia outcomes through peer-reviewed research. This paper is intentionally transparent about that stage of development.

At present, the value of DYSORA™ lies in its accessibility, structured design, and ability to provide families with an earlier dyslexia-focused pre-screening pathway that can help guide informed next steps.

DYSORA™ does not claim diagnostic authority or clinical accuracy beyond the current evidence available.

Formal research partnerships and future validation studies form an important part of the platform's long-term development pathway, and Dyslexia Screening Australia welcomes collaboration with researchers, universities, clinicians, and educational institutions interested in advancing earlier and more equitable dyslexia identification in Australia.

CHAPTER 9

# THE CALL TO ACTION

The evidence presented in this paper points toward a set of clear, actionable recommendations for each stakeholder group in the Australian dyslexia identification landscape.

## 9.1 For the Australian government and education departments

- **Establish a national referral pathway following the Year 1 Phonics Check**

Children who do not meet the Year 1 Phonics Check benchmark should be referred into a structured pathway for dyslexia-informed pre-screening, evidence-based intervention, and, where appropriate, formal assessment. Screening without a clear next step leaves the identification gap unresolved.

- **Improve access to timely and affordable formal assessment**

Reduce financial, workforce, and geographic barriers by reviewing Medicare funding pathways, expanding the qualified assessment workforce, and exploring broader recognition of appropriately trained professionals within dyslexia assessment frameworks.

- Strengthen national expectations for dyslexia support in schools

Ensure schools consistently implement evidence-based literacy intervention and reasonable adjustments without requiring a formal diagnosis, while providing families with clear information about their rights and available supports.

- **Invest in structured literacy capability across the teaching workforce**

Provide all early-years educators with foundational training in structured literacy and dyslexia-informed teaching practices to ensure early identification is matched by effective intervention.

- **Build a national early identification framework that includes validated digital pre-screening**

As evidence and independent validation continue to develop, incorporate validated digital dyslexia pre-screening tools within Australia's broader early identification strategy to help bridge the gap between classroom screening and formal assessment.

## 9.2 Recommendations for School Leaders

- **Implement a clear response protocol following phonics screening results**

Schools should establish written procedures outlining the response when a student does not meet expected decoding benchmarks, including pathways for targeted intervention, parent communication, and dyslexia-informed pre-screening or referral where appropriate.

- **Communicate clearly and transparently with families about dyslexia pathways**

Families should receive accurate information about what phonics screening can and cannot identify, what formal dyslexia assessment involves, the likely costs and wait times, and the support schools can provide before a formal diagnosis.

- **Be transparent about the scope and intensity of school-based literacy support**

Families should have a realistic understanding of the intervention available within the school setting, including its frequency, duration, delivery model, and intended outcomes. Clear communication enables families to make informed decisions about whether additional support may be beneficial.

- **Invest in staff capability in dyslexia-informed practice and structured literacy**

Provide teachers and school leaders with ongoing professional learning that strengthens understanding of dyslexia indicators, evidence-based literacy instruction, and early intervention aligned with structured literacy principles.

## 9.3 Recommendations for Health Professionals

- **Support reform of Australia's dyslexia assessment pathway**

Health professionals have an important role in informing policy that improves assessment accessibility, reduces wait times, and strengthens collaboration across the assessment workforce, including consideration of appropriately trained professionals with advanced literacy expertise.

- **Consider validated dyslexia pre-screening as part of a tiered early identification pathway**

Validated dyslexia pre-screening tools can provide valuable contextual information prior to formal assessment, helping guide referrals, identify areas requiring further investigation, and support earlier engagement with families. These tools should complement—not replace—comprehensive clinical assessment.

- **Communicate clearly with families about assessment pathways and likely costs**

Families should receive transparent information about the assessment process, including when broader psychoeducational assessment may be appropriate, the possibility of co-occurring conditions, and the likely costs and timeframes involved.

## 9.4 Recommendations for Families

- **Trust concerns about your child's reading development**

If your child is struggling with reading, does not meet the expected phonics benchmark, or you continue to notice literacy concerns over time, it is reasonable to seek further information and support rather than waiting for difficulties to resolve on their own.

- **Consider structured dyslexia pre-screening as an early starting point**

Validated dyslexia pre-screening tools can help families better understand patterns associated with dyslexia risk, provide language for conversations with schools and professionals, and guide decisions about whether further assessment may be appropriate.

- **Understand that support can begin before formal diagnosis**

Schools can implement literacy intervention, reasonable adjustments, and individual learning plans based on observed educational need, even where a formal dyslexia diagnosis has not yet been obtained.

- **Ask questions about school processes and available support**

If you are advised that no support can be provided without a formal diagnosis, ask your school to explain what support can be implemented while assessment is being pursued and how your child's learning needs will be addressed in the meantime.

- **Pursue formal assessment where concerns remain significant or persistent**

Comprehensive professional assessment remains the most effective way to understand a child's full learning profile, identify any co-occurring conditions, and inform longer-term educational planning and support.

# Our Vision

Imagine an Australia where every child who struggles to learn to read is understood before they begin to question their own ability.

Where no child spends years believing they are lazy, unintelligent, or simply "not trying hard enough."

Where parents no longer lie awake wondering why school feels so difficult for their child, navigating a confusing system alone while valuable years of learning slip away.

Where teachers have the tools, knowledge, and confidence to recognise early signs of dyslexia and respond with evidence-based support rather than uncertainty.

Where access to early identification does not depend on a family's postcode, financial circumstances, or ability to navigate a complex assessment system.

Where every child who needs support is identified earlier, understood sooner, and given the opportunity to reach their potential before the emotional consequences of repeated failure begin to take hold.

Because every child deserves the chance to understand how they learn before they begin to believe the problem is who they are.

That is the future Dyslexia Screening Australia exists to help build.

Not every child will need a formal diagnosis, and technology can never replace educators or clinicians. But we can give schools and families a tool to identify dyslexia earlier, so getting answers and support is no longer a privilege reserved for those who can afford them.

The long-term vision is an Australia where early dyslexia identification is no longer the exception but an expected part of every child's educational journey—supported by educators, informed by research, strengthened through collaboration, and accessible to every family.

Because we believe no child should be left behind when we are capable of finding them sooner.

## An Invitation to Help Shape What Comes Next

Closing this gap will take the hands of many, working together with one shared belief: we can do better by our children.

Dyslexia Screening Australia was never intended to provide all the answers. Its purpose is to contribute to a broader solution—one built collaboratively, guided by evidence, and strengthened through ongoing research, validation, and professional expertise.

If the ideas in this paper resonate with you, or if you believe your expertise, research, organisation, or network could contribute to this work, I would welcome the opportunity to continue the conversation.

Together, we have the opportunity to build a system that delivers it: earlier, more equitably, and at scale.

**Bernadette Haigh**
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REFERENCES

# REFERENCES AND FURTHER READING

All claims in this white paper are supported by the sources listed below. Readers are encouraged to access and evaluate primary sources independently.

## Peer-reviewed research

**1.** Anthony, H., et al. (2025). Parents' perspectives on dyslexia assessment and diagnosis in Australia. International Journal of Disability, Development and Education. https://doi.org/10.1080/20590776.2025.2545250

**2.** van Bergen, E., et al. (2025). Co-occurrence and causality among ADHD, dyslexia, and dyscalculia. Psychological Science, 36(3). https://doi.org/10.1177/09567976241293999

**3.** Chalikia, M.H., et al. (2025). Dyslexia comorbidities: ADHD, anxiety and learning disorders. WPS Publish.

**4.** Bakhti, R., et al. (2025). A narrative review of school-based screening tools for dyslexia among students. Frontiers in Public Health, 13. https://doi.org/10.3389/fpubh.2025.1654470

**5.** Bonti, E., et al. (2024). Anxiety and depression symptoms in children and adolescents with dyslexia. Journal of Learning Disabilities.

**6.** Trucco, C., et al. (2021). Disorders of language and literacy in the prison population: a scoping review. Education Sciences, 11(2), 77.

## Government and policy sources

**7.** Australian Bureau of Statistics. (2025). Prisoners in Australia, 2025. https://www.abs.gov.au/statistics/people/crime-and-justice/prisoners-australia/latest-release

**8.** Australian Government. (1992). Disability Discrimination Act 1992.

**9.** Australian Government. (2005). Disability Standards for Education 2005.

**10.** Australian Institute of Health and Welfare. (2023). The health of people in Australia's prisons 2022. https://www.aihw.gov.au/reports/prisoners/the-health-of-people-in-australias-prisons-2022

**11.** Australian Institute of Health and Welfare. (2019). The health of Australia's prisoners 2018. https://www.aihw.gov.au

**12.** Department of Education, Australian Government. (2025). Year 1 Phonics Check. https://www.education.gov.au/australian-curriculum/year-1-phonics-check

**13.** Department of Education, Australian Government. (2025). NAPLAN results show encouraging signs, but more work to do. Ministers' Media Centre, July 2025. https://ministers.education.gov.au

**14.** Department of Education, Australian Government. (2025). Building a better and fairer education system. Ministers' Media Centre, March 2025. https://ministers.education.gov.au

**15.** Department of Education, South Australia. (2025). Phonics Screening Check: fact sheet. https://www.education.sa.gov.au

**16.** Department of Education, Victoria. (2025). Year 1 Phonics Screening Check — mandatory from 2026.

**17.** NSW Department of Education. (2025). Year 1 Phonics Screening Check 2024 report. https://education.nsw.gov.au

**18.** Queensland Government. (2025). Back to basics phonics and numeracy check to boost results. Ministerial Media Statements, July 2025. https://statements.qld.gov.au

**19.** Productivity Commission. (2022). National School Reform Agreement: Inquiry Report.

## Organisation and advocacy sources

**20.** Australian Dyslexia Association. (2025). How is dyslexia assessed? https://dyslexiaassociation.org.au

**21.** Australian Council of State School Organisations. (2025, March). Identifying and working with dyslexic students. ACSSO Newsletter.

**22.** Code Read Dyslexia Network Australia. (2023). Improving literacy outcomes in Australia: submission to the Productivity Commission. https://www.education.gov.au

**23.** re:think dyslexia / La Trobe University. (2024). Dyslexic screening research partnership. https://rethinkdyslexia.com.au

## International references

**24.** American Psychiatric Association. (2022). Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, Text Revision (DSM-5-TR).

**25.** Department for Education, United Kingdom. (2023). Phonics Screening Check: assessment and reporting arrangements. https://www.gov.uk

**26.** Individuals with Disabilities Education Act (IDEA). (2004). United States.