

Dementia and speech and language therapy

January 2026

Key issues

- Dementia affects more than 944,000 people in the UK and it is estimated that by 2030, the number of people with dementia in the UK will be more than 1 million.ⁱ
- Speech and language therapy has a crucial role to play in supporting people with dementia: 73% of older people with dementia receiving speech and language therapy show measurable improvements despite progressive conditions.ⁱⁱ
- Speech, language, and communication needs, and difficulties with eating, drinking, and swallowing, are central to all forms of dementia, and these needs become more prominent as the condition progresses.
- Speech and language therapists are vital across the dementia pathway – from early diagnosis, through living well, to end-of-life care but are regularly overlooked in commissioning and service planning.
- Primary Progressive Aphasia (PPA), a subtype of frontotemporal dementia, is a rare, language-led dementia – has lost its only national speech and language therapy service. This creates risks of misdiagnosis, human rights breaches under the Mental Capacity Act 2005, and lack of support for people with the condition and their families.
- Access to speech and language therapy is a postcode lottery with wide variation across the country.
- Everyone with dementia should have access to speech and language therapy when and where they need it. The ability to communicate is fundamental to daily living, and to participating in family life and social activities.

Why support matters

- Dementia affects language, memory, and communication as well as cognition. It can also affect eating, drinking, and swallowing.
- The ability to communicate and eat and drink safely are basic human rights. Speech and language therapists help to safeguard these rights and prevent people from harm.
- Early and ongoing speech and language therapy can help maintain independence, delay functional decline, and reduce complications such as malnutrition and aspiration pneumonia.

- Maintaining these abilities are critical goals for quality of life, social engagement, maximising independence and dignity.
- Speech and language therapists help to improve communication and promote safe eating habits through producing tailored strategies and advice. They help to maintain cognitive function by providing communication strategies, educating caregivers, adapting communication for individuals, while also helping people with cognitive and communication difficulties to stay engaged in meaningful activities.
- Prompt, proactive speech and language therapy reduces hospital admissions and enables people with dementia to live well in their own homes and communities for longer.
- Care staff consistently report that communication problems are one of their greatest challenges in supporting people with dementia.

Current challenges

Diagnosis and support

- The ageing population means the number of people living with dementia continues to rise rapidly.
- While diagnosis rates are improving, significant gaps remain, especially for rarer forms of dementia and atypical presentations.
- Memory teams, the first point of contact for diagnosis, lack speech and language therapy input. Language-led dementias, like PPA, rely on speech and language therapists for accurate diagnosis but access to this specialist support is limited, risking inaccurate, and late, diagnosis, and inappropriate care plans.

Unequal access

- Access to speech and language therapy varies significantly by area. Many dementia teams lack dedicated provision. Barriers include a lack of care pathways, restrictive service criteria, and delays in accurate diagnosis. Financial pressures and restrictive commissioning guidance contribute to these barriers.
- Many people only see a speech and language therapist when in crisis, missing out on proactive, ongoing rehabilitation to slow decline, maintain abilities, and help them stay in their homes longer.

Workforce and commissioning gaps

- Speech and language therapists are often overlooked in commissioning multidisciplinary dementia teams, leading to inconsistent service provision, service gaps, and fragmented patient experience.
- “Cost-per-case” commissioning models are inadequate to meet progressive needs.

Service loss

- The closure of the only national speech and language therapy service for Primary Progressive Aphasia in 2023 left an estimated 6,000 people without specialist support.
- This risks inappropriate and costly treatments for misdiagnosis of the condition or related comorbidities (for example, stroke, depression, deafness).

Recommendations

1. Early and Accurate Diagnosis

- Investment in speech and language therapy within memory teams as an integral service component.
- Ensure every diagnostic pathway includes speech and language therapy where language is a component of dementia.
- Reinstate a national PPA speech and language therapy service as a matter of urgency.

2. Post-diagnosis support

- Investment in community dementia teams including speech and language therapy.
- Guarantee access to speech and language therapy from diagnosis through to end-of-life care where it is needed. Make speech and language therapy integral to services.
- Expanding speech and language therapy roles in care homes can reduce GP time, prevent hospital admissions, and improve quality of life.
- Ensure carers, staff, and families receive training in better communication and supporting swallowing.

3. Integrated and person-centred services

- Commission joined-up health and social care teams with speech and language therapists at their core.
- Each Integrated Care Board should have a rehabilitation lead ensuring SLCN needs are met.

4. Research, data, and digital

- Increase research funding for dementia and communication.
- Use the Royal College of Speech and Language Therapists' ROOT outcome data tool to evidence impact: 73% of older people with dementia receiving speech and language therapy show measurable improvements despite progressive conditions.
- Ensure digital health options are inclusive and not a substitute for face-to-face therapy where communication and/or cognitive barriers exist.

For more information

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

ⁱ <https://www.nhs.uk/conditions/dementia/about-dementia/what-is-dementia/>

ⁱⁱ Royal College of Speech and Language Therapists' ROOT outcome data.