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- What happens when your patients/clients leave your care?
- Do you know where they go?
- Do you know who, specifically, will receive them there, and what sort of reception they will get?
- What do you do to make sure they are prepared and handed on as seamlessly as possible?

Seamless care: Multiprofessional partnerships

The White Paper, *Modern Local Government: in touch with the people* (DETR, 1998) set out a new legal duty on local authorities to 'promote the economic, environmental and social wellbeing of all their citizens'. The need for a partnership, multi-agency approach is reinforced in the White Paper *Modernising Social Services* (DoH, 1998). The idea is that authorities should no longer think in terms of departmental responsibilities. They should think in a more corporate way about what will benefit the citizens they exist to serve and cut across traditional boundaries if need be. This requires partnerships:

- With other agencies e.g., the NHS and the police
- Within authorities e.g. between social services and education.

It is not enough that you are a well-trained, quality-conscious professional, you also need to see yourself as belonging to multiprofessional teams. The members of such teams have different tasks and skills, and they may include:

- Nurses and doctors
- Patients/clients and their relatives/carers
- Physiotherapists, speech therapists, occupational therapists and other specialists
- Social workers
- Clinical psychologists
- Police officers.

Although multiprofessional teams may function well, there is always the danger that the loyalty individuals feel to their profession may be greater than their commitment to the team. Stokes (1994) argues that multiprofessional teams often

'[Multiprofessional team-working] means establishing networks for multiprofessional team building, effective liaison over assessment and care planning; acknowledging the value of the role of all carers; sharing records and information with the relevant people; and using the resources available more efficiently and effectively.'

Hancock, 1993

have difficulty working out a coherent and shared purpose since their members have had different training, with different values, priorities and preoccupations. Team members may also be responsible to different superiors, which affects the capacity of the team to take decisions. Ideally, in a multiprofessional team, each member has a specific contribution to make, but sometimes 'the reality is more like a collection of individuals agreeing to be a group when it suits them, while threatening to disband whenever there is serious internal conflict. The spurious sense of togetherness is used to obscure the problem and as a defence against possible conflicts' (Stokes, 1994). Multiprofessional teams can be either:

- **Multidisciplinary**: members of different disciplines or professions bring their own particular expertise to the treatment of patients/clients. The various contributions are not necessarily integrated
- **Interdisciplinary**: the focus is on the patient/client whose condition requires an integrated approach combining the expertise of professionals from different disciplines.

Though they sometimes have problems, multiprofessional teams can be very successful. As in any other teams, success depends ultimately on the individuals concerned, their degree of awareness of group processes and how much they want the team to work.

'In the multidisciplinary model, the professional disciplines function almost independent of one another; the interdisciplinary model necessitates collaboration and negotiation by team members. The multidisciplinary model can lead to the patient or family receiving conflicting messages from different team members. The interdisciplinary model is the most appropriate means of ensuring that patients receive consistent information and integrated care. However, one must recognise that the interdisciplinary model can be fraught with personal and professional disagreements that reduce the effectiveness of the team.'

(Gage, 1994)

The psychologist Meredith Belbin (1996) found that particularly successful teams are made up of individuals who display different behaviours and qualities, enabling them to fill important but distinct roles in the team. Belbin's eight team roles are:

- **Team worker:** sensitive, likes people, good in teams but may find it difficult to take decisions
- **Completer-finisher:** conscientious, anxious, careful over detail, a worrier
- **Monitor-evaluator:** objective, hard-headed, tough on people. May not be good at motivating but gets results
- **Shaper:** full of drive and new ideas, dynamic but impatient to see results
- **Company worker:** good organiser, self-disciplined, practical, can be inflexible
- **Chairperson:** self-confident, controlled, objective, brings out the best in people
- **Plant:** full of ideas and imagination but sometimes disregards the practical detail
- **Resource investigator:** extrovert, enthusiastic, curious, but may lose interest quickly.

People adopt these roles to some extent when they are working in teams, although the roles should not be seen as indicators of personality. Individuals who evaluate themselves in different teams, or in the same team over time, find that their role-sets do not stay the same, but change according to the roles preferred by other members of the team.

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What is the nature of multiprofessional teams in your area of work? Do they tend to be multidisciplinary or interdisciplinary? In your view, what are the advantages and disadvantages of either way of working?