Making Interprofessional Working Work: Introducing a Groupwork Perspective

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Abstract

Teams are an established part of organisations and are, by definition, ‘groups’—but the business discourse within which they are conceptualised, and within which teamwork takes place, discounts key aspects of groupwork, essentially related to its values. Hence, we argue, the true potential of teamwork is stifled. This is compounded in relation to interprofessional ‘teams’, by the top-down, prescriptive, policy drivers which have led to their setting-up and because of ‘new managerialism’ embedded in their operation. In other words, they are essentially ‘business’ teams and, as such, constricted. Groupwork, we argue, has the potential, first, to liberate interprofessional teams to function more successfully and hence, second, to deliver better to the service user and, third, we believe, to contribute to reducing the risks of failure in interprofessional working as exhibited in recurring ‘tragedies’. Social workers, with their values, knowledge and training in groupwork, have potentially a special role to play in facilitating interprofessional teamwork. In turn, this role, if they carry it out well, might help improve their status in the interprofessional team, where currently they often feel marginalised.

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Introduction

Inter-agency and interprofessional working and linked terminology such as partnership, collaboration and teamwork have been buzzwords in the health and social services throughout the first decade of the twenty-first
century. They were core to New Labour’s aspirations for ‘joined-up’ policy making and management to produce more efficient services in terms of ‘value for money’, ‘reach’ into problems and better access for potential beneficiaries in social care, mental health and children’s services. This is unlikely to change under the Coalition government’s drive for cost savings and providing ‘more for less’. Although this paper is grounded in the British context, similar processes can be detected elsewhere, such as in Québec Province, Canada (Ministère de la santé et des services sociaux, 2010), the workplace of one of the authors. It is not clear that those charged with engineering such developments, those tasked with managing resultant provision and those delivering on the ‘front line’ are necessarily on the same wavelengths when these concepts are deployed.

At the core are people working together—a feature which appears to have become almost forgotten amidst the overwhelming attention given to organisational structures and operational procedures:

Policy makers often see organizational change as a solution to improving or modernizing services and (that) new structures for inter-agency and interprofessional working and new methods of service delivery can provide new opportunities for creative developments (Seden, 2007, p. 1).

It seems to have been overlooked that working together is not only what people have done, long before the ‘inters . . . ’ came to top the agenda. It is central to what they must do given the complex and multidimensional natures of service user need.

At the same time that interprofessional and inter-agency working have gathered pace and prominence, practice has become framed increasingly within a ‘business discourse’, represented by the dominating culture of new managerialism (O’Reilly, 2011). This stresses, besides ratcheting up performance through targets and outputs, a reframing of the characteristics desirable in individual workers, favouring competitiveness, flexibility and short-term horizons (Sennett, 2006). Combined with a more prescriptive approach to management, these features impact on the nature of interpersonal relationships in the work setting.

As an alternative, we argue that attention be directed towards an approach guided by a social groupwork discourse, signified by an explicit focus on how people work together as group members. Where this works well, we argue, desired outputs and outcomes can flow from people working and interacting in groups as a consequence of effective groupwork.

To these ends, we will posit that drawing from group dynamics knowledge and, more broadly, from groupwork theories and experience, we can strengthen interprofessional working and provide conditions favourable for successful working together over and above the structures that are introduced by agencies and policy makers. Core to this enterprise lies the team-group. We will conclude by exploring the importance of leadership in such teams and the role social workers can take as facilitators.
The policy context

Inter-disciplinary and interprofessional working has long been embedded in the work of the health and welfare occupations. We question whether, if attention had been given to this history, the approach that has been taken, involving reorganisation after reorganisation and the disruption and resource diversion that have been a consequence, would have been so necessary? Has the structural focus really missed a key issue?

Besides ‘new-managerial’ concerns for economy, efficiency and greater effectiveness, the overt driver in developing interprofessional practice has been to change services for the benefit and protection of service users, including those for whom the state has protective responsibilities, through changing the way services are delivered and received at the front line (Laming, 2003). Yet, there are voices questioning whether restructuring and reorganisation are the only ways to achieve behavioural change at that level (see, e.g. Fitzpatrick, 2010; Toynbee, 2010). Anning and Edwards (1999, cited in Jelphs and Dickinson, 2008, p. 32) suggest that often professionals are simply exhorted to multi-agency team-working with little training or guidance—a situation reported to be similar in North America (Clement et al., 2007).

In our view, then, it is not surprising that successive reviews of service ‘failures’ (from Maria Colwell to Baby Peter in children’s services, for example) consistently identify failures of front line practitioners to communicate and to work together (Stanley and Manthorpe, 2001; Parton, 2004; Brandon et al., 2009; Department for Children, Schools and Families, 2010). More frequently, this has been where practitioners have been working from separate locations and there is evidence that co-location provides a better context for working together interprofessionally (Gulliver et al., 2003). Certainly, there is a particular challenge for dispersed teams—but, with the adoption of new technology into the methodologies of groupwork, there is increasing development and recognition of the potential for effective working in groups where members are ‘at a distance’ from each other (see Simon and Stauber, 2011).

More generally, examples of good interprofessional practice can be found in accounts of groupwork (see, e.g. Mullender and Ward, 1991; Doel, 2006; Lindsay and Orton, 2008; Mullender et al., forthcoming). Although the interprofessional factor was not their prime consideration, it is our contention that, if these grounded practices are valued, recognised and understood, reorganisation should not be the exclusive solution.

Working together: understanding the terminology

Many authors on the topic (e.g. Glasby and Dickinson, 2008) place definitional clarity and mutual understanding as imperatives for successful
interprofessional working. Whittington (2003) illustrates the differences. For example, ‘partnership’ tends to involve formal, institutional-level working together while ‘collaboration’ implies something more active. ‘Multi-disciplinary’ involves agency team members working in parallel, maintaining distinctive organisational and professional boundaries, while ‘Inter-professional working’ involves greater interaction, integration and adaptation, merging of ideas and creation of new practice (Whittington, 2003, p. 16). Thus, some forms of working together require minimal consultations, whereas others involve a greater level of interaction. Particularly in the case of ‘interprofessional working’, workers will be asked to work together more intensively. Here, in our opinion, a greater awareness and application of groupwork theory and methods can assist the interprofessional project.

For our purposes, interprofessional working:

... involves members of two or more professions working together to respond more adequately to the needs of individuals, families and communities and to improve the quality of services provided. It also looks to optimise the use of resources by avoiding duplication (Barr, 2000, p. 176).

In this sense, interprofessional working requires the professional, regardless of discipline or area of work, such as child or adult care, to analyse situations from their own professional perspective and define intervention objectives before, with the other professionals involved, putting them together and prioritising them. The interprofessional working we refer to in this paper includes both co-located and dispersed teams, although, as mentioned, we acknowledge that dispersed teams have extra challenges for the group to form and develop. Furthermore, while we will discuss interprofessional work in care management, we consider the underlying principles to be generic, applicable in a range of interprofessional teams.

However, as noted, the current situation in interprofessional work has tended to become distanced from this interpersonal context and divested of its human and interactional content, that is from the processes and skills involved in achieving and maintaining partnership and working together (Robson and Kitchen, 2007). Perhaps this is not surprising given the extent of political interest and the policy drivers forcing its development, spurred by the successive reviews of welfare tragedies which have laid blame on failures of professionals to communicate and work together.

Nevertheless, the top-down approach has been helpful in providing interprofessional working with a high profile and legitimacy, as the increasing amount of training about collaborative work for intending health or social care professionals in part demonstrates (Freeth et al., 2005; Barr et al., 2011). However, the top-down approach has placed emphasis on prescription and direction in which service-level practitioners and their immediate managers find their own understandings and experience, grounded in practice, largely passed over. That most practitioners and service-level managers are well aware of the interfaces, interactions and overlaps
between different areas of activity has not, in our view, been sufficiently considered, failing to appreciate that awareness of, and interaction with, other people are basic to social work practice (O’Leary et al., 2012) and human experience. As Sennett (2011b) expresses, it is in interpersonal interaction or, to put it another way, in being in groups that we form our identities, we live much of our lives and seek the means of survival and fulfilment. These characteristics are critical to ‘working together’.

To illustrate, examples can be found in which interprofessional working has developed naturally in settings where it was not part of the professional discourse, not a priority concern nor a focus imposed from above. For example, Ward (2012) outlines how this has happened in dentistry, historically a self-contained occupational area. Led by bottom-up concerns to improve services to patients, interprofessional, and inextricably linked with it, teamwork have evolved without external specification as logical and professionally responsible responses to changing patient profiles and needs.

Our argument, therefore, is that emphasis on interprofessional working should attend not only to structure and organisation, but also to valuing, nurturing and facilitating processes of people working together. This implies moving from preoccupation with top-down and outside-in processes to bottom-up and inside-out ones. The latter engage with local, incremental and cultural changes disseminated through practitioner networks and tested, hopefully, through research. Focus moves to micro-level issues of teamwork and interpersonal communication, negotiation and influence from macro concerns for structure and change (Gratton, 2007). These micro issues interlink with the concerns of groupwork—a discipline which, conventionally, would be regarded as outside the organisational domain.

Teamwork and groupwork: moving towards a different type of interprofessional practice

According to Jelphs and Dickinson (2008, p. 1), teamwork lies at the heart of effective interprofessional practice. Like others in the management and organisational literature (West et al., 1998; Robotham, 2008), they assert that teams and groups are different entities. However, what, for instance, Jelphs and Dickinson (2008, pp. 8–9) describe as features of teams could equally apply to groups: shared objectives and goals; interdependence, in that members work together to achieve goals; recognition by members and those outside; situated within wider social systems; involving some degree of leadership. Teams, like groups, can vary widely in size. Kezsbom (1990, cited by Robotham, 2008, p. 49) argues that team members are aware of their individual roles and the extent to which their
respective talents work together. In reviewing social work teams, Parsloe (1981) suggested that what is projected as a team often resembles a tennis team, where the collection of individuals are not dependent on each other to work effectively. Alternatively, she saw advantage in the football team model where members bring together differing experiences, skills and methods of working. In such a team, she argued, group members work together, are dependent on each other’s skills and draw strength from their experiences within the group. Such joint investment in success and in achieving common goals are key to creating ‘synergy’ (Eva, 2002, p. 314)—what is often characterised as the special group characteristic of the ‘whole … exceed[ing] the sum of the parts’ (Eva, 2002, pp. 315–16).

There is nothing here that would surprise a groupworker. Indeed, Guzzo and Dickson (1996, cited in Robotham, 2008, p. 48) suggest that it is pointless to attempt to distinguish between groups and teams. This is echoed by Trevithick (2005) and Preston-Shoot (2007), who assert that groupwork can be used to improve the functioning of organisations. In an early paper on interprofessional work, Kane (1975) maintained that conflicts in interprofessional teamwork may be as much explained by group process as by the interaction of professional roles and statuses. Cheminais (2009, p. 37) even applies Tuckman’s classic model of the groupwork process (forming–storming–norming and performing) to the phases of interprofessional team development, seeing it as ‘helpful in assisting multi-agency practitioners to understand the four stages they work through, in order to become an effective team’.

However, Douglas (1983) sees the matter as more complex:

... writers seem to indicate that that the dynamics of teams are the dynamics of groups in general, which is true, and that the different emphases are not sufficiently different to warrant specific mention, which is not true ... (Douglas, 1983, p. 124).

Douglas (1983, p. 122) defines a team as a co-operative group created by a larger organisation to perform tasks that cannot be attempted by an individual. While, in essence, all groups are teams and vice versa, the organisation that constitutes a team is not necessarily found in other forms of group (Levi, 2011). Although noting this, we believe it is important not to assume that groups necessarily form voluntarily. Indeed, while interprofessional teams may be constituted by the organisation, so are groups of involuntary participants, such as offenders attending a group as part of their sentence. In this sense, the organisation may be perceived as having the same role as a groupworker who brings mandated members together into groupwork.

Davis and Wacker (1987, cited in Robotham, 2008) provide some flavour of the organisational input. Teams, they say, involve:

... a certain level of skill, work is structured in a manner which allows a balance between individual and team work, the team is clearly recognised
for its contribution in the organisation, management see the need for cross training, team membership is stable and turnover amongst members is kept to a minimum, the work requires that individuals work together to successfully complete tasks, there are clear criteria to evaluate team performance and feedback on performance is available (Robotham, 2008, pp. 48–9).

However, we do recognise that there are also some groups within organisations that are formed to resist organisational pressures which they view as detrimental to their work. However, for this paper, teams are groups formed by organisations and encompassed within their purposes and objectives. While the focus is primarily on task achievement, they can also engage in other activities such as member support, training and development (Gray et al., 2008).

Yet, for a team to work, it must draw from the capacities of each member, as well as the group as a whole. It is this engagement between the member and member and member and the group to agree, integrate and pursue common objectives that constitutes the essence of its groupwork.

In comparing teams with groups, organisational literature does appear to view the latter as rather passive and situational, namely people who happen to be together compared unfavourably with the dynamic and goal-focused characteristics of teams (Levi, 2011). In response, we would point out that groups do have a purpose but that it is unlikely to be focused on ‘business’ objectives, in the commercial sense of that term. Indeed, we would argue, both teams and groups are purposeful; there is much overlap in characteristics but the contexts are different. Teams are groups in organisational settings.

**Working together in organisations through groupwork**

Organisational sponsorship and, particularly, accountability for members’ contributions seem to make a team a rather special kind of group. First, they signpost that teams and teamwork reside within the discourse of ‘business’ rather than that of the liberal social sciences. This is important. Behind discourses lie questions of values. Ward (2009) points to a close connection between groupwork and the values of equality and democracy, arguing that, historically, distinguishing features of groupwork have been its emphasis on commonalities within problems and collective commitment:

In groupwork each issue that is raised, even when that issue at first glance seems to have no relevance to others in the group, does have applicability for all. The worker who practises real groupwork draws out that applicability and elicits the commonalities and asks members to examine the issues of others (Kurland and Salmon, 1993, p. 10).

In parallel, White (2006) explains that, for an interprofessional team to work, it must integrate in the workplace the notions of shared values and
of dialogue. Glasby and Dickinson (2008, p. 34) add that effective interprofessional working should involve: recognition and acceptance of the need for doing things together; clarity and realism of purpose; commitment and ownership; trust; clear and robust practical arrangements; opportunities to review and learn. To be successful, an interprofessional team must move from a culture of difference (tennis team) to one of integration (football team), from an individual to a team focus; it must develop a culture of trust as well as a collective system of leadership (D’Amour et al., 2005).

However, Douglas (1983) suggests that the behaviour of teams is likely to be constrained to eliminate actions not essential to task achievement, a high level of conformity being generally required and sanctions for contraventions. He also identifies the role of the team leader as having a strong directive element. Douglas contextualises these features by observing that teams tend to be embedded in a sponsoring organisation to which the leader bears accountability for team performance. Similarly, Robotham (2008, pp. 49–51), in highlighting conditions for successful team performance, identifies the importance of: upper management support; incentives (‘without incentives a team will usually fail’); leader-established rules on how members will work together; and the team leader’s responsibility to ‘inspire’. There should be the right match of individuals so that individual performance and contribution are maximised. All these features, Robotham suggests, are not so prominent in ‘groups’, as they are not tied to organisational and commercial goals. In other words, a different set of values to those associated with groupwork are at play. Nevertheless, through these nuances, we can still see that a team, as a group with a purpose in an organisational setting, is still a group. To function effectively, attention is needed to group norms, to nurturing, to encouragement and support, to decision making and conflict resolution, to communication, to leadership and to group harmony, as in other kinds of groups (Kane, 1975; Levi, 2011).

Despite the self-evident significance of the group, the literature of interprofessional working tends not to address micro-level process and interpersonal relationship issues through understanding and use of group dynamics and processes. There is a propensity to frame practice in higher-level strategic, organisational and structural terms and lose sight of the team as a group, such as how different roles may affect the way the team works; how latent conflicts may block the process of working together; or how poor facilitation skills may contribute to the failing of the team altogether.

This problem of omission is compounded by one of focus: the discourse which dominates interprofessional practice is instrumental and structural. For example, Cheminais (2009, p. 26) considering partnership working under Every Child Matters (HM Treasury, 2003) asserts that it is policy that drives multi-agency partnerships. Since ‘working together’ comes from the top rather than from those directly involved with service users and clients, it is not surprising that interprofessional teams constructed following reviews and reorganisations frequently struggle to practise
coherently and effectively (see, e.g. Peck et al., 2002). Consequently, there needs to be, in our view, consideration of a different discourse, one of ‘understanding people gathered together’ (Douglas, 1983). Citing Hudson (2002), Jelphs and Dickinson (2008) describe the problem:

The majority of ... government’s attempts to promote and improve partnership working have focussed on policies, processes and structures, rather than on the individuals and professionals who are actually interacting with one another. In other words, the focus on inter-professional working has not been matched by equal attention to inter-professional relationships (Jelphs and Dickinson, 2008, p. 52, our emphasis).

In our view, therefore, it is essential to bring forward the values and processes embedded in the discourse of groupwork. It requires looking to more holistic principles and practices than those revealed in the discourse of teamwork, as we have found it, with its focus on organisational drivers, on directive leadership and on the individual. Groupwork, in contrast, keys into interpersonal relationships and interactions from a different perspective.

Of course, the very nature of what constitutes ‘groupwork’ is debated. For example, Toseland and Rivas (2005) distinguish two different categories within which different types of groups can be found: ‘treatment groups’ (including therapy groups, support groups, education groups, socialisation groups and growth groups) and ‘task groups’ (including social action groups, self-directed groups and multidisciplinary teams). That said, Turcotte and Lindsay (2008) assert that the frontiers between types of groups are rarely clearly defined. One can move from one to another. In this sense, we subscribe to Turcotte and Lindsay’s understanding in that the groups we are referring to in this paper are not a particular type as identified by Toseland and Rivas but, instead, are grounded in the generic skills, knowledge and understanding of groupwork, as identified, for example, in the Standards for Social Work with Groups (Abels and Garvin, 2010).

In common, across differences, a group can serve to provide a source of power for members; a place to exchange information; sources of motivation and hope; opportunities to learn and test interpersonal and other social skills; a sense of belonging; role models; feedback on behaviour; a chance to help as well as be helped (Coulshed, 1991, p. 161, summarising Yalom, 1970). In these characteristics, groupwork provides a viable space to actualise essential components of successful interprofessional work which are not naturally provided through structures.

Thus, in the organisation and management of interprofessional activity, the problem is not the lack of literature on teams, organisations and management per se. Rather, it is failing to apply a knowledge and understanding of group process, and to use groupwork skills, in managing partnerships as ‘mosaics’ (Brown, 1989) and front line interprofessional teams as groups. A culture which is top-down, prescriptive and preoccupied with following
rules, performance indicators and output measures is the antithesis of groupwork. One former senior civil servant has described this culture as leading naturally to narrowing vision, driving out initiative, distorting priorities, flattening performance, conformism, reluctance to question received ideas and ‘ultimately to secrecy and defensiveness’ (Faulkner, 1995, p. 69). The capacity of groupwork to enhance creativity and generate team spirit and enthusiasm for the tasks in hand goes unconsidered in such a culture.

Nevertheless, it is important to recognise the challenges faced by workers who come together to work interprofessionally. There are real personal challenges when people move from the comfort zone of the familiar uniprofessional work setting into a maelstrom of new relationships and different professional cultures. However, this is exactly where groupwork, with its focus on interpersonal engagement, can be invaluable. It can offer a platform for connecting members of interprofessional teams, enabling them to recognise the challenges and opportunities of working together and to engage more deeply with the complex issues that many service users face. Indeed, echoing the features outlined above, a team, which is understood and facilitated within a groupwork frame of reference, can address these challenges. As Butler and Wintram (1991) describe, in relation to groups run on feminist principles but clearly of wider applicability, groups can provide a source of support, where meeting together can offer a safety net in itself; a place to recognise shared experiences and their value; a way of breaking down isolation and loneliness in a new environment; a source of different perspectives; and a place to experience power over situations with the capacity to have an effect on these. In such an environment, it should be possible to work upon and develop the specific capacities which Stevens and Campion (1994, cited in Jelphs and Dickinson, 2008, p. 36) consider necessary for effective teamwork: conflict resolution, collaborative problem solving, communication, goal setting and performance management, and planning and task coordination. It should also help team members to develop shared goals and commitment—elements seen as helping to overcome some of the difficulties experienced in interprofessional work (Pittam et al., 2010). A team-group also needs a skilled facilitator/leader, which organisations may not necessarily provide. They may provide an organisational leader but that does not ensure that group processes are developed or followed.

It may be that groupwork in these terms is not readily embraced precisely because it requires acknowledgement that ‘groups’ cannot be controlled in the way that is expected of ‘teams’, that groups develop a life and dynamic of their own over which a groupworker—or manager/team leader—cannot have complete control. In our experience, group members raise what is important and significant to them, no matter what tasks, ‘ground rules’ and boundaries are set. Such characteristics do not fit if the climate emphasises discipline, individual responsibility, preset objectives and audited outcomes.
The question then becomes: how to integrate groupwork processes, knowledge and skills into interprofessional teams already in place and into future ones. The final part of our argument is that, by considering their values, training and expertise, social workers may already be in a very good position to take on the challenge and to help the interprofessional teams in which they are working to become more of an interprofessional ‘team-group’. This, we propose, is a distinctive contribution that social workers can make to ‘working together’. It might also be significant in empowering social workers in a context where, all too often, they experience themselves as the Cinderella profession (Lymbery, 2001).

Social workers as team-group facilitators

Facilitation is a crucial part of successful groupwork (Lindsay and Orton, 2008). Indeed, literature shows that facilitation by a skilled practitioner is necessary, from planning through to direct work with members. It enables the group to develop and progress (Lindsay and Orton, 2008), to orient to its task and meet its objectives and to generate cohesion among members (Turcotte and Lindsay, 2008). Translated into a work setting, this means promoting a better working environment. If the interprofessional team is to meet its objectives and function effectively, we argue that facilitation skills, knowledge and values need to be used by someone within the team. Indeed, two recent studies, which have looked into dysfunctional interprofessional teams (Brown et al., 2011; Weller et al., 2011), have identified problems not only with overarching structures, but also with in-group interpersonal behaviours. These are eminently the focus of skilled group facilitation:

Sources of team conflict included: role boundary issues; scope of practice; and accountability. Barriers to conflict resolution were: lack of time and workload; people in less powerful positions; lack of recognition or motivation to address conflict; and avoiding confrontation for fear of causing emotional discomfort (Brown et al., 2011, p. 4).

... new members were not always well oriented to the team. The need to maintain an environment in which open communication could take place was acknowledged as important for patient safety, but there were some barriers to achieving this (Weller et al., 2011, p. 478).

Richard Sennett (2006, 1970/2008) is renowned for his studies of people living and working in proximity. He argues that we must learn the craft of co-operation to make our complex society prosper. He reassures us that we can do this, for the capacity for co-operation is embedded in human nature. The foundations for skilful co-operation lie in learning to listen and discuss. However, engaging well with others requires skills: of listening well and working together with those who differ. Getting people to participate with others unlike themselves, he says, requires well-honed skills of
facilitation. Sennett identifies such skills within the history of social group work (Sennett, 2011a). Such, we believe, is the special contribution social workers can make to the interprofessional team.

Similarly, for Gray et al. (2008), the notion of ‘communities of practice’ (Wenger, 2006) provides possibilities of practising to develop ‘learning organisations’ (SCIE, 2004) in which a managed yet participatory approach to interprofessional working in social care can be generated. It would draw upon groupwork principles and be predicated by the values and cultural heritage of social work (Gray et al., 2008).

Our next point follows. We contend that social workers, by their values and training, may be well suited within the interprofessional team to facilitate its success. First, social work, conceptually, seems well fitted for the task. Indeed, Lymbery (2001) suggests that high among the core tasks of social work are forming partnerships with other professionals to assess need and work in partnership to empower users. Practice expertise, he argues, embraces strategies for working within inter-agency, multiprofessional structures. As we see it, the collaborative nature of the profession, thus described, places social workers in a unique position to facilitate group processes within a team. Even if these features are often obscured by the organisational context that frames social work practice (Pullen Sansfaçon, 2011), it indicates that social work intrinsically leans towards a posture of collaboration as the context in which social workers accomplish their work.

Furthermore, social work is founded on and informed by a specific value base (IFSW, 2000) echoed in groupwork’s own statement of values (Abels and Garvin, 2010) which specifies the promotion of participation of all, regardless of their background; co-operation and democratic decision making; solidarity, empowerment, mutual help and understanding. These values, if applied to interprofessional working, may contribute to the promotion of equal relationships between team members and models of communication that are respectful of different professional knowledge, values and skills. Indeed, as McGrath (1991, cited in CAIPE, 2007) states:

... inter-professional working is not about fudging the boundaries between the professions and trying to create a generic care worker. It is instead about developing professionals who are confident in their own core skills and expertise, who are fully aware of and confident in the skills and expertise of fellow health and care professionals and who conduct their own practice in a non-hierarchical and collegiate way with other members of the working team, so as to continuously improve the health of their communities and meet the real care needs of individual patients and clients (McGrath, 1991, cited in CAIPE, 2007, p. 8).

Next, groupwork should be already included in social workers’ training, although there is evidence of a tendency for groupwork teaching not to be prioritised in the curricula of some schools of social work (Trevithick, 2010). However, this not the case everywhere (Pullen Sansfaçon et al., forthcoming) and should not be regarded as immutable. In the UK, for instance,
working with groups is embedded, throughout the National Occupational Standards for social work, including being able to work within multidisciplinary and multi-organisational teams, networks and systems (TOPSS England, 2002).

Having said this, even though widely accepted definitions and value bases for practice may provide a foundation for social workers to practise generally and facilitate groupwork in particular, we are not suggesting that such skills on their own are a panacea to solve all the failings of interprofessional collaboration, but rather can make a serious contribution. For example, we detect positions which organisations require social workers to take, such as the role of ‘care manager’ (Postle, 2001), that can be turned into a platform from which to develop working together within interprofessional teams, deploying the particular groupwork contribution social workers can bring.

The rise of the role of ‘care manager’ within adult and community care (Department of Health, 1991) has resulted in role changes so that social workers, although they do not have a monopoly of the role, are increasingly at the forefront in the assessment of need, identification of risk, and the mobilisation of formal and informal resources. This position, although unwelcome for many who are resistant to the underlying change from ‘helping people’ to resource management and the assessment of eligibility, nevertheless, does have potential to place some social workers in a unique position to facilitate the interprofessional team. While Postle (2001) argues that the role of care manager often results in staff getting deskilled and placed in an unclear position, we suggest that this presents also an opportunity in that care managers often find themselves integral to interprofessional teams. From this platform, social workers who are skilled in groupwork can potentially facilitate the functioning of the interprofessional team and, in tandem, improve the work it undertakes and, arguably, contribute to lessening the risk of ‘tragedies’ occurring in interprofessional contexts. In so doing, they will also assist the profession to stand up for, indeed champion, its role in systems where roles and tasks have become increasingly blurred and where social work is not always valued or clear (MacDonald et al., 2008).

Combining the position of care manager with the groupwork skills and tasks we have enunciated may assist social workers to find a more secure role. Therefore, ensuring that social workers are skilled and trained in group facilitation therefore assumes a renewed priority for social work education. In fact, MacDonald et al. (2008) highlight the importance of considering anew the form that contemporary social work practice in adult care should take and how the education of practitioners can support it.

**Conclusion**

We are well aware that the directions in which we are pointing are going to pose, however subtly, serious challenges to the conventional structuring of
interprofessional teamwork and to conventional wisdoms about authority and the contributions and standing of the professions within it, in which status and organisational imperatives currently dominate. In practice, these have meant that medical practitioners, where present, take on leadership roles and, in their absence, professions line up according to the pecking order of the medical world. However, as argued in this paper, interprofessional teams, no less than any other group, need facilitators and they must be up to the job. Clearly, it cannot be assumed that this role can be taken by the team member whose background has the highest status. Such a challenge to existing assumptions implies, at root, a reconfiguration of power relationships, but it is grounded on recognition of particular and invaluable skills social workers can bring.

References


