RCSLT

Developmental Language Disorder Research Priority Setting Partnership

Phase 2 Report

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RCSLT

This research priority setting partnership was carried out in collaboration with the following organisations:

MOOR HOUSE
RESEARCH & TRAINING INSTITUTE

MOOR HOUSE
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Sheffield Children's NHS
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Foreword

Six years ago the Royal College of Speech and Language Therapists (RCSLT) launched the first Research Priority Setting Partnership for Developmental Language Disorder (DLD). Since then, public awareness of this common but hidden condition has been growing. There has been increased funding for early intervention initiatives such as the Nuffield Early Language Intervention (NELI) and the Early Language Support for Every Child (ELSEC) programme. In addition, the Government has acknowledged the particular challenges faced by students with DLD in their Writing Framework, which highlights the impact of spoken language difficulties on education and social development.

Despite these positive steps, DLD remains an under-researched and under-funded condition, with many families, children, and adults with DLD feeling that their voices are not being heard, and their needs are not adequately understood or supported. While early intervention is important, there is overwhelming international research evidence that in many cases DLD persists into adulthood, yet little, if any, research or clinical services exist for adolescents and adults. People with DLD tell us it is hard to obtain a diagnosis, or access speech and language therapy. As they reach adulthood, they are encountering barriers to employment, mental health and social support. There is little available research into how best to support wider well-being, nor do we know how best to adapt existing interventions for different ages, language profiles, or linguistic, social and cultural backgrounds.

The priority setting work that the RCSLT has undertaken, in partnership with the DLD community, is urgently needed. This work has identified the top 10 list of DLD research questions, capturing the views of people with DLD, their families, and the professionals that support them across the health, education, and youth justice sectors. The questions they have chosen must be used to guide the DLD research agenda and to shape the future development of services that are designed to truly meet the needs and priorities of people with DLD. This is just the beginning of a movement that will require the active collaboration of speech and language therapists, researchers, educators, and individuals with DLD and their families to help ensure the best possible outcomes for children and adults living with DLD.

Courtenay Norbury

Professor of Developmental Language and
Communication Disorders, University College London

Hello. My name is Sophie Franks and I'm an adult with DLD. I was diagnosed when I was three years old. In the past, I have been involved raising awareness to developmental language disorder, especially with the RADLD campaign. I also stood up in the House of Commons to share awareness. Over the years, the workplace has been hard when you have developmental language disorder, because not a lot of people know about language disorder and don't know what it means. So, people get annoyed or impatient because you may have forgotten to do something, as I have a short-term memory. Paperwork has been hard. People aren't patient with you. I've also experienced bullying in the workplace, which has affected my mental health.

If there was more people out there that understands developmental language disorder, hopefully the world would be a much better place to be in, especially in the workplace. I've always wanted to be involved in the research of DLD because it's a real passion of mine – that more people know about it. We're getting there, but we've got a long way to go yet. I just hope this research is one more step forward to spread awareness and get more help for people with DLD.

Sophie Franks

Adult with DLD and member of the
DLD Questions steering group

Executive summary

The first phase of the RCSLT's research priority setting partnership in DLD was launched in 2019. This brought together a range of key stakeholders, including people with DLD, their parents and carers, speech and language therapists, other professionals and charitable organisations. Phase I focused on what areas of uncertainty exist within the DLD evidence base and which of these we most urgently need to investigate through research. Following detailed consultation, via questionnaires, workshops, interviews, focus groups, and card sorting activities, a set of broad research priority areas were identified and shared with researchers and wider DLD community.

Following feedback from funders, indicating the need to develop these priority areas into specific, answerable research questions, and given the pace of change since the phase I priorities were launched, the aims of this second phase were to:

- Revisit the broad priority areas identified in phase I

- Align these with four areas of the DLD Vision: diagnosis; intervention and support; schools and workplaces; and independence for people with DLD

- Update these broad priorities and translate them into specific, fundable research questions

- Coproduce this work with people with DLD, drawing on best practice in both co-production and DLD communication support.

The top 10 DLD questions which follow are the result of a coproduced research priority setting partnership between people with DLD, their families and carers, speech and language therapy clinicians and researchers, and other professionals (including educational psychologists, teachers, careers advisers and others). By identifying these priorities, we hope that future research will be focused on the things that really matter to the DLD community and ultimately, will lead to better support and understanding for those living with this impactful, lifelong condition.

The top 10 DLD research priority questions

=1 How can we make it easy for people with DLD to **get a diagnosis**? How can we **best support them** before, during and after a diagnosis?

=1 What **training** do education staff need so they can **help people with DLD learn** and have a **better time in schools, colleges and universities**?

3 What can schools do to make sure children with DLD **do well at school**, and **grow into adults** who can find **good jobs**, and live **healthy and happy lives**?

4 What are the **best DLD interventions** that lead to **good and important outcomes** that last? Who can best **deliver** the intervention?

5 What do people with DLD need to have **good friendships and relationships**, and **not feel lonely**?

6 How can **different people best support people with DLD**? How can we best help them to do this?

7 How can **people with DLD** be helped to **get and keep jobs**?

8 What is it like for people with DLD to **get support** from the **disability/ social care** system?

9 How can families, education staff and health professionals **identify signs of DLD** in children and young people to support **early diagnosis**?

10 How does **help and support need to vary** depending on a person's age, background, language abilities and other conditions?

What is DLD?

DLD[1] is a lifelong condition characterised by difficulties with understanding and/or using spoken language. It has no single known cause and is likely a result of a number of biological, genetic and environmental risk factors.

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 (RCSLT, 2017).

Two children in every class of 30, or 7.58% of children, start school with DLD. 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 (Norbury et al, 2016).

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 difficulties joining in conversations, understanding jokes and non-literal language

- using language to express their thoughts and feelings and to regulate their behaviour and their interactions with other people (Bishop, 2014).

1   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.

What is the impact of DLD?

The impact of DLD can be mitigated if people with DLD have their needs identified and appropriately supported. Without this support, people may face challenges with their mental health and wellbeing, relationships, personal development, education, employment, quality of life and financial situation (Bishop, 2014).

Mental health and wellbeing

- Children with language disorders are at risk of psychological and social wellbeing difficulties (Burnley et al., 2024; Levickes et al., 2018; Lyons & Roulstone, 2018).

- Adolescents and young adults with DLD are more likely to experience anxiety and depression than their peers (Hentges et al., 2021; Botting et al, 2016).

- Adults with DLD face greater challenges to their wellbeing. These difficulties may relate to masking neurodevelopmental differences, loneliness, lack of understanding and/or bullying in the workplace (Wilmot et al., 2024).

Relationships

- Adolescents and young adults with DLD are more likely than their peers to have difficulties forming and maintaining relationships (Oncioiu et al., 2024; Mok et al, 2014).

Personal development

- People with DLD often have lower self-esteem in adolescence and adulthood. They may also have lower social confidence (Durkin et al, 2017; Botting et al., 2016).

Education

- Children and young people with DLD obtain lower academic and vocational qualifications and have been found to have left education significantly earlier than their peers (Ziegenfusz et al., 2022; Dubois et al., 2020).

Employment

- People with DLD have been found to be much more likely to be in non-professional occupations and part-time roles (Conti-Ramsden et al, 2018).

- Managers and professionals report low employer awareness and a lack of clear, tailored supports or accommodations (Lemos et al, 2021).

- A higher proportion of people with DLD were in part-time employment and more of their peers were in full-time employment (Conti-Ramsden et al, 2018).

Quality of life

- Children with DLD are reported to have a lower quality of life than their typically developing peers. Co-occurring social-emotional problems appear to play an important role in contributing to this lower quality of life (Haukedal et al., 2023; Eadie et al, 2018).

Economic and financial

- DLD can have an economic impact on individuals, families and society. This burden can increase as children move through school and after they leave education (Cronin et al, 2017a).

- 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 (Cronin, 2017b).

- 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 (Winstanley et al, 2018).

How did we identify these priority questions?

The project followed four stages:

Stage 1 - Setting up the project steering group

We began by setting up a project steering group, including two people with DLD, a parent and charity representative and specialist speech and language therapists. Members of the team mapped the phase I priority areas onto four key themes of the DLD Vision: diagnosis; intervention and support; schools and workplaces; and independence for people with DLD.

During this initial stage, we launched an online questionnaire, asking people to suggest their 'most important DLD questions' for each of the above topics. 119 people responded to the questionnaire, including people with DLD, parents, speech and language therapists, teachers, researchers and other professionals. Together, they suggested 476 important DLD questions.

In order to seek the views of more children and adults with DLD, we commissioned a specially-designed Talking Mat™. 36 children and four adults with DLD completed a Talking Mat™ to indicate visually their most important and less important priorities for DLD research.

Stage 2 - Reviewing the data

A team of senior researchers then reviewed the phase I priorities, questionnaire and Talking Mats™ data.

They checked the evidence base to determine whether any of the suggested questions or priorities had already been answered, or partially answered, by research and which could be developed into answerable research questions.

The researchers grouped together overlapping ideas and produced a draft list of 34 research questions, which were then refined by our project steering group to ensure that questions were DLD-friendly and accessible. Some questions were split at this stage to make them easier to understand and process.

Stage 3 - **Focus groups**

In the third stage of the project, we set up four focus groups: one for each DLD Vision area. Each group was made up of around eight participants, including people with DLD, parents, speech and language therapists and other professionals.

Participants completed an initial prioritisation exercise via an online platform 'All Our Ideas'. The groups then met on Zoom to identify the top 5 research priorities for their vision area. Some questions were merged at this stage to ensure that important information and priorities were not left behind.

This gave us a total of 20 questions to take forward to our final prioritisation workshop.

Stage 4 - **Final workshop**

Our final workshop was planned and co-delivered with advisers from the James Lind Alliance (JLA). At this face-to-face workshop, 16 participants from across our project groups worked together to produce our final top ten list of questions for DLD research.

Usual JLA research priority setting activities were adapted to ensure everyone at the workshop was fully included in identifying our top 10.

What's next and how you can get involved?

Further research is urgently needed to fully understand DLD, the lives of people with DLD, and the ways in which we can work together to ensure the best possible support systems are put in place. Through our priority-setting partnership, we have identified the top 10 questions that should be tackled first and foremost in research.

The next step is for research into these questions to be funded and carried out, and the results of this research disseminated and implemented in everyday practice. This can only happen with a system-wide, collaborative push from the whole DLD community.

The RCSLT is committed to this process and will:

- disseminate the top 10 and discuss them with all relevant interest-holders

- work with key research funders who may be interested in supporting this research

- engage key research centres and researchers who may be interested in carrying out this research

- collaborate with researchers to support their proposals, projects, and the dissemination of their findings related to the top 10

- facilitate clinicians to implement new research evidence into practice.

You can also contribute to different parts of this process by:

- Publicising the top 10

  - Cascade the top 10 through your own networks. Share the report, distribute the top 10, start conversations about them with those around you and across the DLD community nationally and internationally.

  - Let us know who you have spoken to or put us in touch with them if you think they may be interested in supporting the research priorities in some way.

■ Carrying out or supporting research into the priority areas

- Tailor your funding calls to take account of these co-produced priorities

- Use the top 10 to inform your research strategy

- Support recruitment to research projects aiming to address the priorities

- Take part in the research, whether as a co-investigator, a local investigator, a supervisor, or a participant

- Help disseminate research findings

- Refer to this new evidence when planning your DLD services.

If you are planning research into any of the top 10 priority areas, please get in touch with us at info@rcslt.org to let us know. We would love to hear about your plans. Working together, we can help enable better lives for people with this complex, impactful, lifelong disorder.

Appendix A:
The top 20 questions

=1 How can we make it easy for people with DLD to **get a diagnosis**? How can we **best support them** before, during and after a diagnosis?

- "People with DLD" **means children, teenagers** and **adults** with DLD.

=1 What **training** do education staff need so they can **help people with DLD learn** and have a **better time in schools, colleges and universities**?

- "Education staff" means **teachers, teaching assistants, lecturers, tutors** and **student support** officers.

- This question asks whether **learning more about DLD** can help **education staff to help people with DLD**.

- The question is also about whether **training education staff** to work with people with DLD can lead to **better experiences** and **better progress** for them.

3 What can schools do to make sure children with DLD **do well at school**, and **grow into adults** who can find **good jobs**, and live **healthy and happy lives**?

- This question is about what type of **support** can lead to the most **positive outcomes** in wellbeing, mental health, education and employment.

4 What are the **best DLD interventions** that lead to **good and important outcomes** that last? Who can best **deliver** the intervention?

- This question is about **what** helps and **how much** help is best.

- "DLD interventions" are **therapy, programmes or support** to help children, teenagers and adults with DLD.

- "Best" means **works well**, is **acceptable**, uses **time** well and is **good value**.

- "**Outcomes**" include communication, language, literacy, mental health and employment.

- This question is also about **who/which people** can best give support to people with DLD, for example speech and language therapists, families, education staff, support workers, workplace coaches.

5 What do people with DLD need to have **good friendships and relationships**, and **not feel lonely**?
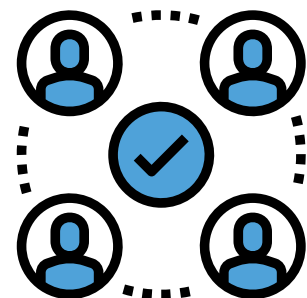
- This question includes having **safe relationships**, including **romantic** relationships.

- It also includes **how family and partners** can help or not help **independence**.
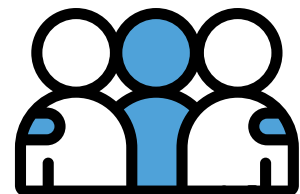
6 How can **different people best support people with DLD**? How can we best help them to do this?

- "Different people" means **everyone**, including people with DLD themselves, speech and language therapists, families, education staff, local authorities, employers, health and mental health professionals, benefits assessors, job centre and prison staff.

- "People with DLD" includes **all ages**.

- The question includes whether **training for professionals** leads to **better experiences**, **progress and outcomes** for people with DLD.

7 How can **people with DLD** be helped to **get and keep jobs**?

- The question is about what specialist **career advice** would be helpful for people with DLD.

- The question includes what **employers** might need to know about DLD.

- This question is also about **what jobs are best** for people with DLD to aim for (or maybe avoid).

8 What is it like for people with DLD to **get support** from the **disability/social care** system?

- The disability/social care system would include **accessing benefits** and **social support**.

- **Social support** includes **housing**, **personal assistants**, support for **socialising**.

- This question is about **applying for support** and the experience of **receiving support**.

9 How can families, education staff and health professionals **identify signs of DLD** in children and young people to support **early diagnosis**?

- "Identify signs of DLD" means **spotting signs** of DLD.

- "Early diagnosis" means **as soon as possible**.

- Signs of DLD may be different for **different ages**, **genders**, **languages**, **cultures** and for **people with other conditions**.

10 How does **help and support need to vary** depending on a person's age, background, language abilities and other conditions?

- **"Vary"** means **be different**.

- **"Language abilities"** includes understanding, talking, reading and writing.

- "Other difficulties" includes **ADHD**, **dyslexia** and **dyspraxia**.
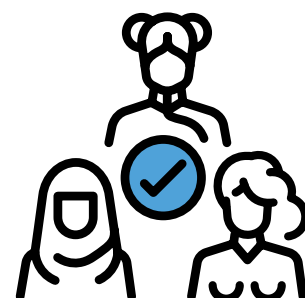
11 How should we **prepare** young people with DLD **for adult life**? Do the programmes we have work?

- Programmes could include **life skills** or **transition** programmes.

12 How can we best **work out** whether someone has **DLD** and/or a **different condition**? Does this **change** at **different points** in their lives?

- This question is about **diagnosing DLD**.

- Diagnosis needs to consider **age**, **gender**, **language(s)** and **background**.

- Diagnosis also needs to consider whether someone **has DLD** and/or a **different condition**.

- This question also includes **whether people's needs** and/ or **diagnosis change over time**.

13 What is the best way to **measure** how easy or hard people with DLD find it to communicate in their **day-to-day lives**?

- This question is about **how** people use **language** in their **daily lives**.

- For example, to **socialise**, **work**, **shop** etc.
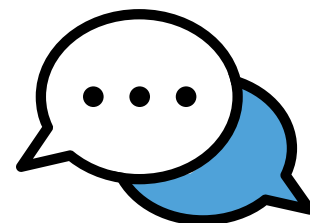
14 What are the **costs and benefits of interventions** to the person with DLD, their family and services?

- "Costs and benefits" include: **money**, **time**, **emotion** and **effort**.

- "Services" include: **health**, **education** and **social services** and the **economy** in general.

15 Does speech and language therapy **improve** the **mental health** of people with DLD? If it does, **how**?

- "People with DLD" means children, teenagers and adults with DLD.

- This question includes **what types** of speech and language therapy are **most helpful** for people's mental health. For example, focusing on **language skills** or **self-help** strategies.
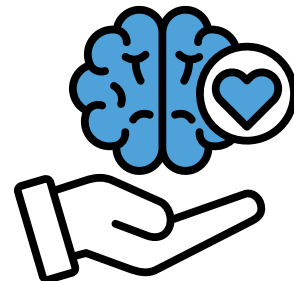
16 How can **hobbies**, **sports and clubs** help people with DLD feel **included** and well?

- "Well" can include **physical** and/or **mental health**.
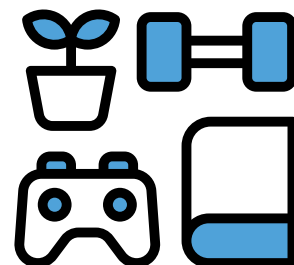
17 What can **teachers change** in schools and classrooms to help children with DLD to **learn**?

- This question is about **strategies** and support that teachers and teaching assistants can use with the **whole class** or school.

- The question is also about making sure that children with DLD can **join in** and feel **included** in school life.
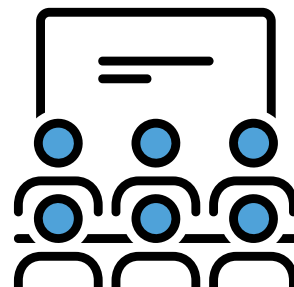
18 How can we **provide** services that work well **equitably**?

- "Equitably" means that **everyone** can get **services** that match **their difficulties**.

- "Equitably" also means that **services** are **not based on** how much **money** you have or **where** you live.
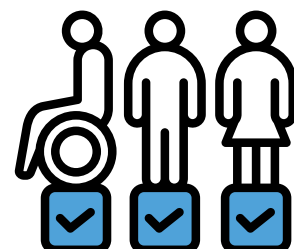
19 What **other needs** (apart from communication) do people with DLD have?

- For example, **sleep**, **sensory processing**, **planning**, **co-ordination**, **attention** and **managing emotions**.

20 What **helps** and what **does not help** young people with DLD to **do well** in college and at university?

- This question is about **what type of help** people with DLD need **to succeed** in Further and Higher Education.

Appendix B:
Long list of research priorities

Diagnosis (finding out if someone has DLD)

- How can we make it **easy** for people with DLD to get a diagnosis? How can we best **support** them before, during and after a diagnosis?

    - "People with DLD" means **children**, **teenagers** and **adults** with DLD.

- How can families, education staff and health professionals **identify signs of DLD** in children and young people to support **early diagnosis**?

    - "Identify signs of DLD" means **spotting signs of DLD**.

    - "Early diagnosis" means **as soon as possible**.

    - Signs of DLD **may be different** for different ages, genders, languages cultures and for people with other conditions.

- There are lots of different types of language difficulty. **When** should someone's **language difficulties** be described as DLD?

    - This question is about which **types of language difficulties** indicate DLD.

    - The question is also about **what level of difficulty** indicates DLD.

- What is the best way to **measure** how easy or hard people with DLD find it to communicate in their **day-to-day lives**?

    - This question is about how people **use language** in their daily lives. For example, to socialise, work, shop etc.

- How can we best identify, assess and diagnose DLD in people who speak **more than one language?**

- How can we best **work out** whether someone has **DLD** and/or a **different condition**. Does this change at different points in their lives?

    - This question is about diagnosing DLD.

    - Diagnosis needs to consider age, gender, language(s) and background.

    - Diagnosis also needs to consider whether someone has DLD and/or a different condition.

    - This question also includes whether people's needs and/or diagnosis change over time.

- Would people with DLD **still** receive the **same diagnosis** if they were **assessed again later in their life**?

  - "People with DLD" means children, teenagers and adults with DLD.

- Does DLD **look different** in girls/women, boys/men and non-binary people?

- What **other needs** (apart from communication) do people with DLD have?

  - For example, **sleep**, **sensory** processing, **attention** and managing **emotions**.

Intervention and support:

- What are the **best DLD interventions** that lead to **good and important outcomes** that last?

  - This question is about **what** helps and **how** much help is best.

  - "DLD interventions" are **therapy**, **programmes or support** to help children, teenagers and adults with DLD.

  - "Best" means **works well**, is **acceptable**, uses **time** well and is **good value** for money.

  - "**Outcomes**" include communication, language, literacy, mental health and employment.

- **Who** can best give support and **how** for people with DLD that leads to **good and important outcomes that last**?

  - This question is about **who/which people** can best give support to people with DLD, for example speech and language therapists, families, education staff, support workers, workplace coaches.

  - **How** means what is the **best way** of doing this and where?

  - "People with DLD" means children, teenagers and adults with DLD.

  - "Best" means **works well**, **is acceptable**, uses **time** well and is **good value** for money.

  - "**Outcomes**" include communication, language, literacy, mental health and employment.

- How does help and support need to change for people of different **ages**, with different **language abilities** and with **other difficulties**?

  - "**Language abilities**" includes understanding, talking, reading and writing.

  - "**Other difficulties**" includes **ADHD**, **dyslexia** and **dyspraxia**.

- How can **different people** best support people with DLD? How can we best **train** them to do this?

  - "**Different people**" means **everyone**, including people with DLD themselves, speech and language therapists, families, education staff, local authorities, employers, health and mental health professionals, benefits assessors, job centre and prison staff.

  - "**People with DLD**" includes all **ages**.

  - The question includes whether **training for professionals** leads to **better experiences**, **progress and outcomes** for people with DLD.

- What are the **costs and benefits of interventions** to the person with DLD, their family and services?

  - "Costs and benefits" include: **money**, **time**, **emotion** and **effort**.

  - "Services" include: **health**, **education** and **social services** and the economy in general.

- How can we **provide** services that work well **fairly**?

  - "Fairly" means that **everyone** can get **services** that match their **difficulties**.

  - "Fairly" also means that **services** are **not based on** how much **money** you have or **where** you live.

- How can we **develop** more interventions in **more languages**?

  - Most interventions are in **English**.

  - This question is about **bilingual** people, or people who **do not speak English**.

- How can we **adapt and deliver** interventions for people who speak a **different languag**e from the person giving the intervention?

  - "Adapt" means **change or adjust** for an individual.

  - "Deliver interventions" means **carry out a support programme** with a person with DLD.

  - "The person giving the intervention" may be **a speech and language therapist**, a **teaching assistant**, or a **speech and language therapy assistant**.

- How can technology help support people with DLD?

  - Technology can include using **mobile phones**, **tablets** or **AI** (Artificial Intelligence).

Schools and workplace support:

- What can **teachers change** in schools and classrooms **to help** children with DLD to **learn**?

  - This question is about **strategies** and support that teachers and teaching assistants can use with the **whole class** or school.

  - The question is also about making sure that children with DLD can **join in and** feel **included** in school life.

- What **training** do teaching staff need so they can **help children with DLD learn** and have a more positive or **better time at school**?

  - "Teaching staff" means **teachers** and **teaching assistants**.

  - This question asks whether **learning more about DLD** can help **teaching staff to help children with DLD**.

  - The question is also about whether **training teaching staff** to work with children with DLD can lead to **better school experiences** and **better progress** for them.

- What can schools do to make sure children with DLD **do well at school**, and **grow into adults** who can find **good jobs**, and live **healthy and happy lives**?

  - This question is about what type of **support** can lead to the most **positive outcomes** in wellbeing, mental health, education and employment.

- What **help** do people with DLD need to help with **big changes** in their lives?

  - "People with DLD" means **children**, **teenagers** and **adults** with DLD.

  - Big changes include:
    - Moving from **high school to college**.
    - Involvement with the **police and justice** system.
    - Starting **work**.

- If **more people about know what DLD is**, does this make it **easier and quicker** to work out **who has DLD**?

  - "More people" includes staff in **schools**, **colleges**, **universities** and **workplaces**.

  - This question is about **raising awareness** of DLD in these places.

  - Can raising awareness make it easier to **find out who has DLD**?

- What **helps** and what **does not help** young people with DLD to **do well** in college and at university?

  - This question is about **what type of help** people with DLD need **to succeed** in Further and Higher Education.

How can people with DLD be helped to **get and keep jobs**?

- The question is about what specialist **career advice** would be helpful for people with DLD.

- The question is also about what **employers** might need to know about DLD.

- This question is also about **what jobs are best** for people with DLD to aim for (or maybe avoid).

Independence

What **helps** and what does **not help** adults with DLD to **live independently**?

Does speech and language therapy **improve** the **mental health** of people with DLD? If it does, how?

- "People with DLD" means children, teenagers and adults with DLD.

- This question includes **what types** of speech and language therapy are **most helpful** for people's mental health.

- For example, focusing on **language skills** or **self-help** strategies.

How should we **prepare** young people with DLD **for adult life**? Do the programmes we have **work**?

- Programmes could include **life skills** or **transition** programmes.

Does **training** for professionals help them **learn** more about DLD and **support people** with DLD better?

- Professionals could include people who work in **education**, **prisons**, **employment**, **medicine** and **mental health**.

What do people with DLD need to have **good friendships and relationships**, and **not feel lonely**?

- This question includes having **safe relationships**, including **romantic** relationships.

- It also includes **how family** and **partners** can **help** or **not help independence**.

How can **technology and AI** be used to **help** adults and young people with DLD?

- "AI" means **Artificial Intelligence**, such as **ChatGPT**.

- Technology can be used to **summarise** and **simplify** information.

- Technology could also be used to **help complete forms** or **practise communicating** with others.

■ How can **hobbies**, **sports** and **clubs** help people with DLD feel **included** and well?

- "Well" can include **physical** and/or **mental health**.

■ What is it like for people with DLD to **get support** from the **disability/social care** system?

- The **disability/social care** system would include **accessing benefits** and **social support**.

- **Social support** includes **housing**, **personal assistants**, support for **socialising**.

- This question is about **applying for support** and the **experience** of receiving **support**.

■ Do people with DLD find **health services** difficult to **access**? **How** can this be made **better**?

- **Health services** includes going to a **GP**, **dentist** or **hospital**.

- This question is about **how health care** can be made **more DLD-friendly**.

- **Healthcare** can include both **physical** and **mental health**.

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RCSLT

The Royal College of Speech and Language Therapists (RCSLT) is the professional body for speech and language therapists in the UK. As well as providing leadership and setting professional standards, the RCSLT facilitates and promotes research into the field of speech and language therapy, promotes better education and training of speech and language therapists, and provides its members and the public with information about speech and language therapy.

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