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Developmental Language Disorder

A guide for every teacher on
supporting children and young
people with Developmental
Language Disorder (DLD) in
mainstream schools



Funded by



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Five things to know about DLD

1. Oral language skills are the foundation for reading, writing, and learning. Improving a child or young person's spoken language skills will benefit all areas of the curriculum.
2. Developmental Language Disorder (DLD) is common – it affects approximately 7.6% of all children in primary school (Norbury et al, 2016)¹. This equates to roughly two children in every average class of 30 in the UK – but it can easily be mistaken for other things and might not be recognised as a language problem.
3. If you are concerned about a child or young person's behaviour or their learning, think: could it be LANGUAGE? If in doubt, speak to the family early and REFER to speech and language therapy for assessment and advice.
4. A classroom which supports communication will benefit all children and young people. But it is especially important for those with DLD.
5. With a foundation of communication-supportive universal provision in place, some children and young people will need additional targeted and specialist support throughout their time at school and for important transitions. For more information, see: [Supporting children and young people with DLD in mainstream schools](#).

This guide will help you understand more about DLD, including how to identify and support DLD in your classroom. Most children and young people with DLD attend mainstream schools, and teachers can make a huge difference to their outcomes – with the right support in place, they can do very well.

Key to this is early identification, working closely with families, collecting and hearing pupil voice and working collaboratively with colleagues and other professionals to be solution-focused.



To use this guide:

- Click on the **jump links** to quickly and easily navigate the guide and find the information you need.
- **Navigate** to other useful resources and organisations.
- View videos and interactive content by clicking on any links next to a **v** symbol.

Abbreviations

ADHD	attention deficit hyperactivity disorder
ASD	autism spectrum disorder
DfE	Department for Education
DLD	Developmental Language Disorder
EAL	English as an additional language
EHC plan	Education, Health and Care plan
SaLT	speech and language therapy OR speech and language therapist
SEN	special educational needs
SENCo	special educational needs coordinator
SEND code of practice	<i>Special educational needs and disabilities code of practice: 0 to 25 years (2015)</i>
SLCF	Speech, Language and Communication Framework
SLCN	speech, language and communication needs
SLI	specific language impairment

¹Surrey Communication and Language in Education Study (SCALES), an epidemiological study in the UK (Norbury et al, 2016). Based on assessment of a population sample of children in state-maintained classrooms in the first few years of school. The researchers estimated the total population prevalence of language disorder to be 9.92%. The prevalence of language disorder of unknown origin was estimated to be 7.58%, while the prevalence of language impairment associated with intellectual disability and/or existing medical diagnosis was 2.34%. These estimates are consistent with previous population studies in the United States (7.4%, Tomblin et al. 1997). The researchers advise that these are estimates and precise numbers in a given community may vary depending on the diagnostic criteria and assessments employed to identify children, and the local context (estimates may be higher in areas of socio-economic disadvantage).

What is DLD?

Developmental Language Disorder is a diagnosis given to children and young people who have language difficulties that:

Create barriers to communication or learning in everyday life.

Are unlikely to resolve by 5 years of age – they will have lifelong difficulties with language.

Are not associated with a known biomedical condition such as autism, brain injury, neurodegenerative conditions, hearing impairment or genetic disorders (such as Down's syndrome).

In the past, DLD was known as specific language impairment (SLI), but the name has changed to more accurately reflect the types of difficulties experienced.

Children and young people with DLD have problems understanding and/or using spoken language. And because language underlies so much of what we do, this may impact on many other areas as well, including literacy, learning, processing and memory, emotional wellbeing, social interaction, behaviour and forming friendships.

A child or young person with DLD may present with difficulties in a number of areas; however, it is worth noting that difficulties can sometimes be subtle or hidden, and may remain unidentified.

✓ **A child's perspective: 'DLD 1-2-3'**

✓ **A young person's perspective: 'Lily Farrington's amazing DLD animation'**

Difficulties in any or all of the following areas can be characteristic of DLD:

Attention and listening: presenting as looking 'blank', not listening or not paying attention due to their difficulties processing and understanding language.

Understanding language, including:

Difficulty following instructions.

Incorrect or off-topic responses to questions.

Difficulty listening to, remembering and understanding explanations.

Reduced ability to learn and understand vocabulary, including academic vocabulary.

Problems with understanding may be less obvious in some children and young people but more apparent in their behaviour, as they develop strategies to cover up the problems they have in understanding.

Talking/expressive language, including:

Immature or less sophisticated vocabulary and grammar.

Non-specific words (such as *stuff*, *thingy*).

Jumbled up word order.

Word-finding difficulties.

Trouble telling a story or recounting an incident.

Shorter and more immature sentences to express meanings than their peers. For example, when typical children can say *That boy cuts shapes out of paper with sharp scissors*, the child with DLD might say *Him doing cuts* to express the same idea.

Forming friendships and interacting with peers:

even though they may be socially motivated, these children and young people may struggle to keep up in interactions with peers due to their language difficulties.

Literacy skills, reading comprehension and

written expression: all these skills depend on having a solid foundation of spoken language skills to build upon.

Academic attainment: as all teaching and learning in education takes place through language.

Difficulties with social interaction and behaviour are common in children and young people with DLD, so it is important to be tuned into these as possible indicators of underlying concerns with language. Children and young people with DLD may also experience challenges relating to working memory, social-emotional wellbeing and later in life employment prospects. But with the right support, they can do very well.

For more about how DLD presents in the classroom, see **What might DLD look like in the classroom?**

For more on identifying DLD and referral to speech and language therapy, see **DLD: the identification and referral process.**

For help supporting children and young people with DLD, see **Supporting children and young people with DLD in mainstream schools.**

DLD and SLCN

Speech, language and communication needs (SLCN) is an umbrella term used to refer to the many types of speech, language and communication difficulties that children and young people might face. It includes conditions such as:

- Stammering/stuttering
- Speech sound disorder
- Language 'difficulties' perhaps due to lack of communication-supportive experiences in early childhood (for example, children living in areas of high social disadvantage). (Fig 1)

Within the group of children and young people with SLCN, there are some who will have lifelong language difficulties – they are not going to 'grow out of it' or 'catch up' to their peers. This is known as 'language disorder'.

Sometimes, a language disorder is associated with another biomedical condition, such as autism spectrum disorder (ASD), sensorineural hearing loss, acquired brain injury, intellectual disability or a known genetic condition (such as Down's syndrome, Klinefelter syndrome).

However, some children and young people have a language disorder but not a biomedical condition – and this is known as DLD. (Fig 2)

DLD can also co-occur with some conditions, such as **dyslexia**, ADHD or speech sound disorder. In this case, a child or young person may be given two (or more) diagnoses, but it is recognised that these are distinct from each other (rather than the language difficulties being associated with another condition).

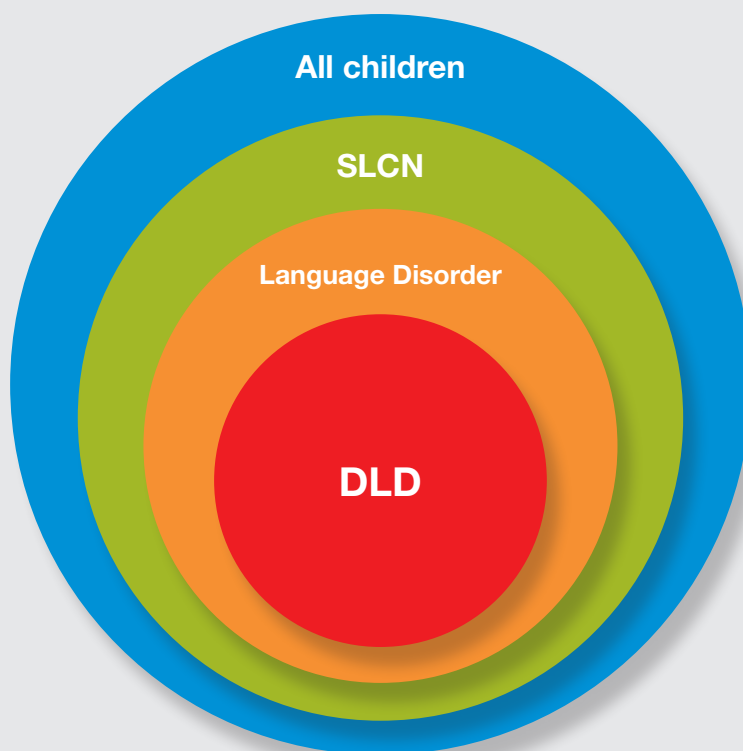


Figure 1: DLD in the context of SLCN

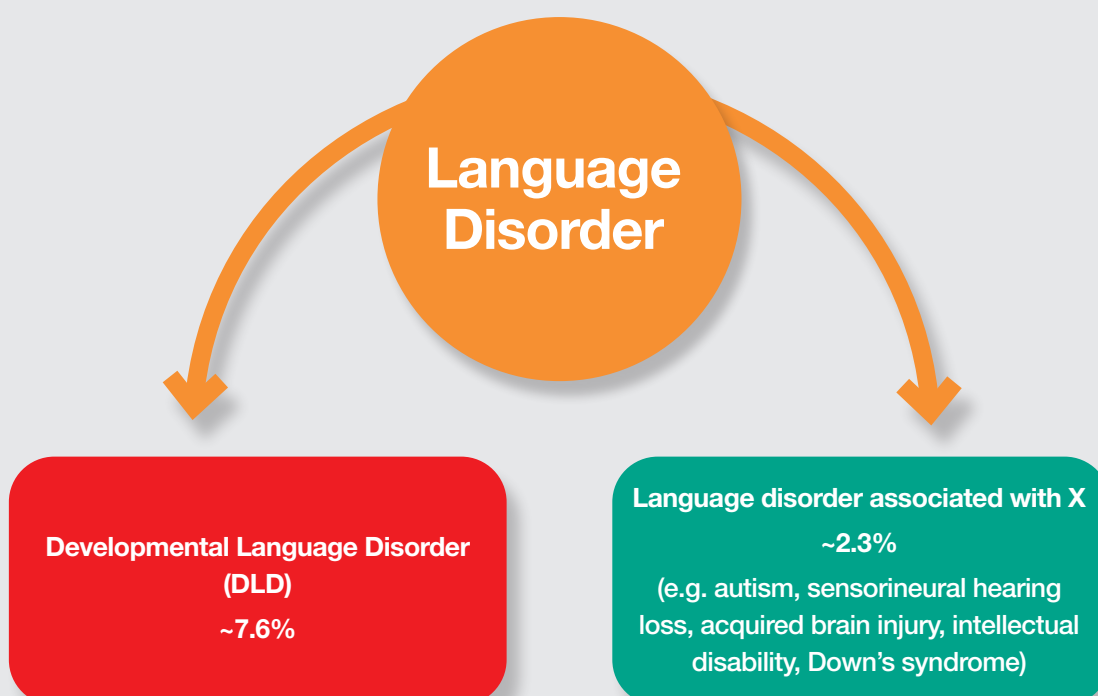


Figure 2: Breakdown of language disorder

How common is DLD?

DLD affects approximately 7.6% of all children in primary school (Norbury et al, 2016), which equates to roughly two children in every average class of 30 in the UK. The actual number may vary depending on the local context and may be higher in areas of socio-economic deprivation. This means that DLD could be roughly seven times more prevalent than autism, and yet most people have never heard of it.



What causes DLD?

Like other developmental conditions, such as dyslexia and autism, DLD is caused by a complex interaction between genetic and environmental risk factors. The profile of risk factors will vary between individuals. These risk factors appear to have subtle impacts on the way the brain learns language. As a result, we know that DLD runs in families – it is more common for a child or young person to have DLD when there is a family history of speech and language difficulties.

We also know that DLD is not caused by:

- Another medical condition or diagnosis, though many childhood conditions (such as autism or Down's syndrome) are also characterised by difficulties with language.
- Poor parenting.
- Emotional difficulties (although it is common for children and young people with DLD to experience challenges relating to their social and emotional wellbeing).





DLD and dyslexia

DLD and dyslexia are distinct but often co-occurring disorders – it is not uncommon for a child or young person to be diagnosed with both DLD and dyslexia (Adlof, 2020).

It is important to be clear that DLD is not the same as dyslexia, although some of the indicators can look similar. Children and young people with dyslexia have pronounced difficulties learning to ‘decode’ – that is, establishing correspondences between letters and sounds. This makes it very difficult to read words fluently. The scientific consensus is that decoding deficits are underpinned by difficulties with ‘phonology’, the rules that govern how sounds are combined in our language to make meaning. Most children and young people with DLD also have difficulties with learning to read words. However, they also have persistent difficulties with reading comprehension. The reading difficulties seen in DLD reflect more pervasive language deficits in vocabulary, grammar, and narrative skills.

If you are not sure whether a child or young person is presenting with dyslexia or DLD, it is often worth having a closer look at their language skills. See **DLD: the identification and referral process**.

DLD and EAL

Learning English as an additional language (EAL) does not cause or contribute to a child or young person having speech, language and communication needs. In fact, there are many well-evidenced benefits of learning an additional language (Stow and Dodd, 2003; Cummins, 2001).

A child or young person with EAL who has DLD will present with difficulties in both (or all) of their languages. Diagnosis by a speech and language therapist requires assessment in their home language as well as in English. In the classroom, teachers should be alert to a) parental concern, b) family history, and c) slow progress in acquiring English despite classroom instruction.

Children and young people with EAL are at risk of both over identification – when their English language skills are not at the level of their peers because they are still acquiring it as their second language – and under identification – when their language difficulties are assumed to be because of their bilingualism.

If you have any concerns about the language skills of a child or young person with EAL, speak to the family to find out if they have concerns about their child’s abilities in their home language as well. See **DLD: the identification and referral process**.



Potential impacts of DLD

Developmental Language Disorder is likely to impact on children and young people's ...

... literacy and reading comprehension

If children and young people have difficulty with any aspect of spoken language, this is also likely to impact on their reading and written language. Research has found that 50–90% of children with DLD have reading difficulties (Stothard et al, 1998).

Although some children and young people with DLD may learn to decode so they can read fluently, skilled reading is much more than just word recognition. To understand what we read, we need to integrate our understanding of the world with our understanding of vocabulary and grammar, and use our skills in verbal reasoning and literacy knowledge to make sense of it (Scarborough, 2001). Children and young people with DLD are highly likely to experience difficulties with reading comprehension because of the complexities involved.

These difficulties with literacy and reading comprehension will also have a knock-on impact on the child or young person's vocabulary acquisition, as they are likely to miss out on acquiring vocabulary that others may encounter through reading. In addition, the grammar used in text is often more complex than in spoken language - so there is likely to be an impact on acquisition of grammar as well.

 [‘What’s tricky about reading?’](#)



... academic attainment

Because of the reliance on literacy and the fact that language is the medium through which formal education takes place, children and young people with DLD are likely to struggle academically.

Analysis of data from the Department for Education (DfE) indicates that only 19% of children with speech, language and communication needs achieved expected levels in reading, writing and maths at the end of primary school compared with 74% of their classmates with no identified SEN in 2019 (Department for Education, 2019a).

We can also see this impact in secondary education – DfE GCSE results from the same year indicate that young people with speech, language and communication needs achieved an average attainment 8 score (25.8) that was close to half that of their peers with no identified SEN (49.9) (Department for Education, 2019b).

... relationships with peers

Even though many children and young people with DLD may want to have friends and interact socially, they may experience challenges with peer relationships because of their language difficulties.

Particularly as they move into their teens, when communication with peers becomes a lot more nuanced and subtle, those with DLD may struggle to keep up with fast-paced interactions and to understand slang, innuendo, sarcasm and jokes.



... behaviour

The link between language difficulties and behaviour is well evidenced – it has been found that 54% of children and young people with behaviour problems have a language impairment (Maggio et al, 2014). Young offenders with DLD are more than twice as likely to reoffend than their unaffected offending peers (Winstanley, Webb and Conti-Ramsden, 2020).

... mental health

Children and young people with DLD are much more likely to experience mental health difficulties and poor social-emotional wellbeing than their typically developing peers. It has been found that 81% of children with emotional and behavioural disorders have significant language deficits, often unidentified (Hollo, Wehby and Oliver, 2014), and 45% of young people referred to mental health services have communication difficulties (Cohen et al, 2013).

This is compounded by the fact that support for mental health through talking therapies relies on having the language to express emotions and to problem-solve – which is very difficult for a child or young person with DLD.

... employment prospects

The challenges that children and young people with DLD experience academically and throughout their education may eventually impact on their employment outcomes. Research has found that young people with a history of DLD more commonly have less skilled employment and more rarely achieve professional roles (Conti-Ramsden et al, 2018).

But, with the right support, children and young people with DLD can do very well.



What might DLD look like in the classroom?

Teaching and learning across all subjects relies on spoken language. As a teacher, you use language to explain things, give instructions and teach new concepts and words. DLD can therefore impact all aspects of learning.

Although they will not grow out of it, the needs of children and young people with DLD may change as they get older. Here we look at some of the key indicators of possible underlying language difficulties. For information on how to raise concerns if you notice some of these indicators, see [DLD: the identification and referral process](#).

V [A teacher's perspective: 'Signs of SLI \(DLD\)' in the classroom](#)

Why might DLD be missed?

DLD looks different in all children and young people, so there is no one set of behaviours or characteristics to look out for. It is sometimes described as a hidden or invisible disability because there are no physical signs of it, and children and young people with DLD are often able to develop skills and masking behaviours to get by in daily life.

DLD can be mistaken for a range of things, including:

- Behaviour 'problems'.
- 'Laziness', lack of motivation, poor attention, forgetfulness or disorganisation.
- Being shy or quiet.
- General learning difficulty/global developmental delay.
- Another type of SEN, such as dyslexia, autism or ADHD.

It is therefore important to be tuned in to possible signs of an underlying language difficulty – and to know when to investigate further – so that these children and young people do not get missed (see [Potential impacts of DLD](#)).

As language underlies everything we do, a child or young person with DLD is likely to find many (or even most) aspects of school and daily life difficult.

But of course like all children and young people, those with DLD will also have many strengths, which may include:

- Practical tasks that do not rely so much on language, such as art.
- Reading facial expressions and body language, even if they do not know the words to describe them.
- Following familiar situations and routines.
- An ability to hide their difficulties and find ways to manage in the classroom. For example, when the teacher gives an instruction to the class, they may follow what their peers do.

What to look for

Here are some of the difficulties that you may notice in your classroom (difficulties specific to **P** primary or **S** secondary age are colour-coded and marked as 'P' for primary and 'S' for secondary).

Understanding

Difficulty following instructions.

Being slow to respond and needing extra processing time.

Giving incorrect or off-topic responses to questions, or appearing blank and unable to respond.

Difficulty learning and understanding new vocabulary, often requiring several more exposures when learning new words.

Difficulty remembering what you tell them.

They may have become used to not understanding and do not ask for help.

- S** Difficulty with reasoning and inferencing – so they may be unable to work out the underlying meaning of something or the ‘big picture’.
- S** Trouble understanding non-literal language, idioms or figures of speech (*Pull your socks up, It’s raining cats and dogs*) or inferential language (*I’m waiting ...*).
- S** Trouble understanding words with multiple meanings – particularly a problem in science. For example, they might interpret ‘greenhouse’ as ‘green house’.

Yusuf is 13 years old. His DLD means he finds it hard to listen to instructions and understand the language used at school.

Yusuf really enjoys PE and is good at sport. During PE lessons, though, he finds it hard to follow the instructions that his teacher gives. He does not always understand all the rules of the games they play; instead Yusuf watches what the others are doing. So he does all the exercises that the PE teacher gives them, but is always one step behind the others.



Duncan has DLD. He finds it hard to understand the language that is used at school.

His teacher gives him a maths problem: *Three buses were in the depot, five were on the road and two were at the bus stop. How many buses are there all together?*

Duncan just looks blankly at her. He cannot answer, because the sum got lost in the words. But when she writes down the sum $3 + 5 + 2$, he has no trouble working out the answer because he does not need to use language.



Talking

Using immature or less sophisticated vocabulary.

Using non-specific language (*thing* or *stuff*).

Displaying word-finding difficulties: having trouble retrieving the word they want to use.

Having trouble explaining things that have happened to them or telling a story.

Being difficult to understand, or it might be difficult to make sense of what they tell you.

Mistakes in pronunciation of words, particularly longer or more complex words.

- P** Using short sentences, often with words missed out or in the wrong order so they sound muddled or unusual.
- P** Using immature or incorrect grammar, or missing off the endings of words.

Behaviour & social skills

Displaying poor attention, presenting as not listening or daydreaming.

Being disruptive or 'getting into trouble'.

Alternatively, being quiet and well behaved – so they fly under the radar.

Getting into conflicts with peers but having difficulty describing the incident.

Difficulty understanding the rules of a game or understanding jokes.

Difficulty negotiating with peers.

Difficulty making and maintaining friendships.

Using an inappropriate language style with teachers.

Struggling to remember names of teachers and peers.

Difficulty managing and expressing emotions.

May become frustrated, displaying verbal or physical outbursts.

S Struggling to understand and keep up with adolescent language and social cues, such as innuendo, slang, jokes, sarcasm and intonation.

S At risk of being bullied or exploited.

S Displaying low self-esteem and confidence; increased risk of mental health problems.

Fatima is 7 years old. She has been asked to write a story in literacy, based on some work that the class have already done.

Fatima has lots of ideas and is keen to show the teacher all that she has understood, but finds it hard to plan her story and her ideas get in a muddle. Her sentences do not make sense and her story ends up being confusing and hard to follow. Fatima has DLD and struggles with expressive language.



Jerome is 15 years old. He is frequently in trouble because he does not often hand in his homework on time, even though he is a keen student.



Jerome struggles to organise himself and finds it hard to remember which piece of homework needs to be in on which day. He needs to use his homework diary to remind him, but is not usually organised enough to write down what he needs to do and when. Even when he remembers to write down his homework, the information comes too quickly and he doesn't get it all down in time.

Academic work

Difficulties with reading and writing.

May be able to decode and read fluently, but struggle with reading comprehension (making sense of what they read).

Completing work incorrectly or not at all, or taking much longer to complete a task than their peers.

Watching and copying what others do as a strategy to make sense of what is going on.

Difficulty with language-based maths problems.

Difficulty understanding maths concepts.

Difficulty learning, remembering and using new subject vocabulary.

P In written language, missing out words or putting words in the wrong order, leaving off grammatical endings or using simple sentences without conjunctions.

S Written language may appear immature, and they may have difficulty using newly taught vocabulary and demonstrating their learning in written assignments or exams.

S Struggling with organisation, forgetful and have difficulty remembering their timetable, classrooms, equipment for lessons and homework.

S May end up disengaging from school – and leave school early or without the skills needed for interviews and employment.

DLD: the identification and referral process

DLD and SEND

The 2015 *Special Educational Needs and Disabilities (SEND) Code of Practice: 0 to 25 years* (SEND Code of Practice) defines special educational needs (SEN) (at paras. xiii–xvi) as follows:

A child or young person has SEN if they have a learning difficulty or disability which calls for special educational provision to be made for them. A child of compulsory school age or a young person has a learning difficulty or disability if they:

- Have a significantly greater difficulty in learning than the majority of others of the same age, or
- Have a disability which prevents or hinders them from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions.

Although most children and young people with DLD attend mainstream schools, they are likely to meet the criteria for SEN Support under the SEND Code of Practice at some stage in their school education; and some will require SEN Support throughout. The level of SEN Support a school provides is key to ensuring the best possible educational outcomes for these children and young people.

Under the Equality Act 2010, schools have a duty to make reasonable adjustments to try and avoid children and young people with DLD being placed at any disadvantage. Reasonable adjustments will vary depending on their individual profile, but may include the examples discussed in **Supporting children and young people with DLD in mainstream schools**.

Raising concerns about speech, language and communication development

The SEND Code of Practice states that all education staff have a responsibility to identify additional learning needs, raise concerns and ensure appropriate support is in place.

A diagnosis of DLD is made by a speech and language therapist (SaLT). Concerns about the speech, language and communication development of a child or young person can be raised by anyone who cares for or works with them – and even by the young person themselves. As part of the assessment, the SaLT will gather information from those around the child or young person about how their difficulties impact on their daily life.

The first step is to discuss concerns with the family. It is often the class teacher who has this initial discussion with families, while the school's special educational needs coordinator (SENCo) will take an active role in involving families and planning support for children and young people with any kind of SEN.

A note about diagnosis in the early years

DLD is not usually diagnosed before a child is 5 years old. However, it can be diagnosed earlier if there are indicators that suggest long term language deficits. These include:

- Difficulty understanding spoken language.
- Difficulty in several aspects of language (understanding, finding the right word to say, saying words in the right order).
- Family history of language or literacy impairment.
- Lack of progress with intervention and support.

For more about DLD, see **What is DLD?** and for how DLD might present at school, see **What might DLD look like in the classroom?**

Discussing concerns with the family

Every family responds differently to finding out that their child may have special educational needs or a disability. For some, it may confirm something they have noticed or been concerned about for a while. For others, this may be the first time that they consider or are made aware of their child's needs. Some families may feel or have been told that their child is a 'late talker' and will catch up. Raising a concern with a family requires sensitivity and understanding.

Families have a vital role in identification and support as they know their child best; they also have useful insight into factors such as early developmental history and relevant family history.

Here are some useful areas to consider when discussing concerns with families.

Preparation

- Set aside time and space to have your conversation, somewhere with privacy and minimal distractions.
- Think about what you want to say, including any observations and notes. Giving specific examples of where a child or young person is struggling may help the family to understand what you mean.
- Consider what you know about the child or young person, their family situation and home life. Be mindful of the context in which you are having your conversation.
- Plan how you want the conversation to go. What do you want to achieve? Do you have advice or information about next steps to share with the family?
- For families for who are not speakers of English: do you need to arrange an interpreter?



During the conversation

- Begin positively by sharing examples of how the child or young person has used their strengths in speech, language and communication, and/or strengths you have noticed in other areas that don't rely so much on communication skills (such as art or PE).
- Ask the family how they feel their child's speech, language and communication skills are progressing. Ask open questions that are understanding and caring, such as *How do you find it talking with them at home?* or *What are they like at following instructions you give them?* Be mindful that language demands in typical homes are much lower than in school, so in many cases families may not have noticed any problems.
- Be honest about your concerns, explain clearly why you wanted to meet and use the evidence you have gathered to share your concerns.
- Be aware that the child or young person's family may have their own communication needs. Keep your language simple, and don't rush.
- Think about and prepare for how the family may respond:
 - They may be defensive; what you say may feel like a personal criticism of their parenting or their child.
 - They may not understand how important speech, language and communication skills are.
 - Be aware of cultural differences in parenting and attitudes to difficulty or disability.

Next steps

- Be solution-focused: try to develop and agree action points with the family and begin your 'assess-plan-do-review' response.
- Involve the child or young person in planning and decision-making regarding their own support if possible.
- Be aware of when you need to bring in different or more specialist expertise.
- Signpost the family to other sources of information both locally and nationally (see **Relevant resources**).
- Jointly agree next steps with the family (and the child or young person if applicable), making sure they are practical and achievable.
- Share resources with the family for carryover and generalisation of targets at home. For example, share topic vocabulary so that they can reinforce words at home, and include speaking and listening activities as part of homework tasks.
- Agree a time to review the action plan and consider the child or young person's support and progress.

For more information, watch this  [video clip](#) about how to raise initial concerns with families.



Considerations for children with English as an Additional Language (EAL)

As mentioned in **DLD and EAL**, a child or young person with EAL who has DLD will present with difficulties in both (or all) of their languages. Diagnosis of DLD by a speech and language therapist requires assessment in the home language as well as in English.

If you have concerns that a child or young person with EAL may have DLD, ask the family about their child's abilities in their home language. Do they seem to speak and understand their home language at the same level as other children or young people their age? If the family have concerns, this might be a sign to refer on for specialist opinion. You could also ask about any family history of speech, language or learning difficulties.

Be aware of the different language requirements at home and at school. Families may not have noticed their child's language difficulties in the home environment. You may need an interpreter if the family are not proficient in English.

If available, it can be useful to seek the views of a professional who speaks the same language as the child or young person.

Tools that schools can use for identification

As well as speaking to the family, it can be useful to use an identification tool to tease out possible underlying difficulties with speech, language and communication. There are many freely available tools and checklists that can help with this: See **Tools to help identification**.



Putting support in place

Putting early support in place is key: not only can it help the attainment of the child or young person, but it can also be useful in determining whether they present with more persistent language difficulties (requiring specialist support).

In some areas, particularly where there are high levels of disadvantage, many children start school with poor language skills. This means that whole school approaches are needed to ensure that children's language skills catch up as quickly as possible.

This is where inclusive high-quality teaching comes in: universal communication-supportive teaching practices that support the speech, language and communication skills of all children and young people.

With this excellent universal provision in place, targeted support (including additional interventions and adapted teaching practices) may be necessary for some children and young people. Failure to make progress with a strong foundation of good-quality universal provision, and additional targeted support, can indicate an underlying language disorder – and the need for timely referral to speech and language therapy.

Even once they have a diagnosis of DLD, these children and young people will still benefit from (and need) good-quality universal provision and targeted support in school.

See also **Supporting children and young people with DLD in mainstream schools**.

Referral to speech and language therapy

Many NHS speech and language therapy (SaLT) services in the UK have an 'open referral' system, which means that anyone (who has parental consent) can refer a child or young person if they have concerns about their speech, language and communication (or if they have difficulties with swallowing). You will need to check with your local service.

NHS SaLT services have details of their referral process available via their website. Local requirements may vary but in all cases you must gain written parental consent for the referral.

Check with your local services about what information you need to make a referral, but it is likely to include information about the child or young person's:

- Oral/spoken language, including:
 - whether they find it difficult to understand explanations and follow instructions
 - how they recount an event that has happened to them
 - how they generate and remember vocabulary.
- Social interaction, including non-verbal communication and behaviour.
- Other areas of learning, including literacy and numeracy.
- Observations over time and progress in key areas of language.
- Any support you have put in place already and what progress, if any, you have seen as a result of these initiatives.
- The family's views or concerns.
- Views of the child or young person, if appropriate.

The information that the SaLT receives will guide their assessment, so it is really important to include as much information as you can.

There may be waiting lists for services, but do not let this stop you making a referral.

Speech and language therapy assessment

What speech and language therapy assessment looks like will differ according to need, but it is likely to include some or all of the following:

- Discussion with the family to gain an understanding of the child or young person's early development, their concerns and the impact on day-to-day life and functioning of any speech, language and communication difficulties.
- Speaking to the SENCo and class teacher about the impact on academic work and classroom participation.
- Observation in class, and also perhaps at breaktime or in other social situations.
- Direct time with the child or young person using formal/informal assessment – usually in a quiet space, out of the classroom. Formal assessments give an age-equivalent or standard score. Informal assessment can sometimes provide more detailed information and can help with planning support and recommendations.
- The areas covered in the assessment include:
 - attention and listening
 - social communication/interaction
 - understanding of spoken language
 - expressive language
 - speech sounds.

For younger children, an assessment of play skills is often included.

In many cases a follow-up or further assessment may be required, and in some cases the child or young person may have a period of therapy before a final diagnosis of DLD is made.



Diagnosis

Speech and language therapists make the diagnosis of DLD, but they are unlikely to do this in isolation and will need to liaise with other professionals; these include advisory teachers, school teaching staff, educational psychologists and the family. This is key to reach an understanding of how the child or young person's difficulties with language impact on their everyday life.

Before the term DLD came about, children and young people with similar difficulties were sometimes given a diagnosis of Specific Language Impairment (SLI). The criteria for a diagnosis of SLI were much stricter, including the need for an assessment of non-verbal IQ. This is no longer a requirement for a diagnosis of DLD, so a broader range of children and young people are now included in the diagnosis.

A diagnosis of DLD does not always mean that a child or young person requires specialist input if their needs are being well-supported at that time. A decision on speech and language therapy intervention should be based on the individual child or young person's profile, the severity of the language disorder and its impact on their functioning in daily life.

It is your responsibility (under the SEND Code of Practice) to refer a child or young person for assessment by a SaLT and to speak to your local service about your concerns, regardless of the therapy offer.

Diagnosis is important for children, young people and their families to better understand the nature of their child's difficulties, to seek support from external agencies and to ensure that the child or young person's needs are met. The SaLT services and commissioners also need to know how many children and young people are in need of their services, even if they lack funding to meet all these needs through direct intervention.

See also **Supporting children and young people with DLD in mainstream schools**.



Education, Health and Care (EHC) plans

Most children and young people with DLD will not meet the threshold to receive an Education, Health and Care (EHC) plan. However:

- There are some who may qualify for a plan due to the severe and complex nature of their difficulties.
- EHC plans are required for all children or young people admitted to specialist speech and language schools or provisions (with the setting named on the EHC plan).

Most children and young people with DLD attend mainstream schools. Local authorities have different offers of mainstream and specialist provisions, and not every local authority has a specialist school for children and young people with SLCN.

The process of applying for an EHC plan is often led by the school SENCo, so if you or the family feel an assessment is important, then start by discussing this with your SENCo.

Local authorities must publish information online about how to apply for an EHC-needs assessment as part of their Local Offer. A request for an EHC-needs assessment is likely to be made where a child or young person's current special educational provision is not enabling them to make adequate progress.

For more information on EHC plans, see: www.gov.uk/government/publications/send-guide-for-schools-and-alternative-provision-settings

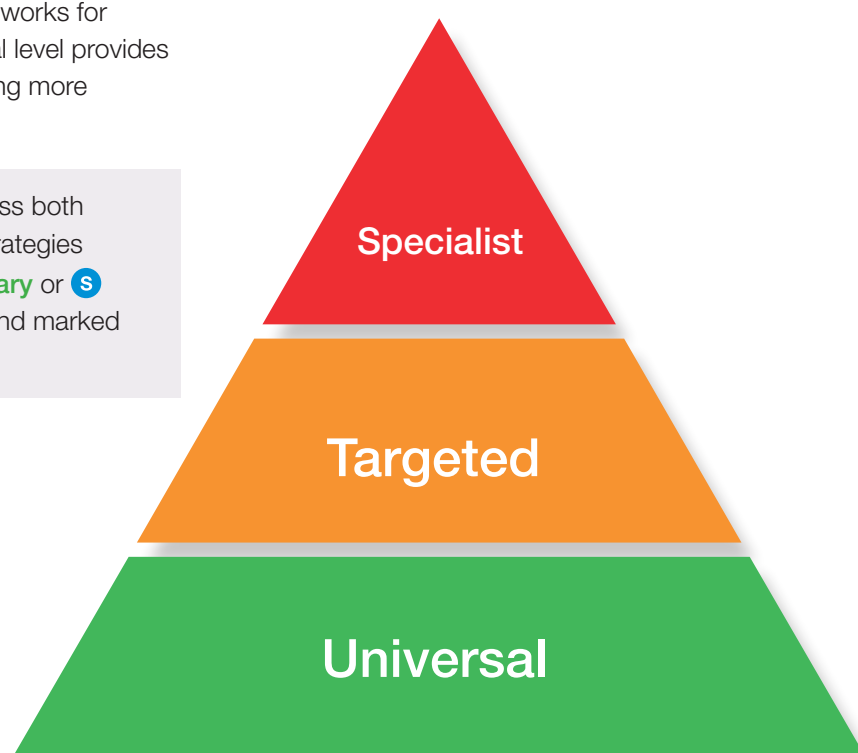
Supporting children and young people with DLD in mainstream schools

A graduated approach to support

In planning support for children and young people with DLD and other types of SLCN in mainstream schools, it is helpful to think about support across the whole setting. These universal, targeted and specialist levels are shown in the diagram below.

This model is useful in showing that what works for children and young people at the universal level provides the foundation of support for those needing more targeted and specialist input.

The strategies in this section apply across both primary and secondary settings, and strategies that are more specific to either **P** primary or **S** secondary settings are colour-coded and marked as 'P' for primary and 'S' for secondary.



Universal: this refers to provision at the whole-school level and encompasses inclusive high-quality teaching practices that benefit all children and young people, including those with DLD and other types of SLCN.

Targeted: this level of provision encompasses additional interventions, strategies and support for children and young people who present with DLD and other types of SLCN, and need support to access the curriculum.

Specialist: this level applies to the support put in place for children and young people with the most complex special educational needs and disabilities. Support from external agencies such as speech and language therapy, specialist advisory teachers and other specialist professionals is likely to be included at this level.

Universal support

1. Create a communication-supportive environment

Reduce background noise: this helps children and young people attend to what you say without having to filter out additional noise. Consider your setting's policies when deciding how to do this – some ideas are to close doors and windows, and to encourage only one person to talk at a time.

Consider seating arrangements: children and young people with DLD find it easier to filter out distractions and listen if they face the speaker.

Plan and use visual supports, such as:

- Pictures, symbols, graphs, diagrams and mind maps.
- Visually labelled classroom resources – photos, symbols and images – as well as words.
- Highlighting/underlining/emboldening key words or putting them in a different colour.
- A visual timetable or written list of activities for the day or lesson. Update this regularly by removing or crossing out tasks when completed.

Reduce classroom clutter/visual 'noise': an environment that is too visually stimulating can be overwhelming and distracting for some children and young people.



2. Adapt your language

Attract attention first: agree a signal that indicates the need for whole-class attention or for instructions to specific individuals. Say the names of children and young people before giving them an instruction.

Give simple instructions: avoid inferential language or hidden meanings.

P Give instructions in the order you want them to be followed, and avoid more abstract words like *before* and *after*.

S Explain any abstract terms you use.

Use familiar vocabulary that you know children and young people understand. Explicitly highlight when you use a new or less familiar word, and check for understanding.

Give extra thinking time and processing time: pause between explaining key points and ideas, and don't talk for too long at any one time.

Use gestures to support what you say.

Repeat key points and summarise what you have said at the end.

As part of a consultation, commissioned in 2018, the views of 56 children and young people aged between 5 and 16 years of age with SLCN across a range of settings were gathered (Bercow, 2018).

Children and young people were asked what they like and do not like in terms of the type of support they get in school. Many children and young people identified that they find it helpful when teachers simplify their language:

- *Talk at my level – helpful because you are understanding what the person is saying.*
- *Talk slowly – because we need to take things slowly – because do you understand this? [demonstrates speaking quickly].*

3. Explicitly teach vocabulary

Explicitly teach key vocabulary at the beginning of a new topic and review it often.

Explicitly teach all the features of a word, using word webs and mind maps to make it visual:

- What does it mean?
- What category/group does it belong to?
- What is it used for/what does it do?
- What does it sound like – what sound does it begin with, how many syllables, what words does it rhyme with?

Link new words to words and topics that children and young people already know and relate new words to their experiences.

P For example: *Enormous, that means very big. Remember the elephant we saw on the school trip to the zoo? He was enormous.*

S For example: *Colossal, that means very big. Remember the statue we saw on the school trip to the museum? It was colossal.*

Reuse and highlight key words frequently and give children and young people lots of opportunities to practise using them by saying them, using them in a sentence and writing them down.

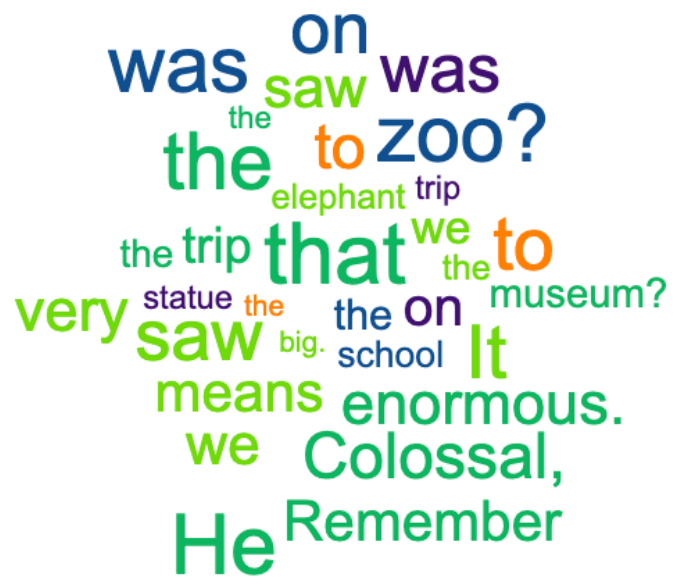
Encourage children and young people to ask when they do not understand a word during lessons and then teach the meaning and practise together.

Encourage children and young people to keep a record of new words that are introduced in a vocabulary book, a word wall display or a word bank.

S Explicitly teach 'tier 2' vocabulary: these are words commonly used across a variety of subjects and can often be found in learning objectives, such as *explain, summarise, discuss*. Without these words it is difficult for children and young people to understand what they are meant to be doing.

S Teach children and young people the structure of words: root words, prefixes (*mis-, re-, dis-*) and suffixes (*-ing, -ship, -ment*), to make it easier for them to break down words when learning them.

S Teach comprehension strategies such as using context to work out the meaning of a word, or highlight unfamiliar words and look up the definition, including using technology to help.



4. Encourage all children and young people to monitor their own understanding and ask for help

Create a safe and supportive environment where asking for help is encouraged.

Respond positively when children and young people ask questions, ask for help or ask you to repeat something, rather than viewing this as a sign that they were distracted or choosing not to listen.

Encourage children and young people to ask for extra thinking time if needed.

Explicitly teach all children and young people to identify occasions when they don't understand and what help they need. For example:

- Was there a specific word that they did not understand? → *What does X mean?*
- Was there a lot of background noise so they found it hard to tune in to listening? → *I didn't hear you, can you say it again/ louder?*
- Was the information given too quickly? → *Can you say it more slowly?*
- Was the speaker too quiet? → *Can you say it more loudly?*
- Was the message too long or complex? → *There are too many words.*
- Do they just need to hear it again to allow them more time for processing? → *Can you say it again?*

Plan ways for children and young people to ask for help discreetly: for example, a card on their desk to turn over if they need help, or a traffic light system where they can move a counter on to different colours based on how confident they feel with a particular task.

Have visual cues or key phrases/prompts for children and young people to use to ask for help on display or on their desks to remind them.



In the 2018 consultation, children and young people with SLCN identified that it was helpful to have an environment where they were encouraged to ask questions and say when they do not understand (Bercow, 2018):

- *Check I understand – in a way it can save time.*
- *Make it easy to ask questions.*
- *It isn't good when they shout if we don't understand, 'cos people might get a little bit sad.*



5. Plan opportunities to develop and use communication skills

Plan hands-on activities, demonstrations and roleplay when learning new concepts and information.

Plan opportunities for communication throughout the day: paired working, small group activities, turn-to-your-partner-type talking activities.

Try having a ‘No Pens Day Wednesday’ on other days of the year! See the free downloadable lesson plans and activity ideas on the website.

Trial different options for paired and group working, such as pairing children and young people with more developed language abilities with those who are less able, versus pairing children and young people with similar language abilities together.

P Use role cards for group working: roles could be the leader (ensures people stay on track and finish on time), the coach (uses scripted phrases to give encouragement), the questioner (asks questions) and the stores person (hands out equipment).

S Give specific roles for group work: for example, the encourager (supports and reinforces responses), the questioner (challenges with questions), the timekeeper (keeps the discussion within the agreed time limit), the leader (starts and leads discussion), the summariser (summarises everyone’s views at the end) and the observer (observes and ensures everyone’s ideas are heard, reports back at the end on the process and things that went well/not so well).

Targeted support

In addition to these universal strategies, children and young people with DLD (and those with other types of SLCN) will require more targeted support. This may include not only additional small group and 1:1 interventions, but also further adaptations and teaching strategies for the classroom.

Sometimes the difference between universal high-quality teaching practices and targeted strategies is not always clear. The key difference is that targeted approaches and strategies are personalised to the individual child or young person as highlighted by the **identification tool** used. For example, if a child or young person has problems with putting ideas in order to tell a story, using a visual framework may help them. You may want to trial several different examples with them to find what supports them best.

Evaluation is also an important component of targeted strategies in terms of how they’re working for each individual child or young person. For example, if working on topic vocabulary, make a note of words the child or young person can give a definition of at the start of term, and again at the end.



Targeted strategies

1. Differentiate activities for children and young people with DLD

Differentiate spoken and written work based on language abilities.

- P** Children who only use and understand very simple sentences will not be able to read a long paragraph and respond to complex comprehension questions: give them a much shorter paragraph with a picture and some simple *Wh–?* questions instead.
- S** A young person with DLD may require a shorter comprehension passage to read and fewer questions to answer in the same time as their peers.

Be aware of the complexity of your questions.

Ensure a child or young person with DLD is included during whole-class teaching. Reduce the complexity of questions you ask them, or give them a choice of two answers. See ‘Blank’ level questions on the next page for one model of the hierarchy of questions.

Pre-teach vocabulary: children and young people with DLD are likely to need many more exposures to new words to learn them (one study found that they need 36 exposures compared to 12 for their typically developing peers: Storkel et al, 2017).

Teach vocabulary to children and young people with DLD (and other types of SLCN) before the rest of the class – and revise the new words more often. It is also useful to send home vocabulary lists ahead of a topic so that the family can help to familiarise the child or young person with new words.

Use more visual supports: use symbols, question cue cards, pictures and images to support understanding and written expression, as well as visually represented key word lists.

Provide children and young people with DLD scaffolded versions of worksheets where information is chunked and presented in small components, and graphics are used to break up written information. Reduce the quantity of elements on one page and highlight key words and information.

- P** In listening activities, tell children with DLD what to focus on or what to listen out for. For example: *I want you to listen for who is in the story.* Use visual support to remind them.

Use a task plan or to-do list to show children and young people what they need to do and to support their organisation and independence. Show them how to check off or cross out tasks from their list when they are complete.

Support written language using **narrative frameworks and visual structures.**

- P** For example, give three boxes for the child to write a sentence about the beginning, middle and end of a story.
- S** Provide writing frames and templates for different genres of narrative or written assignments to help young people with planning and structuring their ideas.
- S** Explicitly teach different forms of writing that are needed for school, for example that written language needed for reports is different to how people speak.

Help children and young people at the planning stage of written tasks to organise their thoughts and work out where to start/ what to do first. Some children and young people benefit from having an adult scribe for them at this stage – write down everything they say about the topic initially, and then help them to look back and edit the vocabulary, sentence structure and grammar, and then organise their thoughts in a more structured way.

‘Blank’ level questions

One model of the hierarchy of questions is the ‘Blank’ levels:

Level 1 questions relate to the here and now.

Level 2 questions are still about the here and now but are more detailed and are about describing things.

Level 3 questions relate less to the here and now and are more about stories and events.

Level 4 questions are the most complex, and require the child or young person to analyse and reason.

Adjust the complexity of your questions based on the language abilities of the child or young person. If you ask the rest of the class questions from Level 4, for example, a child or young person with DLD might need questions from Levels 2 and 3.



(Blank, 2002; Blank, Rose and Berlin, 1978; Blank and Sheila, 1986)

1. Differentiate activities for children and young people with DLD (*continued*)

Give children and young people a sentence starter (a few words to get them going) if they have trouble starting written work. For example: *I think that ..., I disagree with ... because.*

Give children and young people a list of conjunctions and ways to use them to help extend their sentences when writing. For example, to continue the same point use words like **and, then, so, later, soon**. To disagree with a point, use words like **but, however, except**.

Remember to differentiate homework as well.

- P** Opportunities for 'talking homework' with their family may be more valuable for children with DLD than a written comprehension task.
- S** Children and young people with DLD may find long paragraphs of written text and instructions overwhelming to read. It is better to give them a simple homework task that they can access, rather than a more complex task that they do not complete at all.

Provide multiple options and scaffolding to help children and young people with DLD demonstrate their learning: they could write, speak, draw, demonstrate – or a combination of all of these. Can they explain their ideas to an adult who can scribe for them?

Offer learning materials in multiple forms to make it easier for children and young people with DLD (and other types of SLCN) to access. For example, have both audio and written materials so that they can listen at the same time as reading. Be sure to find out what works for them – a strategy that's beneficial for some may be off-putting for others.

Consider and trial different types of assistive technology to see if this helps children and young people with writing (such as computer add-ons to convert speech to text and vice versa). Natural Reader is one free example: www.naturalreaders.com.



In the 2018 consultation, children and young people with SLCN identified that being given multiple options to demonstrate their learning was helpful (Bercow, 2018):

- *In my lessons teachers give us a choice of what we think is best [such as talking or writing].*
- *Another child commented that they find it difficult when there's Lots of writing – because it's really boring and really, really tricky.*



2. Support social-emotional wellbeing and self-advocacy

It is really important that children and young people with DLD are aware of their strengths and needs, and are able to advocate for themselves, particularly as they progress through secondary school and into the workplace.

Build self-awareness: talk openly but in a sensitive way about the child or young person's strengths and areas where they need help, and encourage them to do the same.

Support and encourage children and young people to reflect on what helps them and to express this to others, for example:

- Do they find listening easier when they are at the front of the class? Or when visuals are used?
- Do they find it easier when you write key points on the board, or use different colours and highlighters to emphasise key information, or provide a vocabulary list with definitions of key terms?

Try out different strategies and ask the child or young person what works best for them: by collaborating with them, you help them to become more invested in their own learning and give them a sense of control.

Be flexible when you adopt new strategies: the things that support a child or young person may change, so check in with them regularly about what helps.

Consider different ways of collecting pupil voice and involving children and young people in planning their own support. Rating scales, symbols, drawings and comic strip conversations are some examples of visual supports that may help with this.

Focus on strengths and build their confidence: children and young people with DLD may find a lot of things hard in life, so it is important they feel that they are good at some things, and to know what these things are!

Promote independence by giving children and young people with DLD appropriate school roles and responsibilities that use their areas of strength.

Teach vocabulary for emotions so they can express how they feel and problem-solve with a trusted adult.

Be aware that using a talking approach for mental health support (for example talking therapies) is difficult for children and young people with DLD to access. Consider ways to adapt the approach using visual aids such as drawing, cartoons, rating scales and checklists.

Build supportive and trusting relationships with peers and adults: this is important for all children and young people but even more for those with DLD, who may be vulnerable and more at risk of mental health and social-emotional difficulties. Ensure that they have trusted adults they can talk to and go to for help, and friendships with peers who they trust.

Talk to children and young people about their DLD diagnosis and what it means for them: liaise with their speech and language therapist about this to ensure that information about their diagnosis is conveyed to them in an accurate but sensitive way.



3. Support friendships and social interaction

Create regular opportunities for supported interaction with peers: this could be through a lunchtime games club, a group therapy intervention or during paired talking opportunities in the classroom.

Have a whole-class discussion about DLD and other types of SLCN: build children and young people's awareness of what DLD is and how they can help.

Encourage peers to use supportive strategies like slowing down their talking, pausing often, or showing what they mean as well as saying it.

Highlight the child or young person with DLD's strengths to their peers: for example, they may be skilled in areas such as sport or art.

Support the child or young person to understand and work through conflicts with peers: help them to reflect on what happened, how they and others felt and what they could do differently. Try to represent this visually, for example using comic strip conversations.

P You could say things like: *Ben looks upset; do you think he wanted to have a turn first?*

S You could say things like: *It looked like Yusuf was angry when you did that. I wonder why?*

Learn and practise specific phrases that they can use in social situations, such as when they want to join in with a game or activity, and conversely when they want to be alone or do not want to join in.



P Introduce a buddy system, where a more able peer supports the child with DLD at lunchtime and breaktime. Use a roster and share out this responsibility rather than allocating it to only one child. Make sure the child with DLD is keen for this to take place before you introduce it.

S Children and young people with DLD may need extra supported opportunities to build relationships with peers who have similar interests – such as through different clubs (chess club, drama club) or activities (school musical, sports).

4. Investigate and plan access arrangements

You may need to adapt your existing academic assessments for children and young people with DLD to enable them to access the curriculum. Any adaptations will be specific to each child or young person, but some options to explore are:

- Additional time to complete tests, assessments and exams.
- A reduced number of tasks or questions.
- Rest breaks.
- A scribe to write down their ideas.
- Access to IT support during exams.
- A reader to read questions to them.
- An environment where distractions are limited, for example 1:1 or a small group.

5. Scaffold and support their language

P

- P** Give children with DLD extra time to express themselves – maintain eye contact and be patient.
- P** Children learn about language from hearing it used in context by adults around them. When they make mistakes while talking, respond by **repeating it back correctly** but still in a positive way (Ramírez Esparza et al, 2014; Weisleder and Fernald, 2013). For example, if they say *I goed to the shop*, you could respond, *Wow, you went to the shop? What did you buy?*
- P** Accept any form of communication from the child, whether verbal or non-verbal.
- P** Support them to increase their sentence length by **expanding on things they say** and adding one or two new words. For example, if they say *The car drive*, you could respond *Yes, the car is driving fast.*
- P** If you cannot understand what they say, be kind but honest and tell them. See if they can explain it in a different way or show you instead. Or sometimes a peer may understand more easily – ask them to help.
- P** Give children a choice between two options if they have trouble expressing themselves. For example: *Are you looking for some scissors or the glue?*
- P** Support them to structure a spoken story or account they are telling using words like *first*, *then*, *next* and *last*. For example, you could say, *Tell me what happened first?* and then *And what did they do next?* and finally *What happened at the end?* Visuals can also help here.

6. Explicitly teach organisational strategies, revision techniques and study skills

S

- S** Explicitly teach skills such as reading a timetable, following the school map and learning names of teachers and peers.
- S** Support young people with DLD to plan a study timetable at exam times.
- S** Explicitly teach revision skills such as writing notes, self-testing, and making cue cards with topic vocabulary on one side and definitions on the other side. Provide visual reminders of specific strategies or techniques where possible.
- S** Explicitly teach prioritisation and time management skills to support young people with DLD when studying for exams and managing assignment deadlines.
- S** Explicitly teach and remind young people how to use a homework planner to remember equipment for lessons and due dates for assignments.
- S** Explicitly teach the language of exams (*summarise*, *describe*, *compare*, and so on). Bear in mind that young people with DLD are likely to need many more exposures to learn new words (Storkel et al, 2017).



Targeted interventions

Targeted support may also include additional 1:1 and/or small group interventions for particular children or young people.

Here are some points to consider when choosing a targeted intervention:

- **Always consider the evidence base:** [What Works?](#) is a database of interventions for speech, language and communication needs that you can use to check the evidence for a particular intervention.
- **Think before you adapt an intervention or resource:** be aware that if an intervention has evidence behind it being delivered in a particular way (such as small group versus 1:1), if you change the way it is delivered then it may no longer be evidence-based and outcomes may be different.
- **Be aware of funding sources** that you can use to help you with interventions, for example SEN inclusion funding, pupil premium, and so on.
- **Closely monitor and regularly review the progress of children and young people with DLD in targeted interventions:** if you notice they are not making progress in a particular intervention group, this may justify a referral for a specialist opinion and support.
- **Consider who will deliver a targeted intervention:** ensure that any staff involved in delivering interventions have opportunities for training, professional development, coaching and support.

Specialist support

Specialist support is only as good as the foundations of universal and targeted practice it sits on – which is why the universal and targeted strategies are so important.

Specialist support available for children and young people with DLD varies by local authority area and is based on the child or young person's individual profile of strengths and needs. Here we describe what support from two specialist services – speech and language therapy, and specialist language advisory teachers – may look like. But remember that the specialist support in your authority may differ from this.

Speech and language therapy support

Because DLD presents differently in every child and young person, assessment by a SaLT is important, both to identify the child or young person's strengths and needs in different areas of their language, and to devise a therapy programme with specific targets based on their individual profile.

DLD is a lifelong condition, and therefore the child or young person is likely to require some level of support or adaptations throughout their life. Specialist support can help:

- Develop the language abilities of the child or young person to their maximum potential, while acknowledging they may not catch up with their peers.
- Raise awareness of each child or young person's specific needs so all who work with them can modify their behaviour accordingly.
- Teach strategies to the child or young person and those around them to reduce the impact of their difficulties on their communication and their access to education and social activities.
- Increase the child or young person's awareness of their own needs and develop their self-esteem and ability to self-advocate.

Children and young people with DLD may have SaLT support – direct or indirect – at different times in their education, and then be discharged if they are coping well because of the universal and targeted support in their setting. However, you may still need to re-refer them at a later stage when academic and language demands increase.

Transition between key stages or settings can be a particularly challenging time for children and young people with DLD, so a re-referral may be appropriate to support them at these times. For more information, see:

Transition.

Unfortunately, speech and language therapy support for young people in secondary school is less common.

Speech and language therapy input varies geographically and by stage of education, but may include:

- Assessment and diagnosis.
- Support with the EHC plan process if appropriate.
- Devising and delivering pathways and programmes of therapy, including advice on specific strategies and therapy targets.
- Support to integrate strategies into the curriculum in order to foster children and young people's language learning and use.
- Support at particular times, for example transition.
- Coaching the family, teachers and teaching assistants in the use of specific strategies to support the child or young person.
- Raising awareness and understanding of DLD.

Here are some tips for making the most of specialist speech and language therapy support:

- **Work collaboratively with the therapist** to help embed the child or young person's therapy targets into the classroom and everyday life.
- **Plan when and how the child or young person's progress will be reviewed** (at least termly): include all key stakeholders in this (the family, education staff, the child or young person, SaLT and other specialist support).
- **Ensure that time for follow up and practice of strategies and targets is planned and takes place:** discuss with the therapist how often this should happen and work out who is best placed to provide this at school and at home.
- **Ensure that any support staff who complete follow-up practice with the child or young person have opportunities for coaching and observation with the SaLT.**



Involving children and young people with DLD

Gathering the views of children and young people with DLD takes time and planning. Many of the ideas under **targeted support** – such as using visual supports and adapting language – will support you with this.

The Communication Trust has [two free online resources](#) for education staff to help you understand, review and shape your approach to involving children and young people with DLD and other forms of SLCN.



Specialist advisory teacher support

Specialist advisory teachers are qualified teachers who often have an additional post-graduate qualification in SLCN to provide a sound knowledge base alongside teaching expertise. Some specialist advisory teachers advise solely on SLCN, but many also advise on other areas such as literacy, social-emotional mental health, and more general cognition and learning.

The availability and role of a specialist advisory teacher varies by local authority area, but generally they work within the graduated approach to support early identification and intervention.

Support provided by a specialist advisory teacher may include:

- Training to support inclusive high-quality teaching.
- Support with school policy writing, such as the school communication policy, teaching and learning policy and anti-bullying policy.
- Advice on early identification and screening tools.
- Advice on evidence-based intervention approaches and practical strategies for the classroom.

Some – but not all – specialist advisory teaching teams offer direct intervention with children and young people with DLD and other forms of SLCN. A collaborative approach is always encouraged, including making sure that the pupil voice is heard.



A parent's perspective

Aileen Burnett
Mum of Ozzie who has DLD

What have Ozzie's teachers done that has helped him at school?

The main thing was to pay attention to their communication with Ozzie – to make sure he was face to face and they were delivering instructions and information at a level that he could understand. They understood that Ozzie needed to 'learn how to learn' and took the time to do this. This was essential in allowing him to learn the skills that other children learn innately, and allowing him to engage positively with learning.

They also made school and learning feel safe. This was crucial, as DLD has resulted in Ozzie sometimes being fearful of trying something new in case he got it wrong. A safe learning environment has allowed him to try and to push himself.

What does Ozzie find challenging at school?

Friendships and the social aspect of school can be tricky. They take a lot of navigating and negotiating, and often without the support or presence of adults (in the playground, for example). Homework is also a big challenge!



What would you like teachers to know about how they can help children and young people with DLD?

To be mindful that it is not the child who needs to change or be something different. It is the adults around them who need to be mindful of their communication and alter it to allow the child to fully engage in school. Good teachers will do that anyway! A communication-friendly classroom benefits all children. So if you do one thing, think about how to ensure your classroom supports communication as much as possible.



Transition



Periods of transition can be challenging for all children and young people, and particularly for those with DLD.

They may be less able to engage in discussion about transition, to express how they feel, and to work through potential problems. As each transition brings with it new levels of independence, increased language demands and often new social groups, children and young people need to establish new strategies and support networks.

Throughout any transition, it is crucial that you communicate openly with the child or young person with DLD and their family, as well as undertaking a regular assessment of their needs, as these may change as they move to a new environment.

Early years to primary

The transition from early years to primary education is a big change for young children, as they face the challenges of getting used to a more structured timetable, more adult-led activities and increased complexity of language.

Although DLD is not usually diagnosed in the early years, there may be concerns about a child's speech, language and communication as they join Reception, and it is important that you consider any concerns and get comprehensive and thorough information from the child's previous setting. Our practical tips are relevant both for the transition from Nursery to Reception, and from Reception to Year 1.

Practical tips

As with all children starting Reception, it is important to **ask the early years setting and the family what the child's strengths and needs are.**

Start communication with the early years setting early and **make sure relevant information is passed on.** Encourage the use of a **Communication passport or profile.**

Establish an **open relationship and a partnership with the family** from the beginning so that you can quickly share and address any concerns.

Prepare the child for the transition by **arranging visits and sharing photos** for the child and family to look at beforehand.

Use visual supports to help the child understand their new daily routine. Use a visual timetable at the front of the class to outline the activities for the day, and remove the pictures or symbols as each activity is completed.

Help to reduce any anxiety relating to transition by **helping the child to express their needs and feelings both verbally and non-verbally**, for example through visuals, drawing, singing and music.

Some children with DLD who find the transition particularly challenging may benefit from **additional adaptations** such as a staggered start, only gradually increasing to full-day attendance, or more time with 1:1 support if available.

Primary to secondary

The increased academic and language demands of the secondary curriculum and timetable, as well as the social pressure of meeting new peers and forming friendships, put further pressure on the language and communication skills of children and young people with DLD.

In their primary setting, some children can manage reasonably well by relying on the support of familiar adults who understand their needs, or by using strategies such as keeping quiet and copying their peers. But in secondary school their difficulties may become more apparent, as they are expected to work much more independently and to identify when they do not understand or need help to complete a task. It is therefore very important that such children and young people are aware of their own strengths and needs, and are able to self-advocate.

One report (Oxford Education Language Group, 2020) found that children and young people in Year 7 are exposed to three to four times as many new words per day as those in Year 6. The sudden increase in the complexity of language and the rate at which children and young people are expected to learn new vocabulary places those with DLD at a significant disadvantage.



Practical tips

Help to reduce anxiety by **organising supported visits** to the new school: take photos of staff and key rooms and introduce resources like the timetable, a map, a homework diary, and so on.

Work with the child or young person and their family to **create a Communication passport or profile** to share with secondary staff, covering their strengths, needs, likes, dislikes and any strategies that work for them.

Explicitly teach secondary school vocabulary, for example relating to staff roles, subjects and timetables.

Be aware that children and young people with DLD may find it difficult to make friends in their new setting and therefore be isolated.

Be on the lookout for signs that the child or young person needs support with their mental health or wellbeing.

Practise talking to the child or young person about strategies that help them so they can express these to their new teachers and school staff.

Talk about different staff roles and who the child or young person can talk to if they feel down or need help.

Talk through potential problems and difficult scenarios together and think of possible solutions: for example, what could you do if you forget your homework?

Use visual supports when you ask for the child or young person's views and talk to them about transition. Rating scales, symbols, sorting tasks, drawing and comic strip conversations are some ideas that might help.

Secondary to further/higher education or work

As young people with DLD move up year groups, the focus of transition becomes preparation for life beyond secondary school into further or higher education, or the world of work.

Practical tips

Teach and role play the language needed for different social interactions. For example, speaking to a doctor or asking for a prescription, introducing yourself to work colleagues, or speaking to a person in a position of authority, such as a manager or the police.

Talk through specific scenarios that could come up in the workplace, for example managing their workload, deadlines and problem-solving.

Help the young person to self-advocate, to know what strategies help them and to be able to express them to others.

Explicitly teach and role play interview skills.

Identify people that the young person can talk to if they feel down, worried or anxious.

Be alert for signs that the young person needs support with their mental health or wellbeing.

Discuss different ways of dealing with bullying or accessing formal support.

Teach and practise functional literacy skills such as filling out forms and reading timetables.

Teach and practise functional numeracy skills such as managing a budget, saving money and handling a bank account.

For more information on supporting post-16 transition for young people with SEND, see: www.sendgateway.org.uk



Communication passport or profile

Having a communication passport or profile for all children and young people with SEND is good practice as it ensures that important information about them is shared with all relevant professionals. It is especially important when transitioning to a new environment with unfamiliar people. The passport should be developed in partnership with the child or young person, their family, and other professionals.

As a general guide, a communication passport or profile should include information about the child or young person's:

- Strengths, interests and things they enjoy doing.
- Areas of need and where they need support.
- Strategies and teaching approaches that support them (such as using visuals, simple language, pre-teaching vocabulary, or writing down instructions).
- Additional interventions they access.
- Any relevant professionals or agencies involved in the young person's care.

As children and young people progress into Key Stage 2 and beyond, they can help write their own communication passport or profile, which develops important self-awareness and self-advocacy skills. You can also explore different formats for a communication passport or profile with them, such as a one-page profile, a PowerPoint presentation, or even a video recording of them talking about their strengths, needs and things that support them.

See an example of a communication passport on the [Communication Trust's website](#)

Relevant resources

Universal tools

[The Communication Commitment](#) is a free framework for developing a whole-school approach to communication, including an action plan, toolkits and resources.

[The Speech, Language and Communication Framework](#) (SLCF) is a free online professional development tool, for use as a self-audit of skills and continuing professional development (CPD) needs in the area of SLCN, with suggested resources for development.

[Environmental audits](#) provide a structured way of checking if a classroom is communication-friendly:

- [Reception and KS1](#)
- [Primary](#)

[South West Yorkshire Partnership NHS SLT](#) service have a page of resources that can be filtered by age group, audience (teachers or parents), and themes (for example language, attention and listening, vocabulary). The resources include attention building activity ideas, blank question levels, and a word web template.

[Oxford University Press vocabulary resources](#), such as:

- 'Closing the Word Gap: activities for the classroom' – these activity packs have a range of practical ideas for developing vocabulary skills in all children and young people (including those with DLD).
- 'Ideas for closing the Word Gap in the primary classroom' – a blog showcasing practical ideas with examples from schools.

[Education Endowment Foundation](#) (EEF) summary of evidence for oral language interventions (not specific to DLD).

Tools to help identification

The tools we recommend here are to identify signs of possible underlying language difficulties, not for diagnosing DLD: nor is it an exhaustive list.

[Universally Speaking](#) is a series of free checklists which show where children should be with their communication skills at any given age.

'What's typical talk' posters for primary and secondary aged children and young people are a free resource which describe the stages of typical language development, with examples of what you might see or hear in a classroom or school environment:

- [Primary](#)
- [Secondary](#)

The free [Language for Learning checklists](#) enable families, teachers, and other professionals to identify children and young people who have possible SLCN.

[I CAN's Talking Point](#) website has free tools to support identification of SLCN, including:

- [The progress checker](#) for children up to 11 years.
- The '[Ages and Stages](#)' guide for children and young people up to 17 years.

I CAN also has a [free helpline](#) for parents and professionals – call 020 7843 2544 to book a call back from a speech and language therapist.

Tools and resources for support

A series of introductory and intermediate webinars on DLD developed by I CAN and Whole School SEND for primary teachers, secondary teachers, SENCos and senior leaders can be found at ican.org.uk and on the [SEND gateway](#).

A video about SLCN produced by Whole School SEND can be found on the [SEND gateway](#).

[‘What Works?’](#) is a useful database to check the evidence behind speech, language and communication interventions.

I CAN’s [Talking Point](#) website has lots of free information and resources for supporting SLCN in the classroom.

[‘Involving children and young people with SLCN – resources for education settings’](#): The Communication Trust has two free online resources for education staff to help them understand, review and shape their approach to involving children and young people with SLCN, including DLD.

An example of a [communication passport or profile](#) is on the Communication Trust website.

A personal wiki www.rixwiki.org – an online version of a communication passport or profile.

[Developmental Language Disorder in older children and adolescents](#) is a free e-booklet about DLD in older children and adolescents by Dr Julia Starling.

The [Widgit](#) website has lots of free visual resources for use with children and young people with SLCN (including DLD) and a mailing list for news of resources as they are released.

They also have [visual resources](#) for explaining COVID-19 to children and young people with SLCN (including DLD).

[Symboliser](#) is a PowerPoint add-on with a free 6 month trial - use it to add symbols to your PowerPoint presentations.

[Natural Reader](#) is a free text-to-speech website that may help to increase accessibility for some children and young people.

See NAPLIC’s [DLD webpage](#) for lots of information and articles on DLD.

[Herefordshire and Worcestershire Health and Care NHS Trust](#) website has a range of resources suitable for use with children and young people with SLCN (including DLD), such as visual supports for question words and maths vocabulary, resources to support transition, and a decision-making flowchart depicting when to refer a child or young person with EAL to speech and language therapy.

There is lots of information on [Twitter](#) about DLD; see and tag: [#devlangdis](#)





Video resources

- V** [A child's perspective: 'DLD 1-2-3'](#)
- V** [A young person's perspective: 'Lily Farrington's amazing DLD animation'](#)
- V** [An adult's perspective: 'Life as an adult with DLD'](#)
- V** [A teacher's perspective: 'Signs of DLD'](#).
A video to help teachers recognise some possible indicators of DLD in the classroom.
- V** [A Professional Development Video: Talking to parents about their child's, speech, language and communication](#) This video was developed by the Communication Trust in partnership with Afasic, to support practitioners with how to raise initial concerns about a child or young person's speech, language and communication development with their family.
- V** ['What's tricky about reading?'](#)

Resources for children and young people with DLD and their families

www.dldandme.co.uk is a website for children and young people to learn about DLD. It also has a section where they can share how they told others about their diagnosis. It is the accompanying website for the "DLD and me" programme - but children and young people don't have to have completed the programme to use the website.

www.DLDandme.org is a website for raising awareness of DLD with support and resources.

<https://padlet.com/forwoodc/DLDandAdolescents> is a website with resources and links to support children and young people with DLD, with a particular focus on adolescents.

[Engage with Developmental Language Disorder](#) aims to provide families with up-to-date scientific information about DLD and to help facilitate recruitment for research into DLD. Their [DLD Research](#) page has lots of accessible summaries of current DLD research articles.

I CAN's [Talking Point](#) parent website has lots of information for parents who have concerns about their child's speech, language and communication skills.

I CAN also has a [free helpline](#) - parents can phone 020 7843 2544 to book a call back from a speech and language therapist.

[Afasic](#) have lots of free downloads for parents on their website and information about DLD on their [DLD page](#).

Relevant organisations

I CAN is the UK's leading charity for children and young people with speech, language and communication needs. **Have a look at our webinars and other DLD resources.**

RADLD is a campaign to raise awareness about DLD.

NAPLIC is an organisation of teachers, SaLTs and other professionals working with children and young people with language difficulties.

Afasic is an organisation which supports the families of children and young people with speech, language and communication needs.

The Royal College of Speech and Language Therapists (RCSLT) has information about DLD on its **DLD webpage.**

With thanks to ...

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