



Scoping study to understand the needs of professionals working with people with speech, language, hearing and swallowing disorders in low- and middle- resourced countries

Abstract

This scoping study was conducted by North Peak Insights (Miriam Antcliffe and Caroline Dix) with support from Professor Sue Roulstone (UWE) on behalf of the International Association of Communication Sciences and Disorders (IALP). The study aimed to understand the professional landscape of professionals who work with people with speech, language, hearing and swallowing disorders in low- and middle-resourced countries. IALP wanted to gather information to better support these professionals and to facilitate them to support each other. A cross-sectional survey was published online via Qualtrics and gathered qualitative and quantitative data from logopedists, speech and language therapists/pathologists (SLT/SLP), phoniatricians and audiologists. Participants were recruited through professional networks and social media using purposive and snowball sampling. Data was analysed using descriptive statistics and thematic summarisation. A total of 140 professionals completed the survey from 38 countries, using 46 languages. Themes identified in the qualitative data were advocacy, standardisation, training and research, and equity. Quantitative data suggested that respondents wanted support doing research, access to documents to support clinical practice and to work with health or education groups on national guidelines or policies.

The findings will be used to inform IALP's strategy for developing targeted and effective support for these practitioners, ultimately improving care for individuals with communication and/or swallowing disorders.

Acknowledgements

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Key Words/Phrases

This scoping study refers to professionals who work with people with speech, language, hearing and swallowing disorders. For brevity, within the report, we refer to them as "professionals".

Members of the North Peak Insights team are Miriam Antcliffe and Caroline Dix. In the method descriptions, "we" refers to these individuals.

Low- and middle-resourced countries - these include the countries identified by the World Bank as being low- and middle-income with some additional countries where it is acknowledged that there is little investment in these professions.

Key Highlights

Overall findings

- The majority of respondents (69%) are logopedists, speech and language therapists/pathologists (SLPs), 4% dual qualified SLPs/ audiologists, 1% audiologists and 6% Phoniaticians. 15% of respondents did not provide an answer to this question and the remaining listed a mix of job titles.
- The majority of respondents (88%) worked in the health sector. One third of respondents worked across two or more sectors, most commonly health and education.
- Most respondents worked in the private sector (62%), however, 40% worked across two or more sectors.
- The vast majority of respondents are clinicians (85%).
- Amongst respondents, they reported 46 different languages or dialects spoken in their professional practice. 62% of respondents reported speaking English professionally. There were 22 languages used for writing in professional practice and 74% use English in a written form professionally.

A picture of the profession globally

The data was insufficient to analyse per country, but it was still possible to give some indications about the professions on a global scale. It was hypothesised that those countries with fewer estimated numbers of professionals would also have fewer supportive and regulatory structures and vice versa for those with larger numbers. This was reflected in the findings so that the countries could be broadly categorised by the size of the professions.

Preferences for support or collaboration

- Overall, the majority of respondents wanted support doing research (88%), access to documents to support clinical practice (86%) and to work with health or education groups on national guidelines or policies (84%).
- Respondents wanted greater access to research as well as support doing their own research.
- Participants were interested in all forms of clinical guidance development including access to webinars, documents and collaboration on national guidelines.
- Responses showed interest in attending international conferences, online mentoring to build clinical skills and opportunities to join international committees but fewer were keen on setting up local professional associations.
- Respondents wanted support to strengthen existing degree courses rather than develop new ones.

Further insights

Four key themes were identified from the qualitative data open text questions. These were: Advocacy, Standardisation, Training and Research and Equity.

Background information

Context

The International Association of Communication Sciences and Disorders (IALP) is a non-profit worldwide organisation of professionals and scientists in communication, voice, speech and language pathology, audiology and swallowing. IALP aims to facilitate better understanding, knowledge and care of all those with communication and swallowing disorders by supporting professionals, including logopedists, speech and language therapists/ pathologists, phoniatricians and audiologists. Currently, there is limited information about the number of these professionals, the titles they use, the routes to qualification and the structure of practice in low- and middle-resourced countries. In order for IALP to better engage with these professionals, it is firstly imperative to understand the context in which they are working. As such, this scoping study is a preliminary exploration of respondents' perceptions of what might facilitate the development of the profession in their context. The findings will enable IALP to facilitate international communications and collaborations. Therefore, in considering the implications of the findings, the report addresses the wider international community.

Aims and objectives of the study

This scoping study aimed to understand more about professionals who work with people with speech, language, hearing and swallowing disorders in low- and middle-resourced countries so that IALP can effectively engage with them. The study had the following objectives:

- Gain an understanding of the working lives of respondents
- Map the current landscape of the professions in these regions
- Identify needs and priorities for support from IALP and the wider international professional community.

Study design and methods

This study is the first of its kind, so it was not possible to use existing data to support the study design. However, Kamini Gadhok and Professor Sue Roulstone were able to provide important contextual information about these professions which helped shape the study.

A cross-sectional survey design was used to efficiently gather data from global participants and was most practicable given time and budget constraints. The study was delivered in three phases as described below:

Phase 1: Scoping and design The scoping phase included an initial meeting with Kamini Gadhok (IALP) and Sue Roulstone (UWE) to discuss the aims of the project and to gather background information. It was agreed that the survey would be delivered via Qualtrics to allow

for translation into multiple languages and that Professor Roulstone would input the survey onto this platform. We also:

- Drafted the survey questions. To do so, we streamlined and edited a long list of questions which we were given along with commentary from the IALP Executive Committee.
- Sought and received ethics approval via UWE.
- We piloted the survey with professionals working in relevant roles, but who live and work in high income countries.
- We completed four half-hour cognitive interviews with IALP members; this was to ensure that respondents understood the questions as intended and to gather general feedback on the process of completing the survey.
- The survey was translated in Qualtrics using Google Translate by Professor Roulstone; these translations were checked with bilingual or multilingual individuals to check the accuracy of the translations. We checked the translations for 9 different languages in Qualtrics and chose these as they are identified as key languages by the World Health Organisation along with others (e.g. Portuguese) identified by IALP members working in LMIC.
- Finally, the survey was piloted again with people whose preferred language is not English who are professionals covered by the study but who are not within our target population.

Phase 2 - data collection and analysis

The survey was launched on 4/12/25 and was live until 31/1/26. Participants were recruited through purposive and snowball sampling. Kamini Gadhok was the key liaison for IALP and shared the survey with a number of contacts such as IALP colleagues, World Health Organisation contacts and known professional bodies in targeted countries. The survey was also shared via LinkedIn and other social media as well as at conferences. Participants were encouraged to further share the survey with others

Phase 3 - Analysis and reporting

The data was cleaned so that only responses from those who met the eligibility criteria defined below were included and the qualitative data was translated into English using Google translate. We analysed the quantitative data using descriptive statistics in Excel and the qualitative data was thematically analysed manually using Braun and Clarke's established approach¹. The results were synthesised and the research team held a meeting to discuss key findings.

Eligibility criteria

Inclusion:

1. Logopedists, speech and language therapists/pathologists, phoniatricians and audiologists, including dual-qualified professionals. This includes non-practising

¹ Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>

professionals, for example those on parental leave who are working and are resident in the country.

2. Professionals working and living in a low- or middle-income country, defined in line with the World Bank classification of countries as well as countries that are considered as being in a higher income bracket but have low levels of resources.

Exclusion:

1. Professionals who do not work with people with speech, language, hearing and swallowing disorders.
2. Professionals in high-resourced countries, including those that qualified in low- or medium-resourced countries who now practice in a high-resourced country.
3. Professionals who have now retired.

Results

Upon close of the survey there were 282 survey responses. After cleaning the data to include responses from those who met the eligibility criteria above, the final analysis included 140 respondents from 38 countries as shown in the table below.

Question 1: In which country do you work?					
Afghanistan	2	Fiji	2	Phillipines	8
Albania	1	Ghana	12	Romania	1
Angola	2	Guyana	2	Slovenia	6
Bangladesh	2	India	1	Solomon Islands	1
Bulgaria	2	Kenya	3	Sri Lanka	3
Bosnia and Herzegovina	1	Democratic People's Republic of Korea	1	Turkey	3
Botswana	1	Kosovo	5	Uganda	5
Burkina Faso	1	Malawi	5	Vietnam	26
Cambodia	4	Malaysia	3	Zambia	1
Cameroon	4	Morocco	3	Zimbabwe	2
China	1	Mexico	2		
Croatia	1	Mongolia	1		
Democratic Republic of Congo	1	North Macedonia	1		

Question 1: In which country do you work?					
Egypt	18	Peru	2		

As the table above shows, most countries had fewer than 5 respondents, making statistical analysis/comparisons unreliable. Similarly, meaningful comparisons were not possible between the different professions. As a result, the data were analysed at the overall level rather than broken down into smaller groups. It is important to note the results below reflect the data that were gathered; we cannot claim representativeness or that this is a complete picture of the professions, this simply reflects the findings from this scoping study.

Workplace

The vast majority of respondents are clinicians (85%) and work in the health sector (88%). However, it appears to be commonplace to work across two or more sectors, which was the case for a third of respondents. Typically, professionals who work across more than one sector work in both health and education. The majority of respondents work in the private sector (62%), perhaps reflecting that these countries do not have publicly funded healthcare; again it was common to work across two or more sectors, this was the case for 40% of all respondents. The survey did not ask for the reasons for split posts, so it is not clear whether this reflects how posts were organised or that individuals feel the need to do this to get enough paid work.

From the 38 different countries included in the final analysis, there were 46 different languages or dialects reported to be spoken in their professional practice. The majority of respondents (62%) reported that English was one of the languages they speak professionally. There were fewer languages used for writing in professional practice. 22 different languages were reported and 74% of respondents use English in written form in their professional practice. It is noteworthy that although this survey could be translated, it was published initially in English, by English speaking researchers, and as such it is possible that people for whom English is a preferred language may have been more likely to access and complete the survey, thus introducing an element of bias. Even so, these results suggest that IALP will likely reach a significant proportion of the professions through information published in English.

The wants and needs of the professions

There were three key areas of practice which respondents wanted support with. These were: doing research (88%), access to documents to support clinical practice (86%), and to work with health or education groups on national guidelines or policies (84%).

Respondents were interested in both greater access to research as well as support doing their own research. Participants were interested in all forms of clinical guidance development including access to webinars, documents and collaboration on national guidelines. Responses showed interest in attending international conferences, online mentoring to build clinical skills and opportunities to join international committees. This reflects a keenness to share best practice on a global scale.

Fewer respondents were interested in setting up local professional associations. In terms of education, respondents showed a clear preference for supporting recently established degree programmes rather than setting up new courses, suggesting a will to strengthen existing courses.

Mapping the professions globally

As discussed, it was not possible to analyse the data by country. Nevertheless, IALP wanted to understand something about how the professions were operating globally. In discussions with IALP representatives, it was decided to group countries based on key variables. Primarily countries were groups according to the estimated size of the professions in that country, followed by the existence of a national association, a regulatory law and University level education. The countries were organised into 5 groups according to the survey results on these variables. With 1 being a small estimated number of professionals, through to 5 with the largest. The table below shows the countries categorised by the number of professionals in the country.

It was hypothesised that countries with a low estimated number of professionals were less likely to have professional structures and support such as regulatory laws and professional associations. The table below shows that based on the responses, this appears to be a fair assumption. Where there was disagreement in the number of professionals in a country, the mean was taken to categorise the countries.

Group number	Countries	Key indicators
1	Afghanistan, Botswana, Burkina Faso, Cameroon, Solomon Islands, Mongolia, Cambodia, Fiji, Mexico, Guyana	Estimated professionals <20, no membership of professional associations, no regulatory laws. Some university courses
2	Angola, Ghana, Kenya, Malawi	Estimated 20-100 professionals. Most have university courses and two have professional associations (Ghana, Kenya), no regulatory laws.
3	Albania, Bangladesh, Kosovo, Morocco, North Macedonia, Sri Lanka, Uganda, Vietnam, Malaysia, Slovenia	Estimated 100-500 professionals. All countries report having university courses. Most countries reported having regulatory laws (there was disagreement in responses from Vietnam on this matter). Aside from Albania where the respondent was unsure, the other countries reported having professional associations.

4	Egypt, Turkey, Bulgaria, Romania	Estimated 500-1000 professionals. All of these countries had professional associations and university courses. All of these countries have regulating laws except Bulgaria. Unclear about whether there is a law to govern practice in Egypt due to significant disagreement in responses.
5	India, Philippines	Estimated 1000+ professionals. Professional bodies, regulatory laws and numerous courses.

Importantly, the survey included a range of professions. Predominantly respondents referred to themselves as SLTs/SLPs or logopedists. However, in some countries there is no easy translation, and a range of terms are used to refer to the profession e.g. in Vietnam; furthermore, in some countries the role of SLTs may be undertaken by other professionals.

This impacts on our understanding of the numbers of the professions globally since individuals were answering questions about the size of their profession. Where there was disagreement between respondents from the same countries, the mean was taken to categorise the country. However, it is possible that some professions are larger and better supported than others within the same country. It is interesting to see how with greater numbers of professionals there appears to be more supportive structures, but these results should be viewed with some caution. It is a crude way of categorising the data as it fails to take into account things like the overall population size - it is not surprising that India has a large number of professionals given the overall population size. We were also dependent on people's estimates of the number of professionals, which could be inaccurate. Nevertheless, this does provide some indication of how people view their profession.

Professional training

Whilst the majority of respondents (79%) completed their professional training and received their qualifications in the country in which they currently work, some professionals (i.e. the remaining 21%) had trained elsewhere. The table below shows where these respondents are currently working and where they qualified.

Working in	Qualified in
Angola (2)	Brazil (1), Portugal (1)
Cambodia (3)	Australia (1) UK (1) USA (1)
Cameroon (1)	Togo (1)
Ghana (1)	UK (1)

India (1)	India and the Netherlands (1)
Kenya (1)	UK (1)
Kosovo (2)	Kosovo and Greece (2)
Malawi (3)	Malawi and Spain (1), Netherlands (1) UK (1)
Morocco (2)	Belgium (1), Spain (1)
North Macedonia (1)	North Macedonia and Serbia (1)
Colombia (1)	Columbia, Spain and Argentina (1)
Solomon Islands (1)	Australia (1)
Sri Lanka (1)	India (1)
Uganda (1)	Kenya (1)
Vietnam (4)	Australia (2), Philippines (1) Mexico (1)
Fiji (2)	Australia (2)
Mexico (2)	Argentina (1) Mexico and Bolivia (1)
Mongolia (1)	Japan (1)

According to respondents, there were only a few countries where it was consistently reported that there is no university level training. It should be noted that there was considerable missing data for this question as many respondents did not complete this question. However, respondents from Cambodia, Cameroon, Malawi and Fiji all consistently stated that there was no qualifying course and this is supported by the responses in the table above which show that professionals in these countries trained elsewhere.

Another interesting observation was that one of only 2 respondents from Guyana is a member of the Sri Lankan Association of Speech and Language Pathologists. Similarly, 5 respondents from Ghana (total 12) are members of the Philippine Association of Speech and Language Pathologists. However, they did not report that they undertook professional training in these countries or previously worked there. This suggests that some professional bodies provide membership options for people working in different countries.

Further insights from open text responses

The qualitative data were analysed thematically and four key themes were identified from the data. Each theme is described below along with illustrative direct quotes from participants.

1. Advocacy

Respondents' responses reflected a wish for greater awareness of the professions on a global scale. Many respondents mentioned that if the public are made more aware of the need for these professions, then governments would also take action. People thought it would be helpful to raise awareness, lobby governments and support the translation of research into practice. Two respondents gave particularly detailed accounts of potential actions. The quotes below illustrate this theme:

"If the government is not fully supportive of our professions, then no model will be sustainable."

"Official, recognised staffing norms would assist greatly in persuading the government to create more posts, especially in rural areas."

"Increasing public awareness of communication and swallowing disorders."

"Launch a 'Global Day of Communication': Using its convening power, IALP could initiate and lead an annual awareness day."

2. Standardisation

Respondents thought there was a need for standardisation on a global scale, for instance standardising curriculum, regulation, codes of ethics and having global standards for Continuing Professional Development (CPD). Some respondents focused on how that would be useful for existing professionals to know that they could trust the standards of CPD for example. For others the focus was on having legally defined competencies which would also allow professionals to work in different countries. There was also concern about the potential harm caused by individuals who are practicing without the requisite skills, knowledge and expertise but are using professional titles.

"Laws to govern clinical practice"

"Quality courses must be internationally certified. The competencies of our profession must be legally defined"

"Unregulated non-professionals who use harmful approaches may harm the public's trust in the effectiveness of SLT practices"

"Considerable variabilities in graduate competencies"

3. Training and Research

Respondents felt that commissioning and sharing global research should be a priority, ensuring it is accessible to all. However there was also recognition that research findings cannot simply be transported to different contexts in a 'one size fits all' approach, but rather research and the application of research in practice needs to capture the nuance of specific contexts.

Respondents had ideas about how research and good practice could be shared globally, which ranged from high quality, international CPD opportunities accessible for all, to informally sharing complex case studies. There were also comments about having specific working groups or even specialist career paths for specific areas such as dysphasia.

"Creating clearer career pathways, including advanced specialist roles."

"SLT has so many specialist areas it would be good to have global working groups on these things"

"Research must be intentional, collaborative and have a goal....this is where an association would be useful to plan, hold, collate and manage research....what is essential?"

4. Equity

An important theme which emerged was about how to share practice globally. There was a recognition of a need for a commitment to true collaborative working focusing on equity. Respondents were keen to see how other professionals in different countries are practicing and could clearly see the benefit of this. However, there was some criticism that, historically, sharing global practice has meant Western professionals going to other countries and imposing ways of practicing rather than working in partnership with professionals in that country. Respondents shared some valuable ideas for collaborating which included global exchange programmes, global mentoring programmes and platforms for professionals to volunteer themselves to share practice. Simple ways to make this more equitable were: ensuring information is translated into different languages, recognising cultural context and the existing expertise in countries and ensuring research is accessible.

"More relevant info in our native language; translated guidelines form trusted resources"

"We need to encourage professionals to live overseas, as opposed to engaging in "heroic" efforts with short-term training/visits."

"Collaboration is a problem and attitudes of foreign professionals ('doing good', 'anything is better than nothing' - working in a low-middle income country, with a history of 'charity/NGO/INGO' creates challenges that need to be overcome."

“To have the opportunity to learn from, observe, and directly engage with models and processes in developed countries.”

Strengths and weaknesses of the project

This scoping project has contributed to knowledge as it explores a previously unresearched area. It was a collaborative project to ensure it remained grounded in IALP’s requirements whilst also taking consideration of a broad range of views in developing the survey. As far as possible, given time and budget constraints, we were able to translate the survey into many different languages and managed to reach a wide audience.

However, it is difficult to draw robust conclusions because of the low response rate from each country. We do not have accurate and reliable data on the number of professionals in each country so we cannot know to what extent these numbers can be considered representative. As such, the findings from this study should be read with some caution, particularly as for some countries there was only a single respondent who completed the survey.

Secondly, there are some indications within the qualitative data that there are some unqualified people who work informally with people with speech and communication needs. As one respondent from Egypt wrote, “there is no study that determines the actual number of non-physician therapists”. These individuals will have been excluded from the scoping study. It is also possible that those working in adjacent professions but without specific qualifications do a lot of work in this space, for example, social workers, teachers, nurses and physiotherapists, which again would not be captured by the data.

Implications for IALP

The results indicate some key issues which IALP may wish to consider, as listed below.

1. The findings suggest that generally there is a willingness to collaborate with other professionals globally IALP could consider how it can build on current approaches to supporting the sharing of good practice, facilitating CPD opportunities and ensuring research is accessible.
2. Whilst 62% of respondents reported speaking English and 74% use English in a written form professionally, IALP could explore languages where translation would support access to IALP resources, where this may be feasible.
3. Respondents were interested in engaging on a global scale. IALP may wish to explore how to build on any current initiatives to make individual memberships more accessible and how to support representation and advocacy for individual professionals without a professional association.
4. Despite the general lack of interest in setting up a professional association, a small number of respondents made this their highest priority. IALP may therefore want to consider how best to support in these more isolated instances

5. A number of professionals are working in countries other than those in which they originally qualified; these people may act as a good source of knowledge and expertise in terms of applying professional practice in new contexts.
6. A number of respondents wanted more resources for practice and research. Although IALP may not be in a position to provide these directly, the IALP Board might consider ways that they can effectively trigger/facilitate and incentivise this kind of response from the international community
7. It is essential that consideration is given to equity when engaging with low- and middle-resourced countries. Work should be done in partnership with professionals in these countries in strengths-based ways which recognise their unique, context-specific expertise, rather than imposing other models of practice. For example, would it be possible to create a global database for sharing case studies and outcomes?

Further research

This scoping study had broad aims to act as a starting point for IALP as a source of information in this area. Future research may consider a more specific focus or engage professionals from a specific country or group of countries. Depending on the research focus, it may be helpful to engage different research methods, such as interviews, to garner more detailed responses which may provide some context to the findings herein. For example, although the survey identified that the majority of respondents are working in 'split' posts, the reasons were not explored. It may be that this is a preferred way of working or is considered more effective for the development of expertise in their context.

Conclusion

This scoping study provides an overview of the professions across 38 countries. While data limitations necessitate caution, the findings suggest there is significant global appetite for professional standardisation, equity and greater global advocacy, particularly through sharing research and clinical guidance rather than building new local associations. Ultimately, it is clear there is a desire for collaboration to further the professions and therefore improve the lives of those living with speech, language, hearing and swallowing disorders globally. The research identified some examples of how IALP may enable or facilitate sharing of practice and how to do this in a way which should take a strengths-based, partnership approach that recognises local expertise.