

Jordan MacDonald

Supporting Children with Additional Learning Needs Portfolio

AI Statement

I acknowledge the use of CHATGPT.com on 12th May 2026, using the prompt “please can you reduce my wording I am creating a critical poster and it needs to be approx 1000 words, can you remove any reptation and reduce sentences etc using all my original work”

I confirm that I have not presented and AI generated text as my own work. I confirm I have copies of my drafts, notes and other resources I used before, and after the use of AI tools which I may be asked to provide in evidence.

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Script poster presentation

Noswaith Dda pawb, thank you everyone for joining today's webinar. My name is Jordan MacDonald and I will be your host for this evening. During the session I will invite each presenter to share the poster they have created that focuses on supporting children with additional learning needs. Each presentation will explore a different learning need, giving us the opportunity to learn about a range of experiences, challenges and inclusive approaches.

I also welcome everyone to provide us with time for a short question and answer opportunity at the end of each presentation.

Can I ask everyone who is not presenting to press mute please.

Without further ado, Cristiane, I would like to invite you to share your poster with the group.

Thank you Cristiane. Next, I will prepare to share my poster with the group.

Can everyone see my screen? Ok great. I will now begin presenting my poster titled Understanding Developmental Language Disorder (DLD): The Most Common Neurodisability You May Have Never Heard Of.

Firstly, I would like to draw your attention to the two images included in my poster. Each image includes the signs and symptoms people will often experience when diagnosed with DLD, some of which will be discussed during my presentation,

Introduction

Developmental Language Disorder (DLD), previously known as Specific Language Impairment (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 which impacts brain development, making it difficult for children to express themselves and engage in social communication (Foundation Trust, 2026). The exact cause of DLD remains unknown, although evidence suggests a genetic link, with the condition often running in families. However, factors such as multilingualism and parenting styles are not associated with causing DLD (Alder Hey Children's Hospital Trust, 2025; Gibbons, Coughlan and Gallagher, 2022; The DLD Project, 2022). DLD affects approximately one in fifteen children (Speech

and Language UK, no date; Norbury, 2017), meaning it is relatively common, yet often under-recognised in educational settings. This is largely because its characteristics can be subtle and are sometimes misinterpreted as behavioural difficulties rather than communication needs (DLDandMe, 2015). Children with DLD may also experience co-occurring conditions such as ADHD or dyslexia (RADLD, 2025), which can further complicate identification and support (Graham, 2022). As a hidden disability, DLD has no visible signs (Speech and Language UK, 2023), and despite being more prevalent than autism, it receives significantly less awareness and recognition (McGregor, 2020). This critical poster will explore how DLD is identified and diagnosed in early childhood, examine barriers of living with DLD, and consider strategies to better support children with DLD.

Identify

The NDNA (2025), Park and Chang (2025) and Adlof and Hogan (2019) agree that early identification of DLD is essential to ensure children receive appropriate support to reach their full potential. Symptoms of DLD may include persistent difficulties with speaking, expressing ideas, and joining peer conversations. Children may also appear disengaged or as though they are not listening, when in fact they are struggling to understand spoken language. They may also find it difficult to follow instructions and respond to questions, which can negatively impact social and emotional wellbeing (NHS Bedfordshire Luton, 2024; Alder Hey Children's Hospital Trust, 2025). The identification of language disorders is complex, with researchers and professionals often differing in assessment approaches (Bishop et al., 2016). As DLD is a hidden disability with varied symptoms (RADLD, no dateA), one-off medical screening is often insufficient (Adlof and Hogan, 2019). Research suggests screening between ages two and three may support early identification, although variation in development makes a single optimal age difficult to define (Sansavini et al., 2021). As a result, Adlof and Hogan (2019) recommend repeated screening across the foundation phase, particularly where language development appears consistently delayed. However, such screening is not routinely used in schools, despite the prevalence of language disorders compared with other routinely screened conditions like hearing impairment (DLDandMe, 2019). Educators play a key role in early identification, with observation forming an essential part of identifying learning needs (Gibbons, Coughlan and Gallagher, 2022). Through

collaboration with support staff and the Additional Learning Needs Co-ordinator (ALNCo), observations can be used as evidence to support referrals and inform Individual Development Plans (IDPs) (NDNA, 2025; Welsh Government, 2025). Nutbrown (2024) highlights that supporting children with ALN is a shared responsibility requiring collaboration between educators, specialists, and families to ensure needs are identified and addressed early. Likewise, Hoffman et al. (2023) and Leitão et al. (2025) emphasise the importance of family input, with lived experiences contributing to a more holistic understanding of the child beyond formal assessment evidence. Overall, these factors highlight the importance of early identification of DLD. With timely intervention, language skills can improve significantly by around age five, making early recognition of indicators prior to formal diagnosis essential (Sansavini et al., 2021).

Diagnosis

Dallas (2025) states that diagnosis is a medical process carried out by qualified health professionals, such as speech and language therapists (Kuyvenhoven, 2024), who use their expertise in language development alongside comprehensive assessments (Raising Children Network, 2024). However, there has long been disagreement among professionals regarding the criteria and assessment methods used to diagnose DLD (Thomas, Schulz and Ryder, 2019; Bishop et al., 2016). To address this, the (Criteria and Terminology Applied to Language Impairments: Synthesising the Evidence) CATALISE project used a Delphi consensus method, bringing together experts from different disciplines to agree on clearer diagnostic criteria and terminology for DLD. The findings show that diagnosis shouldn't rely only on standardised tests but should also include how someone communicates in everyday life. Health professionals are unable to complete a diagnosis without having assessed the observational evidence raised by the educators and parents about communication difficulties in their everyday environments, once again demonstrating the significance of working collaboratively (DLDandMe, 2019).

Barriers

A key barrier for children with DLD is the lack of understanding among parents and educators (Glasby et al., 2022). As a result, communication difficulties are often

misinterpreted as low ability or disengagement, rather than a language disorder. From a social model perspective, this reflects limited awareness and training around DLD and its impact on learning. This has been highlighted in the Bercow Report (2008), which identified ongoing gaps in identification and support for children with speech, language and communication needs, with limited progress still noted in the 2018 review. Similarly, Skarżyński and Piotrowska (2012) highlight that insufficient teacher knowledge can delay recognition and reduce access to timely intervention. A second barrier is the impact of delayed diagnosis, which is complicated because over time, language skills continuously change and develop, resulting in the need for repeated assessment (Kuiack and Archibald, 2023; Adlof and Hogan, 2019). Because DLD is lifelong, late identification is linked to poorer long-term outcomes, including difficulties with literacy, mental health, and social-emotional wellbeing (Nudel et al., 2023). From a medical model perspective, over-reliance on formal diagnosis can delay support. Research by Orrego et al. (2023) also shows that lack of understanding can create stress and uncertainty for families, highlighting that DLD affects not only communication but wider emotional wellbeing and quality of life.

Strategies

An effective way to support children with DLD is through a neurodiversity approach, which recognises that neurodivergent children learn and communicate in different ways and should be valued as well as accepted (NHS Keeping Well, 2024). This paradigm challenges the traditional medical model by viewing neurodevelopmental differences as natural variations rather than conditions that need to be fixed, instead promoting inclusion and adapting environments to meet diverse needs (De and Basu, 2025). Similarly, the Additional Learning Needs Code for Wales (2021) highlights the responsibility of educators to create inclusive learning environments where all learners are supported to participate fully. As spoken language is central to learning, children with DLD require appropriate support to access instructions and classroom activities (McLennan et al., 2025). Strategies such as visual supports, timetables, and simplified language can help children understand routines and expectations. In addition, structured interaction and role play can support social communication and help build confidence. However, without sufficient knowledge and understanding of DLD, it can be difficult for educators to effectively adapt environments to individual needs, which may limit early identification and access to

appropriate support (Independent Speech and Language Therapy Services Ltd, 2025).

Conclusion

In conclusion, early identification, accurate diagnosis, and inclusive support are essential for improving outcomes for children with DLD. However, barriers such as limited awareness, inconsistent identification processes, and delayed intervention continue to impact children and their families. Adopting inclusive approaches informed by the neurodiversity paradigm can help create environments where children with DLD feel supported, valued, and included. 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 to 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.

Thank you for listening to my presentation do you have any questions

Q1, (LAUREN) What gender differences exist in the diagnosis of Developmental Language Disorder in children? A1, Research by Morgan et al (2017) states that statistically, both genders experience similar if not the same symptoms of DLD and are affected at similar rates, with a ratio of 1.3 boys to every 1 girl. However, DLDandMe (2020) suggests that boys are diagnosed more often than girls due to more noticeable behavioural and social difficulties, because girls are known to mask their difficulties research indicates that girls may be underdiagnosed compared to boys, with a diagnosis ratio in the UK of about 2.5 boys to every 1 girl receiving language services.

Q2, (AMIRA) How are organisations working to raise awareness of Developmental Language Disorder? A2, DLD is a hidden but very common disability and organisations such as the DLD Project and RADLD are actively working to continue to raise awareness of this overlooked disability, for example Friday 16th October 2026 will mark the seventh celebration of DLDday, where more than 40 countries around the world will take part in activities such as school events and lighting up landmarks in purple and yellow in an attempt to increase visibility, however it could be argued that despite these efforts overall awareness of DLD remains limited RADLD (no dateB)

I would now like to invite Kaitlin to share her poster with the group please

Thank you Kaitlin, next up we have Lauren with her poster

Q2 Jordan - Did you find any other useful strategies while doing your research?

Thank you Lauren and finally Amira please would you now present your poster to the group.

Q1 Jordan - Why might some children with dyslexia remain unidentified for several years?

Thank you everyone, for your time and contributions today, it has been great to share our research and learn more about ways in which we can support children with additional learning needs. Do we have any other business? In that case, I will now end the webinar. Thank you.

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