RCSLT

Four Nation Working Group Report on (Developmental) Language Disorders (D)LD and Exam Access Arrangements

January 2026

Contents

Section 1: Background

1.1 Formation of the Four-Nation Working Group

The Four-Nation Working Group on Speech, Language and Communication Needs (SLCN), with a specific focus on Developmental Language Disorder (DLD), was established in response to growing recognition across the UK of the urgent need to review and improve exam access arrangements. This review is focused on ensuring that arrangements are evidence-based, fair, and inclusive for students with Developmental Language Disorder (DLD) and Language Disorder associated with a biomedical condition (***hereafter collectively referred to as (Developmental) Language Disorder or (D)LD***). Further information on SLCN and (Developmental) Language Disorder can be found in Appendices 1and 2.

Our multi-disciplinary group brings together leading professional bodies and expert practitioners, including the Royal College of Speech and Language Therapists (RCSLT), the National Association of Professionals concerned with Language Impairment in Children (NAPLIC), Speech and Language UK, Specialist Assessors, Teachers, Moor House School & College, Blossom House School and the Equality Commission. This pan-UK representation seeks to promote consistency, equity, and the highest standards of practice across all four nations.

1.2 Rationale and Scope

We formed in recognition that:

- SLCN, specifically (D)LD, affects a significant proportion of students and impacts educational access and outcomes.
- (D)LD is a common, lifelong, and often hidden disability, with profound impact on educational and life outcomes.
- Despite consensus in the field (e.g., the CATALISE study (Bishop et al., 2016, 2017)), international best practice and the efforts of individual organisations, there remains a lack of clarity and consistency in the criteria for examination access arrangements for these students.
- Our research and experience reveal widespread gaps in diagnosis, understanding, and educational adjustments for students with (D)LD.
- National policy changes and growing population data highlight a pressing need for multi-disciplinary expert input to inform policy, guidance, and practice at a system level.

These factors highlight the urgent need for harmonised, evidence-based exam access arrangements across the UK.

Our working group draws on deep clinical, educational, and policy expertise in (D)LD, ensuring our recommendations are grounded in current evidence, lived experience, and best practice. By joining forces across regions and organisations, we aim to advocate effectively for change, share resources and knowledge, and work collaboratively with policymakers and awarding bodies for the benefit of all students with (D)LD.

To understand the scale and urgency of this challenge, it is necessary first to examine the clinical definitions, prevalence, impact, and lived experience of (D)LD.

Key Takeaway: The Four-Nation Working Group unites expertise across the UK to address systemic inequities in exam access for students with (D)LD, providing a unified, evidence-based platform for reform.

Section 2: Understanding (Developmental) Language Disorder

2.1 Prevalence and Recognition

The diagnostic label 'Developmental Language Disorder (DLD) is clinically recognised and defined using internationally accepted frameworks. DLD encompasses what was previously termed Specific Language Impairment (SLI), with updated consensus reflecting broader clinical recognition. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) (American Psychiatric Association, 2013) classifies 'Language Disorder' under Neurodevelopmental Disorders, with diagnostic criteria closely aligned to those of DLD as described by international consensus (Bishop et al., 2017). Core diagnostic features in DSM-5 include persistent difficulties with vocabulary, sentence structure, and discourse affecting language comprehension and production, without being attributable to intellectual disability, autism, or other neurological conditions, and with onset in early developmental periods. The DSM-5 no longer uses cognitive referencing or IQ cut-offs as exclusion criteria, reflecting modern clinical consensus (APA, 2013; Norbury et al., 2016) (see Appendix 2).

Similarly, the International Classification of Diseases, 11th Revision (ICD-11) (World Health Organization (WHO), 2024) has formally adopted the term 'Developmental Language Disorder', specifying criteria that closely mirror DSM-5 Language Disorder. ICD-11 provides detailed qualifiers distinguishing receptive and expressive language impairments as well as pragmatic language difficulties, reinforcing the heterogeneity of DLD presentations. Both classifications emphasise the functional impact of language difficulties on communication, social participation, and academic achievement, validating DLD as a discrete diagnostic entity necessitating targeted support (see Appendix 2).

DLD is often described as "the most common neurodevelopmental condition you've never heard of" (McGregor, 2020). Despite affecting an estimated 7.58% of children, the equivalent of two students in every classroom of 30, it remains under-recognised in education policy and practice (Norbury et al., 2016). An additional 2.34% of children present with Language Disorder associated with a biomedical condition, bringing the total prevalence of language disorders in childhood (which we are calling (D)LD) to nearly 10%. This makes (D)LD more common than autism spectrum disorder (ASD, 1.18%), dyslexia (6%), attention deficit hyperactivity disorder (ADHD,5%), and developmental coordination disorder (DCD, 6.5%) (Talantseva et al., 2023; McGregor, 2020).

The CATALISE consortium (Bishop et al., 2016; 2017) established that DLD is a lifelong condition, previously known as Specific Language Impairment (SLI). The renaming does not reflect a change in severity but was intended to improve consistency and awareness. This means that research evidence about SLI directly informs current understanding of (D)LD.

(D)LD is a 'hidden disability', a neurodevelopmental condition with substantial learning impact that is frequently overlooked because difficulties are not always visible. Students often present as superficially competent, yet difficulties with vocabulary, syntax, discourse, and higher-order language severely compromise their access to education. The academic consequences are significant:

- Students with (D)LD are 6x more likely to experience reading difficulties, 6x more likely to struggle with spelling, and 4x more likely to struggle with mathematics, with many facing combined difficulties and 12x more likely to struggle with all three (Young et al., 2002).
- Young people with (D)LD face significantly elevated risks of educational underachievement. For example, only 20.3% of pupils with Speech, Language and Communication Needs achieved a grade 4/C or above in GCSE English and Maths, compared with 63.9% of all pupils (Public Health England and Department for Education, 2020), (See Appendix 3).
- Progression to A-levels and university is similarly limited, with only 18% and 10% success rates respectively (Conti-Ramsden et al., 2018).

Comorbidities further compound disadvantage; approximately half of children with (D)LD also have dyslexia and many experience working memory, attention, and executive function difficulties (Archibald & Joanisse, 2009; Smolak et al., 2020). Exam language, which requires sustained concentration and complex processing, can therefore pose a significant challenge.

Despite these facts, support for (D)LD is inconsistent and often falls away at secondary school (Dockrell et al., 2019). Unlike autism or dyslexia, there are no systematic awareness programmes, and many teachers and exam officers remain unaware of the condition (Kraljevic, 2023). This lack of recognition contributes to misunderstandings in exam access arrangements, where (D)LD is often invisible in eligibility frameworks. As a result, students with (D)LD are disproportionately excluded from vital adjustments such as Language Modifiers (LM), despite meeting the legal definition of disability under the Equality Act 2010 and the Disability Discrimination Act 1995 in Northern Ireland.

This mismatch between prevalence, need, and policy response is central to our concerns. The limited recognition and accommodation of (D)LD within JCQ and SQA frameworks creates barriers for many students, despite it being the most common neurodevelopmental condition in the school-age population

2.2 National Prevalence

SLCN constitute one of the most common primary categories of Special Educational Need (SEN) in England, accounting for 24.4% of pupils with SEN (DfE, 2025). In Wales, SLCN represents 36.2% of identified SEN and Additional Learning Needs (ALN) (Welsh Government, 2025). In Scotland, 43% of all pupils are identified as having an Additional Support Need (ASN) (Scottish Government, 2025), and it is further reported that one in four children has a predicted SLCN (Gascoigne, 2021). In Northern Ireland, SLCN is consistently reported to be among the top three categories of recorded SEN (Department of Education Northern Ireland, 2025).

Northern Ireland provides robust longitudinal data on SLCN, categorised further into DLD and Language Disorder associated with biomedical conditions, tracked at primary and post-primary levels (Appendix 4). There is evidence that these trends are consistent across the UK and provide critical insight into escalating need.

Key Findings from Northern Ireland Department of Education Data (2019/2020–2024/2025):

- **Rising Overall SLCN Numbers:**
    - Primary SLCN increased by 19.53%
    - Post-Primary SLCN grew by 80.43%
- **Accelerated Growth in Specific Language Needs:**
    - DLD with SEN designation rose by 371.26% in Primary and 172.73% in Post-Primary
    - Language Disorder associated with biomedical conditions grew by 526.67% in Primary and 343.75% in Post-Primary
    - Medical DLD in Primary has increased by 418.75% and 983.33% in Post-Primary
- **Projections to Post-Primary Year 14 (2031/2032):**
    - Overall Post-Primary SLCN expected to increase by 373.72%
    - DLD–SEN projected increase of 1336.36%
    - Language Disorder associated with biomedical conditions projected to rise by 2093.75%
    - Medical DLD is estimated to rise by 2666.67%

These increases signify an urgent imperative to scale resources, expertise, and appropriate access supports across all UK nations.

This high and rising prevalence demonstrates that (D)LD is not a marginal issue but a mainstream educational priority.

2.3 Receptive and Expressive Language Difficulties and Exam Impact

Young people with (D)LD commonly experience significant challenges in both receptive and expressive language, which affect their academic achievement:

- **Receptive challenges:** Difficulty processing and understanding language (spoken and written), especially when instructions or sentences are complex, lengthy, or delivered quickly. Deficits in working memory impair the ability to hold and follow multi-step oral instructions or explanations (Hollo, Wehby, & Oliver, 2014). These challenges can cause students to miss key information in exams or classroom interactions (Law et al., 2017).
- **Expressive challenges:** Limited vocabulary, word-finding difficulties, and immature grammatical structures can limit fluency and coherence (Norbury et al., 2016). Impaired narrative and verbal reasoning skills affect their ability to communicate ideas clearly during assessments (Bishop et al., 2017).
- **Language processing:** Difficulty inferring meaning, understanding abstract or figurative language, and organising thoughts logically further disadvantages them in all tasks involving spoken or written language (Conti-Ramsden & Botting, 2008).
- **Social communication:** Pragmatic difficulties, such as challenges with turn-taking and understanding social cues, reduce participation in group discussions or presentations (Clegg et al., 2009).
- **Literacy interplay:** Oral language underpins reading and writing, so oral difficulties compound broader literacy challenges, limiting overall academic performance (Dockrell, Lindsay, & Palikara, 2011).

These core receptive and expressive language difficulties underpin the substantial barriers students face in examinations, making exam access arrangements a critical equity issue. Such challenges can differentially affect students' experiences in timed and high-stakes exam environments.

2.4 Lived Experience and Impact

Beyond the quantitative data, qualitative insights from students with (D)LD and their families reveal the daily challenges of navigating education and exams without adequate support. Many

report feelings of frustration, anxiety, and exclusion when adjustments for exam language complexity are not sufficiently accommodated (Burnley et al., 2024; Roulstone et al., 2009). These perspectives underscore the urgent need for exam adjustments that reflect real-world barriers and support equitable opportunity. Case studies have been provided in Appendix 5.

Alongside prevalence and cognitive evidence, educational outcomes provide further insight into the scale of disadvantage.

2.5 Impact on Educational Attainment

Young people with (D)LD face significantly elevated risks of educational underachievement. The significant attainment gap and future education trajectories highlighted in section 2.1 illustrate the profound educational disadvantage faced by students with language-related needs. This underscores the critical importance of equitable exam access arrangements and bespoke support provisions.

Evidence also suggests that individuals with language-related needs are less likely to enter or sustain long-term employment, contributing to ongoing socioeconomic disadvantage (Conti-Ramsden et al., 2018; Lindsay & Dockrell, 2012; Orrego et al., 2023). While some pursue vocational pathways, the overall patterns indicate restricted choices and a heightened risk of exclusion from both academic and employment opportunities, highlighting the vital need for continued, specialist support.

Taken together, the prevalence, cognitive profiles, and attainment gaps emphasise why examination access arrangements are essential to address systemic barriers for students with (D)LD.

2.6 Professional Awareness and Training

Limited awareness and specialist training on (D)LD among educators continue to pose significant barriers to early identification and appropriate support. Research consistently highlights gaps in teacher knowledge and confidence, with implications for equitable access to education. Evidence shows:

- **Inequality in support compared to other neurodevelopmental conditions:** Children and young people with (D)LD do not consistently receive the same level of educational support as peers with other neurodevelopmental conditions, raising concerns of inequality (Dockrell et al., 2019). Support is particularly vulnerable at key transition points, with evidence of significant reductions when pupils transition from primary to secondary school (Dockrell et al., 2019; Gough Kenyon et al., 2020).
- **Gaps in teacher knowledge and training:** Teachers frequently lack knowledge of the characteristics and educational impacts of (D)LD. Glasby et al. (2022) found that more

than 80% of teachers did not know (D)LD is a lifelong condition or could not identify its features and consequences. Teachers often misattribute language-based difficulties to inattention or behaviour (Graham & Tancredi, 2019), despite language being central to curriculum access and learning (Snow, 2016). Misunderstandings around diagnostic criteria also persist, with some teachers still familiar with older terminology such as SLI (Bishop et al., 2017).

- **Impact of specialist training:** Teachers who had received specialist training demonstrated significantly greater understanding of (D)LD and were better able to make reasonable adjustments (Glasby et al., 2022). Gibbons et al. (2022) similarly found that a lack of training contributes to inconsistent use of terminology and limited adjustments in practice. This is consistent with national evidence showing that 53% of teachers do not feel sufficiently trained to support pupils with speech, language and communication needs (Speech and Language UK, 2023).

Collectively, these findings underline the importance of targeted professional development. Without appropriate awareness and training, educators may be unable to identify (D)LD early or provide the necessary adaptations, limiting progress and perpetuating inequalities in educational support.

Key Takeaways:

(D)LD affects a large proportion of students, yet low awareness, inconsistent support, and inadequate exam accommodations contribute to significant educational inequities. Addressing these gaps is crucial for equitable assessment and future academic success.

Section 3: Legislation

3.1 National Legislation and Duties

Students with (D)LD face a substantial disadvantage under current exam access arrangements. Evidence presented in earlier sections intersects directly with domestic laws, equality laws, human rights obligations, and international conventions, all of which require awarding bodies to remove barriers that prevent equitable assessment.

JCQ (2025) states that a Language Modifier (LM) should be a **"rare and exceptional arrangement. It must only be considered for those candidates whose disability has a very substantial and long-term adverse effect resulting in very persistent and significant difficulties in accessing and processing information**". Students with (D)LD meet this definition by nature of their condition, yet current criteria deny them access. This inconsistency is difficult to defend and calls for urgent reconsideration. LM legislation applicable to students includes:

Domestic Legal Framework

UK

- **The Equality Act 2010 (England, Wales, Scotland)** and **The Disability Discrimination Act 1995 (as amended) ('the 1995 Act')**: These impose duties on education providers and awarding bodies to make reasonable adjustments so that disabled children are not placed at a substantial disadvantage.

England

- **Children and Families Act 2014**: Establishes the statutory framework for children and young people with Special Educational Needs and Disabilities (SEND), including access to Education, Health and Care (EHC) plans.

Scotland

- **Education (Additional Support for Learning) (Scotland) Act 2004 (as amended 2009):** Requires education authorities to identify and support children with additional support needs, including those with disabilities and communication difficulties.

Wales

- **The Additional Learning Needs and Education Tribunal (Wales) Act 2018:** Introduces a new statutory framework for identifying and supporting children and young people with Additional Learning Needs (ALN), ensuring equitable access to support and assessment.

Northern Ireland

- **The Special Educational Needs and Disability (Northern Ireland) Order 2005 ('the 2005 Order')** and **The Special Educational Needs and Disability (General Qualifications Bodies) (Relevant Qualifications, Reasonable Steps and Physical Features) Regulations (Northern Ireland) 2008 ('the 2008 Regulations'):** These provisions place parallel duties on awarding bodies in Northern Ireland to take reasonable steps to prevent substantial disadvantage for disabled students when undertaking qualifications.
- **Special Educational Needs and Disability (SEND) Act (Northern Ireland) 2016:** Strengthens statutory duties to support children with special educational needs and disabilities in education.

These frameworks require tailored support and inclusive assessment approaches for children with additional learning needs, including (D)LD, and impose legal obligations on awarding bodies to implement reasonable adjustments.

The different statutory responsibilities across the UK nations require a coordinated response to ensure unity in exam access provision.

3.2 International Human Rights Frameworks

We are also mindful of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and the United Nations Convention on the Rights of the Child (UNCRC), which emphasise the right to inclusive, equitable education and assessment. Domestic equality law requires awarding bodies to make reasonable adjustments to prevent substantial disadvantage. By excluding one professional body and its expert members, awarding bodies may risk indirect discrimination against students with (D)LD.

Key UNCRC Articles relevant to accessibility:

- **Article 2 (Non-discrimination):** Excluding language modification to students with (D)LD discriminates against students whose needs remain unmet.
- **Article 3 (Best interests of the child):** Accessibility decisions must prioritise the best interests of all children, not just some disability subgroups.
- **Article 12 (Right to be heard):** Children with (D)LD are effectively silenced if exam language barriers are not addressed from their perspective.
- **Article 23 (Children with disabilities):** Failing to adapt exams undermines dignity and participation.

- **Articles 28 and 29 (Right to education):** Papers modified solely for a subset of candidates compromise equitable access to education for those with (D)LD.

Key UNCRPD Articles:

- **Article 7 (Children with disabilities):** States must ensure equal enjoyment of rights; privileging some disabilities over others, such as (D)LD creates inequity.
- **Article 24 (Education):** Inclusive education requires reasonable accommodations for all disabled learners, not only those with literacy/sensory impairments.

The UNCRPD Committee's General Comment No. 4 (2016) on inclusive education states that: ***curricula must be conceived, designed, and implemented to meet the requirements of every student and should replace standardised assessments with flexible, multiple forms of assessments recognising individual progress toward broad goals.***

Under JCQ regulations, access arrangements should reflect the individual's needs, their usual ways of working and standardised scores. However, current LM eligibility, restricted to reading and vocabulary score thresholds, does not capture the broader receptive language difficulties central to many students with (D)LD.

By contrast, the SQA access arrangements adopt a needs-based approach, drawing on specialist evidence and considering the students' usual working methods rather than relying solely on score cutoffs. This model aligns more closely with UK equality duties and human rights frameworks. However, differences between the current JCQ and SQA arrangements may create challenges for consistency and could raise concerns regarding alignment with equality principles and international commitments

Adopting a similar, evidence-based approach within the JCQ framework could strengthen compliance, support students' rights, and reduce potential barriers to fair assessment.

Key Takeaways:

Awarding bodies have a legal duty to provide reasonable adjustments for students with (D)LD, reinforced by international commitments under the UNCRC and UNCRPD. Access arrangements must be evidence-based, reflecting real language difficulties beyond test scores, with SLTs playing a central role in assessment. Consistent, harmonised criteria across all UK nations are essential to ensure equity.

Throughout this report, due regard is given to relevant legal requirements and human rights principles to inform the analysis and recommendations presented.

Section 4: Joint Council for Qualifications (JCQ) and Scottish Qualifications Authority (SQA) Exam Access Arrangements

4.1 JCQ and SQA Approaches to Exam Access Arrangements

The legal duties outlined in Section 3 are mediated in practice through JCQ and SQA frameworks. However, current arrangements reveal critical inconsistencies and exclusions, as outlined below.

The current JCQ LM eligibility criterion (≤69 on reading comprehension and/or vocabulary) is, in our professional view, educationally unsound. Standardised reading and vocabulary tests primarily measure decoding and word knowledge but do not capture the broader receptive language difficulties central to (D)LD. Consequently, many students score above 69 on these tests yet continue to struggle with exam language demands. JCQ thresholds insufficiently reflect functional impairments observed clinically. Tools such as the Clinical Evaluation of Language Fundamentals 5th Edition (CELF-5), provide better representation of language abilities impacting assessment access (Appendix 6).

SQA does not currently provide an official LM equivalent. Instead, students with additional needs access Adapted Question Papers (AQPs) via the Assessment Arrangements Request (AAR) system based on demonstrated need rather than standardised cutoffs.

Key Takeaways:

JCQ thresholds rely on outdated, narrow cutoffs, while the lack of a formal LM framework in Scotland risks inequitable access. Consistent, harmonised policies across all UK nations are vital to uphold legal and human rights obligations.

Section 5: Current Criteria and Their Limitations

5.1 Language Modifier Origins

Language Modifiers originated from the former Oral Communicator arrangement, which was primarily available to D/deaf candidates. JCQ removed Oral Communicators from its regulations in 2004. This reflected concerns that the arrangement applied only to a specific group of candidates and had not been designed for wider application to students with language comprehension difficulties.

The arrangement subsequently evolved into Oral Language Modifiers (OLMs). Following pilot work to consider the validity of OLMs as a reasonable adjustment in public examinations, clearer regulations and guidance were introduced for the 2008 examinations (Qualifications and Curriculum Authority (QCA), 2007). In 2019, the role was renamed Language Modifier.

The terminology used in this report reflects the language in use at the time of each source. Earlier references to Oral Communicators and Oral Language Modifiers (OLM) reflect historical regulatory terminology. The role is now formally referred to as a Language Modifier (LM).

The role was originally designed to support D/deaf candidates, addressing sensory barriers that affect comprehension of complex spoken and written exam language. Several projects investigated the implications of allowing OLMs as a reasonable adjustment for students with certain types of language comprehension difficulties, facilitating the drafting of clear JCQ regulations for OLM use in 2008 examinations. From the evidence gathered by QCA (2007), it is evident there was confusion regarding this accommodation among teaching staff. (D)LD is fundamentally different from D/deafness and wider language comprehension difficulties, with each requiring distinct assessment and support approaches.

D/deaf candidates' language barriers primarily result from limited or absent auditory input, which affects their ability to perceive sounds critical for understanding speech and complex linguistic structures through spoken English. Some D/deaf individuals may use British Sign Language as their first language and primary means of communication, whereas others may use a combination of signs, lip reading, or other visual supports to access language'.

In contrast, students with (D)LD have a neurodevelopmental condition characterised by persistent difficulties in processing, understanding, and producing spoken and written language, despite typical hearing. Receptive language challenges include understanding complex

sentences, abstract concepts, and multi-step instructions, while expressive language difficulties affect vocabulary retrieval, sentence formation, and coherent storytelling.

Language comprehension is the cognitive ability to understand and interpret spoken or written language. It involves understanding vocabulary, grammatical structures, sentence meaning, and the broader context in which language occurs, including figurative or abstract concepts. Effective comprehension requires integrating linguistic knowledge with background information, reasoning skills, and working memory. This process enables individuals to follow instructions, engage in conversations, extract meaning from text, and respond appropriately. Difficulties in language comprehension may not be evident through word recognition or decoding abilities alone; individuals can decode words fluently but still struggle to understand the intended meaning behind sentences or explanations. Challenges with language comprehension can therefore significantly impact learning and communication, causing barriers to academic achievement and everyday functioning that require targeted assessment and support.

Whereas LMs were originally conceived as an adjustment to compensate for barriers in auditory perception and wider language comprehension difficulties, students with (D)LD require a cognitive-linguistic adjustment that addresses processing and comprehension difficulties. Conflating these issues risks misalignment of provision and perpetuates inequity. The LM eligibility criteria must therefore evolve fairly from their original inception to support both D/deaf and broader language comprehension difficulties, while properly representing the unique needs of students with (D)LD by removing barriers that cause substantial disadvantage.

5.2 Implications for Language Modifier Thresholds and Substantial Disadvantage

Historically, LM eligibility thresholds were set at ≤84, later reduced to ≤77, and then ≤69 on reading comprehension or vocabulary tests. Regulators have previously acknowledged that an OLM represents a high-risk and exceptional arrangement and therefore should be rare and carefully controlled (QCA, 2007; Ofqual, 2016. Furthermore, Ofqual (2016) stated that ***"...we believe that potential disadvantage to disabled students that would be caused by prohibiting their use would outweigh the potential risk to the assessment for the small number of students who require them".***

We respect the need for rigour and validity. However, the current application of this principle has led to a paradox: candidates with a primary, lifelong (D)LD are excluded from an arrangement designed specifically to mitigate language barriers, because comprehensive receptive language scores are not explicitly included in eligibility criteria. This creates a situation where the very disability defined by persistent and substantial language difficulties is systematically precluded from accessing an LM.

Single-score thresholds fail to capture the full scope of language processing difficulties. Many students employ compensatory strategies that mask deficits on isolated tests, yet still struggle under timed, language-heavy assessments. Holistic, SLT-led assessment scores should be included in the LM criteria that reflect actual language needs and ensure fair exam access. The Section 96 review conducted by Ofqual (2016) emphasised that access arrangements must be based on a candidate's actual functional needs, rather than relying solely on standardised scores. The review, which included consideration of the use of OLM was undertaken solely by Ofqual as the statutory regulator. Yet JCQ arrangements apply across England, Wales, and Northern Ireland, while the SQA operates separately in Scotland. Because all four regulators have distinct statutory duties, true parity requires future reviews and criteria to be co-produced across all four nations. This would ensure that JCQ guidance reflects not only the regulator Ofqual's decisions but also the statutory responsibilities, educational contexts, and policy priorities of other regulators, Qualifications Wales, CCEA Regulation (Northern Ireland), and SQA (Scotland).

JCQ's own regulations state that an LM "***must only be considered for those candidates whose disability has a very substantial and long-term adverse effect resulting in very persistent and significant difficulties in accessing and processing information***" (JCQ, 2025). Nevertheless, current eligibility criteria require a score of ≤69 in reading comprehension and/or vocabulary, assessed within 26 months of the final examination, and can be recorded by a Qualified Teacher of Deaf (ToD). This criterion is biased, as it excludes SLT-led language assessments and thereby prevents students with (D)LD from demonstrating substantial impairment in the very domain most relevant to their disability.

These restrictive criteria are compounded by issues in training and implementation. Currently, the British Association of the Teachers of the Deaf (BATOD), recognised as the professional body for D/deaf education, co-leads on the Communication and Interaction Education Accreditation (CIEA) training for language modifiers and produces the Language of Examinations (2023). Many mainstream schools and Special Educational Needs Coordinators (SENCOs) perceive it as irrelevant for students with (D)LD. As a result, staff working with (D)LD students often do not access any formal training, leaving a significant gap in provision and leading to inconsistent and inadequate LM support.

To address this inequity, training should be broadened to include bodies and clinical expert members of the Royal College of Speech and Language Therapists (RCSLT), National Association of Professionals concerned with Language Impairment in Children (NAPLIC), Speech and Language UK, and specialist schools, such as Moor House School & College and Blossom House School in design and delivery. Such a multidisciplinary approach would ensure that language modification reflects the full diversity of language difficulties and promotes equitable access to examinations in compliance with both statutory obligations and best practice standards.

These findings highlight a clear disconnect between current LM eligibility thresholds and the actual language processing needs of students with (D)LD. A gap further substantiated by cohort analyses and randomised controlled trial evidence presented in section 6, which demonstrate

both the effectiveness of LMs for students with (D)LD and the critical role of SLT-led assessment in ensuring equitable exam access. It is recommended that the eligibility criteria be expanded to include SLT assessments with receptive language measures, such as the CELF-5, to reduce improper exclusions.

5.3 Role of Speech and Language Therapists (SLTs)

SLTs are uniquely qualified to diagnose (D)LD, using detailed assessments such as the CELF-5 (Appendix 6). SLTs capture the broad and nuanced language difficulties characteristic of (D)LD, which are not wholly captured by reading comprehension and vocabulary scores. They are clinical experts and best placed to collaborate with educators and exam boards to develop tailored access arrangements reflecting students' wider language profiles.

While JCQ guidance rightly emphasises that access arrangements should mirror the candidate's 'usual way of working' in the classroom and non-exam assessments, this principle is difficult to realise fully for students with (D)LD. Many schools lack awareness of (D)LD and the specific language adaptations these students require. Additionally, educators are often unfamiliar with previously modified papers or best practice language adjustments, making it impossible for these accommodations to become embedded in routine teaching and assessment. This undermines the principle of 'normal way of working', as eligibility is judged against supports that may never have been in place, effectively penalising students for systemic gaps in provision.

Students attending special schools or specialist units with dedicated SLTs often have a significant advantage in accessing tailored language support and exam accommodations compared to those in mainstream education. Specialist settings provide smaller class sizes, targeted curricula, and routine access to SLTs, allowing ongoing, embedded support and better academic outcomes (Bishop et al., 2019). In contrast, many mainstream schools struggle with insufficient, if any, SLT capacity, delaying identification and leading to fragmented or inadequate language support (Chepngeno, 2025). This gap further contributes to inequities in exam access; students in mainstream environments often lack the supports that would enable their 'normal way of working' to be properly reflected.

Repeated reassessment for lifelong conditions like (D)LD is unnecessary, stressful, and resource intensive, particularly in systems where SLT input is already limited.

This disparity not only entrenches educational inequity but also risks contravening the legal duties set out in section 3, which requires reasonable adjustments to be made irrespective of school type.

While accommodations for D/deaf and wider language comprehension difficulties for candidates remain essential, current LM criteria have not evolved to meet the needs of diagnosable lifelong conditions like (D)LD. Updating eligibility to include SLT-led diagnoses and assessments will

ensure that LM achieves its intended purpose: removing barriers caused by exam language complexity for students whose primary difficulty lies in language processing.

This approach will create inclusive, evidence-based exam access arrangements tailored to diverse communication needs across the student population.

5.4 Language Modification Practice and Oversight

Many exam question papers are already subject to language modification at source, with language specialists involved in the question paper-setting process. Awarding bodies often rely on BATOD modifiers and BATOD guidance to ensure accessibility for candidates. However, this approach has limitations when applied to candidates with (D)LD.

While ToD bring essential expertise in supporting D/deaf candidates and wider language comprehension difficulties, they generally lack specialist expertise in (D)LD or other SLCN, such as autism. The linguistic demands are experienced differently depending on the nature of the presenting disability. BATOD modifiers do not necessarily appraise the nuances of (D)LD as SLTs do. SLTs are trained to judge how language structures, vocabulary, and question formats may disadvantage students with (D)LD and recommend adaptations. Thus, relying solely on one profession risks overlooking the distinct needs of students with (D)LD.

We acknowledge that regulators have historically regarded the LM as a high-risk and exceptional arrangement (QCA, 2007; Ofqual, 2016), and we recognise the need for rigorous safeguards. However, this should not justify excluding candidates with a core, primary language disorder that is substantial, long-term, and pervasive. Ironically, curre

nt JCQ criteria for LM does not include language scores, when language impairment is precisely the defining disability. The solution is not exclusion, but strengthened quality assurance through accepting receptive language scores, multidisciplinary input, training, and universal at-source modification.

Robust at-source language modification of all examination papers, co-produced by ToD and SLTs, would reduce the need for individual LM (Ofqual, 2016). Nevertheless, LM must remain an available safety-net arrangement. Even with universal modification, some students with profound receptive impairments will continue to face substantial disadvantage unless supported by a trained LM. LM should therefore be retained as a fair and proportionate adjustment, applied equitably across disability groups.

Beyond whom is involved in language modification, the design and presentation of exam papers themselves also impact accessibility. The RCSLT NI and Wales Office has shared feedback with CCEA and WJEC, highlighting accessibility adaptations and additional language modification that would be useful for all exam papers at source. Streamlined, accessible layout and plain language design principles would benefit all candidates while preserving rigour.

Disparities also exist between awarding bodies; some provide modified language papers at source for all candidates, while others require formal requests, which in our experience does not include some of the higher-level papers. Such inconsistencies risk disadvantaging some students and raise concerns about compliance with the legislation outlined in Section 3. Without harmonised oversight and multidisciplinary input, modified exam papers and LM provision risks remaining piecemeal, inconsistent, and disadvantaging one group of students.

These structural limitations show why empirical evidence on exam performance and validity is critical to evaluating current policy, as explored in the next section.

5.5 Speaking and Listening Assessments

Another concern raised by the group is that the variance in speaking and listening assessments across the UK has practical implications for students with SLCN, (D)LD and those who are neurodivergent.

- Northern Ireland's CCEA integrates speaking and listening in the overall GCSE English Language grade.
- In England and Wales (AQA, OCR, Edexcel/Pearson, WJEC), speaking and listening are assessed separately as mandatory endorsements that do not contribute to the overall grade.
- SQA includes a speaking and listening element reported only as Achieved/Not Achieved, which does not affect the final qualification.

For students with (D)LD who often experience oral language difficulties, these differences matter:

- Integrated models risk impacting the overall grade without robust accommodations.
- Separate endorsement models protect overall grades but may de-emphasise oral language teaching.

To promote fairness and equity, all awarding bodies should ensure:

- Integrated speaking and listening assessments are supported with mandated, robust published accommodations for students with oral language difficulties, **or**
- Speaking and listening are assessed separately across all regions with strong, consistent access arrangements, recognising the critical role of oral language for academic success without penalising those presenting with neurodevelopmental challenges.

Addressing these challenges requires not only reform of eligibility and thresholds but also system-wide improvements in training, implementation, and paper design.

Key Takeaways:

Narrow LM cutoffs exclude many students with (D)LD from accessing required exam accommodations. Ensuring fair, legally compliant access requires stronger interdisciplinary collaboration, with SLT-led holistic assessment and joint exam paper modification at the centre.

Section 6: Evidence and Validity - Cohort Data, Empirical Findings, Theory, and Practice

6.1 Cohort Evidence: The Disconnect Between Criteria and Need

The disconnect between current LM eligibility thresholds and the actual language needs of students with (D)LD necessitates a closer examination of empirical and theoretical evidence. Cohort data from a specialist school that has been reviewed by the working group demonstrate that many children with significant receptive language difficulties are missed by the current criteria. However, a randomised controlled trial shows that such that students benefit substantially from LMs when assessments are tailored to their individual profiles.

This evidence underscores two critical points: first, that current reliance on narrow reading and vocabulary cut-offs fails to capture the full extent of language processing challenges; and second, that inclusion of SLT-led assessment and intervention is essential for equitable access. In the following sections, we present cohort analyses, trial data, and theoretical frameworks that collectively justify reforming LM eligibility criteria and embedding multidisciplinary support in exam access arrangements.

Cohort Data and Empirical Findings

Cohort data from a specialist school for young people with (D)LD illustrates the scale of this exclusion. It includes data from 160 Year 11 students assessed between 2011 and 2024.

Recent years (2022–2024, n=63):

- 82% scored lower on the CELF receptive language index than on reading comprehension, with an average 9-point difference in standard scores.
- This group was not tested on vocabulary, but if we used just reading comprehension, the current JCQ threshold of ≤69 would miss 73% of students with significant receptive language needs (CELF ≤84) and 58% of those with severe needs (CELF ≤69).

Larger cohort (2011–2021, n=97):

- This group was tested on both reading comprehension and vocabulary. 55% scored lower on the CELF receptive language index than on both reading comprehension and vocabulary.
- The ≤69 cutoff on either reading comprehension or vocabulary would miss 51% of students with significant receptive language needs (CELF ≤84) and 38% of those with severe needs (CELF ≤69).If the threshold were raised to ≤84 on either reading comprehension or vocabulary, this would miss only 4% of the students with significant receptive language needs (CELF-5 ≤84) and 2% of those with severe needs (CELF ≤69).

This evidence shows that relying solely on reading and vocabulary test scores overlooks students with profound language processing challenges. As Norbury et al. (2016) highlight, many students with (D)LD employ compensatory strategies allowing adequate isolated test performance, masking difficulties critical for exam success.

6.2 Empirical Findings

The following two studies originate from a different specialist school to that referenced earlier and are presented to broaden the evidential base.

Chapple (2011) Randomised Controlled Trial (RCT)

Chapple (2011), in an RCT, examined the impact of OLM on adolescents with Specific Language Impairment (SLI; now recognised as DLD following the CATALISE consensus). The study showed:

- Students achieved significantly better maths outcomes, potentially up to a GCSE grade higher, when supported by a properly trained OLM.
- Reading support alone did not account for these improvements; all participants had questions read to them to control for decoding effects.
- Intensive training for children in how to use the OLM was needed to achieve optimal results.
- Many students with diagnosed SLI and poor CELF scores were excluded from OLM support under JCQ criteria at the time (<85 reading comprehension), despite clear evidence of need.
- Appropriately modified exams significantly improved performance for students with language impairments without compromising assessment validity.

- Access arrangements did not confer an unfair advantage but facilitated equitable demonstration of capability.
- The trial supports broadening OLM eligibility beyond strict numerical cutoffs to include clinical evaluation and holistic assessment of language needs, e.g. CELF.

Conclusion

This study strengthens the case for evidence-based, multidimensional eligibility frameworks and proactive, inclusive exam access policies.

These findings directly parallel the cohort data (which were from a different specialist school), where receptive language impairments are systematically missed by reliance on reading/vocabulary cut-offs. Chapple's study confirms that OLM, when implemented correctly and distinctly from a reader, is a valid and effective access arrangement for students with (D)LD.

Misapplication of a LM therefore reflects systemic gaps in training and JCQ guidance, not limitations of the adjustment itself.

Thomas (2011) Randomised Controlled Trial (RCT)
Thomas (2011) also conducted a small-scale RCT to investigate the impact of the OLM on adolescents with Specific Language Impairment (SLI; now recognised as DLD following the CATALISE consensus). The study found:

- Students with SLI performed significantly better in GCSE mathematics exams when supported by an OLM, particularly after intensive training in how to use the provision.
- OLMs were most effective in helping students request clarification of problematic exam wording, thereby reducing the disadvantage caused by linguistic complexity.
- Training was essential: without structured preparation, students could not maximise the potential benefit of OLM support. Ongoing, intensive training may be required to retain and build these skills over time.
- Despite gains, subject-specific terminology (e.g., mathematics vocabulary) remained a persistent barrier for many students, limiting the OLM's effectiveness.
- The study highlights the need for complementary interventions prior to the exam room, including vocabulary enrichment programmes and curriculum-focused support to build underlying sub-skills.

Conclusion

Findings reinforce the case for mandatory OLM provision for students with SLI/DLD, alongside proper funding and training of OLMs, as many students are currently sitting exams without appropriate support (echoing Woods, 2010; Durkin et al., 2009). Collaboration between SLTs and

teaching staff is recommended to align support with the curriculum demands and exam syllabi. Further research with larger cohorts is needed to strengthen the evidence base and provide a compelling argument for national policy and practice reform.

Thomas' trial provides empirical evidence that OLMs offer significant benefits in examination contexts but also confirms that exam-room modifications alone are insufficient. For equitable access, these arrangements must be supported by earlier, systematic language interventions embedded across the curriculum**.**

The above evidence from settings that specifically support (D)LD likely underestimates the number of affected students in mainstream schools, where identification and support is often sparser. In mainstream contexts, even more students with (D)LD may be missed by the current criteria.

6.3 Cambridge Assessment Evidence on Equity and Fairness of Access Arrangements

A major study by Vidal Rodeiro and Macinska (2021) analysed authentic high-stakes examination data from a UK awarding body to investigate whether access arrangements create equity or confer unfair advantage. Using rigorous propensity score matching to compare students with and without access arrangements on factors including gender, attainment, school type, and socio-economic deprivation, the research found that students with arrangements performed similarly to matched peers without them.

Differences in grades, such as for extra time, reading assistance, and word processors, were small and statistically insignificant, demonstrating that access arrangements effectively level the playing field without inflating results. The study emphasised access arrangements were awarded based on clear, evidence-based criteria reflecting students' normal way of working, preserving the validity of assessments while removing barriers.

These findings reinforce empirical and theoretical evidence from previous trials (Chapple, 2011; Thomas, 2011) that well-implemented access arrangements support fair and equitable assessment outcomes for students with disabilities and learning difficulties. The report calls for continued use and refinement of access arrangements within policy frameworks to ensure inclusion without compromising academic standards.

6.4 Validity and Implementation Evidence

Access vs. Target Skills and the Interaction Hypothesis

The distinction between target skills, the specific knowledge or ability a test is designed to measure and access the ancillary skills required to participate in or respond to the test remains

central to assessment validity and the design of accommodations (Phillips, 1994; Sireci & O'Riordan, 2020). Valid accommodations address barriers in access skills (e.g., decoding, processing speed, visual perception) while preserving the integrity of the target skill being assessed, ensuring that accommodations mitigate construct-irrelevant variance rather than modifying the skill or knowledge being measured (Sireci & O'Riordan, 2020; Stone, 2014).

This foundational principle guides the interaction hypothesis (Sireci, Scarpati, & Li, 2005), which states that accommodations should yield a greater performance boost for students with disabilities than for those without (Fuchs & Fuchs, 2001). The pattern of a larger score gains for the intended population, described as the differential boost effect, is not only well-theorised but also strongly evidenced in recent meta-analyses and national syntheses (Li, 2014; NCEO, 2019; Sireci & O'Riordan, 2020). These comprehensive reviews confirm that accommodations such as extended time or text-to-speech consistently produce substantial gains for students with disabilities, while resulting in only modest or negligible improvements for non-disabled students (NCEO, 2019).

Recent evidence affirms that the differential boost holds across content areas, grade levels, and types of accommodations (Sireci & O'Riordan, 2020). Even when slight benefits are seen in non-disabled students, these are much smaller in magnitude, supporting the conclusion that valid accommodations level the playing field rather than conferring unfair advantage (Li, 2014; Stone, 2014; Rogers et al., 2022). Moreover, state of the art analyses, including studies of item response patterns and factorial invariance, demonstrate that well-targeted accommodations do not fundamentally alter the constructs being assessed (Sireci & O'Riordan, 2020).

This distinction, and the contemporary empirical evidence supporting it, directly reinforce the position articulated in Ofqual's Section 96 Review (Ofqual, 2016): access arrangements must address barriers to access rather than alter the skills under assessment. Overall, these findings provide a robust evidence base for ongoing legal and policy reform, demonstrating that accommodations, when validly implemented, support equity without compromising assessment validity (Phillips, 1994; Sireci & O'Riordan, 2020; Rogers et al., 2022).

Together, these empirical and theoretical insights confirm that LM addresses access skills without compromising target constructs, providing a sound basis for legal and policy reform.

6.5 Relevance to Language Modifiers

This framework directly supports the use of LM for students with (D)LD. A LM ensures exam language is accessible without altering the content being assessed, providing equitable access to target skills, reading comprehension, problem-solving, and subject knowledge, while maintaining exam validity. Incorporating this theoretical and empirical rationale strengthens the argument for broadening LM eligibility and implementing universal source paper modification. Furthermore, recent research shows that reasonable adjustments for students with specific learning difficulties are generally beneficial, but inequalities persist, and students need training to use them

effectively (Sumner et al. 2025). This reinforces the research conducted by Chapple and Thomas (2011).

6.6 Reinforcing Review Evidence

The Bercow: Ten Years On (I CAN & RCSLT, 2018) report similarly advocates assessment frameworks that account for the hidden and diverse nature of language disorders, ensuring equitable access to appropriate support

Together, this body of evidence underscores the urgent need to revise access arrangement eligibility criteria, incorporating detailed speech and language therapist assessments and broadening support to all students with (D)LD.

6.7 Misunderstandings in the Use of Language Modifier Implementation

A persistent challenge has been the misunderstanding of the role of a LM. Previously, the role of LMs were often conflated with readers, with some centres using them merely to read questions aloud. This reflected both a lack of training and understanding of the access arrangement.

Exam Readers and LM serve distinct but complementary roles in providing access to assessments. Readers assist candidates by reading text aloud verbatim, supporting decoding and word recognition. In contrast, LM and language modified papers enhance linguistic accessibility by rephrasing and clarifying the carrier language of exam questions without altering subject content or technical vocabulary (BATOD, 2023).

Research from Ofqual's Language Modification Project (2009-10) and Cambridge Assessment (2020) confirms that modifying complex exam language improves comprehension beyond what reading support alone can achieve. This ensures that candidates with language processing difficulties are fairly assessed on their subject knowledge. JCQ guidelines further clarify that LM may modify the instructions used. This distinction underpins the necessity for LM provisions as a unique and essential access arrangement for students with (D)LD. It showcases the need to include a wider range of multidisciplinary professionals when creating criteria and guidance, to draw on their specialist expertise.

These findings confirm that LM addresses access skills without altering target constructs, fulfilling both fairness and legal duties. This evidence directly underpins the legal obligations described in Section 3.

Importantly, any mis-implementation or misunderstanding of the LM role should not be interpreted as a reason to restrict eligibility. Rather, it highlights the critical need for improved training, clearer guidance, and strengthened oversight to ensure that LM provisions are applied

correctly and effectively. The current challenges represent a fixable systemic gap and training issue, not a flaw inherent in the LM adjustment itself.

Additionally, candidates themselves must receive training and guidance on how to effectively use a LM during examinations. This includes understanding when and how to request clarification, the limits of the modifier's role (e.g., no explanation of technical terms), and the rules around exam conduct with an LM present. Such preparation empowers students to make full and appropriate use of this adjustment and supports consistent, fair application of access arrangements

Key Takeaways:

Robust empirical and theoretical evidence shows that current Language Modifier criteria fail to capture the language profiles of many students with (D)LD, leading to systematic exclusion. Properly implemented Language Modifiers are a valid, fair, and effective adjustment, justifying reform of eligibility criteria and greater involvement of speech and language therapists.

Section 7: Recommendations

Current exam access arrangements restrict essential support due to narrow criteria based primarily on outdated criteria created for a specific disability that draws on limited data and a narrow range of professional input. Those with (D)LD who would benefit from LM often do not qualify. Equally, there are concerns around the inequity of modified language papers.

7.1 Key Recommendations

1. **Review and Amend LM Eligibility**
    - **Action:** Include comprehensive diagnostic assessments (e.g., CELF-5) to capture receptive language difficulties at ≤69 or increase the cutoff for the current assessments to ≤84.
    - **Rationale:** Current cutoffs (≤69 on reading comprehension/vocabulary) miss many students with substantial language needs.
2. **Create a Distinct (D)LD Category**
    - **Action:** Recognise (D)LD as a separate eligibility category for LM.
    - **Rationale:** Enables targeted support and clear identification, preventing students from being overlooked due to generalised criteria.
3. **Accept Existing SLT Reports and Scores**
    - **Action:** Remove the need for repeated assessments for lifelong conditions.
    - **Rationale:** Reduces administrative burden and stress while ensuring eligibility is based on professional evaluation.
4. **Update JCQ Form 9 for (D)LD**
    - **Action:** Allow students with a formal (D)LD diagnosis and CELF-5 receptive language index at ≤84 or ≤69 to access LM without repeated testing.
    - **Rationale:** Streamlines access while ensuring fairness and evidence-based decision-making.
5. **Introduce Exam Modification at Source**
    - **Action:** All exam papers should be linguistically reviewed and adapted at source, with SLT involvement.

- **Rationale:** Ensures equitable access and consistency across subjects and awarding bodies.

6. **Promote Multidisciplinary Team Working**
   - **Action:** Include SLTs, ToD, neurodiversity specialists, specialist assessors and exam board representatives in modification processes.
   - **Rationale:** Leverages expertise from multiple disciplines to address diverse language difficulties effectively.
7. **Produce Accessible Exam Materials**
   - **Action:** Include glossaries, clear definitions of command words, and simplified instructions where appropriate.
   - **Rationale:** Reduces construct-irrelevant barriers while maintaining academic rigour.
8. **Update Tools and Guidelines for Specialist Assessors**
   - **Action:** Provide comprehensive guidance and update tools for identifying language difficulties in exams, i.e., TOMAL 2.
   - **Rationale:** Increases consistency, accuracy, and fairness in eligibility decisions.
9. **Harmonise Deadlines**
   - **Action:** Align modified paper requests with other access arrangements.
   - **Rationale:** Prevents inequity caused by early deadlines and ensures timely support.
10. **Mandate Accommodations for Speaking and Listening**
    - **Action:** Provide extended preparation, simplified language, and alternative formats where necessary.
    - **Rationale:** Addresses oral language difficulties without penalising students academically.
11. **Encourage SQA Review**
    - **Action:** Consider LM-equivalent criteria or further refine Adapted Question Papers in Scotland.
    - **Rationale:** Ensures consistent access arrangements across all UK nations.
12. **Ensure Parity Across Nations**
    - **Action:** Develop collaborative policies with four-nation oversight and harmonised eligibility criteria.

- **Rationale:** Reduces inequities arising from regionally inconsistent practices.

13. **Embed a Human Rights-Based Approach**
    - **Action:** Base access arrangements on UNCRC and UNCRPD principles for fairness, dignity, participation, and non-discrimination.
    - **Rationale:** Aligns practice with legal and ethical obligations, ensuring equitable educational opportunity.
14. **Strengthen Implementation and Capacity**
    - **Action:** Invest in comprehensive workforce training for speech and language therapists and educators; coordinate awarding bodies to ensure consistent national policy rollout; and allocate adequate funding to support sustainable, evidence-based provision.
    - **Rationale:** Effective implementation relies on skilled practitioners, policy coherence, and sufficient resources. Strengthening these areas ensures that access arrangements are applied consistently and equitably across settings.
15. **Monitor and Evaluate**
    - **Action:** Establish frameworks to track LM access, academic outcomes for (D)LD students, and stakeholder satisfaction.
    - **Rationale:** Ensures reforms are effective and responsive to evolving student needs.
16. **Outcomes of Reform**
    - Evidence-based, inclusive exam access arrangements.
    - Reflects lived experience and clinical realities.
    - Promotes educational equity and social justice.
    - Aligns with UK statutory and international obligations.

Taken together, these recommendations provide a feasible and evidence-based roadmap for aligning practice with both fairness principles and statutory obligations.

8. Conclusion

Children and young people with (D)LD continue to face systemic disadvantage under current exam access arrangements. Despite clear prevalence data, robust evidence, and strong legal protections, their language processing difficulties are insufficiently recognised and accommodated. The persistence of a system in which a subset of candidates may access LM but candidates with (D)LD cannot, despite meeting the Equality Act 2010 and Disability Discrimination Act 1995 definition of substantial, long-term disability, highlights an inconsistency in how access needs are currently being addressed.

JCQ (2025) defines an LM as a **"rare and exceptional"** arrangement, available only where disability causes a **"very substantial and long-term adverse effect."** Students with (D)LD meet this definition by nature of their condition yet are excluded because receptive and expressive language scores are not part of the current eligibility criteria.

A balanced approach would combine universal at-source modification to raise accessibility for all candidates, with targeted LM provision as a safety-net, needs-based adjustment for those whose primary difficulty is language. We therefore recommend that all examination papers be subject to a robust language review and modification at source by a multidisciplinary team, including SLTs and ToD. This universal measure would remove construct-irrelevant barriers for all candidates, while retaining LM as a rare but essential safeguard for students with profound receptive language difficulties

The current fractured and inconsistent system denies young people with (D)LD a fair opportunity to succeed, undermining their dignity and their right to education. Decisive action is now needed to end this injustice and deliver a system where every student is assessed on knowledge and skills, not on the barriers created by disability.

This report serves as a robust foundation for collaborative reform towards equitable assessment for all students with (D)LD in the UK.

The working group wishes to acknowledge the positive engagement, support, and ongoing collaborations between RCSLT and awarding bodies such as CCEA and WJEC on (D)LD.

We welcome the opportunity to support the regulators and awarding bodies to facilitate this critical work.

Prepared by the Four Nations Working Group on (Developmental) Language Disorder January 2026

For further information on this report, please email: sue.mcbride@rcslt.org

9. Working Group Members

Derek Munn, Director of Policy and Public Affairs, RCSLT

Donal Collins, Manager Advice & Compliance Department, Equality Commission Northern Ireland

Dr Susan Ebbels, Speech and Language Therapist, Director of Moor House Training & Research Institute, Moor House School & College

Frances O'Garro, Speech and Language Therapist, Blossom House School

Gemma Chapple, Specialist Teacher Assessor, Local Authorities, London

Gillian Rudd, Speech and Language Therapist, Senior Lecturer / Course Lead, Birmingham City University

Kate Goodhew, Speech and Language Therapist, A Time to Talk...

Kate Papageorgiou, Specialist Assessor, Cambourne Dyslexia

Lauren Henlor, Assistant Principal & SENCo, Dawn House School, Speech and Language UK

Louisa Reeves, Speech and Language Therapist, Director of Policy and Evidence, Speech and Language UK

Naomi Bradley, Deputy Head Teacher of Curriculum, Moor House School & College

Philippa Cotterill, Speech and Language Therapist, Head of Wales Office, RCSLT

Ruth Sedgewick, Speech and Language Therapist, Head of Northern Ireland Office, RCSLT

Sarah Earl, Specialist Assessor / Teacher, NAPLIC

Sarah Lambert, Speech and Language Therapist, Research and Outcomes Officer, RCSLT

Stephen Parsons, Chair of Raising Awareness of Developmental Disorder (RADLD) International

Sue McBride, Policy Advisor, RCSLT

Victoria Wadsworth, Speech and Language Therapist, Senior Lecturer, Leeds Beckett University and Chair, NAPLIC

References

American Psychiatric Association (2013) *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing. https://doi.org/10.1176/appi.books.9780890425596

Archibald, L.M.D. and Joanisse, M.F. (2009) 'On the sensitivity and specificity of nonword repetition and sentence recall to language and memory impairments in children', *Journal of Speech, Language and Hearing Research*, 52(4), pp. 899–914. https://doi.org/10.1044/1092-4388(2009/08-0099)

BATOD – British Association of Teachers of the Deaf (2023) *Language of Examinations* (3rd ed.). Available at: https://www.batod.org.uk/Language-of-Examinations-3rd-ed

Bishop, D.V.M., Snowling, M.J., Thompson, P.A., Greenhalgh, T. and the CATALISE Consortium (2016) 'CATALISE: A multinational and multidisciplinary Delphi consensus study. Identifying language impairments in children', *PLOS ONE*, 11(7), e0158753. https://doi.org/10.1371/journal.pone.0158753

Bishop, D.V.M., Snowling, M.J., Thompson, P.A., Greenhalgh, T. and the CATALISE-2 Consortium (2017) 'Phase 2 of CATALISE: A multinational and multidisciplinary Delphi consensus study of problems with language development – terminology', *Journal of Child Psychology and Psychiatry*, 58(10), pp. 1068–1080. https://doi.org/10.1111/jcpp.12721

Burnley, A., St Clair, M., Dack, C., Thompson, H. and Wren, Y. (2024) 'Exploring the psychosocial experiences of individuals with developmental language disorder during childhood: A qualitative investigation', *Journal of Autism and Developmental Disorders*, 54(8), pp. 3008–3027. https://doi.org/10.1007/s10803-023-05946-3

Cambridge Assessment (2020) *Annual Review 2019–20*. Available at: https://www.cambridgeassessment.org.uk/news/our-publications/annual-review/

Chapple, G. (2011) *The effectiveness of an Oral Language Modifier in enhancing examination performance for adolescents with SLI*. Master's dissertation. Institute of Education, University of London.

Chepngeno, M., Joyce, E., York, A., Sandgren, O. and Ekström, A. (2025) '"It feels a little like fumbling in the dark": Teachers' experiences of working with students with developmental language disorder in Swedish mainstream middle school and high school', *Scandinavian Journal of Educational Research*. Published online 25 May 2025. https://doi.org/10.1080/00313831.2025.2506386

Children and Families Act 2014 (c.6). Available at: https://www.legislation.gov.uk/ukpga/2014/6/contents/enacted

Clegg, J., Stackhouse, J., Finch, K., Murphy, C. and Nicholls, S. (2009) 'Language abilities of secondary age students at risk of school exclusion: A preliminary report', *Child Language Teaching and Therapy*, 25(1), pp. 123–140. https://doi.org/10.1177/0265659008098664

Committee on the Rights of Persons with Disabilities (2016) *General Comment No. 4: The right to inclusive education (Article 24)*. United Nations. Available at: https://digitallibrary.un.org/record/1313836/files/CRPD_C_GC_4-EN.pdf

Conti-Ramsden, G. and Botting, N. (2008) 'Emotional health in adolescents with and without a history of specific language impairment', *Journal of Child Psychology and Psychiatry*, 49(5), pp. 516–525. https://doi.org/10.1111/j.1469-7610.2007.01858.x

Conti-Ramsden, G., Durkin, K., Toseeb, U., Botting, N. and Pickles, A. (2018) 'Education and employment outcomes of young adults with a history of developmental language disorder', *International Journal of Language & Communication Disorders*, 53(2), pp. 237–255. https://doi.org/10.1111/1460-6984.12338

Department for Education (2019) *Key Stage 4 performance 2018/19: Statistical First Release*. GOV.UK. Available at: https://www.gov.uk/government/statistics/key-stage-4-performance-2018-to-2019

Department for Education (2025) *Special educational needs in England: Academic year 2024/25*. GOV.UK. Available at: https://explore-education-statistics.service.gov.uk/find-statistics/special-educational-needs-in-england/2024-25

Department of Education Northern Ireland (2025) *Special Educational Needs 2024–25*. Available at: https://www.education-ni.gov.uk/sites/default/files/2025-10/Special%20Educational%20Needs%20202425.pdf

Disability Discrimination Act 1995 (c.50). Available at: https:/ Scottish Government (2025) *Pupil and teacher characteristics 2025*. Available at: https://www.gov.scot/publications/pupil-and-teacher-characteristics-2025//www.legislation.gov.uk/ukpga/1995/50/contents

Dockrell, J.E., Lindsay, G. and Palikara, O. (2011) 'Explaining the academic achievement at school leaving for students with a history of language impairment', *Child Language Teaching and Therapy*, 27(2), pp. 223–237. https://doi.org/10.1177/0265659011398671

Dockrell, J.E., Ricketts, J., Palikara, O., Charman, T. and Lindsay, G. (2019) 'What drives educational support for children with developmental language disorder or autism spectrum disorder', *Frontiers in Education*, 4, 29. https://doi.org/10.3389/feduc.2019.00029

Durkin, K. and Conti-Ramsden, G. (2009) 'Specific language impairment and school outcomes II', *International Journal of Language & Communication Disorders*, 44(5), pp. 748–764. https://doi.org/10.1080/13682820801921602

Equality Act 2010 (c.15). Available at: https://www.legislation.gov.uk/ukpga/2010/15/contents

Fuchs, D. and Fuchs, L.S. (2001) 'Responsiveness-to-intervention: A blueprint for practitioners, policymakers, and parents', *Teaching Exceptional Children*, 38(1), pp. 57–61.

Gascoigne, M. (2021) *Equity for All: Children's Speech and Language Therapy Services in Scotland*. A Report for Scottish Government. Available at: https://www.bettercommunication.org.uk/downloads/2022%20Equity%20for%20All%20Final%20for%20Publication.pdf

Gibbons, M., Coughlan, K. and Gallagher, A. (2022) 'Hidden in plain sight: A qualitative exploration of teachers' and children's perspectives on supporting developmental language disorder in school', *Advances in Communication and Swallowing*, Preprint, pp. 1–10.

Glasby, J. (2022) 'Do teachers know enough about the characteristics and educational impacts of developmental language disorder (DLD) to successfully include students with DLD?', *Teaching and Teacher Education*, 117, 103833. https://doi.org/10.1016/j.tate.2022.103833

Gough Kenyon, S.M., Lucas, R.M. and Palikara, O. (2020) 'Expectations of the transition to secondary school in children with developmental language disorder and low language ability', *British Journal of Educational Psychology*, 90(2), pp. 249–265.

Graham, L.J. and Tancredi, H. (2019) 'In search of a middle ground: The dangers and affordances of diagnosis in relation to attention deficit hyperactivity disorder and developmental language disorder', *Emotional and Behavioural Difficulties*, 24(3), pp. 287–300. https://doi.org/10.1080/13632752.2019.1597569

Hollo, A., Wehby, J.H. and Oliver, R.M. (2014) 'Unidentified language deficits in children with emotional and behavioral disorders: A meta-analysis', *Exceptional Children*, 80(2), pp. 169–186. https://doi.org/10.1177/0014402914524602

I CAN and Royal College of Speech and Language Therapists (2018) *Bercow: Ten Years On — An independent review of provision for children and young people with speech, language and communication needs in England*. Available at: https://www.bercow10yearson.com/wp-content/uploads/2018/03/337644-ICAN-Bercow-Report-WEB.pdf

Johnstone, C.J., Altman, J., Thurlow, M.L. and Thompson, S.J. (2006) *A summary of research on the effects of test accommodations: 2002–2004 (NCEO Technical Report 45)*. Minneapolis, MN: University of Minnesota, National Center on Educational Outcomes.

Joint Council for Qualifications (JCQ) (2025) *Access arrangements and reasonable adjustments: Regulations for 2024–2025*. Available at: https://www.jcq.org.uk/wp-content/uploads/2024/08/AA-RA-2024-25.pdf

Kraljevic, J.K. (2023) 'Can prevalence data help us identify developmental language disorder?', *Lancet Regional Health – Western Pacific*, 34, 100714. https://doi.org/10.1016/j.lanwpc.2023.100714

Law, J., Levickis, P., McKean, C., Goldfeld, S., Snow, P. and Reilly, S. (2017) *Child language in a public health context*. Melbourne: Murdoch Children's Research Institute.

Lindsay, G. and Dockrell, J. (2012) *The relationship between speech, language and communication needs (SLCN) and behavioural, emotional and social difficulties (BESD)* (DFE-RR247-BCRP6). London: Department for Education.

McBride, S. (2023) *How prepared do post-primary teachers in Northern Ireland feel about working with children who have Developmental Language Disorder (DLD)*. Master's dissertation. Middlesex University.

McGregor, K.K. (2020) 'How we fail children with developmental language disorder', *Language, Speech, and Hearing Services in Schools*, 51(4), pp. 981–992. https://doi.org/10.1044/2020_LSHSS-20-00003

Norbury, C.F., Gooch, D., Wray, C., Baird, G., Charman, T., Simonoff, E. and Pickles, A. (2016) 'The impact of nonverbal ability on prevalence and clinical presentation of language disorder', *Journal of Child Psychology and Psychiatry*, 57(11), pp. 1247–1257. https://doi.org/10.1111/jcpp.12573

Northern Ireland Executive (2016) *Special Educational Needs and Disability (Northern Ireland) Act 2016*. Available at: https://www.legislation.gov.uk/nia/2016/8/contents

Ofqual (2016) *Decisions on Ofqual's specifications on reasonable adjustments under Section 96 of the Equality Act 2010 and related issues* (Ref: Ofqual/16/6130). Available at: https://assets.publishing.service.gov.uk/media/5a7561b9e5274a4358bd0104/Section_96_consultation_decisions.pdf

Orrego, P. M., McGregor, K. K., & Reyes, S. M. (2023). *A first-person account of developmental language disorder*. *American Journal of Speech-Language Pathology, 32*(4), 1383–1396. https://doi.org/10.1044/2023_AJSLP-22-00247

Phillips, S.E. (1994) 'High-stakes testing accommodations: Validity versus disabled rights', *Applied Measurement in Education*, 7(2), pp. 93–120.

Qualifications and Curriculum Authority (2008a) *Report on the performance of awarding bodies for general qualifications in 2007*. London: QCA. Available at: https://dera.ioe.ac.uk/952/1/Performance%20of%20Awarding%20Bodies%202007.pdf

Qualifications and Curriculum Authority (2008b) *Oral communicators: Scoping the demand* (Report 0807). Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/605458/0807_QCA_Oral_communicators_scoping_the_demand_report_format_1_.pdf

Rogers, C.M., Thurlow, M.L., Lazarus, S.S., Ressa, V.A. and Swadek, G.S. (2022) *A summary of the research on the effects of K–12 test accommodations: 2019* (NCEO Report 433). National Center on Educational Outcomes. Available at: https://files.eric.ed.gov/fulltext/ED620540.pdf

Roulstone, S., Coad, J., Ayre, A., Hambly, H. and Lindsay, G. (2009) *The preferred outcomes of children with speech, language and communication needs and their parents* (DFE-RR247). Department for Education. Available at: https://assets.publishing.service.gov.uk/media/5a7ce59940f0b6629523c764/DFE-RR247-BCRP12.pdf

Scottish Government (2004) *Education (Additional Support for Learning) (Scotland) Act 2004* (as amended 2009). Available at: https://www.legislation.gov.uk/asp/2004/4/contents

Scottish Government (2025) *Pupil and teacher characteristics 2025*. Available at: https://www.gov.scot/publications/pupil-and-teacher-characteristics-2025/

Sireci, S.G. and O'Riordan, C. (2020) 'Comparability when assessing individuals with disabilities', in Berman, A.I., Haertel, E.H. and Pellegrino, J.W. (eds.) *Comparability of large-scale educational assessments: Issues and recommendations*. National Academy of Education, pp. 177–204.

Sireci, S.G., Scarpati, S.E. and Li, S. (2005) 'Test accommodations for students with disabilities: An analysis of the interaction hypothesis', *Review of Educational Research*, 75(4), pp. 457–490. https://doi.org/10.3102/00346543075004457

Smolak, E., McGregor, K.K., Arbisi-Kelm, T. and Eden, N. (2020) 'Sustained attention in developmental language disorder and its relation to working memory and language', *Journal of Speech, Language and Hearing Research*, 63(12), pp. 4096–4108. https://doi.org/10.1044/2020_JSLHR-20-00265

Snow, P.C. (2016) 'Elizabeth Usher Memorial Lecture: Language is literacy is language – positioning speech-language pathology in education policy, practice, paradigms and polemics', *International Journal of Speech-Language Pathology*, 18(3), pp. 216–228.

Speech and Language UK (2023) *Listening to unheard children: Teachers, talking and understanding*. Available at: https://speechandlanguage.org.uk/wp-content/uploads/2024/03/Listening-to-unheard-children-report-FINAL.pdf

Stone, E. (2014) 'A meta-analysis of research on the read aloud accommodation', *Educational Measurement: Issues and Practice*, 33(3), pp. 17–30. https://doi.org/10.1111/emip.12040

Sumner, E., Antalek, C. and Roberts, A. (2025) *Exam accommodations for secondary students with literacy difficulties*. University College London & Nuffield Foundation. Available at: https://discovery.ucl.ac.uk/id/eprint/10209546/

Talantseva, O.I., Romanova, R.S., Shurdova, E.M., Dolgorukova, T.A., Sologub, P.S., Titova, O.S., Kleeva, D.F. and Grigorenko, E.L. (2023) 'The global prevalence of autism spectrum disorder: A three-level meta-analysis', *Frontiers in Psychiatry*, 14, 1071181. https://doi.org/10.3389/fpsyt.2023.1071181

The Special Educational Needs and Disability (General Qualifications Bodies) (Relevant Qualifications, Reasonable Steps and Physical Features) Regulations (Northern Ireland) 2008. Available at: https://www.legislation.gov.uk/nisr/2008/373/contents

Thomas, F. (2011). The effectiveness of an 'Oral Language Modifier' in enhancing examination performance for adolescents with SLI. [Masters Dissertation]. Institute of Education, University of London.

UK Parliament (n.d.) *Written evidence to a Select Committee: SLCN outcomes (9.8% achieving grades 9–5 in GCSE English and Maths vs 42.4% overall)*. Available at: https://committees.parliament.uk/writtenevidence/9060/default/

United Nations (2006) *Convention on the Rights of Persons with Disabilities*. Available at: https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf

United Nations (1989) *Convention on the Rights of the Child*. Available at: https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child

Vidal Rodeiro, C.L. and Macinska, S. (2022) 'Teachers' and students' views of access arrangements in high-stakes assessments', paper presented at the *British Educational Research Association Annual Conference*, University of Liverpool, 5–8 September.

Welsh Government (2018) *The Additional Learning Needs and Education Tribunal (Wales) Act 2018*. Available at: https://www.legislation.gov.uk/anaw/2018/2/contents

Welsh Government (2025) *Schools' census results: January 2025*. Available at: https://www.gov.wales/schools-census-results-january-2025-html

Woods, K. (2010) 'Investigating access to educational assessment for students with disabilities', *Journal of Intellectual and Developmental Disability*, 35(2), pp. 75–85. https://doi.org/10.1177/0143034310341622

World Health Organization (2018) *International Classification of Diseases (11th Revision): Developmental language disorder*. Available at: https://icd.who.int/browse11/l-m/en

Young, A.R., Beitchman, J.H., Johnson, C., Douglas, L., Atkinson, L., Escobar, M. and Wilson, B. (2002) 'Young adult academic outcomes in a longitudinal sample of early identified language impaired and control children', *Journal of Child Psychology and Psychiatry*, 43(5), pp. 635–645.

Appendices

Appendix 1: Overview of Speech, Language and Communication Needs (SLCN) and Developmental Language Disorder (DLD)

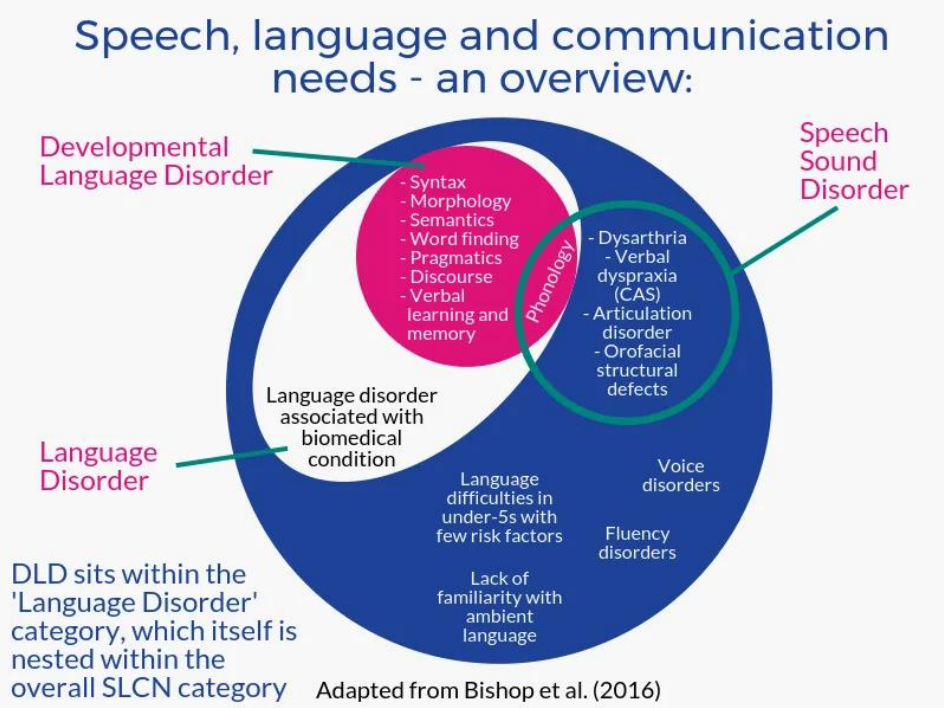
SLCN is an umbrella term for a diverse range of difficulties affecting a person's ability to understand or use spoken language, speak clearly, or communicate effectively.

Language Disorder is a subset of SLCN characterised by persistent difficulties in understanding and/or using language that impair social and/or educational functioning. Language Disorder can be split into two further subsets.

- Developmental Language Disorder (DLD) is a subset of Language Disorder involving language difficulties with no known biomedical cause, is lifelong, and is the most common type.
- Language Disorder associated with a biomedical condition is also a subset of Language Disorder and refers to language difficulties linked to identifiable neurological, genetic, or medical factors.

DLD represents the largest single group within Language Disorders, affecting approximately 7% of the population (Norbury et al., 2016). While all individuals with DLD have SLCN, not all individuals with SLCN have DLD.

Other SLCN subtypes include speech sound disorders, voice disorders, stammering and cluttering (historically known as fluency disorders) and temporary or circumscribed communication difficulties.



References

Bishop, D.V.M., Snowling, M.J., Thompson, P.A., Greenhalgh, T. and the CATALISE Consortium (2016) 'CATALISE: A multinational and multidisciplinary Delphi consensus study. Identifying language impairments in children', *PLOS ONE*, 11(7), e0158753. https://doi.org/10.1371/journal.pone.0158753

Norbury, C. F., Gooch, D., Wray, C., Baird, G., Charman, T., Simonoff, E., & Pickles, A. (2016). The impact of non-verbal ability on prevalence and clinical presentation of language disorder: Evidence from a population study. *Journal of Child Psychology and Psychiatry, 57*(11), 1247–1257. https://doi.org/10.1111/jcpp.12573

Appendix 2: Diagnostic & Statistical Manual of Mental Disorders (5th Edition) – DSM-V

Developmental Language Disorder (DLD) is not listed by name in the DSM-5; instead, the DSM-5 uses the term "Language Disorder," which is widely considered equivalent to (Developmental) Language Disorder in clinical and research practice.

Terminology in DSM-5

- The DSM-5 classifies Language Disorder under Neurodevelopmental Disorders, with diagnostic criteria that align closely with how DLD is defined in international consensus statements and current research.
- Core features include persistent difficulties in language acquisition and use, affecting vocabulary, sentence structure, and discourse, without an underlying biomedical condition.

DLD vs DSM-5 Language Disorder

- While the term DLD is now standard in the research and advocacy communities, DSM-5 maintains "Language Disorder" as the diagnostic label.
- Both concepts exclude children with known causes, such as intellectual disability, autism, or brain injury, from this specific diagnosis.
- Cognitive referencing (an IQ cut-off) is no longer used as an exclusion criterion in either description.

Criteria:

A. Persistent difficulties in the acquisition and use of language across modalities (i.e. spoken, written, sign language, or other), due to deficits in comprehension or production that include the following:

- Reduced vocabulary (word knowledge and use).
- Limited sentence structure (ability to put words and word endings together to form sentences based on the rules of grammar and morphology).
- Impairments in discourse (ability to use vocabulary and connect sentences to explain or describe a topic or series of events or have a conversation).

B. Language abilities are substantially and quantifiably below those expected for age, resulting in functional limitations in effective communication, social participation, academic achievement, or occupational performance, individually or in any combination.

C. Onset of symptoms is in the early developmental period.

D. The difficulties are not attributable to hearing or other sensory impairment, motor dysfunction, or another medical or neurological condition and are not better explained by intellectual disability (intellectual developmental disorder) or global developmental delay.

International Classification of Diseases

The ICD-11 (International Classification of Diseases) has adopted the term Developmental Language Disorder, and its criteria align with those for Language Disorder in the DSM-5, further supporting their equivalence.

The ICD-11 criteria for Developmental Language Disorder (DLD) are as follows:

- Persistent deficits in the acquisition, understanding, production, or use of language (spoken or signed) that arise during the developmental period, typically early childhood.
- These deficits cause significant limitations in the individual's ability to communicate.
- The individual's language ability is markedly below what would be expected given their age and level of intellectual functioning.
- The language difficulties are not explained by another neurodevelopmental disorder, sensory impairment, or neurological condition, including brain injury or infection.
- Exclusions include Autism Spectrum Disorder (ASD), diseases of the nervous system, unspecified deafness, and selective mutism.

Qualifiers for DLD in ICD-11:

1. DLD with impairment of receptive and expressive language: Significant difficulties in both understanding (receptive) and producing (expressive) language.
2. DLD with impairment of mainly expressive language: Marked difficulty primarily with producing language; receptive language relatively intact.
3. DLD with impairment of mainly pragmatic language: Persistent difficulties in using language in social contexts (e.g., making inferences, understanding humour), with receptive and expressive language relatively intact. This does not apply if better explained by ASD or other language impairments.

Summary from ICD-11 Diagnostic Guidelines:

- The language deficits must cause significant communication limitations.
- They arise during early development and persist.
- They are not due to intellectual disability, autism, or other sensory/neurological causes.

This aligns with the DSM-5 Language Disorder criteria and defines DLD precisely in clinical and diagnostic terms.

References

American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
Link: https://doi.org/10.1176/appi.books.9780890425596

World Health Organization. (2018). *International Classification of Diseases 11th Revision (ICD-11)*, Chapter on Developmental Language Disorder.
Link: https://icd.who.int/browse11/l-m/en

Appendix 3: GCSE Results for Students with SLCN

Below is a summary table showing the percentage of students with Speech, Language and Communication Needs (SLCN) achieving key GCSE benchmarks over several recent years:

Year / context (England)	Group	GCSE measure	Result for SLCN / SEND	Result for comparison group	Source / notes
c.2017 cohort (reported in Bercow: Ten Years On / DfE "Best start in SLC")	**Pupils with SLCN**	% gaining **grade 4/C or above in English & Maths**	**20.3%**	**63.9% of all pupils**	Widely cited DfE statistic reproduced in *Best start in speech, language and communication* guidance and multiple SLCN reports.
Same underlying DfE data, restated in later resources (no new year)	**Pupils with SLCN**	% gaining **grade 4/C or above in English & Maths**	**20% (rounded)**	**64%" of all pupils (rounded)**	Health and SEND toolkits quote the same figure rounded to whole numbers (20% vs 64%), referencing DfE data rather than a new dataset.
2018 cohort (Key Stage 4, England)	**All pupils with SEN (any primary need)**	% **not** achieving grade 4+ in English & Maths	**74.2% of SEN pupils did *not* achieve 4+** → implies **25.8% did achieve 4+**	**29.4% of pupils without SEN did *not* achieve 4+** → implies **70.6% did achieve 4+**	Education Policy Institute *The Forgotten Third* drawing on DfE KS4 2018 data.
2022/23 cohort (Key Stage 4, England)	**Pupils with SEN (status)**	% achieving **grade 5+ in English & Maths**	Not given explicitly, but DfE reports a **34.0 percentage-point gap** between SEN and non-SEN pupils at grade 5+	Same	DfE KS4 performance 2022/23: pupils with SEN have "significantly lower attainment"; the gap at grade 5+ English and Maths is 34.0 percentage points.

References

Association of School and College Leaders (2019) *The Forgotten Third: Final report of the Commission of Inquiry*. Leicester: ASCL. Available at: https://www.ascl.org.uk/ASCL/media/ASCL/Our%20view/Campaigns/The-Forgotten-Third_full-report.pdf

Department for Education (2023) *Key stage 4 performance 2023 (revised): Statistics on the achievements of young people at the end of key stage 4 in England, academic year 2022/23*. GOV.UK. Available at: https://explore-education-statistics.service.gov.uk/find-statistics/key-stage-4-performance/2022-23

Health for Kids (2025) 'Speech, language, and communication toolkit for school aged children (for school staff)', *Health for Kids: Grownups*. Available at: https://www.healthforkids.co.uk/grownups/healthy-communication/speech-language-and-communication-toolkit-for-school-aged-children/

Public Health England and Department for Education (2020) *Best start in speech, language and communication: Guidance to support local commissioners and service leads*. London: Public Health England. Available at: https://assets.publishing.service.gov.uk/media/5f9be9bbe90e0704157fb12f/BSSLC_Guidance.pdf

Appendix 4: Analysis of Department of Education Data, Northern Ireland: Primary and Post-Primary Schools

This analysis examines the data provided as part of the Department of Education Northern Ireland annual census, reflecting trends across primary and post-primary from 2019/2020 to 2024/2025.

Key Observations:

- **Growing Numbers:** Across both Primary and Post-Primary schools, there is a general increase in the numbers reported in various categories over the observed years.

Data Gaps: Action Short of Strike 2023/2024

Note: 'NA' indicates data not available in the provided text for the specified year and column.

Table 1: Primary School Data (Primary 1 - Primary 7)

Year	SEN Register: SLCN	SEN Register: DLD - SEN	SEN Register: Language Disorder Associated with a Biomedical Condition	Medical Register: DLD
2019/2020	5695	174	60	32
2020/2021	6405	203	60	43
2021/2022	6737	293	95	64
2022/2023	7059	457	162	81
2023/2024	NA	NA	NA	NA
2024/2025	6807	820	376	166

Table 2: Post-Primary School Data (Year 8 - Year 14)

Year	SEN Register: SLCN	SEN Register: DLD - SEN	SEN Register: Language Disorder Associated with a Biomedical Condition	Medical Register: DLD
2019/2020	1385	55	16	6
2020/2021	1577	58	23	20
2021/2022	1653	62	25	33
2022/2023	1839	88	35	51
2023/2024	NA	NA	NA	NA
2024/2025	2499	150	71	65

Table 3: Growth in Key Categories (2019/2020 to 2024/2025)

This table highlights the percentage increase in specific categories from the earliest to the most recent available year (excluding 2023/2024 due to missing data).

Category	School Level	2019/2020	2024/2025	% Increase
SEN Register: SLCN	Primary	5695	6807	19.53%
SEN Register: DLD - SEN	Primary	174	820	371.26%
SEN Register: Language Disorder Associated with a Biomedical Condition	Primary	60	376	526.67%
Medical Register: DLD	Primary	32	166	418.75%

Category	School Level	2019/2020	2024/2025	% Increase
SEN Register: SLCN	Post-Primary	1385	2499	80.43%
SEN Register: DLD - SEN	Post-Primary	55	150	172.73%
SEN Register: Language Disorder Associated with a Biomedical Condition	Post-Primary	16	71	343.75%
Medical Register: DLD	Post-Primary	6	65	983.33%

Note: Percentages are calculated based on the earliest and latest available data points for each category.

Table 4: Projected Growth in Key Categories (2019/2020 to 2031/2032)

Category	School Level	2019/2020	2031/2032	% Increase
SEN Register: SLCN	Post-Primary	1385	6561	373.72%
SEN Register: DLD - SEN	Post-Primary	55	790	1336.36%
SEN Register: Language Disorder Associated with a Biomedical Condition	Post-Primary	16	351	2093.75%
Medical Register: DLD	Post-Primary	6	166	2666.67%

Note: Percentages have been calculated using the earliest and latest available data points for each category. Department of Education data from 2024/2025 (Primary School level) has been used to project trends for students progressing from Primary 1 through to Year 14.

Please be aware that these projections:

- ***Do not account for*** *new diagnoses that may occur after the initial data point.*
- ***Exclude*** *students who leave school early to attend college or pursue other pathways.*
- ***Do not reflect*** *children or young people who may later be removed from the overarching* ***Speech, Language and Communication Needs (SLCN)*** *category and/or added to additional categories.*

Actual figures are likely to be higher due to ***suppressed or incomplete data****.*

Source: DE NI Census (personal communications, 2025)

Appendix 5: Case Study Examples

These case studies highlight the challenges faced by a cognitively able young person with Developmental Language Disorder (DLD) in accessing fair and equitable examination arrangements. Names have been changed to protect the identities.

SENCo/Assessor's Point of View

The examination access arrangements process for a young person with Developmental Language Disorder (DLD) is complex, inconsistent, and difficult to navigate. It is unclear whether a Form 9 should be completed on medical grounds to support access to a Language Modifier with additional psychometric scores to support eligibility or whether it should be treated as a learning difficulty using a Form 8 with test scores. In this case, as the pupil holds a Statement of SEN/ EHCP, a Form 9 is required with evidence. As supporting evidence, the family has provided robust and clinically valid Speech and Language Therapy assessment scores which meet the standardised threshold ordinarily associated with Form 8. However, SLT scores are not explicitly listed as acceptable evidence within the guidance, with reference instead made instead to Teachers of the Deaf (ToD). Furthermore, it is not explicitly stated whether SLT Core Receptive Language Index Scores can be used as qualifying evidence, despite these being clinical measures of language comprehension and functioning.

From an assessor's perspective, this creates a significant professional limitation. As an assessor, I do not have access to the specialist language assessments used by SLTs to identify the nuanced receptive and expressive language difficulties associated with DLD. The tests available to me focus primarily on literacy, processing speed, or cognitive ability and do not capture the full functional impact of language disorder. This creates a systemic gap whereby the most clinically relevant evidence cannot be formally used, while the assessor is simultaneously expected to make determinations about language-based access needs.

From my understanding, a further difficulty is that even when a score meeting the threshold for a Language Modifier is obtained, for example, through a reading comprehension measure, that same score cannot then be used as evidence to support other access arrangements that the young person may also require. This forces families and schools into a fragmented and inefficient system of repeated testing, placing additional burden on the student and increasing the risk of conflicting or incomplete evidence.

It is also extremely difficult to establish and evidence a clear "normal way of working" for young people with DLD in relation to modified language papers and/or a Language Modifier, even where their needs are significant and longstanding. For many learners with DLD, the need for simplified language, rewording, clarification, and reduced linguistic load is embedded within everyday learning and teaching interactions rather than being formally documented as a discrete adjustment. As a result, schools often struggle to demonstrate a consistent "normal way of working" for these specific adaptations, despite the student clearly requiring them to access

learning. This creates a further barrier to securing appropriate examination adjustments for this group of learners.

It would make a substantial difference to students with severe language disorder if all examination papers were robustly modified at source, rather than relying on case-by-case applications. The current system of partial modification, dependent on subject and examination board, perpetuates inequity and inconsistency and leaves schools uncertain about what adjustments will ultimately be available.

Overall, the access arrangements guidance lacks sufficient clarity in cases where a young person has a substantial, lifelong need, such as DLD. It is not clear how clinical SLT evidence should be formally incorporated into the decision-making process, or how "normal way of working" should be evidenced for language-based adaptations. Clearer, nationally consistent guidelines are urgently needed to prevent young people with severe language impairment from being unfairly and systematically disadvantaged in high-stakes assessments.

Parents' Point of View

Parent A

"I have very little confidence that formal examinations will allow my son Jack to demonstrate his true ability. Jack has spent five of his ten years in education within specialist provision. He has formal diagnoses of DLD, Dyslexia, ADHD, and Dysgraphia, with DLD identified as his primary need. Although he is no longer under active NHS Speech and Language Therapy, extensive speech and language therapy and educational psychology reports confirm that his language difficulties are significant and persistent. The most effective support for Jack has been through environmental and school based accommodations.

Jack was known to speech and language therapists for 9 years of his life and was discharged when transitioned to post primary and ongoing therapy was no longer indicated. The speech and language therapist said that his scores now would not change, and it was about supporting him in the home and school environment.

Jack holds a Statement of SEN and has significantly below-average standardised scores across multiple areas. Despite this, he is cognitively able and can demonstrate sound understanding and learning when appropriate accommodations are in place. Without these adjustments, formal examinations do not reflect Jack's true academic ability, instead assessing his ability to understand the question.

In preparation for Jack's GCSEs Jack was reassessed by a private speech and language therapist. From JCQ Guidance, I knew that I needed up to date scores within 26 months of taking an exam. Honestly, I wanted to prove that the criteria is unfair for pupils like Jack. I wanted to prove that a child can score below 69 in a language based assessment and above 69 in reading

comprehension and vocabulary. This would give me, as a parent, the evidence to prove discrimination. His CELF Core Receptive Language Index Score is 69, placing him well within the severely below-average range. This score indicates a substantial difficulty in receptive language, comprehension, and vocabulary, directly impacting his ability to access written examination questions. Yet, Jack does not meet the criteria for a language modifier.

While he is technically eligible for modified language examination papers, these alone are insufficient to meet his level of need. Modified papers reduce language complexity but do not compensate for the functional impact of severe receptive language impairment, slow language processing, reduced working memory for language, and difficulty retaining and interpreting written information in real time. As a result, without a language modifier in addition to modified papers, he will continue to experience a substantial disadvantage in comparison with his peers.

Despite his severe language score of 69, meeting recognised thresholds for significant difficulty, the access arrangements state that only a score of 69 or below in reading comprehension and vocabulary is acceptable. It is my understanding that speech and language therapy evidence is not currently accepted within certain examination access arrangement frameworks. Neither is the profession included within the list of approved professionals for language modifiers; it only lists teachers of the Deaf. This is particularly concerning given that speech and language therapists are the only professional qualified to diagnose DLD and are the recognised experts in language disorders. Excluding speech and language therapy evidence puts Jack at a significant disadvantage.

Another factor to consider the issue, the NHS would not accept a referral solely for the purpose of providing updated assessment scores for examinations, which is why I went privately. This was at an expense to me, for an updated assessment that confirmed what all the reports indicate from before Year 10. Even if a referral was accepted, the waiting lists are such that timely assessment would be highly unlikely. Requiring further reassessment in this context is therefore both impractical and ethically questionable, given the extensive and consistent existing evidence and the confirmed diagnosis of a lifelong condition.

Parent support groups for DLD have informed me that access to modified language papers is also inconsistent. Some examination papers are modified at source, while others must be individually requested depending on the examination board and subject. This inconsistency creates uncertainty, delays, and additional barriers for schools and families.

As a result of these systemic limitations, the school is unable to implement a true “normal way of working” for the student, despite clear clinical evidence of severe language impairment. This restricts the school’s ability to apply evidence-based reasonable adjustments that accurately reflect the student’s functional needs.

I have sought advice regarding disability discrimination and have been informed that Jack would likely need to sit and fail an examination before discrimination could be formally demonstrated. This places Jack in the unacceptable position of having to experience academic failure and

emotional harm before barriers can be formally acknowledged, despite many years of consistent professional evidence.

I am part of multiple national and regional support groups and can confirm that these concerns are widely shared among families of young people with DLD. Many parents express significant concern about the lack of appropriate, examination accommodations for their children with DLD. This is therefore a systemic issue affecting a wider population, not an isolated individual case.

Although Language Modifiers are described as rare and exceptional arrangements, this case demonstrates that young people who have a significant functional impact of DLD and language scores in the clinical range of impairment can still be excluded from appropriate access arrangements, even when they meet recognised thresholds for substantial difficulty. This results in a clear gap between clinical evidence and examination policy implementation.

This illustrates how current examination systems do not reflect the realities of lifelong neurodevelopmental language disorders such as DLD. As a consequence, vulnerable students, like my son, are at risk of being unfairly assessed, excluded from educational progression, and subjected to avoidable emotional harm, not because of their cognitive ability, but because of a lack of knowledge and understanding of DLD".

Parent B

"My child is very bright and academically able. She has an EHCP, secured through tribunal, with robust Section F provision. Her normal way of working includes 32.5 hours per week of 1:1 support delivered by a teaching assistant trained by a Speech and Language Therapist for Developmental Language Disorder (DLD). This support involves breaking down tasks, rewording and simplifying language, and providing ongoing support for executive functioning skills.

With this support in place, she performs very well in class. However, when it comes to mock exams, her results are extremely low in comparison to her classroom work. This discrepancy is now having a significant impact on her mental health. She is highly motivated, attends school every day, and puts a great deal of effort into her learning, yet her exam grades do not reflect her understanding or potential. Despite reassurance that grades do not define her, this is how she now feels.

In exams, her access arrangements are limited to a reader and a prompter, alongside extra time and rest breaks. She does not have access to language mediation of exam questions in the way she does in the classroom. The language used in exam questions presents a significant barrier for her, meaning that exams assess her language difficulties rather than her subject knowledge. As a result, exam performance becomes a barrier to accessing her goals.

Her EHCP clearly specifies that language mediation is part of her normal way of working, and an independent Speech and Language Therapy report was instrumental in securing a DLD-trained TA. When I asked the school whether the use of a Language Modifier had been considered, I was advised that there is nothing in JCQ guidance that allows exam questions to be reworded or

adapted, and that this is not considered my child's normal way of working in class. This directly conflicts with what is written in Section F of her EHCP.

I am not seeking to criticise individual staff. However, this experience has highlighted a wider lack of awareness around Language Modifiers and how exam access arrangements can align with the needs of students with DLD. I am concerned that my child's access to post-16 education is being limited because the support she relies on daily is not available in exam conditions. We are currently in the post-16 transfer phase, and the Local Authority has agreed to consult colleges. My concern is that exam grades, which are affected by unmet language needs, are being used to determine suitability for sixth form, rather than a needs-led approach that reflects her EHCP and her true academic ability".

Students' Point of View

Young Person A (Year 11)

"Living with DLD is totally different because I need words for sentences rephrasing. During my mock week, the exams have been taking were hard because I didn't get my questions re-worded and because of that my grades were not expected at the level I wanted them to be.

Normally in class, I have everything reworded from my TA (trained with DLD) but this time I didn't get what helped the most. Exams are just unfair in general and that is because it's just testing your knowledge and how much you have remembered.

There's literally no way my support has been taken away from me, and just in general I hate the system. Why? Because us special kids deserve so much better support – but instead we are just thrown in the deep end, and end up struggling in school.

My hopes are getting into a really good college, and do well in the future. I have decided to keep my options open and when I get into uni I'll decide what to do based off studying. Hoping I could get the grades I really want, so I could get a good job and money".

Young Person B (Year 10)

"I do not like school, I find it very hard to keep track. English and Maths are very hard. The teachers have to help me by giving short question. I use my classroom assistant to explain things when I get confused.

For my GCSEs it is difficult to understand what the questions mean, I need a helper to understand. I won't do A Levels because I don't think I can make it.

A big difference to make questions more understandable, more chance of passing and higher marks. I am clever.

If I didn't have my classroom assistant, I wouldn't do so good. I wouldn't want to go to school as the classroom assistant helps me to work".

Appendix 6: The Clinical Evaluation of Language Fundamentals 5th UK Edition (CELF-5) Subtests and Their Relationship to Examinations

Overview: The CELF-5 and Curriculum Alignment

The CELF-5 is a comprehensive, standardised tool for assessing language strengths and needs in monolingual children and young adults (covering the age range 5;0 – 21;11). Each CELF-5 subtest targets essential linguistic abilities, such as word retrieval, understanding instructions, and constructing sentences, which are directly aligned with curriculum objectives. This alignment makes the CELF-5 a powerful metric not only for diagnosis but also for inclusion in the criteria for a Language Modifier.

How CELF Subtests Map to Academic and Examination Demands

1. **Word Classes**
    - *Exam Relevance:* Supports vocabulary multiple-choice, word association, and synonym/antonym questions.
    - *Curricular Link:* Flexible thinking about word meanings, editing written responses for precision, and retrieving subject-specific vocabulary.
2. **Word Definitions**
    - *Exam Relevance:* Assesses the ability to understand abstract concepts, a key skill for questions requiring definitions or explanations in subjects like science, history, and geography.
    - *Curricular Link:* Generalisation of word meanings, reducing reliance on rote memorisation and supporting broader knowledge application.
3. **Recalling Sentences**
    - *Exam Relevance:* Measures capacity to remember verbatim instructions or complex sentence structures, directly supporting both written and oral exam tasks, especially in listening or comprehension papers.
    - *Curricular Link:* Retention and replication of complex content and exam questions. Accurate recall of formulae, mnemonics and quotations.
4. **Following Directions**
    - *Exam Relevance:* Essential for multi-step instructions, practical tasks, listening sections, and laboratory-based assessments.

- *Curricular Link:* Procedural understanding and enables successful navigation of typical examination processes.

5. **Semantic Relationships**
    - *Exam Relevance:* Understanding of cause-effect, compare-contrast, order of operations, and sequencing—skills integral to analytic and problem-solving exam items.
    - *Curricular Link:* Comprehension of classroom and exam narratives involving time, steps, or conventional categories.
6. **Sentence Assembly**
    - *Exam Relevance:* Written composition, sentence editing for meaning, and construction of well-organised responses, all vital for standardised tests and essay exams.
    - *Curricular Link:* Rephrasing and clarity in both oral and written academic work and helps avoid unintended plagiarism.
7. **Formulated Sentences**
    - *Exam Relevance:* Assesses ability to construct meaningful and grammatically correct sentences, required for both short and long-answer exam formats.
    - *Curricular Link:* Narrative cohesion, idea integration, and accurate syntactic production.
8. **Understanding Spoken Paragraphs**
    - *Exam Relevance:* Critical for auditory comprehension sections and for addressing longer, contextually rich exam questions.
    - *Curricular Link:* Higher-order thinking and the ability to extract, evaluate, and synthesise information from spoken content.

How Receptive Language Deficits Affect Understanding of Exam Questions and Concepts

1. **Comprehension of Language in Exam Questions Relies on Receptive Language Skills**
    - Exam questions, whether read silently or aloud, contain complex vocabulary, grammatical structures, and embedded concepts that require strong receptive language skills to decode meaning.
    - The CELF Receptive Language Index specifically assesses the ability to understand language structures, relationships between words, and multi-step verbal information, all of which underpin understanding of linguistically complex written text.

- Students with low receptive language scores often struggle to grasp the meaning and intent of language, impairing their ability to fully understand exam content, even when their reading decoding skills appear adequate.

2. **Reading Exam Questions Is More Than Decoding Words**
    - Reading comprehension, especially in exams, is not simply about recognising or pronouncing words correctly.
    - It involves interpreting word meanings in context, following the logic of sentences, and connecting concepts within and across questions, skills heavily reliant on the same linguistic comprehension abilities measured by receptive language tests.
    - A student may read the words but fail to internalise the question's semantic relationships or infer the appropriate meaning or instruction, leading to incomplete or incorrect answers.
3. **CELF-5 Receptive Language Scores Capture Deficits That Reading Tests May Miss**
    - Reading comprehension and vocabulary tests primarily measure ability to work with written language, often focusing on decoding and recognition.
    - CELF-5 receptive language subtests assess broader linguistic comprehension skills, such as understanding instructions and conceptual relationships essential for unpacking exam demands.
    - A student who scores poorly on CELF-5 receptive language subtests but adequately on reading comprehension and vocabulary shows a significant discrepancy: their listening, conceptual and linguistic understanding are impaired despite intact word recognition.
    - This discrepancy highlights that existing criteria based solely on reading comprehension and vocabulary scores fail to identify hidden language comprehension barriers impacting exam performance.
4. **Conceptual Understanding Supports Higher-Order Exam Skills**
    - Exams require integration of linguistic knowledge and conceptual reasoning; both depend heavily on receptive language ability.
    - Difficulties in understanding complex concepts as expressed through language interfere with the student's ability to analyse, synthesise, and apply knowledge during exams.

- Low receptive language performance is a direct indicator of these challenges, justifying accommodations to level the playing field.

Conclusion

Relying solely on reading comprehension and vocabulary scores as criteria for exam accommodations overlooks some students with significant receptive language impairments, students who may decode text but nonetheless struggle to comprehend the language and concepts embedded in exam questions. The CELF-5 Receptive Language Index provides a valid and reliable measure of these core comprehension skills.

Incorporating CELF-5 receptive (and expressive) language scores into oral language modifier criteria ensures that language-based barriers to exam access are accurately identified and appropriately addressed. A low CELF-5 score signals not only language-specific difficulties but also broader, systemic barriers to exam success, commonly manifesting as:

- Inability to follow or interpret instructions, leading to misinterpretation of tasks and answers.
- Reduced understanding of vocabulary, negatively affecting comprehension, essays, and problem-solving.
- Difficulties recalling details, impacting memory-based and synthesis tasks.
- Problems with sequencing and relational concepts, affecting performance in mathematics and sciences.
- Challenges generating accurate written responses due to weak sentence formulation and structure.

Given these wide-ranging impacts, granting appropriate exam accommodations, such as extra time, modified exam papers, or the use of an oral language modifier, is, in our professional opinion, fully justified. The CELF-5 offers objective, evidence-based documentation of language barriers that fundamentally affect a student's ability to access, process, and demonstrate curriculum content under examination conditions.

In Summary

Recognising CELF-5 results, particularly receptive language scores, as criteria for exam modifications upholds fairness and assessment validity by aligning accommodations with each student's linguistic profile. This ensures that all students with language-based barriers receive the support necessary to demonstrate their true academic abilities and participate equitably in assessments, cementing the CELF-5 critical role in educational planning and examination support.

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

rcslt.org | info@rcslt.org | @RCSLT

RCSLT