

FASD and speech and language therapy

September 2026

We are calling for strengthened recognition, assessment, and support for children and young people with FASD, including for those with associated speech, language, and communication difficulties. Speech and language therapists have a vital role in identifying, assessing, and responding to those difficulties, and should be recognised within national policy, commissioning, and clinical pathways.

What is FASD and what is its impact?

FASD (Fetal Alcohol Spectrum Disorder) results when prenatal alcohol exposure affects the developing brain and body, with one study estimating that one in every 13 alcohol-exposed pregnancies will result in FASD.ⁱ

FASD is a spectrum and each person with it is affected differently, with no two people being exactly the same. While more than 400 conditions can co-occur, FASD is at its core a lifelong neurodevelopmental condition,ⁱⁱ and can lead to a range of differences in behaviour, cognition, and the skills needed for everyday life and to live independently.

FASD is known to have communication as an area of core difficulty.ⁱⁱⁱ People with FASD may also experience physical health problems, although most have no obvious physical characteristics.

FASD is widely recognised as one of the leading neurodevelopmental disorders, but remains significantly under-recognised and under-diagnosed across the United Kingdom (UK).

What is the prevalence of FASD?

Issues with diagnosis and data collection make it difficult to obtain reliable estimates of FASD prevalence,^{iv} but around 4% of the UK population may be living with it.^v One study of three mainstream primary schools in Greater Manchester found a prevalence rate between 1.8% and 3.6%.^{vi}

This suggests that FASD is more common than autism and given its co-occurring conditions, and correlation with autism and ADHD (attention deficit hyperactivity disorder), it is important that prenatal alcohol exposure is actively considered in neurodevelopmental assessments. SIGN 156, which has been accepted by NICE, is national guidance across Scotland, England, and Wales for children and young people exposed prenatally to alcohol. It recommends that prenatal alcohol exposure is actively considered as a possible underlying cause for neurodevelopmental delay, or an unexplained departure from a typical developmental profile.^{vii}

The vast majority of people with FASD (diagnosed and undiagnosed) are living with their birth families.^{viii} Children in care, adopted children, and those who are justice services-involved are at higher risk of having FASD. A study of children with experience of care in Peterborough found 27% had FASD.^{ix}

What is its impact on speech, language, and communication?

The NICE Quality Standard on FASD recognises the potential impact of FASD on language and communication.^x Speech, language, and communication difficulties are common in FASD, but are frequently overlooked. One study found language disorders to be of much higher prevalence amongst people with FASD than in the general population (estimated as up to 81.8% for receptive language disorder).^{xi}

Difficulties associated with FASD include:

- understanding spoken language (receptive language);

- communicating our thoughts, feelings, and needs (expressive language);
- how we interact with others (social communication);
- being able to tell a story or explain a sequence of events (narrative skills);
- issues with producing sounds and words clearly (disordered speech);
- vocabulary development;
- memory for spoken information;
- false or inaccurate and inconsistent memory, rather than deliberate deception (confabulation);
- following instructions;
- requiring longer to process spoken information;
- understanding implied meaning, making inferences, and interpreting ambiguous and non-literal language; and
- executive functioning that affects communication (including working memory, adapting communication style to different people and contexts, adjusting to topic changes and emotional self-regulation).

Unless they are identified and supported, these language and communication difficulties can put people with FASD at risk of:

- educational underachievement;
- emotional and mental health difficulties;
- increased vulnerability to suggestibility;
- exclusion from school;
- involvement with social care and youth justice services; and
- reduced independence in adulthood.

Recognising and responding to communication and language needs early is therefore essential to ensure that people with FASD receive the support they and their families need to thrive. Early diagnosis can not only improve early support, it can also reduce the potential for 'secondary disabilities' to have negative impacts on people's lives.^{xii}

It is essential to avoid making assumptions about the communication competence of people with FASD. This can vary in different contexts and the misinterpretation or misunderstanding of their communication can put them at risk in education, safeguarding, social care, and justice settings.

What is the role of speech and language therapy?

Speech and language therapists play an important role across the FASD pathway, from diagnosis to supporting families affected by it. This can include identifying people's strengths and difficulties and providing advice on strategies for those. It can involve providing direct therapy and/or advising on the creation of communication supportive environments, at home, at school, and in workplaces, so people with FASD are enabled to communicate in the way that suits them and the barriers to them doing so are removed.

The NICE Quality Standard 204 on FASD recognises the involvement of speech and language therapists in the neurodevelopmental assessment of children and young people with prenatal alcohol exposure if there are clinical concerns about their physical, developmental or behavioural difficulties. In addition, the SIGN 156 guidance highlights the role of speech and language therapists as part of the team supporting people with FASD across the lifespan.

Speech and language therapists may be among the first professionals to identify developmental concerns because many children are referred for delayed language development before FASD is suspected. A thorough assessment of speech, language, and communication can provide important evidence that contributes to multidisciplinary assessment and diagnostic decision-making.

While a speech and language therapy assessment may not be required in every diagnostic assessment, speech and language therapy expertise should be embedded

within multidisciplinary pathways to ensure language and communication needs are recognised and responded to appropriately.

Speech and language therapists provide evidence-based assessment, intervention and advice for families, education professionals, and wider services. This support can improve communication, participation, educational outcomes, and quality of life. They can also support other professionals working with people with FASD to understand their communication profile.

However, awareness of FASD among speech and language therapists and other professionals remains inconsistent. Diagnostic pathways also vary considerably across the UK, resulting in inequitable access to assessment and support. In addition, many people with FASD may not be referred to speech and language therapy because their expressive communication can mask difficulties with receptive and semantic language, all of which can be compounded where there are also difficulties with more complex expressive language.

What are we concerned about?

We are concerned that:

- FASD remains substantially under-recognised despite its estimated prevalence;
- many children with FASD have unmet speech, language and communication needs;
- inconsistent recording of alcohol-exposed pregnancy limits opportunities for timely identification and diagnosis;
- access to multidisciplinary FASD assessment varies widely across the UK;
- speech and language therapy expertise is not consistently included within assessment pathways, despite the centrality of language and communication to understanding and expression;

- many professionals receive limited education and training on recognising FASD and its communication profile;
- children in care and adopted children are disproportionately affected yet often experience delays in accessing assessment and support; and
- the way support for people with FASD is delivered may not align with how they would like to be treated by the professionals working with them, as outlined in the UK FASD manifesto.^{xiii}

What are we calling for?

To improve support for people with FASD and their families, we are calling on decision-makers and budget holders to ensure:

1. recognition of FASD as a significant public health issue requiring coordinated national action with information about it being made available in accessible formats;
2. improved routine recording of alcohol-exposed pregnancy within maternity, child health, and social care records to support earlier identification where appropriate;
3. adequate access to multidisciplinary FASD assessment services, or assessment for FASD being included in neurodevelopmental pathways, across the UK, including appropriate speech and language therapy input;
4. inclusion of speech, language, and communication needs within national FASD guidance, commissioning frameworks, and clinical pathways;
5. investment in education and training for health, education, and social care professionals to improve understanding of FASD and its communication profile;
6. timely access to speech and language therapy based on identified need rather than diagnosis alone for children and young people with FASD; and
7. support for further research into the speech, language and communication profile of people with FASD, the interaction of FASD and other coexisting

neurodevelopmental profiles, and the effectiveness of speech and language therapy interventions.

More information

For more information on FASD, see the National Organisation for FASD website:

<https://nationalfasd.org.uk/>

For more information on speech and language therapy, see the RCSLT's website:

<https://www.rcslt.org/>

For more information on the FASD UK Alliance, see its website:

www.fasdukalliance.info

For more information on FASD and speech and language therapy, see the Drymester podcast 'FASD: A Guide for Speech & Language Therapists':

<https://podcasts.apple.com/gb/podcast/fasd-a-guide-for-speech-language-therapists/id1694275968?i=1000618327837>

For more information on the NHS' National Clinic for FASD, see the clinic's website:

<https://www.fasdclinic.com/>

REFERENCES

ⁱ Popova, S., Dozet, D., Shield, K., Rehm, J., Burd, L. (2021). Alcohol's Impact on the Fetus. *Nutrients*. 2021 Sep 29;13(10):3452. doi: 10.3390/nu13103452. PMID: 34684453; PMCID: PMC8541151.

ⁱⁱ FASD: Preferred UK Language Guide (2020). Seashell Trust/National Organisation for FASD. Accessible at: https://nationalfasd.org.uk/wp-content/uploads/2020/11/Seashell_NationalFASD_FASDLanguageGuide.pdf

ⁱⁱⁱ Morris, F., Carlisle, A., Cook, P. A., Deeprose, L., Dubbey, B., Fox, L., Livesey, A., and Mukherjee, R. A. S. (2026). An Exploration of Language and Communication Profiles in a Clinical Sample of People with Foetal Alcohol Spectrum Disorder (FASD) Seen in the UK National FASD Clinic: A Service Audit Comparing and Contrasting the Clinical Evaluation of Language Fundamentals (CELF), Children's Communication Checklist (CCC) and Vineland Adaptive Behaviour Scales (VABS) Assessment Measures. *Children*. 13(5), 611; <https://doi.org/10.3390/children13050611>

-
- ^{iv} Fetal alcohol spectrum disorder: health needs assessment (2021). Department of Health and Social Care. Accessible at: <https://www.gov.uk/government/publications/fetal-alcohol-spectrum-disorder-health-needs-assessment/fetal-alcohol-spectrum-disorder-health-needs-assessment>
- ^v McQuire, C., Millington, L., Dillon, A., Boyd, A., Parsonage, J., Mukherjee, R., Butcher, S. I., and Jackson, P. D. (2025). Fetal alcohol spectrum disorder (FASD): how primary care can make a difference. *British Journal of General Practice*; 75 (761): 540-542. DOI: <https://doi.org/10.3399/BJGP.2025.0587>.
- ^{vi} McCarthy, R., Mukherjee, R.A.S., Fleming, K.M., Green J., Clayton-Smith. J., Price. A.D., Allely, C.S., Cook, P. A. (2021). Prevalence of fetal alcohol spectrum disorder in Greater Manchester, UK: An active case ascertainment study. *Alcohol Clin Exp Res*. 2021 Nov;45(11):2271-2281. doi: 10.1111/acer.14705. Epub 2021 Sep 29. PMID: 34590329; PMCID: PMC9292152.
- ^{vii} SIGN 156 Children and young people exposed prenatally to alcohol (2019). Health Improvement Scotland. Accessible at: <https://www.sign.ac.uk/guidelines/children-and-young-people-exposed-prenatally-to-alcohol/>
- ^{viii} Cost of Inaction on FASD. (2026). National Organisation for FASD. Accessible at: <https://nationalfasd.org.uk/the-cost-of-inaction-on-fasd/>
- ^{ix} Gregory, G., Reddy, V., and Young, C., (2015). Identifying children who are at risk of FASD in Peterborough: working in a community clinic without access to gold standard diagnosis. *Adoption & Fostering*. 39(3), 225-234. <https://doi.org/10.1177/0308575915594985>
- ^x National Institute of Health and Care Excellence (2022) Fetal alcohol spectrum disorder QS204. Accessible at: <https://www.nice.org.uk/guidance/qs204>
- ^{xi} Popova, S., Lange, S., Shield, K., Mihic, A., Chudley, A.E., Mukherjee, R.A.S., Bekmuradov, D., and Rehm, J. (2016). Comorbidity of fetal alcohol spectrum disorder: A systematic review and meta-analysis. *Lancet*. 2016 Mar 5;387(10022):978-987. doi: 10.1016/S0140-6736(15)01345-8. Epub 2016 Jan 6. PMID: 26777270.
- ^{xii} For more on this, see Fetal alcohol spectrum disorder: health needs assessment (2021). Department of Health and Social Care. Accessible at: <https://www.gov.uk/government/publications/fetal-alcohol-spectrum-disorder-health-needs-assessment/fetal-alcohol-spectrum-disorder-health-needs-assessment>
- ^{xiii} UK FASD Manifesto (2023). National Organisation for FASD. Accessible at: <https://nationalfasd.org.uk/the-uk-fasd-manifesto/>