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# Assessing Professional Competence in Serving Culturally and Linguistically Diverse Populations: A Study in Kerala

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**Abstract**

Cultural and linguistic diversity (CALD) has become increasingly important in speech language pathology due to the growing number of multilingual and multicultural clients. This study explored perceived competence of speech-language pathologists (SLPs) in working with culturally and linguistically diverse clients in Kerala. A structured questionnaire was administered to licensed SLPs to assess exposure to diversity, self-perceived competence, service delivery practices, training, challenges and professional attitudes. The findings indicated that clinicians generally reported positive perceptions of their competence and favourable attitudes toward culturally responsive practice. However, challenges such as limited culturally appropriate resources and insufficient continuing education were identified. The study emphasizes the need for enhanced cultural competence training and improved clinical resources to promote equitable and effective services for culturally and linguistically diverse populations.

**Keywords**: CALD, SLPs, Cultural Competence, Culturally Responsive Practice, Multilingual Clients, Professional Training, Service Delivery, Kerala.

## 1. Introduction

Speech language pathology is concerned with diagnosis and evaluation of various disorders affecting language and speech. It also prescribes various techniques of treating such cases. Thus diagnosis, evaluation and treatment of a speech and /or language disorder is within scope of an SLP. Lack of communication of information on the various aspects of language analysis makes the task of an SLP a bit difficult (Ratna, 1972).

The SLPs are responsible for delivering early communication interventions that are culturally and linguistically responsive to children and families from any background American Speech-Language-Hearing Association [ASHA] (2008).

Ethical guidelines established by professional governing bodies emphasize the importance of incorporating cultural and linguistic adaptations to provide equitable and respectful services to individuals from diverse backgrounds (ASHA, 2016; Code of Ethics, 2009).

Clinicians are explicitly required to refrain from discrimination in the delivery of professional services, as well as in research and scholarly activities, on the basis of race, ethnicity, sex, gender identity or expression, sexual orientation, age, religion, national origin, disability, culture, language or dialect (ASHA, 2016).

In speech language pathology, CALD refers to clients who come from non-mainstream cultural background and/or speak languages or dialects other than the majority language. SLPs increasingly serve multilingual and multicultural clients, which has important clinical implications. They must distinguish language difference from disorder, adapt assessments to be culture-fair, employ interventions that respect the client's linguistic context, look into responsive practices and ensure that therapy goals align with the client's norms (Santhanam & Parveen; 2018, Verdon et al.; 2016).

SLPs are expected to deliver early language intervention that is culturally and linguistically responsive due to legal, ethical and economic considerations. However, they often encounter difficulties in fulfilling this responsibility when working with children whose racial, ethnic or linguistic backgrounds differ from their own (Cycyk et al; 2021).

In SLP, CALD emphasises the importance of considering clients' cultural and linguistic diversity, including their languages, dialects and communication practices to ensure appropriate, accurate and culturally responsive assessment and intervention (Verdon et al., 2016).

Cultural responsiveness means understanding and respectfully responding to the many cultural factors and diverse identities that a person brings to interactions. It involves appreciating diversity, actively building cultural knowledge and helping create communities and workplaces where diversity is respected and valued (Hopf et al., 2021).

A language difference is having the ability to speak another language that is different from the language used for instruction or used by the majority of people. Language differences are not an indication of a language disorder. For example, they are differences in understanding and using a language that are influenced by a child's linguistic and cultural experience with a first language (Roseberry-McKibbin 2002) or with a variety of the standard language (Hirsh-Pasek, Kochanoff, and Newcombe 2005).

Hyter and Salas-Provance (2019) argue that SLPs need culturally responsive practice because many clinicians feel underprepared to work with clients from diverse cultural and linguistic backgrounds. Their work emphasizes that this lack of preparation can create ethical concerns, reduce the accuracy of assessment and lead to less effective intervention.

Babu et al. (2018) is commonly cited in discussions of multilingual assessment challenges in SLPs, especially the difficulty of adapting tools for regional languages and bilingual or multilingual clients. The broader literature shows that clinicians often struggle with limited local norms, lack of appropriate

assessment materials and the risk of using monolingual tests with multilingual speakers, which can affect diagnosis and treatment decisions.

Parveen and Santhanam (2020) investigated SLPs perceived competence in working with CALD clients in the United States (US). The study explored self-perceived preparedness and confidence of SLPs when serving CALD populations. Based on a nationwide survey of 337 SLPs, including both monolingual and bilingual practitioners, the results showed varied levels of perceived competence, with bilingual and culturally diverse clinicians generally reporting higher confidence in working with CALD clients.

The study by Niharika et al. (2024) aimed to describe the perspectives and practices of SLPs on bilingual service delivery in India. The findings revealed that most SLPs held a positive outlook and reported good competency in bilingual service delivery, but also highlighted significant barriers, such as lack of appropriate assessment tools and trained interpreters.

Masso et al. (2025) utilized correspondence analysis to examine surveys from 111 Australian and 76 Hong Kong-based SLPs. Their findings revealed that while barriers consistently impacted professional activities, the nature of these effects was shaped by specific health and education contexts; notably, management, engagement and communication were the area's most profoundly hindered in both regions. Conversely, facilitators were found to be more universal; specifically, cultural awareness served as a vital driver for building rapport, while linguistic proficiency significantly enhanced diagnostic accuracy when working with multilingual populations.

While previous studies from other countries and parts of India have explored SLPs competence in culturally and linguistically diverse practices, limited research is available regarding Kerala, where multilingualism is present. Thus, this study examined SLPs preparedness, competence and challenges in serving CALD population in Kerala.

## 2. Need of The Study

Kerala has a high level of CALD, with individuals commonly speaking multiple languages and dialects. This multilingual environment presents unique challenges for SLPs in the assessment and management of communication disorders. There is a significant gap in understanding how Kerala's unique linguistic diversity affects SLPs' competence and service delivery. Given the multilingual nature of Kerala, it is essential to explore local SLPs preparedness and identify barriers and resources needed to enhance culturally responsive practices.

## 3. Methodology

### Aim of the study

This study aims to explore SLPs preparedness to work with culturally and linguistically diverse clients in Kerala, to identify the challenges they face and to highlight the need for resources and training to support culturally responsive practices.

**Participants**

The study was conducted among 60 licensed SLPs working in hospitals, clinics, rehabilitation centres and academic institutions in Kerala.

**Inclusion Criteria:**

- SLPs with at least 6 months or 1 year experience
- SLPs working in Kerala

**Exclusion criteria:**

- Non-practicing SLPs.

**4. Procedure**

The study was conducted among SLPs working in hospitals, clinics, rehabilitation centers, and institutions in the districts of Thiruvananthapuram, Alappuzha, Kottayam, Kozhikode, Malappuram, and Kasaragod in Kerala. Participants included qualified SLPs with at least six months of clinical experience. Data were collected through direct or online methods after obtaining informed consent.

The study was conducted in two distinct phases.

In Phase 1, a structured questionnaire was developed to assess SLPs perceived competence in working with CALD clients. The questionnaire consisted of 19 items organized into six sections: exposure to cultural and linguistic diversity, self-perceived cultural and linguistic competence, service delivery practices, training and professional preparation, challenges and barriers, and attitudes and beliefs. The items were designed using a combination of five-point Likert scale responses (Strongly Agree to Strongly Disagree), frequency-based ratings (Always to Never), and dichotomous (Yes/No) responses to capture participants' experiences, perceptions, and clinical practices related to culturally responsive assessment and intervention.

In Phase 2, the validated questionnaire was administered to 60 qualified SLPs practicing in various professional settings across Kerala, including hospitals, private clinics, rehabilitation centers, and academic institutions. Data was collected through direct and online methods after obtaining informed consent.

Section A: Exposure to Cultural and Linguistic Diversity

1. I frequently work with clients from culturally diverse backgrounds.
   ☐ Strongly agree
   ☐ Agree
   ☐ Neutral
   ☐ Disagree
   ☐ Strongly disagree

2. I frequently work with clients who speak languages different from my own.
   ☐ Strongly agree
   ☐ Agree
   ☐ Neutral
   ☐ Disagree
   ☐ Strongly disagree
3. My caseload includes bilingual or multilingual clients.
   ☐ Always
   ☐ Often
   ☐ Sometimes
   ☐ Rarely
   ☐ Never

Section B: Self-Perceived Cultural and Linguistic Competence

4. I feel confident assessing clients from culturally diverse backgrounds.
   ☐ Strongly agree
   ☐ Agree
   ☐ Neutral
   ☐ Disagree
   ☐ Strongly disagree
5. I feel confident assessing bilingual or multilingual clients.
   ☐ Strongly agree
   ☐ Agree
   ☐ Neutral
   ☐ Disagree
   ☐ Strongly disagree
6. I can distinguish between a language difference and a language disorder.
   ☐ Strongly agree
   ☐ Agree
   ☐ Neutral
   ☐ Disagree
   ☐ Strongly disagree
7. I am aware of how culture influences communication styles and behaviors.
   ☐ Strongly agree
   ☐ Agree
   ☐ Neutral
   ☐ Disagree
   ☐ Strongly disagree

Section C: Service Delivery Practices

8. I modify assessment tools based on the client's cultural and linguistic background.
   - ☐ Always
   - ☐ Often
   - ☐ Sometimes
   - ☐ Rarely
   - ☐ Never
9. I use informal or dynamic assessment methods with CLD clients.
   - ☐ Always
   - ☐ Often
   - ☐ Sometimes
   - ☐ Rarely
   - ☐ Never
10. I involve family members when planning intervention for CLD clients.
   - ☐ Always
   - ☐ Often
   - ☐ Sometimes
   - ☐ Rarely
   - ☐ Never
11. I collaborate with interpreters or cultural mediators when required.
   - ☐ Always
   - ☐ Often
   - ☐ Sometimes
   - ☐ Rarely
   - ☐ Never

Section D: Training and Professional Preparation

12. My academic training adequately prepared me to work with CLD populations.
   - ☐ Strongly agree
   - ☐ Agree
   - ☐ Neutral
   - ☐ Disagree
   - ☐ Strongly disagree
13. I have received continuing education related to cultural and linguistic diversity.
   - ☐ Yes
   - ☐ No
14. I feel the need for additional training in cultural and linguistic competence.
   - ☐ Strongly agree
   - ☐ Agree

☐ Neutral
☐ Disagree
☐ Strongly disagree

Section E: Challenges and Barriers

15. Language differences are a major challenge in service delivery.
    ☐ Strongly agree
    ☐ Agree
    ☐ Neutral
    ☐ Disagree
    ☐ Strongly disagree
16. Lack of culturally appropriate assessment tools affects my clinical decisions.
    ☐ Strongly agree
    ☐ Agree
    ☐ Neutral
    ☐ Disagree
    ☐ Strongly disagree
17. Time constraints limit culturally responsive practice.
    ☐ Strongly agree
    ☐ Agree
    ☐ Neutral
    ☐ Disagree
    ☐ Strongly disagree

Section F: Attitudes and Beliefs

18. Cultural competence is essential for effective speech-language pathology practice.
    ☐ Strongly agree
    ☐ Agree
    ☐ Neutral
    ☐ Disagree
    ☐ Strongly disagree
19. SLPs have an ethical responsibility to provide culturally responsive services.
    ☐ Strongly agree
    ☐ Agree
    ☐ Neutral
    ☐ Disagree
    ☐ Strongly disagree

## 5. Staistical Analysis

The collected data was analyzed to examine the relationships among six sections assessing CALD competence: client exposure, clinical confidence, inclusive clinical practices, training adequacy, perceived barriers and professional values among SLPs (N = 60). The Shapiro-Wilk test indicated that the data was not normally distributed across all sections ($p < .05$). Therefore, Spearman's rank correlation was used to assess associations between variables. Statistical significance was set at $p < .05$, and all analyses were conducted using IBM SPSS Statistics.

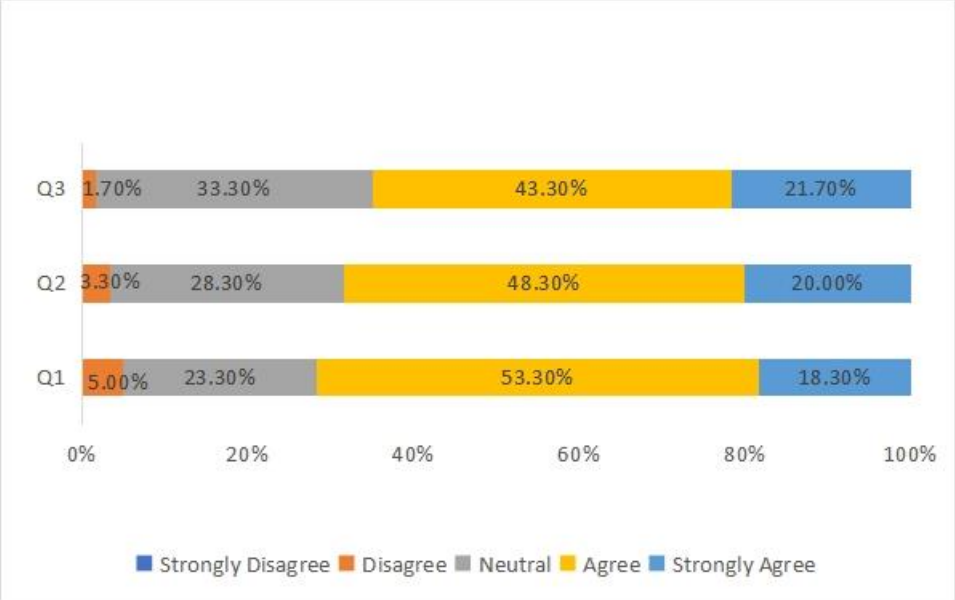
## 6. Results

This study aims to explore SLPs preparedness to work with CALD clients and the result obtained are given below.

Table 1: Shows the frequency and percentage distribution of responses for Section A

| | | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|---|---|---|---|---|---|
| 1. I frequently work with clients from culturally diverse backgrounds. | Count | 0 | 3 | 14 | 32 | 11 |
| | Percentage | 0.00% | 5.00% | 23.30% | 53.30% | 18.30% |
| 2. I frequently work with clients who speak languages different from my own. | Count | 0 | 2 | 17 | 29 | 12 |
| | Percentage | 0.00% | 3.30% | 28.30% | 48.30% | 20.00% |
| 3. My caseload includes bilingual or multilingual clients. | Count | 0 | 1 | 20 | 26 | 13 |
| | Percentage | 0.00% | 1.70% | 33.30% | 43.30% | 21.70% |

Figure 1: Illustrates the frequency and percentage distribution of responses for Section A




From table1 and figure 1, it can be inferred that most participants reported regular interaction with clients from diverse cultural backgrounds, clients who speak languages different from their own and bilingual or

multilingual clients. Overall, the responses suggest that SLPs commonly encounter culturally and linguistically diverse populations in their clinical practice.

Table 2: Shows the frequency and percentage distribution of responses for Section B

| | | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|---|---|---|---|---|---|
| 4. I feel confident assessing clients from culturally diverse backgrounds. | Count | 0 | 3 | 15 | 28 | 14 |
| | Percentage | 0.00% | 5.00% | 25.00% | 46.70% | 23.30% |
| 5. I feel confident assessing bilingual or multilingual clients. | Count | 0 | 3 | 14 | 29 | 14 |
| | Percentage | 0.00% | 5.00% | 23.30% | 48.30% | 23.30% |
| 6. I can distinguish between a language difference and a language disorder. | Count | 0 | 2 | 18 | 25 | 15 |
| | Percentage | 0.00% | 3.30% | 30.00% | 41.70% | 25.00% |
| 7. I am aware of how culture influences communication styles and behaviours. | Count | 0 | 3 | 14 | 29 | 14 |
| | Percentage | 0.00% | 5.00% | 23.30% | 48.30% | 23.30% |

Figure 2: Illustrates the frequency and percentage distribution of responses for Section B

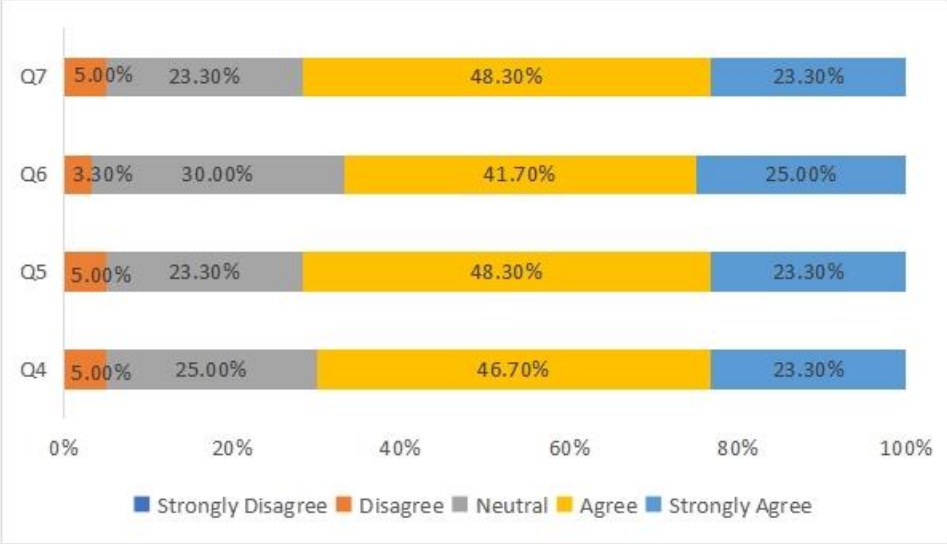
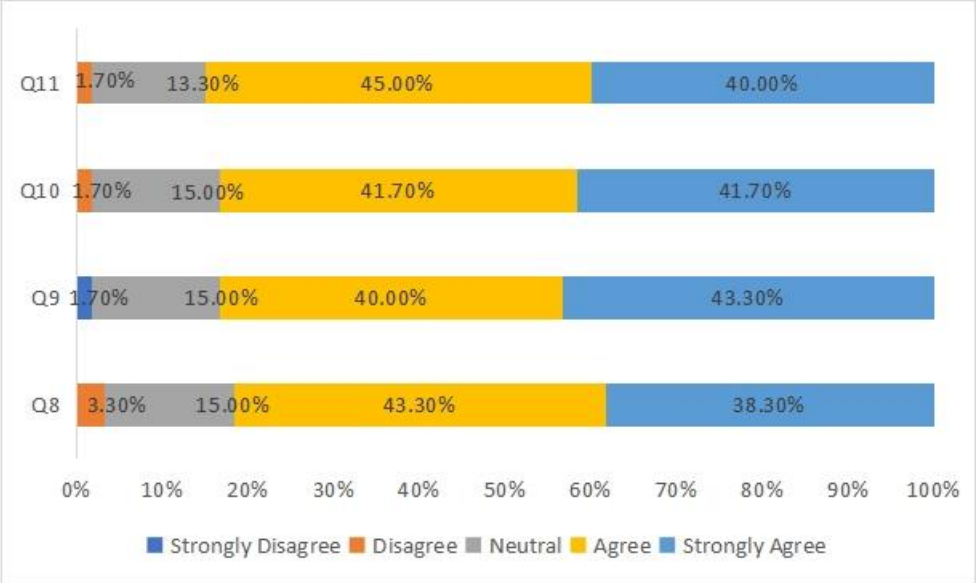



Table 2 and figure 2 indicate that most participants expressed confidence in assessing clients from diverse cultural backgrounds and bilingual or multilingual populations. Participants also reported awareness of the influence of culture on communication styles and behaviours and also demonstrated confidence in differentiating language difference from language disorders. Overall, the responses reflect a positive perception of clinical competence when working with culturally and linguistically diverse populations.

Table 3: Shows the frequency and percentage distribution of responses for Section C

| | | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|---|---|---|---|---|---|
| 8. I modify assessment tools based on the client's cultural and linguistic background. | Count | 0 | 2 | 9 | 26 | 23 |
| | Percentage | 0.00% | 3.30% | 15.00% | 43.30% | 38.30% |
| 9. I use informal or dynamic assessment methods with CLD clients. | Count | 1 | 0 | 9 | 24 | 26 |
| | Percentage | 1.70% | 0.00% | 15.00% | 40.00% | 43.30% |
| 10. I involve family members when planning intervention for CLD clients. | Count | 0 | 1 | 9 | 25 | 25 |
| | Percentage | 0.00% | 1.70% | 15.00% | 41.70% | 41.70% |
| 11. I collaborate with interpreters or cultural mediators when required. | Count | 0 | 1 | 8 | 27 | 24 |
| | Percentage | 0.00% | 1.70% | 13.30% | 45.00% | 40.00% |

Figure 3: Illustrates the frequency and percentage distribution of responses for Section C




From table 3 and figure 3 it can be inferred that those participants commonly reported adapting assessment procedures to accommodate clients' cultural and linguistic backgrounds. Participants also reported using informal and dynamic assessment approaches, involving family members in intervention planning and collaborating with interpreters or cultural mediators when necessary. Overall, the responses suggest the widespread use of culturally responsive and inclusive clinical practices among SLP practitioners.

Table 4: Shows the frequency and percentage distribution of responses for Section D

| | | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|---|---|---|---|---|---|
| 12. My academic training adequately prepared me to work with CLD populations. | Count | 0 | 3 | 16 | 26 | 15 |
| | Percentage | 0.00% | 5.00% | 26.70% | 43.30% | 25.00% |
| 14. I feel the need for additional training in cultural and linguistic competence. | Count | 0 | 2 | 8 | 29 | 21 |
| | Percentage | 0.00% | 3.30% | 13.30% | 48.30% | 35.00% |

Figure 4: Illustrates the frequency and percentage distribution of responses for Section D

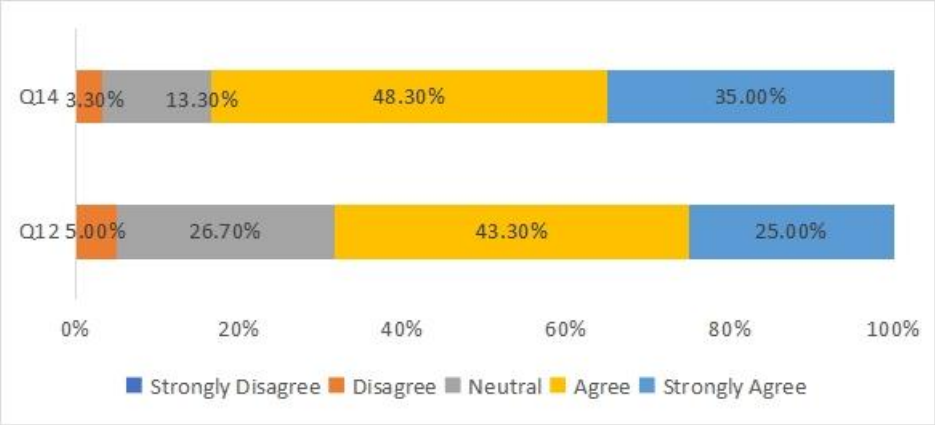



Table 4 and figure 4 reveal that most participants perceived their academic training as providing preparation for working with CALD populations. At the same time, many participants expressed a need for additional training to further enhance their cultural and linguistic competence. Overall, the responses highlight the importance of continued education and professional development in culturally responsive practice.

Table 5: Shows the frequency and percentage distribution of responses for Section E.

| | | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|---|---|---|---|---|---|
| 15. Language differences are a major challenge in service delivery. | Count | 0 | 8 | 22 | 24 | 6 |
| | Percentage | 0.00% | 13.30% | 36.70% | 40.00% | 10.00% |
| 16. Lack of culturally appropriate assessment tools affects my clinical decisions. | Count | 0 | 5 | 25 | 25 | 5 |
| | Percentage | 0.00% | 8.30% | 41.70% | 41.70% | 8.30% |
| 17. Time constraints limit culturally responsive practice. | Count | 0 | 11 | 22 | 23 | 4 |
| | Percentage | 0.00% | 18.30% | 36.70% | 38.30% | 6.70% |

Figure 5: Illustrates the frequency and percentage distribution of responses for Section E.

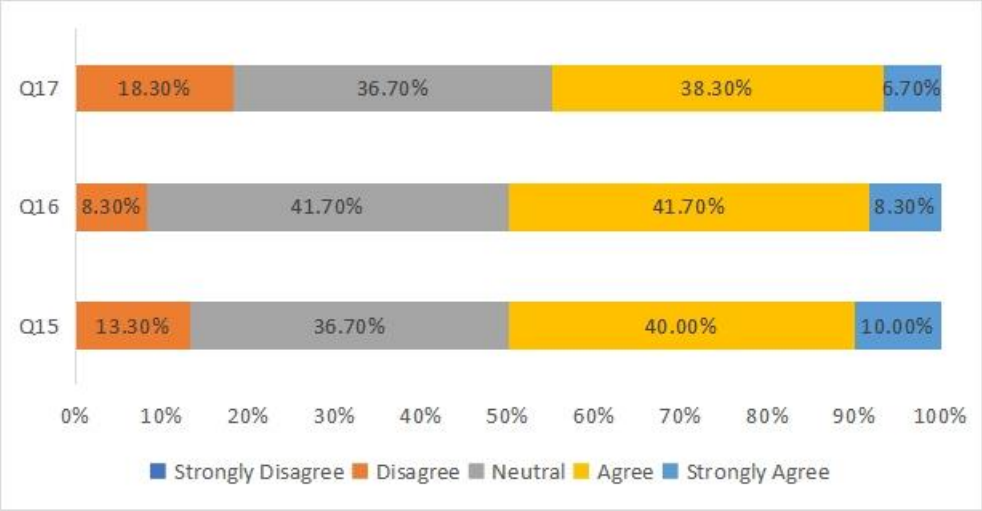



Table 5 and figure 5 reveal that participants commonly viewed language differences as a challenge in service delivery. Many participants also indicated that the availability of culturally appropriate assessment tools can influence clinical decision-making and that time constraints may affect the implementation of culturally responsive practices. Overall, the responses highlight several practical challenges encountered when working with CALD populations.

Table 6: Shows the frequency and percentage distribution of responses for Section F.

| | | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|---|---|---|---|---|---|
| 18. Cultural competence is essential for effective speech-language pathology practice. | Count | 0 | 1 | 6 | 24 | 29 |
| | Percentage | 0.00% | 1.70% | 10.00% | 40.00% | 48.30% |
| 19. SLPs have an ethical responsibility to provide culturally responsive services. | Count | 0 | 1 | 6 | 29 | 24 |
| | Percentage | 0.00% | 1.70% | 10.00% | 48.30% | 40.00% |

Figure 6: Illustrates the frequency and percentage distribution of responses for Section F.

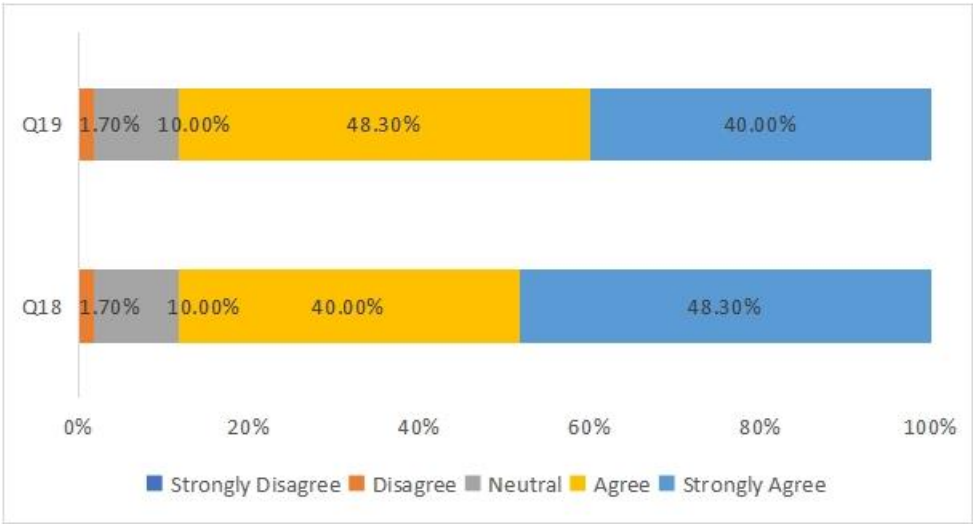


Table 6 and figure 6 indicate strong recognition of the importance of cultural competence for effective clinical service delivery. Participants also expressed agreement that SLPs have an ethical responsibility to provide culturally responsive services. Overall, the responses reflect positive professional attitudes toward the integration of cultural competence in clinical practice.

Table 7: Shows percentage distribution of responses for question 13.

| 13.I have received continuing education related to cultural and linguistic diversity. | | |
|---|---|---|
| | Counts | % Of Total |
| No | 42 | 70.00% |
| Yes | 18 | 30.00% |

Figure 7: Illustrates the percentage of responses for question 13.

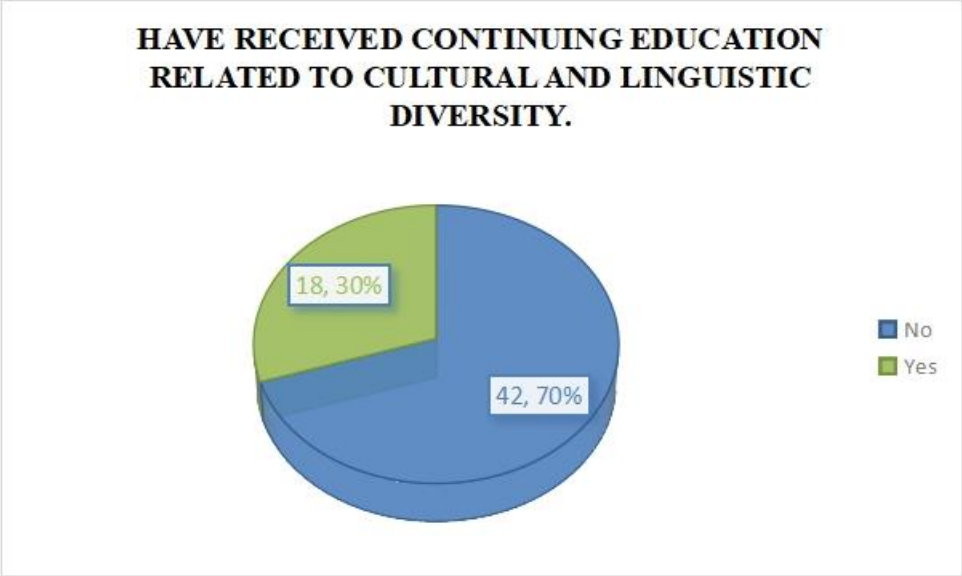



Table 7 and figure 7 indicate that a majority of the respondents had not received continuing education related to CALD, while a smaller proportion reported having participated in such educational opportunities. This suggests limited exposure to formal continuing education programmes focusing on CALD among the participants.

Table 8: Shows the Spearman's rank correlation between the sections of the Questionnaire.

| | | Section A | Section B | Section C | Section D | Section E |
|---|---|---|---|---|---|---|
| Section B | Spearman's rho | 0.403** | — | | | |
| | p-value | 0.001 | — | | | |
| | Significance | HS | — | | | |
| Section C | Spearman's rho | 0.204 | 0.419*** | — | | |
| | p-value | 0.118 | <.001 | — | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| | Significance | NS | HS | — | | |
| Section D | Spearman's rho | 0.437*** | 0.421*** | 0.431*** | — | |
| | p-value | <.001 | <.001 | <.001 | — | |
| | Significance | HS | HS | HS | — | |
| Section E | Spearman's rho | -0.322* | -0.409** | -0.318* | -0.328* | — |
| | p-value | 0.012 | 0.001 | 0.013 | 0.01 | — |
| | Significance | S | HS | S | S | — |
| Section F | Spearman's rho | 0.094 | 0.242 | 0.482*** | 0.124 | -0.389** |
| | p-value | 0.474 | 0.062 | <.001 | 0.344 | 0.002 |
| | Significance | NS | NS | HS | NS | HS |

* p-value < .05, ** p-value < .01, *** p-value < .001

Table 8 reveals a statistically significant positive correlation was observed between Section A and Section B, Section B and Section C, Section A and Section D, Section B and Section D, Section C and Section D and Section C and Section F. These findings indicate that higher scores in one section were associated with higher scores in the corresponding related section. A statistically significant negative correlation was found between Section E and Section A, Section E and Section B, Section E and Section C, Section E and Section D and Section E and Section F. This indicates that higher scores in Section E were associated with lower scores in these sections. No statistically significant correlation was observed between Section A and Section C, Section A and Section F, Section B and Section F and Section D and Section F suggesting that these sections were not significantly related.

Overall, the findings indicate that exposure to clients with CALD and better training are associated with higher perceived competence and culturally responsive practices, whereas perceived barriers are associated with lower competence and less culturally responsive service delivery.

## 7. Discussion

The present study explored SLPs perceived competence in working with CALD clients in Kerala. The findings indicated that greater exposure to CALD caseloads was associated with higher self-perceived competence, which in turn was positively related to culturally responsive service delivery practices such as adapting assessments, using informal or dynamic approaches, involving families and collaborating with interpreters or cultural mediators. Training and professional preparation were also positively associated with exposure, competence and service delivery, suggesting that clinical experience and professional development together contribute to effective culturally responsive practices. Conversely, perceived challenges and barriers were negatively associated with these domains, indicating that clinicians with greater exposure and confidence perceived fewer obstacles, while those with lower preparedness experienced more challenges. Although participants generally reported positive attitudes toward culturally responsive care, many lacked continuing education in cultural and linguistic diversity, highlighting the need for structured training opportunities. These findings align with previous literature by Parveen and Santhanam (2020) who reported that SLPs with greater exposure to culturally and linguistically diverse

populations demonstrated higher self-perceived competence in managing CALD clients. Likewise, Niharika et al. (2024) found that Indian SLPs expressed positive attitudes and confidence in bilingual service delivery but continued to face barriers such as limited culturally appropriate assessment tools and inadequate interpreter support. Together, these findings suggest that while SLPs in Kerala demonstrate favourable attitudes and reasonable confidence in working with CALD populations, the strengthening of specialized training and addressing systemic barriers remain essential for improving culturally responsive service delivery.

## 8. Summary and Conclusion

Providing culturally responsive SLP services is essential because cultural and linguistic factors influence communication, assessment, intervention and treatment outcomes. Clinicians who consider these factors are able to deliver equitable, accurate and effective services tailored to the individual needs of CALD clients.

The present study examined SLPs'perceived competence in working with CALD clients across different districts of Kerala. A structured questionnaire was administered to licensed SLPs working in hospitals, clinics, rehabilitation centres and academic institutions. The questionnaire assessed six areas: exposure to cultural and linguistic diversity, self-perceived competence, service delivery practices, training and professional preparation, perceived challenges and barriers and attitudes and beliefs toward culturally responsive practices. The findings indicated that SLPs generally had adequate exposure to culturally and linguistically diverse clients and reported moderate levels of competence in assessing and managing these populations. Greater exposure and higher self-perceived competence were associated with the use of more culturally responsive service delivery practices, while clinicians with lower levels of exposure, competence and training perceived greater challenges in providing services to CALD clients. Although participants expressed positive attitudes toward the importance of culturally responsive practices, many reported a lack of continuing education and specialised training in this area. Overall, the study concludes that SLPs in Kerala possess favourable attitudes, reasonable clinical exposure and moderate confidence in working with CALD clients. However, the availability of culturally appropriate assessment tools and structured professional training remains limited which may affect the consistent implementation of culturally responsive practices. Therefore, strengthening continuing education programmes, enhancing access to culturally appropriate clinical resources and incorporating cultural competence training into professional development initiatives are recommended to improve the quality of SLP services for culturally and linguistically diverse populations.

### Limitations of the study

- The study included only SLPs from selected districts of Kerala, so the findings may not represent SLPs from other regions.
- The sample size is small.
- Differences in clinical settings, years of experience and client populations were not considered.

### Future directions

- Studies can explore the experiences and perspectives of culturally and linguistically diverse clients.
- Studies with larger samples from different regions of India can be considered.

- Research can focus on developing and validating culturally appropriate assessment tools for the multilingual Indian context.

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