

SPEECH AND LANGUAGE THERAPY IN SLOVENIA: EDUCATION, CAREER PROSPECTS AND TREATMENT OF SPEECH AND LANGUAGE DISABILITIES

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Speech and language therapy is a discipline dedicated to identifying, treating and preventing speech and language disabilities, thereby making an important contribution to improving people's communication skills. This chapter examines the contributions of speech and language therapists in Slovenia, focusing on their educational pathways, career prospects and the various professional settings they engage with, including healthcare, education and social care environments. A significant emphasis is placed on the education of speech and language therapists, equipping students with the necessary competencies to assist individuals with speech and language disabilities. The chapter also addresses the increasing demand for qualified professionals and the importance of early and integrated treatment for individuals of all ages. The conclusion stresses the need to expand training opportunities and enhance access to speech and language therapy services in Slovenia.

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1 Introduction

Communication plays a fundamental role in our daily existence, facilitating our understanding of the world, interpersonal relationships, and self-awareness. It significantly shapes our attitudes, values, and behaviours. Effective communication is inherently a reciprocal process that encompasses the transmission, reception, and interpretation of messages. Individuals employ various modes of communication, including verbal (both spoken and written) and non-verbal (such as body language), which must be harmonized to achieve successful interaction (Žemva, 2016; Ogrin et al., 2016).

As a specialized discipline focused on communication, speech and language therapy plays a crucial role in enhancing and supporting speech and language mechanisms. It is concerned with diagnosing communication disorders, exploring their underlying causes, and assessing their consequences. In addition, speech and language therapy seeks to prevent such disorders and employs a variety of rehabilitative approaches (Žemva, 2014). Through its efforts, it contributes substantially to enabling individuals with speech and language disabilities to develop effective and coherent communication skills, which are essential for successful interpersonal interactions.

As articulated in the European Convention on Human Rights (1950), which stresses the importance of freedom of expression for all individuals, the ability to communicate and share ideas and opinions constitutes a fundamental human right. In this context, speech and language therapy is crucial, as it provides support to individuals with communication disabilities and obstacles, thereby empowering them to exercise their right to express themselves. By enhancing communication skills, speech and language therapists empower individuals to reach their full potential, foster independence, and actively participate in society.

Due to the growing significance of effective communication in today's world, coupled with the ongoing struggle for equality among all individuals, speech therapy emerges as a pivotal area that significantly contributes to the progress of both the individual and society as a whole.

1.1 The progress and function of speech and language therapy: fields of practice and prospects for professional growth

Speech and language therapy is a discipline that aims to improve or reduce communication disorders, including speech, language and swallowing disorders. This discipline encompasses the processes of diagnosing, treating, and preventing these disorders, to foster improved communication and swallowing capabilities in individuals, thus enhancing their quality of life (ASCHA, 2016). The profession of speech and language therapy, as understood in the present day, occurred at the turn of the 20th century (Gačnik and Istenič, 2023). In its formative years, the primary focus was on treating stuttering among adults and improving children's articulation of sounds (Duchan, 2010). However, the scope of practice for speech and language therapists has evolved significantly since then (Gačnik, 2024), creating numerous career opportunities in various contexts.

A speech and language therapist is a qualified professional who delivers clinical services, engages in preventive measures, offers educational support, and conducts research related to communication and swallowing throughout an individual's life (ASCHA, 2016). As outlined in the Code of Ethics and Professional Standards for Speech and Language Therapists in Slovenia (1995), the speech and language therapist serves as the principal authority in the habilitation and rehabilitation of individuals with speech disorders, encompassing all forms of language modalities. Presently, these professionals operate in various domains that address communication, language, and speech issues for individuals at all stages of life (Gačnik, 2024).

The diverse nature of the work conducted by speech and language therapists and the broad spectrum of clients they engage with results from the various settings in which they practice. They work in healthcare institutions, such as paediatrics, neurology, neurosurgery, and otorhinolaryngology; in rehabilitation and specialized centres for children and adults with communication disorders; and in primary schools, both mainstream and special needs schools. Speech and language therapists engage extensively in early childhood education, as well as in research and training institutions dedicated to professionals in the field of speech and language communication. Furthermore, they participate in associations that assist individuals with communication disorders and are employed in private clinics, hospitals, and

medical dispensaries (Prosnik and Marušič, 1995). This range of working environments creates significant opportunities for professional growth and specialization within the field (Prosnik and Marušič, 1995).

The objective of this article is to analyse the current state of speech and language therapy services available in educational institutions in Slovenia. The study focuses on evaluating the degree to which these services align with the essential requirements and guidelines of the educational system, as well as on investigating the occurrence of speech and language disorders among children and adolescents. Furthermore, the article examines whether accredited academic programmes in Slovenia adequately respond to the growing demand for speech and language therapy by ensuring the availability of a sufficient number of professionally trained specialists. Based on the findings, the study aims to contribute to the discourse on potential improvements in the provision of speech and language therapy support within the Slovenian educational system.

2 Methods

This study employs a qualitative approach and document analysis to examine the field of speech and language therapy in Slovenia. The focus is on evaluating the alignment between the demand for speech and language therapy services and the availability of adequately trained professionals in the educational system, as well as assessing the role of academic programmes in ensuring a sufficient number of qualified specialists.

This analysis is founded on a thorough review of various sources, including professional standards for working with children with special needs. These standards outline and define the role of speech and language therapy within the educational system. The analysis also examines accredited study programmes in speech and language therapy and the education of deaf and hard of hearing individuals, as well as relevant scientific and professional literature that addresses speech and language disabilities, their prevalence, and the necessity for early intervention. Additionally, the study includes an evaluation of statistical data regarding the incidence of speech and language disabilities among children and adolescents in the Slovenian educational system.

The data were processed using descriptive analysis, systematically comparing and synthesizing information from multiple sources to highlight key findings. The study relies on secondary sources and does not include empirical data or systematic quantitative analysis; nonetheless, it provides an indicative overview of the existing conditions of speech and language therapy in Slovenia. The findings enhance the understanding of the challenges faced in this field and facilitate further discussion regarding necessary improvements and future directions.

3 Results and discussion

3.1 Speech and language therapy study programmes in Slovenia

Currently, the only Slovenian academic programme dedicated to speech and language therapy and the education of the deaf and hard of hearing is at the Faculty of Education, University of Ljubljana. The programme was initially established as part of the special and rehabilitation education curriculum. With the introduction of the Bologna Process in 2010, the programme gained autonomy, which allowed the formation of courses focused on the identification, diagnosis and treatment of speech and language disorders. Specialized courses were developed to provide students with comprehensive knowledge in speech and language therapy and in educating individuals who are deaf or hard of hearing. Consequently, the programme prepares students to professionally assist individuals facing difficulties in speech, language, communication, or hearing (Novšak Brce and Kogovšek, 2019).

The academic program is available at both the undergraduate and graduate levels. The undergraduate phase extends over four years and is worth 240 credits. It equips students with fundamental skills necessary for a career in speech and language therapy, as well as sign language therapy. To work independently as a speech and language therapist or within the field of education for the deaf and hard of hearing, it is essential to pursue further studies at the postgraduate master's level. The duration of the master's degree programme is one year and is worth 60 credits. Upon successful completion of the programme, graduates are granted the title of Master Professor of Speech and Language Therapy and Education of the Deaf and Hard of Hearing (Faculty of Education, University of Ljubljana, n. d. 2023a, b).

The primary objective of the study programme is to prepare students for professional engagement with individuals experiencing speech, language, and communication disorders, as well as those who are deaf or hard of hearing. During their studies, students acquire special educational and rehabilitation skills to engage with individuals at every stage of life and in a variety of social environments, such as educational institutions, healthcare facilities, and social care organizations. The programme emphasizes the combination of theoretical knowledge and hands-on training, which encompasses therapy observation, tutorials, performances, and clinical practice. Students acquire professional experience in external organizations under the guidance of certified speech and language therapists and experts in the education of individuals who are deaf or hard of hearing. This model supports a meaningful connection between theoretical insights and practical execution (Kogovšek et al., 2024).

The increasing demand for speech and language therapists and specialists in the education of individuals who are deaf or hard of hearing across various age groups and professional settings underscores the necessity of training in this field. Such training is vital for the advancement of the profession in Slovenia. The Faculty of Education at the University of Ljubljana has witnessed a consistent increase in enrolment for its speech and language therapy programme in recent years. Nevertheless, a significant deficit of professionals in this area remains, indicating a pressing need for alternative strategies to enhance the workforce. According to Žemva and Ogrin (2017), the chronic lack of speech and language therapists can be attributed to the shortcomings in both undergraduate and postgraduate educational systems.

3.2 Speech and language disabilities: from observation, identification, and prevalence assessment to the development of effective treatment strategies

Observation of the child's progress in speech and language development

Recognizing speech disorders requires careful observation of communication patterns, specifically the messages conveyed by children and the reactions they provoke in those receiving these messages. Such observations can provide insights into the child's speech and language development and may reveal potential indicators

of developmental delays (Grilc, 2014). During the initial three months of life, an infant typically expresses its emotional state through crying, screaming, and laughing. A lack of response to loud sounds during this stage may suggest developmental delays.

Additionally, it is important to consider the significant transition that occurs when the child begins school. Children aged 6 to 7 are generally expected to use compound word structures, understand abstract concepts, and name the days of the week. They should be capable of integrating events, people, and topics into their storytelling, modifying their speech to fit various social situations, and participating in lengthy conversations. Furthermore, they should be able to control their vocal volume, show an increased interest in letters and writing, and develop auditory analysis and synthesis skills. This includes isolating the first and last sounds in words, segmenting words into sounds, associating letters with sounds, recognizing letters, and starting to write. However, some children may display signs of developmental delays, characterized by limited vocabulary, simple sentence structures, difficulty in grasping abstract concepts, inability to distinguish between letters and numbers, lack of awareness in auditory analysis and synthesis, and challenges with memorization (Mesec, 2009, in Grilc, 2014).

These observations should not be regarded as a diagnostic tool; they merely reflect expectations and indicate whether the child may require professional support. It is also essential to recognize that speech development is affected by both biological conditions, such as the structure of the speech apparatus and normal hearing capabilities, and environmental factors, including emotional and social interactions and the quality of linguistic stimuli. The influences on speech development can be categorized as both internal, pertaining to physiological factors, and external, related to social and sociological contexts. As discussed previously, it is evident that children with intellectual disabilities may experience varying degrees of deviation in their speech development as they often remain at a certain developmental stage for a longer time. Additional risk factors include premature birth, low birth weight, hearing impairment, brain haemorrhage and, instances of neglect. When observing a child's speech and language development, it is crucial to consider the various components that facilitate communication in its entirety, including vocalization, facial expressions, listening, comprehension, imitation, and verbal expression (Grilc, 2014).

Basic understanding of speech and language deviations, difficulties and disabilities

One of the most frequently observed forms of speech disorders is related to articulation, predominantly seen in preschool and primary school children, with fewer instances reported among adults. Furthermore, speech disorders of this nature are more commonly observed among children with special needs. In Slovenian language, speech sound disorders manifest in three distinct forms: the omission or inaudible articulation of a sound, for instance, a child may pronounce "riba" as "iba"; substitution, for instance, "roka" may be articulated as "loka"; and the incorrect articulation of a sound or group of sounds, such as an example of distortion where š, č, ž are pronounced too softly. Disorders of this nature can be classified as consistent, where a child consistently makes the same types of errors, or inconsistent, where errors occur sporadically or are absent in certain contexts. It is common for inconsistent speech errors to be evident in a child's development until the age of four; should these errors persist past this age, they may be indicative of lexical dyslalia or the incapacity to produce speech phonetically correctly. Articulation disorders can be categorized based on the specific sounds or groups of sounds that a child struggles to articulate. The following types can be identified: sigmatism (sounds /s/, /z/, /c/, /š/, /ž/, /č/ can be substituted with each other or with other sounds, such as /z/, /t/, /d/), rhotacism (inability or difficulty in articulating the /r/ sound), lambdacism (inability or difficulty in articulating the sounds /l/ and /lj/), kapacism and gamacism (inability or difficulty in articulating /k/ and /g/), tetacism and deltacism (inability or difficulty in articulate /t/ and /d/ sounds), and etacism (inability or difficulty in articulating the sound /e/). Children's sound development follows predictable patterns, indicating that specific sounds are anticipated to emerge at particular ages (Grilc, 2014).

Language difficulties are generally classified into three categories: those involving delayed speech and language development with insufficient speech capabilities, instances of insufficiently developed speech, and specific difficulties associated with language use. Speech and language delay refers to a situation in which a child experiences a slower progression in their speech and language development, typically observed in children up to the age of four. If such difficulties continue past this developmental milestone, it is characterized as an insufficiently developed speech disorder. An illustrative example would be a child who communicates less frequently than their peers, employs shorter and more simplistic sentence structures, and

exhibits a range of consistent and inconsistent articulation errors. Insufficiently developed speech is characterized by either the absence of verbal communication or by significantly limited speech in terms of vocabulary and grammatical complexity. Specific language difficulties imply that a child has limited linguistic capabilities and non-verbal skills, yet does not suffer from any physical, hearing, or severe emotional disorders. This condition is often evident through delayed language development, a limited range of vocabulary, incorrect conjugation, average intellectual capabilities, et cetera (Grilc, 2014).

Challenges associated with the rate and rhythm of speech include stuttering, speaking too fast or too slowly and/or slurred speech. Stuttering is characterized by the involuntary repetition of sounds, syllables, words, or phrases (Grilc, 2014). A speech disorder is identified when the listener's focus transitions from the message being conveyed to the manner of its delivery (Podbrežnik, 2012). An accelerated speech rate is typically associated with frequent articulation mistakes, while a notably slow speech pattern is characterized by the elongation of sounds, especially vowels. Children with motor impairments often exhibit slurred speech, which is marked by a slower rate of speech and disrupted rhythm. Furthermore, individuals may also experience voice disorders, which are often characterized by a less optimal vocal quality, such as hoarseness or dysphonia (Grilc, 2014).

Certain deviations in speech and language development are commonly observed among children with special needs, including those with physical disabilities, intellectual disabilities, autism spectrum disorders, and hearing impairments (Grilc, 2014).

3.3 The prevalence of speech and language disabilities within the Slovenian population

Between the school years of 2003/04 and 2020/21, there has been a notable rise in the number of children with disabilities who have been enrolled in various educational programmes in Slovenia. In the research titled "Ensuring Equal Educational Opportunities for Children and Adolescents with Special Needs" by Vovk Ornik et al. (2023), it is reported that the largest segment of children enrolled in a preschool programme featuring adapted basic school curricula along with specialized support is made up of children with speech and language disabilities. This

segment represented 47.4% of all enrolled children. Following this group, children with multiple disabilities comprised 24.9% of the total, often experiencing speech and language difficulties in conjunction with other disabilities.

Similarly, the statistics provided by the Ministry of Education of the Republic of Slovenia (2003a) reveal that there has been a notable increase in the number of students with speech and language disabilities enrolled in primary schools that offer adapted education and additional specialized support. During the school year 2015/16, there were 1,180 such students, which represented 11.7% of the total enrolment. By the school year 2020/21, this number had increased to 1,629, representing 11.5% of all enrolled students. The following year, 2021/22, saw an increase to 1,870 students, representing 12.3% of the total enrolment, and by the school year 2022/23, the number reached 2,066, making up 13.5% of all enrolled students. At the same time, there has been a notable rise in the number of students with multiple disabilities. During the 2015/16 school year, there were 1,836 students (18.2% of the total enrolment) in primary schools receiving adapted education and supplementary specialized support. By the school year 2022/23, this number had risen to 4,331, accounting for 28.3% of all enrolled students.

Over the years, the enrolment of students with speech and language disabilities in secondary education programmes has shown variability. In the school year 2015/16, there were 80 students with these disabilities, making up 2.9% of the total student body. This number grew to 115 students, or 2.2% of all enrolled students, in the 2020/21 school year. By the school year of 2022/23, the count reached 128, which represented 1.8% of the total enrolment. On the other hand, the prevalence of students with multiple disabilities has experienced a significant rise. The data indicates that in the school year 2015/16, there were 232 students with multiple disabilities, which constituted 8.3% of the total enrolment. This number grew to 1,399 in 2020/21, representing 26.2% of all enrolled students. By the school year 2022/23, the figure had reached 2,202, which was 30.4% of the total enrolment (Ministry of Education of the Republic of Slovenia, 2023b).

It has been noted by experts that the demand for speech therapy is on the rise among individuals of all ages. This increase is further emphasized by Žemva and Ogrin (2017), who regard the accessibility of speech therapy services as a significant ethical concern within the field.

3.4 The role of parents and the environment in language development and the assistance of a qualified speech and language therapist

The role of parents and the surrounding environment is crucial in fostering language development as well as pre-reading and pre-writing skills. This can be achieved by expanding the child's vocabulary through interactive experiences, such as looking at picture books, as well as by developing graphomotor skills through activities such as drawing, clay modelling, and threading beads. In instances where challenges arise, however, parents should consult a speech and language therapist. The activities provided in speech therapy can be classified into three groups: (1) activities designed for non-verbal children (level zero), (2) activities for children with limited speech development (level 1), and (3) activities for children experiencing multiple speech disabilities (applicable to all levels). (1) Activities designed for non-verbal children (level zero) include a range of exercises that promote general motor skill development, auditory exercises, visual perception tasks, comprehension of single words, gross motor responses, the ability to follow instructions, exercises targeting the speech organs, and practices in phonation, speech imitation, and basic pronunciation. (2) Activities designed for children exhibiting limited speech development (level 1) encompass a variety of exercises aimed at enhancing their communication skills. These include acoustic and speech organ exercises, as well as attention-focused activities that engage both visual and auditory modalities. Additionally, articulation exercises are employed, alongside tasks that facilitate the recollection of word forms. Children are also guided through exercises that promote the use of adjectives, pronouns, prepositions, conjunctions, and prepositional phrases. Further, there are activities aimed at mastering conjunctions, possessives, and the correct application of plural forms. Activities also include memorization of sentences, as well as exercises addressing compound (negative) and interrogative sentence structures. Moreover, children engage in activities that involve the past tense, learning brief recitations, counting rhymes, and short stories, along with picture descriptions and narratives based on personal experiences. (3) The spectrum of activities available for children with multiple speech disabilities, relevant to all levels, includes (a) exercises aimed at children with delayed speech development, stuttering, excessively fast speech, and abnormally slow speech, (b) targeted exercises for those with delayed speech development and nasal speech, (c) exercises for children with delayed speech development, pseudobulbar palsy, and various types of dysarthria, (d) activities for children with concurrent delayed speech and hearing

disabilities, and (e) exercises for children with both delayed speech and voice disabilities (Grilc, 2014).

The aforementioned discussion reveals a multitude of activities included in speech and language therapy; however, a comprehensive examination of all these aspects is beyond the scope of this text. This text briefly examines stuttering, which Podbrežnik (2012) argues should be tackled at an early stage, although he emphasizes that it is never too late to seek help, provided that individuals are determined and committed to daily exercises. Additionally, Podbrežnik notes that the individual's treatment results are affected by numerous factors, including age, the severity of the disorder, and existing health issues, as well as the support provided by family members and the broader social environment throughout the treatment journey.

While the speech and language disabilities in this chapter are previously discussed as being more common among children and adolescents, it is important to note that these issues can also emerge later in life due to illness or injury. According to Žemva (2010), speech therapy proves beneficial for individuals suffering from aphasia after having a stroke or those having swallowing disorders. However, discussions surrounding the efficacy of such therapies often highlight the necessity for further investigation to determine the factors that contribute to their effectiveness, such as the impact of intensive treatment delivered over a shorter timeframe.

The practice of speech and language therapy follows the clinical guidelines for various speech and language disorders. It also examines the effectiveness and relevance of these guidelines in Slovenia. Among the most important clinical guidelines are those provided by the American Speech and language-Hearing Association (ASHA 3,4) and the Royal College of Speech & Language Therapists (RCSLT 5) (Žemva, 2014).

Širca and Omahna (2015) emphasize that impairments in the right hemisphere of the brain can cause considerable communication difficulties, referred to as cognitive-communication disorders (CCDs), which may frequently be mistaken for aphasia. Consequently, accurate diagnosis is crucial for ensuring appropriate and effective rehabilitation.

Moreover, Ogrin et al. (2016) argue that it is crucial to conduct a proper assessment of communication and swallowing functions to devise suitable speech therapy strategies. To achieve this, a range of both standardized and non-standardized assessments are employed to gather qualitative and quantitative data. Furthermore, Žemva and Ogrin (2017) point out that achieving success requires timely treatment, which poses a significant challenge in Slovenia due to a shortage of qualified professionals. They further stress the necessity of a strong work ethic, interdisciplinary collaboration, continuous professional development, critical thinking, and the ability to empathize.

Slana et al. (2021) conducted an analysis of speech therapy telerehabilitation (remote rehabilitation) across 11 articles and discovered that all participating children exhibited considerable improvement. Nonetheless, there remains a need for further investigation into telerehabilitation specifically for children with neurological impairments. Consequently, telerehabilitation presents a promising alternative to conventional treatment methods.

In addition, Onuk (2024a, 2024b) discusses the function of the speech and language therapist in assisting individuals with dementia, particularly as their communication capabilities decline as the condition advances. The therapist's responsibilities include not only the support to improve the patient's ability to communicate but also to provide essential support to their families in coping with the evolving circumstances.

3.5 The role of a speech and language therapist within the educational context, as outlined in various official documents

In the context of education, it is pertinent to draw attention to specific documents that illustrate the significant role of speech and language therapy.

Within the context of preschool education, the role of a speech therapist is specified in the *Guidelines for Teachers Working with Preschool Children Diagnosed with Autism Spectrum Disorders - ASD* (Werdonig et al., 2009), in the *Curriculum for Kindergartens Providing Specialised Programmes for Preschool Children* (Podboj & Vizjak Kure, 2006), and in the *Supplements to the Curriculum for Kindergartens Providing Specialised Programmes for Preschool Children Diagnosed with Autistic Spectrum Disorders* (Bergauer et al., 2017).

Moreover, within the context of primary education, the document *Criteria for Identifying the Type and Degree of Deficits, Handicaps and/or Impairments in Children with Special Needs* (Vovk-Ornik, 2015) highlights the essential role of speech and language therapists, particularly in the segment dedicated to children with speech and language disabilities. The segment clarifies that the assessment of a child's speech and language disability is performed by the speech and language therapist, who applies defined criteria and professional standards to determine the necessity for structured speech therapy as an integral component of the child's educational experience. According to the *Guidelines for Adapted Implementation of the Basic School Programmes and Special Educational Support* (Likar et al., 2003) it is generally the role of a speech and language therapist to deliver special educational support to children with speech and language impairments. In the *Updated Guidelines for Adapted Implementation of the Basic School Programmes and Special Educational Support for Nine-Year-Old Primary Schools: Guidance for Teaching Pupils with Autistic Spectrum Disorders* (Rogič Ožek et al., 2019) it is noted that children with autistic spectrum disorders generally require an array of specialized services beyond the school environment, including the support of speech and language therapists, whom the school team should collaborate with. Additionally, the document titled *Adapted Primary School Programme with Appropriate Educational Standards for Children with Autism Spectrum Disorder* (Burja et al., 2014) emphasizes the significance of collaborative efforts when working with children diagnosed with autism spectrum disorder (hereafter ASD). Like previously mentioned documents, it highlights the involvement of various professionals in this team-oriented approach, including speech and language therapists. This programme features a distinctive educational activity focused on communication skills, which is scheduled for two hours weekly in grades 1 and 4, and one hour weekly in all other grades. This aspect of the programme may be provided by qualified professionals who possess expertise in speech and language therapy obtained through higher education and who are adept at working with children diagnosed with ASD. Moreover, the importance of the speech and language therapist's involvement in collaborative efforts of teamwork is also highlighted in the *Special Education Programme* (Plavčak et al., 2022), which is designed for the education of students with moderate, severe, and profound intellectual disabilities. These individuals often struggle with speech and language disabilities as well.

Similarly, within the context of secondary education, various documents highlight the significance of speech and language therapists as essential members of the support team for students with speech and/or language disabilities in grammar school programmes (Žnidarič, 2004) as well as in vocational and professional education programmes (Podbrežnik & Steiner, n.d.).

The role of a speech and language therapist within a collaborative team setting and in the context of speech therapy is also prominently featured in the *Educational Programmes for Children and Adolescents with Physical Disabilities in the Form of Full-Day Training* (Logaj & Kaučič Zadnik, 2014) and in the *Special Education Programme for Children and Adolescents with Special Needs - (Post-)Rehabilitation Practicum* (Logaj, et al., n.d.).

4 Conclusion

Speech and language therapy serves a fundamental purpose in advancing and supporting communication skills for individuals throughout their lifespan, with early and timely treatment being particularly important. Speech and language therapists are employed in a range of settings, which not only fosters professional growth but also allows for various avenues of specialization.

In Slovenia, there is a notable increase in individuals affected by speech and language disabilities, a trend that is particularly highlighted in educational research. This is especially concerning for children and adolescents during critical developmental stages where speech plays a vital role in the acquisition of knowledge, experiences, social skills, et cetera. A variety of educational resources are designed to provide professional assistance and support, promote effective speech and language therapy, and encourage collaboration with speech and language therapists.

Thus, the focus of this chapter is to draw attention to the critical importance of ensuring a sufficient number of highly skilled speech and language therapists, equipped with the expertise and skills to diagnose, treat and apply preventive and rehabilitative measures. To realize this objective, it is essential to ensure that a sufficient number of speech and language therapists are available to serve across various domains, including education and healthcare. The Faculty of Education at the University of Ljubljana offers an accredited study programme in Speech and

Language Therapy and the Education of Deaf and Hard of Hearing Students; however, it fails to generate a sufficient number of qualified specialists. Therefore, it is essential to enhance the diversity of study programmes in this area across Slovenia.

In light of the increasing occurrence of speech and language difficulties among people, it is crucial to deliver high-quality, accessible, timely, and comprehensive care to those who require assistance, regardless of their age. There is a pressing need to advance the training of professionals in higher education who will employ scientific research techniques to enhance the critical assessment of recent theoretical developments and to explore practical strategies.

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