

# Analysis on the actual condition of speech-language rehabilitation provision for the community social service investment projects: focused on targeting 17 cities nationwide\*

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**Purpose:** The purpose of this study was to develop a policy design and model that could increase the proportion of speech-language rehabilitation and expand participatory services by analyzing community social service investment projects by subject and identifying the proportion of service provision by speech-language rehabilitation.

**Methods:** This study was conducted on 17 local governments conducting community social service investment projects. The services of 17 local governments were classified by target to analyze programs and identify services that included speech-language rehabilitation.

**Results:** In 108 services for children and youth nationwide, 26 services accounted for 24.1% of the total. The service for adults and senior citizens was included in 1 of the 116 services nationwide, accounting for 0.8% of the total. Of the 53 services nationwide for the disabled and mentally disabled, 6 include speech-language rehabilitation, accounting for 11.3% of the total. There are 43 services nationwide for parents, families, husband and wife, and pregnant women, and there are no services that include speech-language rehabilitation.

**Conclusions:** First, when the community service investment project was classified by the subjects, the service area in which the speech-language rehabilitation worker is specified as the providing manpower is concentrated in the child and youth area, and there are few services targeting adults, the elderly, parents, families, couples, and pregnant women. Second, when examining the characteristics of each area to investigate the actual condition of speech-language rehabilitation by content, speech-language rehabilitation workers were concentrated in the psychological and counseling areas, and they rarely provided services in the areas of education, emotion, health, exercise, and leisure.

**Keywords:** Community social service investment, Speech-language rehabilitation, Speech-language pathologist, Local governments



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## INTRODUCTION

Speech-language rehabilitation is being provided throughout the entire life cycle to improve the communication skills of the subjects from newborns to old age. These speech-language rehabilitation services are provided by speech-language rehabilitation companies and are provided in various programs such as speech-language devel-

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opment promotion, hearing impaired speech-language rehabilitation, cognitive disability speech-language rehabilitation, dementia and stroke speech-language rehabilitation. For speech-language rehabilitation service, the subjects should spend the cost for inspection and rehabilitation, and the government is conducting community service investment project as one of the ways to support rehabilitation service costs.

The community service investment project started from the 2007 “Social Service Expansion Strategy”. This project has developed into a service that local residents benefit and satisfy by developing and implementing social services according to the needs of residents and local characteristics, not simply the existing method of selecting the target people based on low-income families, away from the state-led service provision method [1,2].

The community service investment project has gradually expanded, increasing the budget by 3.1 times, the provider by 7.1 times, and the provider by twice over the past decade [3,4]. As of 2017, 17 standard models were set up for community service investment projects. Each local government is classified into 6 categories based on the standard model, such as child rehabilitation, child capacity development, social participation support for the elderly and the disabled, physical health management, mental health management, and family competency management [5]. In addition, the qualification criteria for the personnel who provide this service vary according to the service, such as national qualification, private qualification, academic background, and career [6].

Among them, the services that speech-language rehabilitation providers commonly specify as providing personnel include ‘speech-language development support service, child and youth psychological service, and complementary and alternative communication service.’ In addition, each local government specifies ‘a bachelor’s degree related to speech-language therapy, speech-language pathology, rehabilitation major and private qualification related to speech-language’ and provides communication and speech-language related programs.

The target of the community service investment project is the voucher project for people from infants to the elderly, and the method of providing is the voucher project for people ranging from individuals to families. It includes many speech-language rehabilitation programs such as communication, speech-language recognition, letter recognition and decipherment, and learning programs related to literacy ability [5].

Nevertheless, the service that the national qualification

‘speech-language rehabilitation’ is specified as the provider is limited and the service that can participate in the related private qualification is limited, so there is a limit to the opportunity to provide professional speech-language related services to the subjects. Despite these programs, there are very few programs that specify the personnel as speech-language rehabilitation.

The lack of providing personnel for counseling and rehabilitation services in community service investment projects is higher than other services. Especially, the ratio of providing personnel with national qualification is significantly lower than that of other social services [7]. Among these program providers, the service that the national qualification ‘speech-language rehabilitation’ is specified as the provider is limited, and the service that can participate in the related private qualification is limited, so there is limited opportunity to provide professional speech-language related services to the subjects.

The purpose of this study is to understand the actual condition of speech-language rehabilitation program and the degree of participation of speech-language rehabilitation company in the project based on the information of the standard of community service investment project operated by 17 local governments, and to investigate the expansion and improvement of service participation of speech-language rehabilitation company in the community service investment project.

## METHODS

### Research subject

This study was conducted on 17 local governments that conduct community service investment projects. Seventeen urban districts were Gangwon Province, Gyeonggi Province, Gyeongsangnam-do, Gyeongsangbuk-do, Gwangju Metropolitan City, Daegu Metropolitan City, Daejeon Metropolitan City, Busan Metropolitan City, Seoul Metropolitan City, Sejong Special Self-Governing City, Ulsan Metropolitan City, Incheon Metropolitan City, Jeollanamdo, Jeollabuk-do, Jeju Special Self-Governing Province, Chungcheongnam-do and Chungcheongbuk-do.

In this study, the program was analyzed by classifying the service of each local government by the subjects and contents, and the service including the speech-language rehabilitation company was identified. The specific classification areas were children, adolescents, adults, and elderly, disabled people (including mentally disabled \* suicide risk group and mental

disorder risk group), parents, family, couples, and pregnant women. The subjects were classified into children and adolescents under the age of 18 and adults and elderly people over the age of 18 based on the age standard specified in the guidelines. The other subjects were classified into services for disabled people including mentally disabled people, parents, family, couples, and pregnant women according to the characteristics of the subjects.

Among the services, 'support for the disabled and the mother' and 'support for the disabled and the elderly' were divided into two subjects, and the services for workers were included in the 'adult and the elderly' area. In addition, the program provided by 17 local governments' community service investment projects was classified and analyzed by contents.

The analysis criteria were modified and supplemented by Kim and Lee [6]. The contents of the community service investment project are classified into five areas. The specific classification areas are psychology, counseling, education and emotion, health and exercise, leisure, and others [6]. The psychological and counseling areas were identification of the causes of mental and psychological problems of individuals or families, counseling and psychotherapy. The education and emotion area includes 'worker emotional support,' 'age social participation support,' 'multicultural family support,' 'parent school,' 'child youth vision formation support,' 'child youth emotional development,' 'child care.' The health and exercise areas were physical training for health, moving work, exercise for health improvement and prevention, and services including physical education. The leisure area included various hobby activities, stress relief, self-charging and rest programs. Other areas include services to support simple daily life in addition to the above-mentioned contents.

When the contents among the services overlap, the specific service contents and purpose were identified and classified. For example, if it is 'support for old-age social participation,' it is divided into education and emotion, and if it is a service to support hobbies to the elderly, it is divided into leisure.

#### **Data collection and analysis method**

Data were collected based on the manual of the community service investment project provided by the social service support team of 17 local governments, and the services implemented in each local government were classified and analyzed by subjects and contents. Also, by analyzing the number of people who provide each program, the program that the

speech-language rehabilitation worker has specified in the person who provides is extracted and compared with the total number of programs, frequency and percentage were analyzed.

#### **Result processing**

The community service investment project was classified by subjects and contents, and the program including speech-language rehabilitation and speech-language therapist was extracted from the provider of these programs and frequency analysis was conducted.

## **RESULTS**

The purpose of this study was to classify community service investment projects by subjects and contents and to investigate the frequency and ratio of speech-language rehabilitation workers designated as providers. For this purpose, the study examined the proportion of the number of service providers in the community service investment project including speech-language rehabilitation workers by dividing them into the actual condition of speech-language rehabilitation by subjects and the actual condition of speech-language rehabilitation by contents.

#### **The Actual condition of speech-language rehabilitation by subject**

In order to investigate the actual condition of speech-language rehabilitation by service subjects, the service was classified into four areas: children and adolescents, adults and elderly, disabled people (including mentally disabled\*suicide risk group and mental disorder risk group), parents, family, couples, and pregnant women.

Among 17 standard models of community service investment projects, the services that speech-language rehabilitation providers have stated as providing personnel include 'infant development support,' 'child and youth psychological support,' 'multicultural family child development support,' and 'adjustment of complementary alternative communication devices.' In addition to speech-language rehabilitation, the provision personnel of 'infant development support' were professional counselors and special school teachers, kindergarten teachers, childcare teachers, nurses, social workers, mental health specialists, clinical psychologists or art, music, behavior, play, psychology, counseling, and sensory related private qualifications or related majors. This service is pro-

vided by professional personnel in the area according to the developmental intervention area of the subject [8].

Children and adolescents psychological support is an early intervention program for children and adolescents, and speech-language rehabilitation providers provide services for the purpose of improving speech-language and communication. The service states that speech-language rehabilitation personnel are speech-language diagnostic assessment and program providers, and since 2019, they have been specified as national qualification holders of speech-language rehabilitation personnel.

'Multicultural Family Child Development Support' is divided into Korean learning, daily life support, learning support, and emotional support services. Although the contents of the service differ from local government to local government, the personnel who provide the 'multicultural family support' service for the purpose of improving speech-language development and communication ability are those who have at least 6 months of working experience as a bachelor's degree or higher in speech-language rehabilitation related departments such as speech-language therapy, speech-language pathology, and speech-language hearing. However, there was no indication of the possession of a national certificate of speech-language rehabilitation in this service.

In addition, despite the fact that the service is aimed at improving speech-language development, the service allows the holder of a private license such as a social worker, a childcare teacher, a regular teacher, a health family member under Article 35 (3) of the Basic Law on Healthy Families and Article 17 of the Basic Law on Qualifications to provide services without strict standards for qualification conditions, We have a situation.

Intervention of the use of complementary and alternative communication devices is a service that supports communication promotion and social participation by using devices to discover and supplement communication problems of people with disabilities and replace them. It is a service that supports communication promotion and social participation. It is organized by the Korean speech-language Rehabilitation Association and the Korean Society of Rehabilitation. AC specialists' repair education] Special education majors who have completed the course and special teacher certificate holders are specified as the provider. In case of this service, it was found that it is a service providing area unique to speech-language rehabilitation company by specifying the completion of the repair education of 'Korean Speech-Language Rehabilita-

tion Association' and 'speech-language rehabilitation' as the providing manpower.

As such, although the local community service investment project provides speech-language rehabilitation services, the description of the provider considering the major is not accurate or recently it includes the speech-language rehabilitation as the provider, so the proportion of the speech-language rehabilitation service to the local community service investment project is very small compared to other national qualifications. The results of analysis on the status of the service by target and the speech-language rehabilitation personnel in the community service investment project implemented by 17 local governments are as shown in Table 1.

Speech-language rehabilitation was the largest part of the service for children and adolescents among the four areas of community service investment projects. Among the 108 services for children and adolescents nationwide, speech-language rehabilitation workers accounted for 24.1% of the 26 services as providers.

Among the 116 services for adults and the elderly, speech-language rehabilitation companies accounted for 0.8% of the services included in one service as a provider. This service is the only program for adults with the 'adult rehabilitation mental health' service implemented in Jeju Special Metropolitan City. It is a service that improves communication problems caused by stuttering, voice problems, brain central nervous system problems (stroke, traumatic brain injury, dementia, etc.) through speech-language therapy access.

Among the 53 services nationwide, the services for the disabled and the mentally disabled accounted for 6 and 11.3% of the services included as the provider of speech-language rehabilitation. There are 43 services for parents, family, couples, and pregnant women nationwide, and there are no services included by speech-language rehabilitation workers as providers.

There are 316 services in the community service investment project in 17 local governments, and 33 services included as the provider of speech-language rehabilitation workers accounted for 10.4%. The speech-language rehabilitation workers showed lower participation in providing services for adults, the elderly, the disabled, parents, family, couples, and pregnant women than those for children and adolescents. Although speech-language rehabilitation is provided to various subjects for the purpose of improving the problems of speech-language and communication, the subjects are concentrated as children and adolescents. Even though coaching through

**Table 1.** Status of service speech-language pathologist by target

| Classification | Children and adolescents |           | Adults and senior citizen |         | Disabled and mentally disabled |          | Parents, families, husband and wife, pregnant women |      | Number of total (%) |           |
|----------------|--------------------------|-----------|---------------------------|---------|--------------------------------|----------|---|------|---------------------|-----------|
|                | A                        | B         | A                         | B       | A                              | B        | A   | B    | A                   | B         |
| Region         |                          |           |                           |         |                                |          |   |      |                     |           |
| Gangwon        | 5                        | 1         | 14                        | -       | -                              | -        | 2   | -    | 20                  | 1         |
| Gyeonggi       | 6                        | 1         | 6                         | -       | 4                              | 1        | 2   | -    | 18                  | 2         |
| Gyeongsangnam  | 5                        | 2         | 4                         | -       | 5                              | 1        | 2   | -    | 15                  | 3         |
| Gyeongsangbuk  | 5                        | 2         | 4                         | -       | 6                              | 1        | 2   | -    | 15                  | 3         |
| Gwangju        | 6                        | 2         | 9                         | -       | 3                              | -        | 3   | -    | 20                  | 2         |
| Daegu          | 3                        | 1         | 5                         | -       | 2                              | -        | 4   | -    | 14                  | 1         |
| Daejeon        | 9                        | 1         | 6                         | -       | 4                              | 1        | 5   | -    | 24                  | 2         |
| Busan          | 5                        | 1         | 5                         | -       | 2                              | -        | 2   | -    | 14                  | 1         |
| Seoul          | 8                        | 2         | 4                         | -       | 4                              | -        | 1   | -    | 17                  | 2         |
| Sejong         | 4                        | 1         | -                         | -       | 1                              | -        | 1   | -    | 6                   | 1         |
| Ulsan          | 4                        | 2         | 7                         | -       | 1                              | -        | 2   | -    | 14                  | 2         |
| Incheon        | 8                        | 2         | 8                         | -       | 6                              | -        | 4   | -    | 26                  | 2         |
| Jeollanam      | 11                       | 2         | 14                        | -       | 3                              | -        | 2   | -    | 30                  | 2         |
| Jeollabuk      | 10                       | 2         | 10                        | -       | 6                              | 1        | 3   | -    | 29                  | 3         |
| Jeju           | 6                        | 2         | 6                         | 1       | 1                              | -        | 4   | -    | 17                  | 3         |
| Chungcheongnam | 7                        | 1         | 9                         | -       | 2                              | -        | 5   | -    | 20                  | 1         |
| Chungcheongbuk | 5                        | 1         | 4                         | -       | 6                              | 1        | 2   | -    | 15                  | 2         |
| Total          | 108                      | 26 (24.1) | 115                       | 1 (0.9) | 56                             | 6 (10.7) | 47  | 0(0) | 316                 | 33 (10.4) |

A, total; B, Speech-language pathologist.

parent education and counseling on speech-language development and communication development along with speech-language rehabilitation service is necessary, it is not included as a provider in services targeting parents (preliminary parents) or families. As a result of this analysis, it can be seen that the area of speech-language rehabilitation as a service provider is very limited by the subjects. The service subjects are limited to children and adolescents, which indicates that only the service approach due to developmental problems is recognized as the area of speech-language rehabilitation. However, the problem of speech-language and communication is not only a problem of children and adolescents, but also the desire of all subjects throughout their lives. Nevertheless, the only adult and elderly service designated by speech-language rehabilitation personnel is the adult rehabilitation mental health service implemented in Jeju Island. The 'Mental Rehabilitation Mental Health' service is limited to Jeju Island, but it is necessary to expand it to local governments nationwide in the future. In addition, the local government

has conducted programs related to speech-language and communication, and the qualification criteria of the providers are limited by requiring private qualifications related to speech-language or suggesting private qualification holders such as speech-language psychological counseling therapists. This can be said to violate the expertise of speech-language rehabilitation workers despite the fact that they have a national qualification as a speech-language rehabilitation company.

The results of the analysis of the status of the local community service investment project implemented by each local government, including the speech-language rehabilitation worker as the providing manpower, are as shown in Table 1.

#### The Actual condition of speech-language rehabilitation by content

In order to find out the actual condition of speech-language rehabilitation by service contents, the service was classified into five areas, psychological and counseling, education and

emotion, health and exercise, leisure, and others.

The services in the psychological and counseling areas are 'child and youth psychological support' and 'adult rehabilitation mental health' services, and the holder of the national license of speech-language rehabilitation is included in the provider, and 16 of the 65 services nationwide are included in the provider, accounting for 24.6%.

The service in the education and emotional area was included in the providers of 'Infant Development Support' and 'Multicultural Family Children Adaptation Support' services, and the holders of 'speech-language Rehabilitation State Qualification' and 'Bachelor Degree or More in speech-language pathology and speech-language therapy' were included in the providers.

There are 74 services in the health and exercise area nationwide, but there are no programs included as providers of speech-language rehabilitation.

There are 25 services in the leisure area nationwide, but there are no programs that are included as providers of speech-language rehabilitation.

The services of other areas accounted for 21.4% of the total 28 services in the nation, including speech-language rehabilitation workers as providers. In other areas, the provision personnel of the 'intervention of using complementary alternative communication devices' service included the national qualification holders of speech-language rehabilitation companies.

As a result of examining the actual condition of speech-language rehabilitation by content, the proportion of speech-language rehabilitation providers designated as providers was the highest in the area of psychological and counseling services with 24.6%, which is because 15 local governments out of 17 local governments are implementing 'child and youth psychological support services'. In addition, the services provided by speech-language rehabilitation workers are concentrated in the psychological and counseling areas compared to the education, emotion, health, exercise, and leisure areas, and among them, they are limited to the 'children's psychological support' service. Although speech-language rehabilitation providers can provide programs such as education, leisure, and daily life support services, there are limitations on services that can be provided because they are not specified as providers.

In terms of services in various areas, the expression of private qualifications was more widely included than the description of the national qualification of speech-language rehabili-

tation workers in the providers, even though the improvement of speech-language, communication and literacy skills was specified for the purpose of the program. Speech-language rehabilitation is a service that encompasses various areas such as psychology, counseling, education, emotion, health and exercise, leisure, and others. It is not only limited to the development or psychological area of children, but also an important activity that affects all areas that require speech-language and communication. Depending on the subjects, it may be aimed at improving the difficulties in the psychological area or to improve the quality of leisure life. Therefore, speech-language rehabilitation has no clear definition of five areas. This is also the reason why speech-language and communication areas should be created according to the contents and purposes of the service.

The results of analysis of the current status of the service by contents of the community service investment project and the speech-language rehabilitation company as provider are as shown Table 2.

## DISCUSSION AND CONCLUSIONS

This study aims to develop a policy design and model that can increase the proportion of participation of speech-language rehabilitation workers and expand the services that can participate by analyzing the actual condition of the human resources provided by speech-language rehabilitation workers by classifying the services of community service investment projects by subjects and contents, and grasping the proportion of service provision.

The conclusions according to this purpose are as follows. First, when the community service investment project was classified by the subjects, the service area in which the speech-language rehabilitation worker is specified as the providing manpower is concentrated in the child and youth area, and there are few services targeting adults, the elderly, parents, families, couples, and pregnant women. The service for the disabled was also limited to the service using complementary and alternative communication devices. However, if the proportion of services for children and adolescents is high, it is necessary to link them with parent education or services targeting families, but there is no service that provides speech-language rehabilitation personnel to services targeting parents, families, couples, and pregnant women, and the result means that the service does not link to the family of the target person (child and youth).

Second, when examining the characteristics of each area to investigate the actual condition of speech-language rehabilitation by content, speech-language rehabilitation workers were concentrated in the psychological and counseling areas, and they rarely provided services in the areas of education, emotion, health, exercise, and leisure. Among them, there were no services included as a provider of speech-language rehabilitation workers in the areas of health, exercise and leisure. As such, when speech-language rehabilitation companies classified community service investment projects by subjects in four areas, the programs provided by speech-language rehabilitation companies were concentrated on specific areas.

In addition, it was found that the speech-language and communication programs, which are also the desires of the subjects in various areas, were replaced by national qualifications without related private qualifications or expertise, not speech-language rehabilitation. Although the quality management of speech-language rehabilitation is excellent as a national qualification, the proportion of service provision is small and the service included as a provider is limited com-

pared to the private qualification.

Based on the conclusion of this study, the following suggestions are made. First, it is necessary to expand the service area by subject and content of speech-language rehabilitation company. speech-language and doctoral communication programs are necessary programs for all subjects, and it is considered appropriate for the provider to designate a speech-language rehabilitation worker. In addition, it is necessary to expand the speech-language rehabilitation, which is concentrated on services for children and adolescents, to adults, the elderly, the disabled, parents, families, couples, and pregnant women. In particular, rehabilitation services for adults and the elderly should be expanded nationwide, such as the 'Mental Rehabilitation Mental Health' service implemented by Jeju Special Self-Governing Province, and the proportion of speech-language rehabilitation workers should be expanded from services such as 'Dementia Prevention Service for the Elderly' and 'Integrated Support for the Disabled' to providing personnel. speech-language and communication are the most common means of self-expression used in

**Table 2.** Status of service speech-language pathologist by content

| Classification | Psychology · Counseling |                             | Education · Emotion |                             | Health · Exercise |                             | Leisure |                             | Other |                             |
|----------------|-------------------------|-----------------------------|---------------------|-----------------------------|-------------------|-----------------------------|---------|-----------------------------|-------|-----------------------------|
|                | Total                   | Speech-language pathologist | Total               | Speech-language pathologist | Total             | Speech-language pathologist | Total   | Speech-language pathologist | Total | Speech-language pathologist |
| Region         |                         |                             |                     |                             |                   |                             |         |                             |       |                             |
| Gangwon        | 2                       | 1                           | 10                  | -                           | 5                 | -                           | 1       | -                           | 2     | -                           |
| Gyeonggi       | 2                       | 1                           | 4                   | -                           | 5                 | -                           | 1       | -                           | 1     | 1                           |
| Gyeongsangnam  | 4                       | -                           | 3                   | 1                           | 4                 | -                           | 2       | -                           | 2     | 1                           |
| Gyeongsangbuk  | 4                       | -                           | 3                   | 1                           | 4                 | -                           | 2       | -                           | 2     | 1                           |
| Gwangju        | 2                       | 1                           | 9                   | 1                           | 4                 | -                           | 3       | -                           | 2     | -                           |
| Daegu          | 3                       | 1                           | 6                   | -                           | 4                 | -                           | -       | -                           | 1     | -                           |
| Daejeon        | 8                       | 1                           | 10                  | -                           | 2                 | -                           | 2       | -                           | 2     | 1                           |
| Busan          | 3                       | 1                           | 4                   | -                           | 4                 | -                           | 1       | -                           | 2     | -                           |
| Seoul          | 5                       | 1                           | 8                   | 1                           | 3                 | -                           | -       | -                           | 1     | -                           |
| Sejong         | 1                       | 1                           | 3                   | -                           | 1                 | -                           | -       | -                           | 1     | -                           |
| Ulsan          | 3                       | 1                           | 5                   | 1                           | 3                 | -                           | 2       | -                           | 1     | -                           |
| Incheon        | 4                       | 1                           | 14                  | 1                           | 6                 | -                           | 1       | -                           | 1     | -                           |
| Jeollanam      | 4                       | 1                           | 15                  | 1                           | 7                 | -                           | 2       | -                           | 2     | -                           |
| Jeollabuk      | 5                       | 1                           | 9                   | 1                           | 8                 | -                           | 3       | -                           | 4     | 1                           |
| Jeju           | 7                       | 2                           | 5                   | 1                           | 3                 | -                           | 1       | -                           | 1     | -                           |
| Chungcheongnam | 4                       | 1                           | 6                   | -                           | 7                 | -                           | 2       | -                           | 1     | -                           |
| Chungcheongbuk | 4                       | 1                           | 3                   | 1                           | 4                 | -                           | 2       | -                           | 2     | 1                           |
| Total          | 65                      | 16 (24.6)                   | 117                 | 10 (8.5)                    | 74                | 0                           | 25      | 0                           | 28    | 6 (21.4)                    |

everyday life, and the quality of life varies depending on how to use it [9,10]. The expansion of speech-language and communication programs is expected to be expanded to all ages and various activities. In addition, services that were concentrated in psychological, counseling, education and emotion should be expanded to leisure, culture, movement, and other areas. speech-language and communication are the most commonly used means of self-expression in everyday life, and the quality of life varies depending on how to use them. The expansion of speech-language and communication programs is necessary for all ages and various services.

Second, strict qualification criteria are needed to provide services. In the case of the Multicultural Family Children Adaptation Support Service implemented in Jeollanam.

do, the qualification criteria are social workers, childcare teachers, teachers, and counselors, reading instructors, and health welfare workers under Article 35 (3) of the “Basic Healthy Families Act” who have at least six months of experience in providing multicultural family support services, family studies, and social welfare studies. It is stated that those who have more than 6 months of experience in providing support services for multicultural families are related to related departments such as women’s studies, counseling, child welfare, children’s studies, early childhood education, childcare, family welfare, social welfare, speech-language therapy, speech-language pathology, and speech-language hearing. The purpose of the service is unclear by presenting the qualification criteria of the providers extensively, even though the speech-language development diagnosis and speech-language development ability improvement service are unique areas of speech-language rehabilitation. In this way, the service including speech-language and communication programs is limited, while specifying speech-language-related private qualifications or specifying related majors, and including speech-language rehabilitation personnel as providers. Since the area of providing speech-language rehabilitation is small compared to the private qualifications issued indiscriminately, it is necessary to specify the exact qualification of speech-language rehabilitation as a provider for the service of speech-language and communication area.

Third, the accurate classification of service area is needed.

speech-language and communication are included in various services such as psychology and counseling, emotion and education, exercise, leisure, and daily life support. The area of speech-language rehabilitation is very wide and extensive. That is why it can not be included in any one area. It is suggested that professional services can be provided by developing future service models by dividing them into service areas of speech-language and communication areas.

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