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# Introduction

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The nature of health and social care is such that, for many, the quality of the service received is dependent upon how effectively different professionals work together. Developments in knowledge, and innovation in approaches to service delivery, have resulted in a high level of specialisation. This means that it is not possible for any one professional to have sufficient knowledge and skills to respond to the requirements of individuals, groups and communities in situations of complex need (Irvine *et al.* 2002). This being so, professionals have a ‘moral obligation’ (*ibid*: 208) to work interprofessionally in order to serve the best interests of the service user.

This book sets out to enable those engaged in the health and social care arena to develop an understanding of the nature and policy context of inter-professional working, to consider some of the complexities involved when professionals work collaboratively and to provide examples of inter-professional working in practice. The book is therefore relevant to students undertaking professional pre-qualifying programs within health and social care as well as qualified professionals working within this area of service delivery. Health and social care within this context is considered to include a broad range of professionals who work within ‘the field of human service provision’ (*ibid*: 207) encompassing, for example, those who work in health care, social care, education and the criminal justice service.

The content is arranged in three main parts. Part I comprises two chapters and concerns the need for inter-professional working and the processes involved. In Chapter 1, Pollard, Sellman and Senior identify a range of factors

that have prompted the move from a separate, uniprofessional focus on the delivery of professional services to a more integrated interprofessional approach. Historical developments in the structuring and organisation of health and social care services are considered together with political and professional drivers for collaboration. The terminology around joint working is explored and evidence of effectiveness considered. Finally, the rhetoric around service user involvement is considered in relation to the reality of current practice. In Chapter 2, Barrett and Keeping explore some of the knowledge, attitudes and relational skills required to enable different professions to engage collaboratively. A number of difficulties that can arise within the context of interprofessional working are considered, together with a range of actions that can support those involved.

Part II includes 12 chapters, each one focusing on a particular profession. As knowledge regarding the existence and function of professions is a factor influencing interprofessional working, the authors initially outline professional roles and responsibilities before citing examples of interprofessional working through the use of case studies. Chapters cover the education setting, housing, medicine, midwifery, nursing, occupational therapy, physiotherapy, the police, probation, radiography, social work and youth work. Case studies illustrate interprofessional working within both an intraagency context (involving different professionals working within the same organisation/agency) and a multi-agency context (involving different professionals working across different organisational or agency boundaries).

In the case studies fictitious names are used, except in Chapter 10 which focuses on Victoria Climbié. First names of people are used throughout for clarity and consistency. This is not meant to imply that interactions between professionals and users of services will be on first name terms. In any relationship good professional practice involves ascertaining how people prefer to be addressed. Professionals may also refer to the people they provide services for in different ways and readers will find a range of terms used in different chapters including, for example, service user, client, patient, young person and offender. The way in which these terms are used reflects the common usage within each profession.

Evers *et al.* (1994) identifies service users as experts in relation to their own needs and requirements and Tarr's chapter on the education setting (Chapter 3) illustrates the importance of involving service users within the collaborative process if a satisfactory outcome is to be achieved. Similarly Taylor and Vatcher in citing a case study around the role of the social worker (Chapter 13) highlight the need for professionals to work collaboratively with individual family members as well as with one another.

There are occasions when, although collaborative working takes place between professionals, contact with the client is channeled through one professional adviser in order to ensure coherence across different agency boundaries. This is the nature of the interprofessional working cited by Oliver and Pitt in their chapter on youth work (Chapter 14).

In Chapter 7 Sellman, Godsell and Townley cite the case of a mature male with moderate learning disabilities who suffers a heart attack in order to illus-

trate the need for nurses to work collaboratively with other professionals in facilitating the smooth transition of service users between primary and secondary care. Collaboration between primary and secondary care professionals also forms the focus for the case study set out by Dow and Evans in their chapter on the role of doctors (Chapter 5). Dow and Evans make the case for multiprofessional, patient-held, records as a means of facilitating communication between the different professionals involved in the care of a man with acute and chronic health problems and discuss some of the difficulties that this might present.

The theme of smooth transition between services is evident in Davis and Greenwood's chapter on midwifery (Chapter 6). The role of the midwife in supporting a 15-year-old girl through her pregnancy is outlined, together with the need for collaborative working to support Chloe in fulfilling her new role as a mother whilst at the same time maintaining her education.

Chapters 9 and 12 provide examples of interprofessional working within an intraagency context and detail the changing nature of the professional workforce resulting from the development of new career pathways. Hawes and Rees in their chapter on physiotherapy (Chapter 9) identify the need for professionals to work collaboratively in order to provide a consistent approach to supporting the recovery of someone who has suffered a stroke. The context for Chapter 12 is a specialist oncology unit and Chianese and Holmes consider the contribution of radiographers to the interprofessional team who support a woman through the diagnosis and treatment of breast cancer.

Family relationships can sometimes be a source of emotional turmoil resulting in the need to support more than one family member at the same time. One of the case studies in Chapter 7 illustrates this and Sellman, Godsell and Townley identify the contribution of those involved in a child and adolescent mental health team in enabling different professionals to work with different family members in order to avoid the possibility of a conflict of interest.

The probation service is the context for Chapter 11 in which Lindsay illustrates the contribution of interprofessional working to public safety. A case of domestic violence sets the scene to illustrate the contribution of probation and other services in developing an integrated approach to providing support to victims of abuse.

In Chapter 8 Douglas and Evans demonstrate the role of the occupational therapist in facilitating an interprofessional approach, which prevented a breakdown in service delivery to a young man with both physical and learning disabilities. A case conference involving parents, physiotherapist, homecare manager, social worker, day centre manager, health and safety officer, clinical psychologist and occupational therapist provides the means to determine a set of short-term and long-term outcomes that enable Ahmad to remain within the family unit.

The diversity of housing provision and the relationship between housing and health is highlighted in Chapter 4. Carlton and Ritchie use two case studies to illustrate some of the ways in which health, social care and housing professionals can work in partnership for the benefit of individuals with housing needs.

Interprofessional working is fraught with difficulties and the case of Victoria Climbié is used by Kennison and Fletcher in their chapter on the police (Chapter 10) to illustrate how lack of training, blurred roles, poor communication and poor quality supervision contributed to inadequate child protection. Whereas Sellman, Godsell and Townley, in Chapter 7 highlight some of the complexities associated with operationalising interprofessional working at a time when a particular nursing service is in the process of transition.

Part III includes one final chapter (Chapter 15) in which Thomas discusses further some of the issues raised in earlier chapters. In particular, the place of service users within the context of interprofessional working and the tensions associated with translating policy into practice are considered. The case is made for critical reflection as a means to facilitate the development of the transferable teamwork skills required for effective interprofessional working.

Most of the chapters include questions designed to encourage the reader to reflect upon and think critically about identified aspects of interprofessional working. These questions are designed to enable readers to develop a personal action plan to foster the development of relevant knowledge, skills and attitudes to support their involvement in interprofessional working.

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