

Introduction

Understanding Developmental Language Disorder (DLD): The Most Common Neurodisability You May Have Never Heard Of.

Developmental Language Disorder (DLD), previously known as Specific Language Impairment (SLI) (The DLD Project, 2022) is a neurodevelopmental condition that affects a child's ability to understand, process and use language effectively (RADLD, 2025). It is a lifelong condition that affects communication, learning and social interaction and is often considered a hidden disability because there are no visible signs (Foundation Trust, 2026; Speech and Language UK, 2023). Although the exact cause of DLD remains unknown, evidence suggests a genetic link. While factors such as multilingualism and parenting styles, are not associated with DLD (Alder Hey Children's Hospital Trust, 2025; Gibbons, Coughlan and Gallagher, 2022 and The DLD Project (2022). DLD affects approximately one in fifteen children (Speech and Language UK, no date; Norbury, 2017), yet it is frequently overlooked or misinterpreted as challenging behaviour (DLDandMe, 2015) and can co-occur with conditions such as ADHD or Dyslexia (RADLD, 2025). Despite DLD being five times more prevalent than autism, it receives less recognition and awareness than it deserves, especially considering the significant long-term impact it has on a child's life (McGregor, 2020). This poster critically explores the identification and diagnosis of DLD, barriers to support, and strategies that promote inclusion for children with DLD.



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Jordan
Mr. Donald

MacDonald

Source: The DLD Project (2022)

Identify

The NDNA (2025) and Adlof and Hogan (2019) agree that early identification of DLD is essential to ensure children receive appropriate support and intervention. However, identification can be difficult because DLD is a hidden disability, and symptoms vary significantly between children (RADLD, no date). Symptoms can include difficulty talking, following instructions and participating in conversations; children can appear as though they are not listening or disinterested; however, this is often due to difficulties in understanding spoken language, all of which negatively affect social and emotional well-being (Alderhey Children's Hospital Trust, 2025; NHS Bedfordshire Luton, 2024).

Although researchers emphasise the importance of early screening, there is currently no universally agreed age for identifying DLD due to variations in children's language development (Park and Chang, 2025; Sansavini, *et al.*, 2021). Adlof and Hogan (2019) therefore recommend regular language screenings throughout the foundation phase to improve opportunities for identification. Educators also play an important role, through observation, referrals, collaboration with support staff, and Additional Learning Needs Co-ordinators (ALNCo's) to inform Individual Development Plans (IDPs) (Gibbons, Coughlan and Gallagher, 2022; NDNA, 2025; Welsh Government, 2025). Nutbrown (2024) further emphasises the importance of collective responsibility between educators, specialists and families to ensure children's needs are recognised early. Similarly, Hoffman *et al.* (2023) and Leitão, *et al.* (2025) reinforce that valuing family lived experiences alongside professional assessments helps build a more holistic understanding of a child's need.



Diagnosis

Diagnosis of DLD must be carried out by a qualified health professional, such as a speech and language therapist using comprehensive assessments (Dallas, 2025; Kuyvenhoven, 2024). However, professionals have long disagreed on the criteria and terminology used to diagnose DLD (Thomas, Schulz and Ryder, 2019 and Bishop *et al.*, 2016). To mitigate these challenges, The Criteria and Terminology Applied to Language Impairments: Synthesising the Evidence (CATALISE) Project used a Delphi consensus method, whereby experts from different professional backgrounds worked together to develop more consistent terminology and diagnostic criteria for DLD (Bishop *et al.*, 2016). The project highlighted that diagnosis should not rely solely on standardised testing, but also on evidence provided by educators and families about the child's communication difficulties in everyday environments (DLDandMe, 2019).

Barriers

Barrier 1 – Lack of knowledge and understanding

One significant barrier faced by children with DLD is the persistent lack of knowledge and understanding among parents and educators (Glasby et al., 2022). As a result, communication difficulties may be misinterpreted as poor behaviour, low ability, or disengagement rather than a language disorder. However, children with DLD typically have average intelligence and primarily experience difficulties understanding and using language (British Dyslexia Association, no date). From a social model perspective, these barriers are created by limited awareness and insufficient training surrounding DLD and its educational impact. The Bercow Report (2008) highlighted major gaps in the identification and support of children with speech, language and communication needs, while *Bercow: Ten Years On* (2018) found that many of these barriers still remain. Similarly, Skarżyński and Piotrowska (2012) question whether teachers have sufficient understanding of DLD characteristics, including difficulties with literacy and social interaction, which may contribute to delayed identification and reduced access to support.

Barrier 2 – Delayed diagnosis and long-term impact

Another barrier is the long-term impact of delayed diagnosis, often caused by the complexity of identifying DLD (Kuiack and Archibald, 2023). Adlof and Hogan (2019) explain that children's language abilities can change over time, meaning repeated assessment may be necessary to achieve an accurate diagnosis. However, delayed identification has been linked to poorer long-term outcomes, including literacy difficulties, social-emotional challenges, and mental health difficulties (Nudel et al., 2023). From a medical model perspective, a strong emphasis on formal diagnosis before intervention may delay meaningful support. Orrego et al. (2023) further explored the experiences of a family living with DLD and found that limited understanding of the condition contributed to stress, anxiety, and uncertainty about the future. This demonstrates that the effects of DLD extend beyond communication difficulties alone, influencing emotional wellbeing, relationships, and overall quality of life.

Strategies

An effective way to support children with DLD is through a neurodiversity approach, which recognises neurodevelopmental differences as natural variations rather than deficits (De and Basu, 2025). This approach promotes inclusive environments that adapt to children's communication needs. Similarly, the Additional Learning Needs Code for Wales (2021) states that all learners should be supported to participate fully in education. As spoken language is central to learning, strategies such as visual supports, timetables, simplified language and structured interaction can help children with DLD understand routines, develop communication skills and build relationships (McLennan et al., 2025). However, without sufficient understanding of DLD, educators may struggle to create environments that effectively meet individual needs (Independent Speech and Language Therapy Services Ltd, 2025).

Conclusion

In conclusion, early identification, accurate diagnosis and inclusive support are essential in improving outcomes for children with DLD. However, barriers such as limited awareness, inconsistent identification processes and delayed intervention continue to affect children and families. Adopting inclusive approaches informed by the neurodiversity paradigm can help create environments where children with DLD feel supported and valued. This reflects Article 23 of the UNCRC (UNICEF, 1989), which states that children with disabilities have the right to live full and dignified lives and participate actively within their communities. Therefore, educators, health professionals and families must work collaboratively to ensure children with DLD receive the support they need to thrive.