

Autism and speech and language therapy

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Key issues

- Many autistic people experience speech, language, and communication differences which, without support, can increase the risk of poorer mental health, educational attainment, employment prospects, and social exclusion.
- Waiting lists for autism assessment and post-diagnostic support are extremely long, creating a “postcode lottery” of provision.
- Speech and language therapists are core to appropriate diagnosis, early intervention, and ongoing support, but access to services is inconsistent and underfunded.
- Public understanding must move beyond awareness to meaningful acceptance, recognising autistic communication differences as valid.
- Consistent and adequate access to speech and language therapy expertise in early years, education, health, employment, and justice settings is essential.

Why this matters

- Autism is the fastest-growing category of special educational need and disabilities (SEND) in England.
- Communication support underpins education, health, and employment outcomes for autistic people.
- Failure to invest increases costs to health, education, justice, and welfare services.
- Evidence-based speech and language therapy input can improve access to education, healthcare, and work, including for autistic people.
- It can also reduce crises and exclusions and help autistic people thrive.

The case for action

1. *The issue*

- Many autistic people have communication differences; long delays in diagnosis and post-diagnostic support can worsen their lives.
- The lack of autism-specific services for adults, especially for those without a learning disability, leaves many unsupported and falling through gaps between services.

2. *Barriers to inclusion*

- Waiting times for autism assessments are measured in years; without diagnosis, families can struggle to access the right help.

- Fragmented commissioning and workforce shortages limit availability of speech and language therapy.
- Many workplaces lack staff trained to adapt to autistic communication styles.

3. Commissioning and Workforce Gaps

- Speech and language therapy is not adequately commissioned post-diagnosis, leaving children and adults without follow-up support
- NHS autism pathways do not always have embedded speech and language therapists and their involvement in diagnostic teams does not consistently follow NICE guidance.¹

Recommendations

- Require local areas to jointly commission speech and language therapy services across education, health, and care, including support for those awaiting or without an autism diagnosis.
- Make speech and language therapy involvement mandatory in all autism diagnostic teams, as per NICE guidance.
- Fund ongoing communication support and post-diagnostic services.
- Expand community-based speech and language therapy services and school-based models to reduce waiting times and exclusions.
- Provide adequate early years access to speech and language therapy to identify and address communication differences promptly.
- Strengthen autism and communication content in Initial Teacher Training, health professional training, and justice staff training.
- Fund speech and language therapy-led employment support programmes with Jobcentres and Access to Work.
- Introduce mandatory screening for speech, language, and communication needs in prisons, youth offender institutions, and probation.
- Guarantee access to registered intermediaries for autistic defendants and witnesses.

For more information

- Visit: <https://www.rcslt.org/speech-and-language-therapy/clinical-information/autism/>
- Contact: elissa.cregan@rcslt.org

¹ <https://www.nice.org.uk/guidance/cg142/chapter/recommendations>