

Multi-Disciplinary Teams

Revisited

Social Insights/ No. 3/2019
8 March 2019

Dear Social Service Practitioners,

In recent years, discussions over the medical-social divide have shifted towards health-social integration in a welcomed move. Among the various approaches that we see and hear are efforts in appointing dedicated persons, such as Chief Experience Officers or Group Chief Patient Officers, to take charge or focus attention on the user experience. The primary aim of such persons is to remind various parts of an agency or system that the benefits to the user should be the central reason for adjusting and re-engineering processes. This approach is not about having a one size fits all scheme but about tailoring services with the client experience as the centre.

Citizen or Consumer-Centric Service

Any agency, whether a public service, or a not-for-profit commercial service must be relevant to the people it serves. In the public service, we call it being “citizen-centric”, while the commercial side would call it being “customer-centric”. The aim is to improve experiences and outcomes for individuals and families who have care and support needs that cross traditional professional and organisational boundaries. Focusing on the journeys taken by service users often help to raise awareness, engender empathy and start conversations about involving users in the design of services. Such a focus requires an innovative spirit that is willing to abandon what has not worked before to embrace something that is worth experimenting.



In research, there is a term that is often used to describe a point where no new insights emerge: this point is called ‘theoretical saturation’. Research in human services and design is nowhere close to this point. This is due to ever-changing social trends, such as family structures and function, that cause services to operate in fluid contexts. As such, more attention has to be given to observing, sensing, analysing and interpreting the environment and its implications for service delivery.

Those who appreciate how systems operate would often go back to basics and try to understand what works, where, for whom, and in what circumstances. One cannot simply ‘lift and shift’ a model that works in one area and expect it to work elsewhere. This is why “pilot projects” are often hard to scale.

Supporting Families Under Pressure

Individuals, regardless of age, conditions and needs, want services to be joined up around their whole lives and not just parts of it. This is especially so for individuals and families facing multiple hardships who often experience being passed from pillar to post when they contact services. However, complex relationships, businesses, transactions and contracts make interactions more complicated, resulting in them facing many roadblocks on their journey. Such roadblocks include information not being shared properly across agencies, proposed solutions being formulated by only one single agency, and a lack of coordination across services. So if there is no one size fits all approach, how then can we provide individuals and families with more coordinated, holistic services?



Multi-disciplinary Teams

One effort that could go a long way to benefit the user is that of convening multi-disciplinary teams (MDTs). MDTs are teams of professionals from different disciplines in health, community, social care, mental-health, employment, education, criminal justice and community services who work together to plan services and support for people and families.



MDTs aim to enable professionals and practitioners from different backgrounds and services to communicate better about each other's roles and responsibilities, share information and design services which better meet people's needs. It is especially necessary for social workers to provide inputs in these areas of social and emotional concerns. This is to ensure that medical or therapeutic issues do not crowd out what will contribute to the social well-being of the clients.

It is common to hear of MDTs being organised in many agencies. However, it is not the norm even when having a MDT is the appropriate approach. Reasons cited are obvious ranging from manpower shortage, busy schedules and conflicting ideologies. How can we make MDTs more prevalent as an approach to benefit patients, clients and citizens? The current public expectation for a more seamless service delivery that emphasizes the usage of MDTs is a good opportunity to encourage wider practice.



Below are some principles that can make MDT as a daily practice a reality for those who can benefit. These are:

- i) A 'key worker' system through which care for those with complex support and help is coordinated by a named team member.
- ii) A committed and collaborative manager or practice leader who oversees and facilitates the work of the whole team
- iii) Having a clear purpose and defined roles for each member of the MDT
- iv) Having a single process to access the workers in the team, with joint meetings to share ideas, insights and concerns
- v) Having electronic records of all contacts, assessments and interventions of team members with an individual and their family
- vi) A willingness to interact across professional and disciplinary boundaries, investment in integrated IT systems, joint training and co-location where possible.



MDTs help enable different disciplines and agencies focus on what needs to happen to help users of services support their well-being. It is one of the ways to bridge the medical social divide. For patients and clients with complex needs or needs that require the services of more than one agency, department or professional, the experience of a coordinated response, advice and guidance from the team will enable them to make more informed decisions. The patient or client will have a more seamless experience in that the care, support and relationship with the professionals are holistically connected as one piece and not as multiple transactions. Now that we know that multidisciplinary work works, we should make effort to make it a more regular approach despite the hard work. It is a choice that agencies adopt and it is a commitment of time and expertise on the part of professionals.

Ang Bee Lian
Director of Social Welfare