
CONFERENCE ABSTRACT

Fifteen years journey of a private speech & language therapy service in rural Ireland - navigating the needs of the local communities and expanding collaborations.

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Private Kerry SLT clinic (KSLTC) was started in January 2007 in rural Ireland, at the time when out-patient services were limited. At that early stage, there was only one speech & language therapist (SLT) in the KSLTC providing the service a few hours per week. The majority of referrals came from medical consultants. Over the years, by maintaining a flexible approach to local community needs, KSLTC expanded and gradually changed the focus of care. Currently, there are seven therapists providing the SLT service in collaboration with local charities, schools, primary care, disability and acute services.

This presentation is for anyone interested in collaborative private and public care and this could contribute to the delivery of integrated care.

We aim to present the evolution and the current delivery of a small private service, which is based on local collaborations and distributed leadership.

We would like to discuss:

- how KSLTC evolved in response to the key developments in the public system, such as the reconfiguration of disability services for children or introduction of integrated care services for older people.
- what are the service priorities and how they align with the needs of the local communities.
- what are the main challenges and opportunities to progress collaborations with external services / agencies.

KSLTC has been engaging in local collaborations since the beginning. Initially, the service provided by the KSLTC was guided by the requests of the local consultants and therefore the focus was medical in nature. Over the years it became apparent that the biggest community needs are in the area of early intervention, disability and autism. KSLTC entered various collaborations to ensure the service provided privately is integrated with the public system and where possible the funding was sought to subsidise the session cost for the clients. One example of the above collaboration is working jointly with a group of parents of children with Down syndrome and a group of parents with autism to co-design the delivery of SLT service. As a result, the services provided are not only clinic based, but are also delivered in the local schools, day centres and in people's homes. The service is being evaluated jointly with the group of parents' representatives.

There every-day practice in KSLTC is based on the culture of mutual trust and respect. To provide an efficient service, a flexible approach guided by the service users' needs is paramount. The integration with the public systems brings multiple opportunities, but also challenges. We hope that our experiences can be valuable to other professionals interested in managing and delivering clinical services with limited resources, private and public collaboration of care, and distributed leadership.