





Giving voice to people with developmental language disorder

evelopmental language disorder (DLD) is a life-long condition which can first be diagnosed in childhood. It affects how people understand and express language. There is no known single cause, although evidence suggests that biological, genetic and environmental risk factors play a part. Left unidentified and unsupported, DLD can reduce access to education, employment and social interaction.

Speech and language therapists have a crucial role to play in the diagnosis of DLD and in supporting people with DLD, along with their families and the professionals working with them, to understand their diagnosis, achieve their potential and reduce the impact of their difficulties.



The prevalence of developmental language disorder

- ► Two children in every class of thirty, or **7.58% of children**, start school with DLD.¹
- ▶ A further **2.34% of Children** start school with a language disorder associated with another condition, such as autism, brain injury, Down's syndrome, cerebral palsy, hearing impairment or learning disabilities.²

What is developmental language disorder?

DLD is a life-long condition characterised by difficulties with understanding and/or using spoken language. DLD has no single known cause and is likely a result of a number of biological, genetic and environmental risk factors.

DLD was previously known as specific language impairment (SLI). DLD, while not identical, is now the agreed term and people with an SLI diagnosis will qualify for a diagnosis of DLD.

DLD may be diagnosed if a child's language difficulties are likely to persist throughout childhood and into adolescence and adulthood.

DLD affects every individual differently and there are a wide variety of ways in which language problems may present and evolve over time.

People with DLD can have difficulties with:

- listening, attention, memory and language processing, particularly when lots of information is being given orally;
- following instructions, understanding questions and narratives:
- understanding and using vocabulary;
- expressing what they want to say, including difficulties with word finding, grammar and sequencing their thoughts;
- social interaction, including having difficulties joining in conversations, understanding jokes, and non-literal language; and
- using language to express their thoughts and feelings and to regulate their behaviour and their interactions with other people.

Individuals with DLD are also at risk of difficulties with reading and writing, and with discriminating between different sounds, either on their own or within words. For example, knowing that 'cat' and 'bat' are different words because the first sound is different. This is known as phonological awareness.

Individuals with DLD may have difficulties with producing speech sounds, although not always.

The potential impact of developmental language disorder

The impact of DLD can be mitigated if people with DLD have their needs identified and appropriately supported. Without that support, people may face challenges with their mental health and wellbeing, relationships, personal development, education, employment, and quality of life.

DLD also puts children at risk of victimisation and has been found to have an economic and financial impact on individuals, their families, and society.

Mental health and wellbeing

Children with language disorders are at risk of psychological and social wellbeing difficulties.³ Adolescents and young adults with



DLD are more likely to experience anxiety and depression than their peers. ^{4,5} Young adults with DLD face greater challenges to their wellbeing. This vulnerability is related to a range of factors, including social relationships, health and employment.⁶

Relationships

Adolescents and young adults with DLD are more likely than their peers to have difficulties forming and maintaining relationships.^{7, 8, 9}

Personal development

People with DLD often have lower self–esteem in adolescence and adulthood. They also have lower social confidence. $^{10,\,11}$

Education

Children and young people with DLD obtain lower academic and vocational qualifications and were found to have left education significantly earlier than their peers.¹²

Employment

People with DLD have been found to be much more likely to be in non-professional occupations. Young adults with DLD have been found to be unemployed four times longer than their peers. A higher proportion of people with DLD were in parttime employment and more of their peers were in full-time employment.¹³

Quality of life

Children with DLD have a lower quality of life than their typical peers at age nine. Co-occurring social-emotional problems appear to play an important role in contributing to this lower quality of life. ¹⁴ Research has also shown that secondary difficulties in social-emotional competence in children with DLD make them more vulnerable to victimisation. ¹⁵

Economic

DLD can also have an economic impact on individuals, families and society. Research has found that DLD is likely to place an increasing burden on the health and welfare system as children move through school and after they leave education. It has also found that DLD impacts on future earning potential, as a result of low levels of literacy and numeracy. In addition, carers of children with DLD have been found to substitute paid for unpaid work by working fewer hours.

When their child's condition is severe or persistent, mothers are less likely to be employed. 16

Financial

DLD has an impact on people's ability to organise and manage their finances. Compared to their typically developing peers, young people with DLD have less extensive engagement with financial products and lower competence in organising and managing their finances. A considerably higher proportion of those with DLD (48% compared to 16% of their peers) draw on support, primarily from parents, in various financial tasks, including paying bills, choosing financial products and taking loans from family or friends. $^{\rm 17}$

The role of speech and language therapy

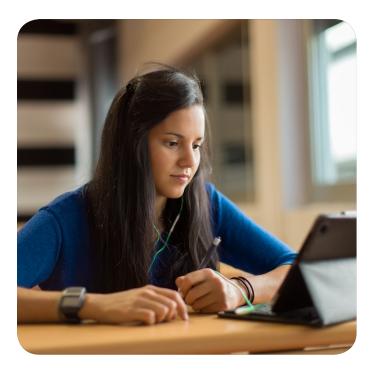
With their knowledge and expertise in speech, language and communication, speech and language therapists have a crucial role to play in the diagnosis and management of DLD. This includes providing direct therapy to people with DLD who need it, tailored to their individual needs. ¹⁸

It also includes supporting their families and, through multidisciplinary team working, supporting professionals who work with people with DLD to recognise and respond appropriately to their difficulties.



The role of speech and language therapy includes:

- identifying and diagnosing DLD and those at risk of it;
- devising and delivering needs-led programmes of individual or small group therapy;
- overseeing therapy programmes delivered by others, including ensuring that individuals are adequately trained and supported, and progress is regularly monitored;
- supporting people with DLD, their families and those who
 work with them, including to understand their diagnosis
 and how it can impact on their lives, so they can respond
 appropriately and advocate for themselves;
- supporting schools to integrate strategies into the curriculum in order to foster children's language learning and use; and



 maximising communication potential by skilling others in the use of facilitative strategies and/or use of augmentative communication aids.

Comprehensive assessments are needed to identify how DLD is affecting an individual's:

- communication;
- social participation;
- wellbeing; and
- learning.

Regular monitoring of progress and modifications to management is required to identify needs at each stage in development, and particularly at transition points – for example from nursery to primary school, from primary to secondary school and from secondary to post–16 provision.

The aim of speech and language therapy is to:

- develop the language abilities of people with DLD to their maximum potential; and
- teach people with DLD and those around them strategies to reduce the impact of their difficulties on communication and their access to education, employment, public services and social activities.

Speech and language therapy helps people with DLD to maximise their language potential. This helps to reduce some of the negative consequences of their disorder.

Christina's story

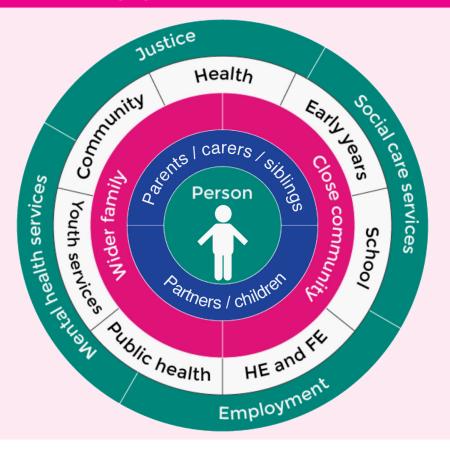
Christina was referred to speech and language therapy due to difficulty understanding what was being said to her, as well as problems expressing herself. Following an assessment by a speech and language therapist, Christina was diagnosed with developmental language disorder.

Since her diagnosis, Christina has received direct therapy from her speech and language therapist, as well as indirect provision through her mainstream school. She later attended a Language Centre in her school where she received direct therapy from a speech and language therapist and additional specialist teaching support from an assistant who had been trained by a speech and language therapist. The speech and language therapist has helped Christina to understand her diagnosis, as well as working with other professionals and Christina's family to ensure she has strategies to support her learning.

Thanks to this support, Christina's use of language (expressive language) has improved. She has also made progress with understanding language (receptive language). The Language Centre has reported that her literacy skills are also developing.

Over the last year, Christina has worked on asking for help and clarification strategies. Her goal for the year ahead is to work with her speech and language therapist on understanding and answering exam questions, using key curriculum vocabulary and complex sentences to increase participation in school and wider life.

PERSON-CENTRED APPROACH



DLD affects every individual differently so the support someone with DLD requires throughout their lives will vary according to their individual needs. This image shows the range of people and services that may be involved in supporting those with DLD.

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