

What Is DLD?

Developmental Language Disorder (DLD) is a lifelong developmental condition in which language skills, such as speech, vocabulary, grammar, and conversational skills, do not develop as expected. Language disorders are a common feature of a number of neurodevelopmental conditions, but a diagnosis of DLD is only given if the child does not have an associated biomedical condition such as autism, Down Syndrome or brain injury. Recent UK population data (Norbury et al. 2016) suggests that approximately 7.5% children starting at primary school have DLD and another 2.3% have a language disorder with an associated biomedical condition. That is two children in every classroom!

DLD is a lifelong condition. There is a lot of variation in language skills in the early years, especially for children under the age of five. In pre-school, about 50% of children who present as 'late-talkers' develop typical language without any extra help. However, from school entry, language becomes more 'stable'. This means that children who have low language relative to peers tend to continue to have low language all the way through school. Young people with DLD are therefore more likely to leave school with fewer academic qualifications (Conti-Ramsden et al. 2017), and may experience on-going problems with employment, intimate relationships, and mental health.

Common Strengths

All children, even those with DLD make progress with language – language skills at 13 years old will be measurably better than language skills at 9 years old. This means that having DLD does not mean a child will not learn language, but it does mean that their language and communication skills will be poorer than their peers of the same age. The language 'gap' between those with and without DLD is 2-3 years throughout primary school (Norbury et al. 2017).

Many children with DLD have good outcomes despite their communication difficulties. For example, while risk for poor mental health in DLD is double what we expect in the general population (Yew and Q'Kearney, 2013), this means that a majority of children with DLD do not experience adverse mental health. Outcome will depend on many complex and interacting factors, including additional co-morbidities, family circumstances, access to intervention and educational support.

Common Challenges

Children with DLD may have difficulties understanding conversation, following directions or learning new words. They may say very little, or use short and grammatically simple sentences when they do talk so that it may be tricky to figure out who is doing what to whom. Steel, Rose and Eadie (2016) found children with DLD produced fewer complement clauses, such as "Horse hoped monkey fixed the TV" and made more errors with these kinds of complex sentence, e.g. "Horse hope monkey to fix the TV", than typical peers.

Language is the foundation for learning and literacy, so children with DLD are especially vulnerable to academic underachievement. Only about 50% of children with DLD become fluent readers, and fewer than 12% of children with DLD meet early curriculum targets (Norbury et al. 2016). Young people with DLD who attended language units were less likely than peers without DLD to obtain GCSEs or A-levels, leading to poorer employment outcomes in early adulthood (Conti-Ramsden et al. 2017).

The Evidence on Supports

Children with DLD are rated by teachers as having more attention deficits and behaviour problems. One reason is that poor understanding may mean they do not follow instructions well, which might look like ignoring the teacher. Some children may act out, because they don't have the language skills to express themselves, to use 'self-talk' to regulate their feelings, or to negotiate with peers. They may misinterpret what people say, or fail to recognise verbal and non-verbal cues from others.

Children with DLD struggle to learn language from the usual amount of input. When learning new concepts or more complex language, they will need explicit instruction and much more practice/exposure relative to other children. Speech and language therapy can be beneficial for children with severe needs and Speech and Language Therapists should be able to advise teachers on individualised adjustments for accessing the curriculum.

Children with DLD may have difficulty following long and complicated instructions or narratives. Breaking instructions down and giving visual cues can help; for examples, visual timetables, picture/symbol cues for vocabulary, or systems like Shape Coding (<https://www.moorhouseschool.co.uk/shape-coding> that make implicit rules about language and grammar more explicit (Ebbels, van der Lely, & Dockrell, 2007).

There are a range of targeted and specialist intervention programmes available on the market, but few have been evaluated using robust randomised controlled trials. One exception is the Nuffield Early Language Intervention, which has considerable evidence of efficacy for children in nursery and reception classes, and can be delivered by teaching assistants following training (Sibeta et al. EEF, 2016). There are few trials for students in secondary school.

What's Next in Research?

Our intervention evidence base is improving all the time, but we are still a long way from understanding what kinds of interventions work best, when, and for whom. In general, short periods of intervention may be sufficient to teach new vocabulary or grammatical forms (Ebbels, van der Lely, & Dockrell, 2007), but making significant improvements to a child's overall language function is likely to take considerable time and sustained input.

Further research is needed to identify the impact of common co-occurring conditions, such as general cognitive deficits, attention deficits, motor deficits, on response to treatment. We also need trials to determine whether improvements in language functioning generalise to other aspects of development (e.g. improved social skills, behaviour, academic attainment, wellbeing).

There is increasing recognition that children with DLD grow up to be adults with considerable language needs. To date there has been little research on this population and few, if any, services to support them. Researchers and stakeholder are now exploring ways to identify these adults and what they require in terms of skills development, employment, and mental health.

References

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