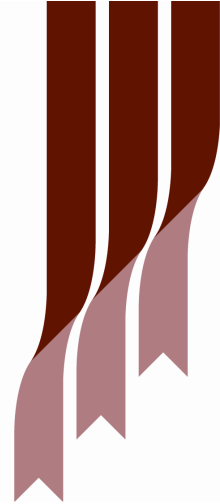SCOTTISH INSTITUTE
FOR EXCELLENCE IN
SOCIAL WORK EDUCATION

LEARNING FOR EFFECTIVE AND ETHICAL PRACTICE

Opportunities for Inter-professional Learning

Demonstration Projects Evaluation Report
July 2005

Michael King
Associate Lecturer
Open University
John Brady
Freelance Consultant

Ref 1.2.5

Contents

Forward

This Project was undertaken on two sites, Dundee University and Paisley University. Although working towards shared Project aims, the activities of each site adopted, by design, different approaches and inevitably provided complementary data in pursuit of the Project's objectives. Furthermore, activities at the Paisley site were developed (albeit not exclusively) with two principal stakeholders, Quarriers and Renfrew Council, while on the Dundee site the range of stakeholders was more extensive. Additionally, the Paisley site also provided the locus for a parallel project led by the University of Stirling where the aim was to explore and further develop a shared approach, with other professionals, to the performance assessment of Social Work students

These complementary but separate activities have influenced how the Project has been evaluated. Mike King was involved in evaluating the Dundee site's activities from the start of the Project, attending the various workshops and debriefing student groups, academic and professional colleagues after group and individual activities. At Paisley University, although having early knowledge of the Project, John Brady did not participate in the various activities during the majority of its lifespan and was commissioned at the end of the funded period to undertake the evaluation.

Accordingly two separate and distinct evaluations have been undertaken which are presented as Part A, dedicated to University of Dundee's activities and Part B, combining both University of Paisley and University of Stirling findings. Together they offer an overview of the extent to which the Project's aims and objectives were achieved.

As Project Manager, along with Valentine Scarlett (and earlier George Gould), project development worker, it has been my pleasure to work with colleagues at the University of Paisley and the Open University in what has been an exciting and illuminating project. I would also like to acknowledge the wide support we received from many colleagues represented in our stakeholders, and from the Scottish Institute for Excellence in Social Work Education for ongoing support and guidance during the lifespan of the Project.

It is gratifying to read the evaluation reports as they are presented here and draw lessons from the findings in order to sustain the progress achieved during the two years we have been working together. Readers are invited to consult the Comprehensive Knowledge Review for further detail concerning the outcomes and outputs of the Project.

Dr Brenda Gillies
University of Dundee
July 2005

Part A: University of Dundee

Executive Summary

Background

This evaluation examines the processes involved in establishing the provision of a range of innovative opportunities for inter-professional learning. The report also evaluates the experience of students who have completed inter-professional practice placements on two demonstration projects.

The pilot projects operated from October 2004 until March 2005 and the demonstration projects operated from February to June 2005. Ninety eight students participated in total along with twenty six inter-professional organisers from nursing, education, community education, social work, medicine and the police.

Aims and Objectives

This evaluation study had two main aims.

1. To conduct a process evaluation of a range of new inter-professional learning opportunities designed to increase the quality, range and relevance of learning for students registered on the new Social Work honours degree and students from other professional disciplines.

2. To explore how inter-professional learning might be developed within the practice setting.

Methods

Research Design

The research design employed was a process evaluation consisting of direct observation of the pilot projects and the collection of data through structured questionnaires designed to collect both qualitative and quantitative data. Data were also collected through the recording of key points from the focus groups held at the conclusion of the four pilot projects and the two demonstration projects. Data from the inter-professional organisers were collected through the use of a telephone questionnaire.

Key Participants

Activity	Participants	Nos.
Pilot Project 1	Social Work students	6
	Education students	4
	Nursing students	6
	Community Education students	6
	Inter-professional organisers	11
Pilot Project 2	Social Work students	14
	Nursing Students	15
	Inter-professional organisers	4
Pilot Project 3	Social Work students	11
	Medical Students	14
	Social Work students	3
Pilot Project 4	Social Work students	8
	Education students	4
	Nursing students (Midwifery)	4
	Inter-professional organisers	4
Demonstration Projects	Social Work students	4

The Pilot and Demonstration Projects

Four pilot projects involving various multi-disciplinary groups of students were undertaken to explore new ways of assisting students from different professions to understand each others' roles and responsibilities. These activities required a problem-solving approach through the use of case studies, discussion, role play and clinical demonstrations. The two demonstration projects involved two students on placement with Children and Families Support Team and two students on different placements working with older people. These involved both individual and group supervision*. The Social Work students were drawn from the Year 3 cohort and had, two years previously, undertaken two Year 1 modules where they were learning alongside students from Education and Community Education the sister Departments within University of Dundee Faculty of Education and Social Work.

* An evaluation of the Group Supervision model is available from University of Dundee Department of Social Work

Key Findings

- There was significant commitment evident in both the students and inter-professional organisers to inter-disciplinary learning (4.3, 5.4, 6.3, 9.1, 9.2, 9.3, 9.4, 9.5).

- Social Work student participants generally reported that they did not feel well enough informed about inter-professional practice despite undertaking two shared multi-professional modules in Year 1. There is evidence in the evaluations of students wanting more input about, and contact with, other professional groups, possibly through shadowing (8.1, 8.2, 4.3, 5.4).

- Students generally wanted to work with a more diverse base of professional groups. The police were seen as an important group not represented in the various projects (4.3, 5.4, 6.3).

- All professional groups participating could identify the benefits of inter-disciplinary working both for the service user and themselves. They reported an increase in confidence and knowledge and a clearer understanding of each others' role and function. (4.3, 5.4, 6.4).

- Difficulties in organising inter-disciplinary learning events were largely based around availability, timetabling and different professional imperatives regarding teaching arrangements. External drivers (e.g. G8 conference) also impeded some participation (9.1, 9.2, 9.3).

- Inter-disciplinary learning appears to be made more effective when students share locality rather than work at a distance. Students valued working together (4.2, 8.2).

- Project organisers were positive about the projects and were prepared to repeat them in the future (9.1, 9.2, 9.3, 9.4, 9.5)

Recommendations

- The University should consider ways of extending inter-disciplinary learning opportunities throughout the students learning, both pre and post qualification.

- Resources should be identified to assist to support the management of the increased administration that this involves across Faculties.

- Consideration should be given to including all related professions in a communication module where the roles and responsibilities of each profession are represented.

- Inter-disciplinary practice learning opportunities should continue to be identified and utilised.

- Consideration should be given to extending the use of academic staff as practice teachers to consolidate the links between academic learning and practice learning within the inter-disciplinary context.

- The use of group supervision should be evaluated since it was regarded highly by practice learning organisers and although regarded slightly less highly by students, they found it useful in an inter-disciplinary context.

- Consideration should be given to a comprehensive survey on how inter-disciplinary learning is addressed in other universities in the U.K. to augment and update the findings of the original project audit.

- Consideration should be given to including other professions in future inter-disciplinary learning exercises particularly the police, health visitors, law professionals/students and allied health professionals.

Part A   Evaluation Report

1.   Introduction

This is an evaluation of four pilot projects and two demonstration projects.

Pilot Project 1 - **A Case Study based on "The Craigie Family"** was held in October 2004 involving a total of 22 students: Four from Education, six from Social Work, six from Nursing and six from Community Education. They worked on the case studies in six groups; each group was based in a Local Authority Child & Family Centre. This experience involved students in inter-disciplinary case discussion to identify and assess needs, prepare a plan and identify resources in collaboration with an advisor within the Centre.

Pilot Project 2- **The Chaotic Environment Workshop** was held in March 2005. It consisted of a role play and discussion and involved 15 students from Nursing and 14 students from Social Work in a setting which emulated the chaotic home of a frail older woman who had complex health and lifestyle issues, while also caring for an infant grandchild. It was held in the Clinical Skills Centre, Ninewells Hospital with a member of the clinical staff role playing the part of the frail older woman and the students undertaking a joint assessment of need.

Pilot Project 3 - **The Death Journey Workshop** was held in March 2005 at the Clinical Skill Centre, Ninewells Hospital. It involved 14 Year 4 Medical students and 11 Year 3 Social Work students. Using a model, the students were shown how death is diagnosed, and given practical guidance on completing the death certificate and how the body is prepared. Students were asked to reflect on their own experiences of death, whether professional or personal, and three case studies were then discussed in mixed groups. Data were also collected about the extent of each group's knowledge and understanding of the other's route to qualification and professional roles and responsibilities.

Pilot Project 4- **The Child Protection Case Study** was held in March 2005 in the Social Work Department, University of Dundee and was attended by four students from Education, four students from Midwifery and four students from Social Work. The discussion was based on case studies followed by discussions with a panel of experts.

Two Demonstration Projects involved four students on multi-disciplinary placements, February – June 2005. Two students were placed with Children and Families Support Team and two were placed with Adult Care. One of these worked within Mental Health, the other in a hospital and community care team.

2. Aims and Objectives of the evaluation

- To conduct a process evaluation of a range of inter-professional learning opportunities designed to increase the quality range and relevance for students registered on the new Social Work Honours degree.

- To explore how inter-professional learning might be developed within the practice setting.

3. Methods

3.1 Research Design

The research design employed was a mixture of direct observation of the pilots and the collection of data through structured questionnaires which were designed to collect both qualitative and quantitative data. Data were also collected through the recording of key points in the plenary focus groups held at the conclusion of each of the four pilot projects and the two demonstration projects. Data were also collected through the administration of a telephone questionnaire designed to elicit the views of the organisers of the inter-disciplinary pilot and demonstration projects as to the usefulness and sustainability of the pilot projects in the future.

3.2 Evaluation Study Participants

Pilot Project 1	Students	22
Pilot Project 2	Students	31
Pilot Project 3	Students	26
Pilot Project 4	Students	15
Demonstration Project	Students	4
	Total students	**98**
Telephone Survey	**Inter-professional organisers**	**27**

3.3   Data Collection and Analysis

3.3.1 **Observation notes** were written on each pilot observed and a record of each plenary focus group was also made. A tape recorder was used in project 1 but subsequently abandoned due to the size of the groups and technical difficulties.

3.3.2 **Questionnaires** were received back from each pilot project and data was extracted manually and analysed according to themes.

3.3.3 **Telephone questionnaire** was constructed to extract consistent information from each of the activity organisers.

3.4   Confidentiality

All questionnaires were received anonymously, although each informant was asked to identify the professional course they were pursuing e.g. medicine, social work, education etc.

4.   **Key Findings Project 1**

4.1   Students briefing and planning session. The Craigie Family case study

The task was to work as a "multi-professional team" on a case study while based in a Child and Family Centre. Each group was to comprise of a student teacher, a student social worker, a community education student and a student nurse, ideally six groups of four students. Ultimately only four groups were able to achieve this and two groups lacked a student teacher. This came about because it was not possible to timetable this workshop into the student teachers' curriculum and those participating were therefore volunteers who sacrificed other lectures to participate. Their motivation, therefore, could be interpreted as being strong. The students had been allocated to the Centres not to work with families, but to use it as a base to obtain the services of a staff member in the Centre who would help them check resources for use in the planning involved in the case study.

Codes of confidentiality were discussed in relation to each profession in terms of similarities and differences. The Centres chosen had the advantage of networking with a large range of different professional groups. A total of 14 hours was allocated to the students for this task, but they were required to reach an agreed plan of how these hours would be used.

4.2 <u>Analysis of Data from the Questionnaires</u>

4.2.1 **Response rate** of those engaged in working on the Craigie Family case study (n=22) were: four students returned a collective response in a single questionnaire, 13 students out of 18 returned individual questionnaires. Of these Social Work returned five out of six, Education, one out of four, Community Education, four out of six, Nursing three out of six. The overall response rate was 77%.

4.2.2 **Previous experience of working with other professionals**
Three out of the six Social Work students had little or no experience while two had worked with a range of professionals including Doctors, Nurses and Criminal Justice colleagues. The only teaching student who responded had no experience. Two out of four Community Education students had experience of working in Social Work and Nursing. Two out of the three Nurses had experience of working with other professionals.

4.2.3 **How groups proceeded to work on the case study**

Each of the groups largely followed the process below:

1. Read the case study;
2. Identified problem in the family;
3. Identified goals;
4. Formulated a plan – what different professionals might offer;
5. Discussed with family centre staff;
6. Some groups visited local resources;
7. Wrote a plan.

Sections 4.2.4- 4.2.14 For comprehensive presentation of data see Appendices

4.2.15 **Compare your initial expectations of work on this case study with other professions with the actual experience of working together. What comments can you make?**

This question attracted the largest volume of comments and without exception, it was unanimously positive in terms of outcome. Initial expectations had been in some cases low due to not knowing if they were included on the project because of problems in setting up meeting dates. One person felt the task had not been explained well or that the questionnaire should have been given to them at the beginning. Others felt

- *"it would be a worthwhile opportunity and we feel it was."*

- *"I didn't expect to work so connectedly. I cannot say I took on the role of a social worker but of a trainee professional, this allowed me to learn more about health and community care."*

- *"It has been eye opening in terms of seeing how others operate and the sheer number of resources available."*

- *"Even though we had conflicting opinions we worked really well."*

- *"Great experience probably more appreciative of the difficulties of collaborative practice than I was before."*

- *"I found that I learned from working together and what angle each discipline looked at the case scenario."*

- *"The experience raised awareness of barriers, convenient times, understanding of other professions, speaking clearly and listening to what other people had to say."*

- *"I had some reservations following the shared module experience in Year 1 but the reality was that we enjoyed this experience, the work itself was not easy but the experience was."*

4.3 **Summary of main points from the Plenary debriefing**

4.3.1   Five out of the six groups had reported that their expectations had been exceeded by the two days spent working together in the Children and Family Centres. One group felt less happy but had valued working together.

4.3.2   All students participating felt that it had led to a greater understanding of other professions and their approaches and values.

4.3.3   All groups reported working well with each other on a personal basis and adopting a democratic and open approach.

4.3.4   It was felt that the rhetoric of inter-professional practice in taught courses in the different professions was excessive, i.e." mentioned hundreds of times". It was felt strongly that there should be opportunities to experience it in practical situations like inter-professional workshops and placements.

4.3.5   While groups experienced different viewpoints of individual members this was thought to be a stimulus to learning rather than a problem.

4.3.6   It was clearly established at the debriefing that there is a commitment by all the students in the group to collaborative practice while recognising that value judgements are made by one profession or another.

4.3.7   Students were less accepting of the suggestion of a professional communication module unless it included all professions at the University. As it stands each professional course represented runs its own team building exercises for its own profession but felt that it would be better to experience modules of inter-professional practice which were actually working.

4.3.8   The group strongly felt that there was a need to ensure that managers from different professional groups are trained to promote and encourage inter-professional practice.

4.3.9   The work on the case study provided had largely been seen as a useful vehicle to work with other students preparing for different professions.

4.3.10   Students generally experienced very similar value bases in the different professions represented but had noted different assumptions made by different professions which had led to interesting discussions.

4.3.11   It was agreed that the two days working together had had a far greater impact in terms of learning than a college based format. One student stated *"I learned more during these two days than on the inter-professional module in the first year."*

5.   **Project 2   Chaotic Environment Exercise**

5.1   The Scenario

This exercise was based on a role play in which a nurse tutor played Mrs Smithton being visited by a social worker and a nurse, played by a Social Work student and Nurse student. The scene was chaotic in that Mrs Smithton was surrounded by oxygen cylinders and the room was full of incontinence pads, one of which was in the microwave, animal food trays were on the floor, a baby feeding bottle was on a table amongst beer cans. The room also contained an armchair and a cot for a baby, an empty whisky bottle under the table and a turd clearly visible on the floor. There is a niece who has a baby who sleeps in the cot. There is a suggestion that Mrs Smithton hands her pension directly to the niece to buy food. There is a frying pan on the floor next to the table. Bruising is discovered on Mrs Smithton's arm. Her insulin is discovered on the table; she keeps her hypodermic needle in an empty beer can. It transpires that the front door is left open all the time to allow the cat to enter and leave.

5.2   Differing Professional Approaches Emerging from Role Play

What emerges in the role play was that the Social worker wants to work at Mrs Smithton's pace, while the nurse is concerned at the unhygienic state of the room. When Mrs Smithton attempts to light a cigarette sitting next to the oxygen cylinders the nurse tells her that she cannot smoke next to them. The social worker sits down on a wet settee. The nurse offers to tidy up and make tea and afterwards to clean and dress Mrs Smithton's foot which is sore. The nurse empties a saucepan into the loo and says that this needs to be sorted out *"you can't pee in a pot."* The social worker meanwhile reassures her that nothing will be done without consultation and asks her if she would like her to arrange for someone to visit. Mrs Smithton mentions a priest and the social worker offers to contact the priest to arrange a visit.

At different points, the social worker states that she has the right to stop if she feels they are going too fast. There are clear risks emerging from the role play – the medication left out of the fridge where insulin is best stored, Mrs Smithton's smoking near oxygen cylinders, the niece's access to her pension, the bruises on her arm, the presence of a small child in a room with medication placed on a table next to beer cans containing needles, faeces on the floor. The nurse offers to return the next day to administer an injection of insulin. The role play ends.

Students were placed in mixed groups to discuss the issues raised by the role play.

5.3   Feedback from groups in the plenary group

Students from Social Work and Nursing both agreed on the issues for the client but found it difficult to agree on priorities. Most thought the client's medical needs were most important. Both nurses and social workers wanted the same positive outcomes for the client and understood better the overlap in roles. In the role play it was initially agreed the Nursing approach was a bit bullying and overpowering, whereas the Social Work approach was more holistic and geared to building trust, e.g. arranging for the priest to visit seemed to open up communication. A need was identified to query possible risks and agree on how they would be investigated but this needed to involve Mrs Smithton in how best to reduce her vulnerabilities. This meant working at the client's pace. A care plan based on communication between both professions would recognise what was important to Mrs Smithton.

Students generally felt that the situation ought to have been picked up earlier by the general practitioner. Mrs Smithton was very vulnerable and her problems could escalate. The social worker was more willing to talk to the client while the nurse wanted to sort things out quickly. The social worker was prepared to pick up on medical aspects but this could depend on experience. Mrs Smithton was getting upset by the direct approach adopted by the nurse. She didn't want a home help but wanted the priest to visit. It was pointed out that nursing training has changed and it was more about giving people informed choice based on respect.

Concerning the maggots on the table, all agreed that hygiene was important but this needed to be carefully handled so that the sensitivities of the client were not violated. Personal and professional values inform communication. At one point Mrs Smithton remarked that her niece's standards of cleanliness were lower than hers. It was important to listen to cues. The social worker and nurse's priorities were not different whereas their methods of assessment and style of communication were. Their respective roles need to be clarified. If something went wrong who would get the blame - Social Work or Nursing?

5.4   Summary of main Points from the Plenary Debriefing

5.4.1   As a result of the workshop, the students claimed to be more aware of services provided, and of the different approaches of Nursing and Social Work.

5.4.2   There was felt to be a need to build up rapport with each other to gain a greater understanding of each others' skills in order to learn from each other.

5.4.3 Students thought exercises and role plays were valuable in building up relationships with other professionals and would like them to be repeated through their training before qualifying as a combining part of the curriculum.

5.4.4 Experiences like these helped to make people aware of assumptions and not rushing to conclusions. They helped them focus on being non-judgemental.

5.4.5 It was generally thought to have been a valuable experience where learning had occurred both from the positive and negative aspects of the exercise.

6.   The Death Journey Workshop

6.1   Implementation

This workshop comprised:
- Trigger Exercise
- *"Death Journey"*
- Case Studies
- Case Study feedback with panel

It was designed to encourage personal reflection, group discussion and stimulate ideas of each professional role. The trigger questionnaire was created as both an "ice-breaker" and a method of stimulating the students to reflect on and discuss their own experiences. The questions posed were based around the students' first experiences of death burial rituals and grief. More probing questions were related to future deaths that would be difficult to cope with and the reasons for this. Each group was facilitated by a tutor who also took part in the reflective exercise within the group. The workshop began by noting the ground rules of confidentiality.

The Death Journey
This part of the workshop consisted of a demonstration of how to examine a dead person in order to confirm death had taken place which consisted of a demonstration on a manikin. For the sake of preservation of dignity it was felt to be important to greet the patient as if alive. Before checking the pulse and listening to the heart, lungs pressure is applied to elicit any sound. The patient is then covered so relatives can be admitted.

The next stage to be discussed was the completion of the Death Certificate. Students completed a blank certificate after discussing the causes of death and factors contributing to death. This led to a discussion of how to define alcoholism.

Last Offices consisted of a demonstration of how to prepare a body before it was transferred to the mortuary. This may be carried out by nurses or relatives but only after the death certificate has been completed. It was felt to be important to take religious observances into consideration. Last Offices is seen as a sensitive process which is usually undertaken by two people.

The final legalistic part of the Death Journey is to notify the death to the General Practitioner and the family.

<u>Trigger discussion: topics arising</u>

It was suggested that doctors and nurses tend to compartmentalise death and social workers tend to dwell more on its emotional impact. Younger students tended to have less experience of death to work on. How do we cope with loss and the anger that can result? Doctors have to deal with the relatives of the dead patient. Medical students did not think it appropriate as a student to deal with issues regarding death directly with families. Medical students spoke of having input in a session called "breaking bad news" but one student described this as a "tokenistic farce". Teaching on loss and grief and developing the use of self had been offered to Social Work students. Doctors were the first to deal with death and then tended to leave the rest to social workers. However it was pointed out that many bereaved relatives go to the General Practitioner with depression. It was felt to be important to avoid the use of euphemisms like "passing away".

See Appendices for analysis of evaluation materials 6.2.1- 6.2.12

The ultimate measure of success of an undergraduate inter-professional death and dying workshop is a positive effect on the inter-professional working relationship of the participant when caring for the dying and bereaved on qualified. This is certainly not addressed here. What can be said. However, is that the Social Work and Medical students enjoyed the experience, worked well together in their groups, believe that they have learned more about each others' roles in this situation , feel more confident in their own roles and would like to be involved in further inter-professional workshops. It certainly seems to be a positive foundation on which to build .[extract from evaluation by Clinical Skills Centre]

7. Child Protection Case Study Workshop

7.1   Observers notes

This workshop involved eight Social Work students, four Education students and four Midwifery students. It began with a trigger exercise where students were asked to record their feelings and share them, having examined articles and pictures dealing with the subject of child abuse. The students were then divided into three mixed disciplinary groups and provided with three different case studies. They then fed back to each other in a plenary group. The case studies were designed to look at how different professions might work together despite having different value bases and priorities where the common ground between professions is the needs of the child.

A panel of experts participated, which consisted of representatives from Nursing, the Social Work Child Protection team and of a Detective Sergeant from the Police with responsibility for child protection awareness training for Police Officers. Each of the panel members described how their various disciplines work together to protect children in the locality.

See Appendices for analysis of evaluation 7.2.1 – 7.2.7

7.2.8   Conclusions

In spite of difficulties in organising this workshop for reasons common to all the project's activities (e.g. finding space in busy and pre-planned curricula), this was thought to be a very useful experience for the students involved. Explicit learning emerged about process, roles and responsibilities but further learning also emerged around shared and competing values, not always in line with received thinking. If repeated, valuable lessons have been learned about more effective use of the "professional" panel and about areas where clear gaps in student knowledge and understanding emerged in the discussion.

8.   Practice Learning Demonstration Projects

These projects were designed with the aim of enabling four Social Work students to work within a professional environment and to develop opportunities for them to practice alongside students from other professions. Furthermore it was hoped to provide a basis for the development of practice learning in multi agency locations and for a member of staff at the University of Dundee to have the overall responsibility for supervising and assessing the work of two second year students while on placement. These two students were supported by link workers who fed into the assessment on a formative basis. It was hoped that a closer relationship between practice and the University would be to the benefit of both students and staff. Every third week, group supervision was provided for all four students. Two students were attached to a family support team, another was based in a hospital and in a local authority community mental health team while a fourth student was based in a community mental health team. Effectively two students were working with older people and two students were working with children and families.

Evaluation: a meeting at the end of the placement, which was attended by three of the four students was held to gather their views. A questionnaire was distributed to them and two returns were obtained (50% response rate).

8.1.1   Analysis of questionnaire - 1

This student was based in a family support team which consisted of a community education worker, a nursery nurse, primary teachers, a community psychiatric nurse and social workers. Her frequency of contact with them was on a continuous basis. She participated in joint sessions with service users, attended joint planning meetings, undertook joint assessments and attended reviews and staff meetings where all the different professions were represented. She also was able to attend training courses with the other professions. When asked if she felt the inputs at the University had prepared her for inter-professional working she was ambivalent replying both yes and no: she was aware of the emphasis on inter-professional working but stated there was no further teaching or opportunity for learning about it. When asked about the usefulness of inter-professional aspect of placement learning in terms of the awareness of self, she stated that at the end of the placement she now felt more confident about the importance of inter-professional working and was able to acknowledge the Social Work role within it.

Asked how effective inter-professional meetings were in enabling open communication she rated these highly and commented that these meetings allowed participants to discuss the cases, clarify who had what role and share information relevant to each professional role.

When asked if any difficulties in communicating with other social workers were experienced she commented that fieldwork social workers seemed not to be as interested.

Asked to comment on different methods and models used on placement she replied that educational methods allowed her to enhance her practice. These were appropriate and in assessments to understand the educational impact on an individual.

Asked how aware she was of the agency's policy on inter-professional practice she replied she was highly aware. She also rated the effectiveness of inter-professional practice in the agency as high.

She identified the strategy the agency put in place to ensure effective inter-professional practice as being found in joint groups, case discussions and team meetings.

She stated that her knowledge of Social Work practice had been enhanced highly by working in an inter-professional context and her knowledge of other professions had been increased to a high degree and commented that she now had 'practice' understanding of what role each individual professional had and understood their remit.

Asked how useful the student group sessions were, she rated it 3 on 1-4 scale (where 1 is low and 4 is high). She concluded in noting that overall the project and placement had definitely enhanced learning and knowledge. She felt that group supervision could be a burden if she was really busy that week. However while in group supervision she felt that she was learning and thinking about various aspects of practice which she may never had if not in this placement.

8.2.2 Analysis of Questionnaire – 2

This student's placement was divided between a hospital and a community care team in a local rural town. In the hospital she had daily contact with occupational therapists, physiotherapists, doctors, nurses, speech therapists and dieticians. In the community care team she worked with home care assessors and social work assistants. She worked jointly with service users conducting joint assessments, attending multi disciplinary planning meets, case conferences and staff meetings and also undertook joint training.

She did not feel that the University had provided enough input on inter disciplinary working and thought it would perhaps have been better to have other professionals in to talk to the students. She found that the inter-professional aspects of the placement allowed her to develop confidence about discussing her role with other professionals and felt that they treated her as an equal, and this also developed her confidence.

She thought that inter-professional meetings were highly effective in enabling open communications, rating it as 4 (high) on a scale 1-4 where 1 is low.

Asked if she had experienced any difficulties in communication with other social workers she noted that she found some social workers in the community care team were not as open to inter-professional working. However this had not impacted on her communication with them.

Asked how the model of working impacted on her practice, she commented working in the hospital many professionals worked to the medical model. She found this had enhanced her practice as it provided her with different perspectives on single shared assessment practices.

Asked how aware she was of the agencies policy on inter-professional practice she rated it 3 out of 1-4 scale where 1 is low and 4 is high.

Asked to rate the effectiveness of the model of inter-professional practice, she scored the hospital at 4 and the community care team at 2 on a 1-4 scale where 1 is low and 4 is high.

When asked to comment on the strategies that the agency put into place to ensure effective inter-professional practice she noted that while on placement moves were made to place care managers in the same offices as home care assessors and Social Work assessors to improve inter-professional communication. She did not find it successful.

She considered her knowledge of Social Work practice to have been highly enhanced by working in an inter-professional context and was able to see how the Social Work role differed from and complemented other professionals'. She also had to explain her role to other professionals which helped to increase her knowledge.

She felt that the inter-professional learning opportunities had increased her knowledge of other professions to a high degree. This had been achieved by shadowing other professionals and carrying out joint assessments with them which provided her with a lot of knowledge about their different roles.

Asked to rate the usefulness of the student group sessions on a scale of 1-4 with 4 being high, she rated it at 3. She felt herself to have been fortunate to have a placement in a hospital where the inter-professional practice was "fantastic" and noted that the group session had helped her to focus on the inter-professional aspects which she has found useful.

8.3   Meeting at the end of the demonstration project

This meeting was called to discuss the students' experiences of being on a multi disciplinary placement which was observed and main points noted.

Asked what the difference is in a multi disciplinary placement compared to a conventional Social Work placement, participants thought it was a more positive experience as it cast a new light on problems in the family support team. It was possible to see how other professions approach families from a different direction. At the start of the placement it was hard to see how the Social Work role fitted in but this was evidenced by the end of the placement and summarised thus, *You do not need to know what other professionals know, but you need to know who to go to for information*.

The student on placement both at the hospital and community care team worked as a care manager between the two. She found the inter-professional approach a really good experience.   She found it very valuable to shadow other professionals and witness their approach. The community care team in the rural town she worked in did not have the same contact with doctors and occupational therapists and she felt it was an advantage to be on the same site as other professionals. She talked to other care managers about the Social Work role and noted that while doctors and physiotherapists work to a medical module, occupational therapists tend to a more social model – *getting people involved in activities*.   The Social Work approach in hospital adopted a mixture of the medical and social approach and thus tended to collect more information from service users.

It was thought that working with other professionals complemented your own role but each worked according to their own discipline. This tended to take a few weeks to sort out but they found that one could learn something new from each worker. Shadowing the health visitor had been particularly valuable.

They did not feel that the University had prepared them for inter disciplinary work. There had been some teaching but they felt there should have been more input from different professions. It was felt that shadowing other professionals while you were doing the course would be the best strategy. They suggested module workshops shared with doctors, nurses, teacher and other relevant staff which looked at the issues from different perspectives. Nobody seems to be helping members of other professions to understand the Social Work role. It was felt that basic knowledge was lacking, for example one profession thought only social workers could approach the Reporter.

There had been debates with other professions about deciding who the client was and whose problem it was, for example a parent who was the community psychiatric nurse's client, but not the child. Was a girl not attending school an education or Social Work problem? Work with the police was seen as crucial.

One student had undertaken joint work with the voluntary sector which had involved accessing services and resources. The voluntary sector, it was noted, does not carry the stigma of Social Work as some people wanted to avoid Social Work involvement, particularly in child care. Similarly it was thought possibly better to be called a care manager rather than a social worker. It was felt that some professions were perceived as superior to other professions and were also seen to protect their members better than Social Work, for example medicine. The student placed in the hospital had not experienced doctors feeling superior to social workers but rather had found the doctors friendly and approachable and they had often enquired as to how her clients were progressing. She commented, *If you do a good job of work, doctors will respect you, but you must be visible to them. It often depends on your approach*. In the hospital placement there were frequent lunchtime talks about the work of different disciplines working within a multi disciplinary team which were very positive. However, one student found they had to take that experience outside to other agencies. It was felt equally important to let the nurses know what you were doing. Being present enhanced communication and it was more difficult for students working at a distance.

Students thought that Child Protection was the area of most risk and attracted contributions from other professionals in terms of information. However they felt other professionals needed to know more about child protection and to be informed of policies, procedures and protocols, for example a situation had arisen where the police may have removed the sole carer of a family of three.

In conclusion the students had found their inter-professional placements a very positive learning experience which had presented them with opportunities to work on issues at a deeper level and to become aware of the different forms of assessment used by different professions.

9.   Feedback and evaluation of projects by inter-professional organisers

Inter-professional organisers were telephoned and feedback given by using a prepared structured questionnaire consisting of six questions.

9.1 Responses from organisers of the Craigie family case study based in Child & Family centre. 11 organisers were contacted and six responses were obtained.

9.1.1   Asked about the problems they encountered in organising these events.

All six replied that they had no problems as these students had adhered to the arrangements coming to the family centre and with the help of the staff had identified local resources and in some cases visited them to find out what they offered.

9.1.2   Asked about what they might do differently in the future

Two organisers said they wouldn't do anything differently, others thought they needed longer in order to see and visit other resources. It had not been possible to arrange visits with such short notice. One organiser thought that groups might be based in other settings including schools and health centres. Another said that students were isolated from the work of the centre they were located in and simply focused on the case study. (This, however, was the intention as the students have been told they were not to become involved in the work of the family centre).

9.1.3   Asked about positive outcomes that the organisers had personally achieved

All organisers viewed this positively, stating that they felt instrumental in enabling students to share in the benefits of inter-professional learning. One of the Children and Family Centre managers said it had been a good opportunity to share her own experience of interdisciplinary learning with a mixed group of students studying to become teachers, social workers and community educators. Another said it was good to have a range of different students from the University and it had added an extra dimension to the centre

9.1.4   Asked about the disadvantages for students in taking part in the pilot

Two organisers said the nurse participants had missed classes in theory. Another thought the group did not have understanding of each others' backgrounds and roles and that they should have been more prepared at the University. Another organiser stated that her Centre had been difficult for the students to find as it was 'off the beaten track'. Another thought the time for the

exercise had been too limited and it would have been beneficial for the students to find out more about the work of the family centre in which they were placed. One organiser didn't think that the students had been disadvantaged.

9.1.5   Asked if they would be willing to incorporate these inter-professional experiences in their curriculum for future students

In principle all six replied positively. However, one organiser said that their course in Learning Disability for Nurses was in its last intake and the curriculum would be changing next year, and another advised that she no longer worked at the Centre.

9.1.6   What feedback did you receive from the student ?

The organiser for the nurses got very positive verbal feedback. One of the family centres was given a copy of the students' case study and a box of biscuits as a token of gratitude. Another centre received verbal gratitude and a copy of the students' case study. Another organiser had not received any feedback yet and two other centres had received thanks from the students.

9.2   **Chaotic Environments Workshop**

It was possible to contact two of the three organisers for this workshop. However one person did not think it would be appropriate to respond as he did not feel he had any part in its organisation and had simply attended the workshop as part of his own postgraduate studies.

It was possible to speak to one of the two organisers who described the problems of the organisation in terms of the difficulties in getting the two groups of nurses and social workers together due to their different timetables.

In terms of what might be done differently in the future a more conducive environment would be provided in terms of a bigger room as she had found the numbers attending had resulted in the room being too hot.

In terms of what positive outcomes you did personally achieved, this workshop has since won an award for innovative teaching. She also found it fantastic to see the students working together becoming heavily involved in the session.

In terms of disadvantages for the students, it was thought that students might have felt uncomfortable in being challenged by some of the issues that emerged from the role play and some of the students felt disadvantaged by having 2nd year nurses working with 3rd year Social Work students and felt that students should be at a similar stage.

In terms of repeating the workshop in the future planning has already started for next year and she is trying to establish this both on the Dundee and Fife campus.

9.3   Death Journey Workshop

It was possible to elicit the views of two of the three organisers.

Difficulties in organisation of the workshop – both agreed it went well but due to timetabling difficulties they were unable to get nurses to attend and student Doctors volunteered to come in their own free time.

What would you do differently in the future? – both agreed they would try to include Nurses but there are problems in doing this as the approximate numbers are 250 Nurses, 160 medical students and 40 Social Work students, it would be difficult to achieve the best ratios.

What positive outcomes did you achieve personally? – the medical students didn't come for the inter disciplinary aspect but for information on diagnosis, death certificates etc but left with a much wider knowledge of the inter-professional aspects and how a team work approach is best. Delighted by aspects of building the team. Understanding the different approaches of medicine and Social Work.

What disadvantages to the students? – medical students gave up free time. May have tried to cover too much in a short time. Possibly should have involved the students more in the session.

Would you be willing to incorporate these inter-professional experiences into your curriculum for future students – yes definitely. Yes actively working to include Nurses, attendance would be voluntary and this workshop is in line with palliative care policy.

Feedback received from the students – feedback was received through medical student evaluations: they really enjoyed it. The social workers enjoyed working with the medical students and they liked the practical demonstrations.

9.4   Child Protection Workshop

Six people involved in the organisation of this workshop were approached. Four responses were obtained.

Problems in organising the workshop – there was limited time for organisation available, midwifery has different terms to other professions. Due to the G8 summit being held in Scotland, it was not possible to involve the police other than

their leading child protection strategist. Organisation might have been tighter. Another participant thought there had been no problems.

<u>What would you do differently in the future?</u> – due to the overwhelming administration, planning needs to start earlier to give people more notice and allocate more time. The police have plans to initially train police in child protections awareness; this will involve 1200 officers and is unlikely to involve police cadets who are in basic training. Another respondent would have confirmed attendance and provided an attendance list, issued name badges, obtained a bigger room, provided bigger resources for each group, and asked for questions to the panel in writing before the workshop. Further suggestions were to include experts in the discussion group, there was not enough time for the panel.

<u>What positive outcomes did you achieve personally in the process</u>?– thought it important to address the child protection issues, saw it was a teaching commitment. Thought that teacher education emerged as operating effectively in terms of child protection. The networking potential was excellent. The panel were able to tell the students what they did.

<u>What were the disadvantages for the student?</u> – One respondent commented, *Not a broad enough base of other professional representation, you get influenced with the culture of the profession you are in.* Another saw no disadvantages, but teaching students were giving up part of their holiday to attend. One panel member would have wanted to be part of case discussion with students – thought it would have been more helpful.

<u>Would you be willing to repeat this experience for future students?</u> – Responses were: *yes definitely; yes in the future after police had received basic training in child protection awareness. Yes, already had inter-professional module in year one and year four.*

<u>What feedback did you receive from students?</u> – found it very useful to find out about other professions. Thought materials should have been spread out a bit more. If you don't address inter-professional working early on you can get entrenched attitudes.

9.5 Response from organisers of the Demonstration Practice Placement Projects

Two of the three organisers provided a response.

<u>What problems did you encounter?</u> – There had been practical difficulties in placing students in rural areas who could not drive. Students did not seem to know each other, and did not seem clear about what was involved in the LEEP

aspect of the demonstration project. Students seemed unfamiliar with group supervision which as also new to this region.

<u>What would you do differently in the future?</u> –Link supervisors will only take students who can drive. Ensure students were better briefed on inter disciplinary work. Ask for volunteers for the placement rather than just placing students.

<u>What positive outcomes did you personally achieve?</u> – Very positive, from the employer's point of view as we have recruited two of the students into the organisation. It highlighted the inter disciplinary nature of the placements, increased links between the University and the placements/agencies. We have identified and developed a new hospital placement with a nurse as a link supervisor. Other practice teachers keen to know more about group supervision.

<u>Disadvantages for the students</u> – not sure but was aware that students knew each others strengths and weaknesses. Lack of briefing: the students focused on their second placement but were unclear about the demonstration project.

<u>Would you be willing to offer these placements again</u> ?– Yes, very positively.

<u>What feedback did you receive from students?</u> – students were very positive about their induction days, negative at the beginning about group supervision and multi disciplinary aspects but after the third session became very positive. They enjoyed looking at issues and how they are addressed in different professional settings.

10. Key Results

Commitment of students and inter-professional organisers to inter disciplinary learning

From the analyses of the questionnaires and observation of projects there is evidence of significant commitment by students to training for multi disciplinary collaboration. This has been a recurrent theme in questionnaire returns.

Equally, the inter-professional organisers contacted showed their commitment to developing new strategies for future years and repeating workshops that had worked very well in the light of student comments in evaluation.

Students generally reported that they did not feel well enough informed about inter-professional working

Despite two multi professional modules in year 1, there is, in all the projects evaluated, evidence of students wanting to have more input from and importantly more contact with other professional groups, possibly through shadowing.

Students generally wanted to work with a more diverse base of professional groupings

The police were seen as an important group, which were not represented in various projects. In project one, the groups who did not contain a teacher felt disadvantaged. In the Death Journey workshop, medical students thought nurses should be included. This need for different professional contact was replicated throughout all workshops as well as in the Demonstration projects.

Benefits of inter disciplinary working

All professional groups participating could identify the benefits of inter disciplinary working largely for the benefit of the service user. Additional benefits noted were an increase in confidence and knowledge and a clearer realisation of each others role and function.

Difficulties in inter disciplinary teaming

These are largely based around timetabling, availability, and different professional imperatives regarding their own teaching arrangements. The police for example do not see their participation achievable in the future before their officers have undertaken a basic child protection awareness course. This might of course be best done with other relevant professionals. The fact that the Craigie family case student experience was delayed significantly reflected the difficulty in getting different departments within the University to find a convenient time in busy and pre-planned curricula.

Inter disciplinary learning is more effective when students are on site rather than at a distance

This was illustrated by the experience of a student on the demonstration project whose placements was divided between a hospital and a local area office which was relatively isolated. Students on all the other projects were positive about being placed in children and family centres and visiting the clinical skills department at Ninewells.

Project organisers were positive about the projects and were prepared to repeat them in the future.

11.   Discussion and recommendations

This report was prepared at a time when there was an increasing demand for inter-professional working with the emphasis on different professions empowering service users.   "Lines of demarcation between health and social services professionals break down or are being repositioned as professionals develop new ways of working together" (Adams et al, 2002:251).   Statutory and voluntary agencies are continuously redefining and reorganising their patterns of service delivery, within the context of a contract culture leading to a distinction between purchase and provider which has tended to observe the professional role.   Hayman (1993:182) also offered a critique of the competence outcome based approach in professional training where in effect students in various professions are judged on measures of performance in University or on practice placement.   This, it has been suggested, is anti-holistic, does not encourage divergent thinking, emphasises acquisition of technique rather than critically reflective practice which is required in the complex situations faced by different professionals.

Adams et al (2002:256) note that this developing collaboration between professions requires careful attention and warn against a quick fix approach. The projects evaluated within this report have overall been innovative in nature, have attracted positive feedback from participants and have not been carried out before.   There was also a positive response from the organisers who on the whole are willing to repeat them in future years.   There has also been feedback from participants of too little input too late in their training in terms of multi disciplinary studies.

The problem solving approach adopted by all organisers of these projects has proved particularly fruitful in engaging the different professionals in examining their various roles and distinct responsibilities.   This has been illustrated in the case studies at the University and in the group supervision on the demonstration placements.   The role play also was problem based and vividly conveyed the view of the service user.   The member of staff role playing the service user (a nurse academic) was approached afterwards and asked how she felt about the different approaches of the nurse and the social worker.   She was able to feedback that she felt very negative about the nurse's approach.   Role plays have a potential to quickly access the possible views of service users.

Morgan (1996) has suggested that ideological and goal differences can make inter agency practice difficult.   What has emerged from this evaluation is that discussion of differences can lead to an understanding of other professionals' goals, ideologies and values.   Stark examples of this are medical students learning that their hospital contains a Social Work department, trainee teachers finding out about a Social Work resource that is willing to discuss any concerns about their pupils of a child protection nature and Social Work students finding out how a patient's death is treated with dignity within a hospital setting.   Two

practice projects also enabled Social Work students to see the different tools of assessment used by other professions.

Recommendations

- That the University consider ways of extending inter disciplinary learning opportunities throughout the students' training

- That resources are identified to assist training organisers in different faculties in managing the increased administration that this involves

- That consideration is given to including all professions in a communications module where the roles and responsibilities of each profession are represented

- That inter disciplinary placement opportunities continue to be identified and utilised

- That consideration is given to extending the use of University lecturers as practice teachers, to consolidate the links between academic learning and practice learning within an inter disciplinary context

- That the use of group supervision is evaluated since it was regarding highly by placement organisers, slightly less highly by students who however found it useful in an inter disciplinary context

- That consideration is given to including other professions in future inter disciplinary learning exercises, particularly the police, health visitors and law students.

Limitations of this evaluation
The evaluation of inter-professional learning while including organisers from a number of Faculties within the University only included one local authority Social Work department in the demonstration project which had a small sample of four students of whom only two completed the questionnaire. However, another authority assisted in offering accommodation at their Child & Family centres for project 1.

Part B

Final Evaluation of L.E.E.P (1.2) and Integrated Assessment (3.2) Demonstration Project. University of Paisley in Partnership with the Universities of Dundee and Stirling as University partners and Quarriers and Renfrewshire Council as Agency Partners.

[This report should be read in conjunction with the evaluation report on the pilot demonstration project submitted in October 2004].

Background
This report will evaluate the Demonstration Project which followed on from the Pilot Demonstration Project in which eight Fast Track Diploma in Social Work students from the University of Paisley undertook their Direct Practice 1 placements in settings provided by Quarriers. These placements were completed by the end of August 2004 and the Demonstration Project, informed by the findings of the Pilot Project, began in October 2004 and finished in May 2005. Eight University of Paisley students were placed with Quarriers for their Direct Practice 2 placements (four were from the Part Time Diploma in Social Work course and four were from Year 4 of the BA Honours in Social Work degree course). Six University of Paisley students were placed with Renfrewshire Council for their Direct Practice 2 placements (two were from Part Time Diploma in Social Work course, three were from Year 4 of the BA Honours in Social Work Degree Course and one was from the Fast Track Diploma in Social Work course).

Aims and Objectives
The remit of the Demonstration Project was to combine the key objectives of:

Developing innovative opportunities for inter-professional learning within new service settings to serve as models of good practice

and

Exploring and further developing a shared approach, with other professionals, to the performance assessment of Social Work students

The Agency Settings

Quarriers placed students in a range of settings:

- an outreach team providing a tenancy support service to 16-25 year olds
- inclusion/advocacy within The Disabilities Service Sector
- short term residential epilepsy assessment centre

- a project offering intensive support to 5-13 year olds experiencing problems in mainstream school because of social, emotional and behavioural difficulties
- residential homeless centre for 16-25 year olds
- housing support service for 16-25 year olds
- a residential school for boys from 7-17 years old experiencing social, emotional and behavioural difficulties

This range of placements offered inter- professional links with housing, health, education and disabilities services.

Renfrewshire Council placed students in a range of settings:

- criminal justice group work project
- older adults community mental health team
- community support project for young people who have been accommodated or are at risk of so being
- psychiatric hospital – community care team for older persons
- community based project supporting people with drug addiction problems

This range of placements offered inter-professional links with criminal justice, mental health, drug and health services.

As was identified in the Pilot Project, these placements provided opportunities for collaborative practice as defined by Whittington 2003 i.e. opportunities for a range of inter-professional, multi disciplinary and inter agency approaches. Inter-professional learning opportunities were defined as those taking place in settings where there were perceived adaptations of roles, responsibilities, values, knowledge and skills between professionals and where workers were expected to take account of and interact with these in their practice. Multi professional learning opportunities were defined as those taking place in settings where collaboration within roles occurred but did not necessarily involve adaptation of professional values, knowledge and skills. Collaborative practice and learning opportunities were those which involved people working together from different agencies or professions towards providing a better service for users (Payne, 2000). Drawing attention to the definition of these terms is important as it pin points that while commonly the terms are used interchangeably there is a wide variation in the organisational arrangements and cultures of the placement settings and it would require further research to be able to draw clearer conclusions as to which factors are most significant in the experience of social workers collaborating with other professionals.

Methods: Sources of evidence drawn on for evaluation

Material for 13 of the 14 placements was made available to me and I had access to working agreements, final reports from students and practice teachers, reports from other staff involved in the assessment of the students, evaluative comments from service users and Integrative Practice Studies. I also had access to five final Direct Practice 2 placement reports and Integrative Practice studies for Fast Track students who had been part of the Pilot Project to evaluate any impact their Direct Practice 1 placement experiences might have had upon collaborative practice as demonstrated in their Direct Practice 2 placements. These placements were set in:

- adult learning disability team
- family centre
- youth justice team
- children and families team
- drug addiction service

Evaluation of student learning

Any attempt to evaluate the evidence for learning in specific areas requires to be set in a developmental context which recognises both the stage of professional education reached by the student and also the culture and organisation of placement settings which differed considerably. All students were undertaking final practice placements and were approaching the point of qualification. With a renewed national emphasis on continuing professional development and post qualifying education it is important to adopt realistic expectations of final placement students.

The evaluation of the Pilot Project adopted the use of a number of headings for analysis in this area and I have employed them with some adaptation:

Student's understanding of the legal, policy and organisational context for inter-professional and collaborative practice.

Generally there was clear evidence that students were aware of these contextual areas but the extent to which they were made a particular focus for comment varied. The reasons for this may be associated with different factors including the significance that the agency and/or the practice teacher placed on it. For some students it appears that their stage of development may have meant that they were highly focused on the specific role and task they were undertaking often for the first time. The wider context, while central to the definition of practice, was not their highest priority as they sought to make sense of often complex situations. There is also some indication that where the legal, policy and organisational factors were problematic within the agency they impinged on students more directly and thus received more attention in their analysis.

In comparison, some of the Fast Track students who had been involved in the Pilot Project did make more explicit reference to these contextual factors. In sections of their reports on the context and in case summaries there is acknowledgement of the ways in which inter-professional issues were relevant. This suggested that their importance in framing practice was perhaps more integrated from the beginning of the placement.

Students' understanding and appreciation of the origins and ethos of inter-professional and collaborative practice

As with the Pilot Project, it was widely acknowledged that inter-professional and collaborative practice was important and of benefit to service users. This varied in degree across settings and in those placements where contacts were collaborative rather than inter-professional or multi disciplinary there was less specific evidence; some reports reflected a rather insular approach to practice with an emphasis on "my case". The Integrative Practice Studies were a useful source of evidence as they offer opportunities to focus on knowledge without the demand to evidence competence through meeting specific practice requirements. Again there was some variation where the best clearly understood the origins, ethos and debates around inter-professional practice while others made somewhat unintegrated mentions of it, perhaps recognising that it is one of the areas to be addressed in the assignment rather than drawing on specific concepts that had helped illuminate their practice.

There was some clear evidence of understanding relating to risk assessment and management but this was not highly developed and may again be related to the student's stage of development. For many of these students, the placements would have been their first opportunity to undertake such an exercise.

Students' appreciation of the roles and responsibilities of Social Work and other professionals

Given that this was the second and final placement for students it is reasonable to expect that they would be able to display a confidence in this area. This was supported by the evidence to a large extent. Those students working in settings directly alongside other professionals were afforded opportunities to articulate the specific contribution of Social Work, sometimes in a relatively hostile environment. This appeared to be less so in agencies where students worked collaboratively with colleagues from external settings. This may reflect the culture of agencies when in some cases collaborative practice was accepted as necessary but not viewed as something positive to be pursued in a developmental manner.

Student reports and Integrative Practice Studies offered evidence that students had an academic understanding of the contribution made by other professions and the implications for practice e.g. in relation to health, students identified how an understanding of medical and social models helped them understand the approaches that might influence health personnel. Some also were able to analyse the model in operation in their placement settings and to evaluate its appropriateness. The extent to which this is evidenced varied from very specific comments to a more implied approach.

There is some evidence from the Fast Track students that they approached their Direct Practice 2 placements with inter-professional collaboration as an aspect to be actively pursued because of an appreciation of its importance e.g. one student in a children and families team addressed the importance of inter-professional practice in relation to risk assessment and was the driver in convening an inter-professional case conference to ensure that an holistic assessment could be formulated. For these students in the Pilot it may be that the sessions jointly run by practice teachers and tutors resulted in a more developed understanding of inter-professional working, when moving into Direct Practice 2 placements. It is clear that for some of the students in the Demonstration Project where inter-professional working was not an agency priority, they showed some implicit understanding but very little explicit articulation of the knowledge underpinning such practice. Unlike the students in the Pilot Project, they did not receive the benefits of teaching sessions within the University where practice teachers and tutors addressed issues of integration.

Students' ability to acknowledge the differences in values and approaches between professionals and agencies

Practice opportunities particularly with health professionals seemed to produce the clearest statements from students concerning differences in approaches. This was not often articulated as an explicit values difference but rather a difference in approach or priority. Some limited references made by students to the relationship between different paradigms but it was not particularly evident that they were applying this to the analysis of organisational issues. Where there were poor inter personal work relations it is arguably difficult for a student confidently to differentiate between conceptual differences and personal conflicts, particularly given their stage of development and the length of the placement.

It must be made clear that there was a substantial body of evidence that students developed sufficient clarity about the contribution of other professionals and were often appreciative of the benefits of being able to access a different perspective on a piece of work. This reflects well on the students as there was little evidence of overt tribalism on their part.

Arrangements for placement management and support

It was clear from the evaluation of the Pilot Project that careful planning of the students learning experiences was vital if the placements were to be successful. Preparing the placement settings, service users, link workers and practice teachers made heavy demands on staff time for both University and Quarriers. The overall outcome reflected this attention to both process and outcome and it was identified that widening the project would increase these demands.

Of the 13 placements that I reviewed all had qualified practice teachers with Social Work qualifications. Two of the Quarriers full time practice teachers who had been involved in the Pilot Project undertook the supervision of all but one of the Quarriers placements thus offering a degree of continuity. The six Renfrewshire placements were divided between a full time practice teacher who supervised four of the placements and two singleton practice teachers who each supervised a placement.

Of the seven Quarriers placements that I reviewed all but one had link workers. The exception was where the practice teacher was based in the agency. The Renfrewshire placements were organised on a similar basis with five of the six placements having link workers and one where the practice teacher was on site did not have a link. The Renfrewshire link workers were social workers while there was more variation amongst Quarriers link workers – nurses, project managers and their deputies.

In each case where I had access to the working agreement drawn up as part of preparation for the placement, opportunities for inter-professional working were identified. The language adopted to identify this aspect varied considerably from explicit statements regarding inter-professional or multi disciplinary working through to vague statements about working with other agencies. It is likely that this variation in terminology reflects agency practice but in the light of some of my findings it may be useful to consider a more consistent form of language for inclusion in future working agreements to underline the significance being attributed to this aspect of the placement. This may not change agency practice dramatically but it might serve to pull it out from the background in those settings where it is not considered to be central or where its acceptance has lent it a degree of invisibility.

The working agreements also identified the role of the link workers both in relation to supporting the student on a day to day basis and also in relation to their contribution to the assessment of the student's practice. A range of approaches was adopted from having link worker comments incorporated into the practice teachers report to separate reports compiled by the link workers themselves. The content of these assessments will be considered at a later stage.

All the placements showed clear evidence that the arrangements for planning and managing the students experience resulted in a consistently high standard of provision. In a sample of this size it would not be uncommon for disruption and even breakdown to occur and the positive comments from the students concerning the management of their placements and the support they received from a range of staff is very likely to be related to the thoroughness with which these arrangements were put in place.

Assessment of Student Practice (Project 3.2)

Assessment by practice teachers

Of the 13 reports available to me 12 recommended a pass grade. The one fail recommendation reflected personal difficulties experienced by the student and did not appear to be related to the placement setting or issues of support and supervision. The reports were the responsibilities of the practice teachers and they incorporated link worker evaluation in different ways. Since there was only one recommendation that the student should fail the outcome for the majority of students was successful. The standard varied across the sample and a recurring comment from practice teachers related to a discrepancy between the students' ability to practise competently and to commit that process to paper in such a way as to meet all the requirements. This is not a new phenomenon and reflects a difficulty in assessing competence based practice that has been long recognised. It makes it difficult therefore to comment with accuracy on how well students addressed inter-professional issues in their direct practice when a relative absence of it in the report does not necessarily mean that it was not satisfactorily addressed in direct work. The best of the practice teachers reports were able to offer supplementary evidence to address shortfalls in student evidence across the criteria including inter-professional practice.

Amongst the more positive evaluative comments from practice teachers were statements about the students' value base. In general there seemed to be strong evidence of a commitment to an empowering practice base through partnership with service users. There are some indicators that directly sharing practice with other professionals, e.g. with health workers in a Community Mental Health team for older people created opportunities that allowed students to articulate clearly their position in relation to service users. Some of these examples were very positive but a number arose from attitudes and practices which required to be challenged if the student were not to collude with potentially disempowering practice. This area also provided interesting material on which to base reflection on the stage of development of the student and the expectation of how far the challenge to other professionals should be pursued. At Direct Practice 2 stage there is some expectation that students should not simply recognise/understand the dynamic but also be able to address it. The evidence from the reports suggest that this did happen in some cases but that it was particularly difficult

where the other professional was perceived to be of higher status and more experienced.

In joint working risk assessment and management are of high priority and there was some evidence of students being advantaged by being placed in settings where opportunities existed to contribute to a single shared assessment format e.g. through the use of *Carenap.*

This meant that the student had to demonstrate not only competence in terms of their own role but also appreciate the contribution of other professionals who would likely have some degree of difference in those areas to which they accorded highest priority.

Given that these practice teachers were all experienced in the role it was noteworthy that a wide variation occurred in the extent to which they addressed inter-professional working in an explicit manner. Again this may be a reflection of wider agency contexts and culture but it might have been anticipated that since they had set up the placements and been instrumental in identifying learning opportunities for the working agreements that a more consistent reference to this area would have resulted. On the other hand some of the reports demonstrated clearly that it was possible to address all the requirements and at the same time integrate the evaluation in relation to inter-professional working. This did not appear necessarily to be linked to the context of the setting offering more obvious opportunities but rather to an identification with the task from the planning of the placement through to delivery and evaluation of service.

Whatever the balance of factors may be, it seems clear from the documentation that agency ethos and practice are key if inter-professional working is to be a focus for improving practice. The influence of agencies to define practice is clearly evidenced in the documentation. Where inter-professional practice was not high on an agency's priorities it seems there was little encouragement to address it discretely. At the same time there was a clear expectation that students were expected to be capable in a range of competences which together were central to inter-professional practice such as networking, demonstrating clarity about role and purpose and dealing with conflict. This may be an area where development would result in students being able to see that particular clusters of competencies are at the core of effective inter-professional working.

Assessment by link workers

Link workers came from a variety of professional backgrounds including social work, social care, various nursing specialties and some in managerial posts where original professional qualification was not identified. Six of the placements had reports from the link workers attached to the practice teacher's report (Quarriers) and the four practice teacher reports from Renfrewshire placements made substantial reference to link worker evidence in their text.

The Pilot Project had provided a pro forma asking for comments in the following areas:

- The student's ability to develop and sustain effective working relationships with service users
- The student's ability to work in partnership with service users, building on their strengths
- The student's ability to work as a member of your team
- The student's ability to work with professionals from your own or other agencies
- The student's ability to identify dilemmas in working with other professionals
- Feedback from service users, other professionals and agencies upon the student's performance
- How the student has worked with you as link supervisor
- The student's ability to manage workload; reliability, attendance; punctuality
- The student's progress in undertaking the work carries out by your agency

Link worker reports did not follow these headings necessarily but made reference to them. My impression is that number 5 – ability to identify dilemmas in working with other professions and agencies – was not focused on in these reports. The reports tended to be slightly weighted towards description rather than explicit evaluation. I found them illuminating as they often offered an insight into situations which were addressed in the practice teacher and student reports where the emphasis was on specific competence rather than a wider overview. While the link reports were not required to substantiate the students' claims for competence the evidence produced in the link reports appeared to be based on assumptions which were consistent with the criteria adopted by the practice teachers. An example of this is in relation to working in partnership with service users where link worker reports were able to give very concrete examples, having observed students in direct practice more frequently than those practice teachers who were not on site. Another example of shared assumption came from a link worker from a nursing background who adopted "presenting and underlying problems" as a concept she used to evaluate the student's assessment skills.

In one instance, three short reports from link workers accompanied the practice teacher's report. While it is probably not feasible to expect this generally, the result of this triangulation did produce a fairly robust picture of the student in practice. Since assessment of student practice is often dogged by lack of consistent evidence this approach may have much to recommend it despite the additional work it would require.

The reports also provided evidence that in some settings staff had clearly benefited from the presence of a Social Work student. There were examples of students using their knowledge of how Social Work departments operate to aid communication and to leave workers in the placement settings with improved images of and relations with Social Work departments. In some reports it was clearly stated that service users/residents had benefited materially through the intervention of students with the skills and knowledge required to negotiate with Social Work departments. Within some placements students have clearly contributed to the development of practice e.g. in raising awareness of inadequate policies in relation to ethnically sensitive practice.

Assessment by service users

An approach to practice based on partnership with service users was clearly identified in all the reports. Students consistently made reference to the need to work from a value base that strove to achieve maximum partnership with users. I saw no evaluative comments on student work which raised concerns about the practice base in this respect. On the contrary there were many examples of students addressing partnership issues in meticulous detail. The placements contexts have already been identified as key in determining how far partnership extends, dependent on professional culture.

Another factor illustrated in the range of reports related to service user profiles. All of the students worked with people who were disadvantaged and on the receiving end of discrimination but even within this spectrum some service users had additional physical and intellectual impairments that taxed the communication skills of students. It was therefore particularly interesting to review the extent to which service users had formally contributed to the assessment process.

In a number of the reports there were incidental comments on service users expressing gratitude for a student's intervention or asking for the student particularly on a return visit to the agency. While these statements are useful and contribute to an emerging picture of the student in practice they lack the weight that a formal request for service user feedback carries. This was identified at the pilot stage and a series of questions that could be used flexibly was produced for guidance. This follows:

"Some suggested questions to ask people working with the student.

- Did s/he show interest in your situation? Did s/he listen to you and pay attention to what you said? Did s/he put you at ease? How?
- Did s/he show respect to you? Did you feel s/he was open/honest?
- Did you feel you were offered choices? Did you feel you were treated fairly? Was s/he encouraging and supportive? Any examples you can think of?

- Did you feel involved in making decisions about what to do? How?
- Did s/he give you good information or advice? Did you think s/he knew what s/he was talking about? An example?
- Did s/he do what s/he said s/he would do?
- Did she speak to for you/others when necessary? Any examples?
- Any other comments you would want to make to contribute to the student's development as a future Social worker?

These questions can be varied and re-phrased differently depending on the setting/service user group. For service users who do not use verbal communication, appropriate graphics could be used or the people who know them best could be consulted.

Four of the placements provided materials from service users based on this suggested format and they served to illustrate some of the methods used to gain feedback and their implications. In the first example the link worker followed the suggested format for her report and in addressing question 1 i.e. the student's ability to develop and sustain effective working relationships with service users, she sought feedback from three service users and incorporated their comments into her overall evaluation e.g. "X listens to what you want/need asks the right questions, this helps you to make up your mind". While it is perhaps unclear exactly what the service user was asked, what is helpful is concrete evidence of the student's ability to engage and communicate from the service user's perspective.

The second example involving another young person resident in a housing support project follows the format more closely. He was asked to give specific examples to substantiate each assertion and the link workers pulled this into report form.

The examples are particularly important as they serve to show that the service user understands what is being asked and ensure that s/he is able to say exactly what s/he wants communicated.

A third placement where the service users had a range of intellectual impairments provided three feedback forms. One was produced by a service user who was able to type the form himself. He began by taking the opportunity to state his opposition to the language used, preferring "users of service" and having asserted himself, he went on to answer the questions. This respondent was able to offer quite extended pieces of evidence and communicated an authority and confidence about his expectation of workers. The second feedback came from a user of service who required his support worker to write up his responses for him. This respondent gave positive answers to the questions but found it difficult to give specific examples. The support worker included an additional comment from the respondent saying that he was sorry the student was leaving. This is an example of where a flexible approach to seeking

feedback is helpful if relevant qualitative data is not to be missed. The third respondent answered the questions very briefly but was able to give examples which were relevant and give further credibility to his answers.

These three sources of feedback from the one placement demonstrate that even with marked intellectual impairment it is possible to devise flexible methods which can result in gaining pertinent material expressing some fairly complex ideas. It is noted that this placement has a strong emphasis on the student's role as an advocate and inclusion worker and the quality of the feedback perhaps reflects an agency ethos which expects participation to be at the heart of practice.

The fourth example is of an education based project where families as a whole and not just the child attending the project are asked to give feedback on the service they receive. The questionnaire used is one devised by the agency but the information sought is very similar to the project document. This format asked for yes or no answers which were then to be backed up by specific examples. Some of these examples demonstrated that the student was drawing on relevant theory in her practice e.g. the use of techniques to facilitate communication between family members.

Formative and summative assessment

What is noteworthy from this approach to assessment is the way in which practice teachers, link workers and service users all made different contributions to the assessment of the students' practice. The practice teachers were properly focused on the Diploma in Social Work requirements being met and the format of their reports reflected this. The link worker reports covered a more limited range but illustrated the student's capacity to work in the setting with service users and other professionals. The service users provided not only testimonials to the students overall capacity to deliver a service but also some quite detailed concrete examples. These three sources of evidence taken together seem to be moving close to method of assessment that permits legitimately different views to be expressed at the same time as providing a holistic overview of the student in practice.

In this sample, the evidence from the three sources is consistently in agreement and this served to strengthen the final evaluation. However it would also be important to note where discrepancies occurred and to use this as a tool to confirm evidence both positive and negative. Questions remain as to the relative weighting given to each of the components within such an approach.

Key Findings/Conclusions

The Demonstration Project has confirmed that inter-professional learning is extremely complex and is subject to the interplay of a wide range of factors.

Progress in the development of this crucial aspect of practice learning is likely to occur through carefully planned and managed experiences such as are evident in the Demonstration Project. Three areas in particular are identified:

1. What is a realistic expectation to have of students to have in this area at the point of qualification?

The development of a confident, articulate worker in an inter-professional setting is highly dependent on her/his ability to have internalised an understanding of the Social Work role and task, as a basis for negotiating shared practice with a worker from another profession. The students in the sample had at most undertaken 145 days of supervised practice in all and generally there was good evidence that they were clear enough about professional identity to move into qualified practice. It was evident from the data that developing that confidence about their professional persona would be an ongoing task – as it should be. The Demonstration Project has very usefully shown that there are benefits to having Social Work students in inter-professional settings, not least by helping them address the boundaries of their professional role. It would however be unrealistic to expect that a student should be able to evidence highly confident practice when we know that long qualified workers are challenged by this demand. In a climate where continuing professional development and post qualifying education are firmly on the agenda it is essential that qualifying workers are encouraged to see themselves at the beginning of a continuum in which education and training in inter-professional practice are key.

2. What about the learning environment?

The evaluation makes it clear that student practice and the context in which it occurs cannot be separated. The Demonstration Project was based on careful negotiations which took up time and a range of staff resources. The Pilot Project by definition was smaller in scale and the clear sense of close partnership between agency and University in such areas as preparation of link workers and joint teaching of students was a marked feature of this stage. Widening the scope of the Demonstration Project necessarily increased the range of settings in the two sectors – voluntary and unitary authority – and brought in more variety but also more challenges. It was apparent that some of the settings were marked by inter-professional tensions and some of the settings seemed to make little attempt to actively develop collaborative practice. This reflects a wider reality and one in which scarce placement provision necessitates the use of placements where support and supervision for students are vitally important. There is no sense in which the project placements were not well supported and students helped to develop considerably. However the wider organisational implications should not be underestimated. This is a time of change in development in relation to joint working. It is inevitable that organisations demonstrate the stresses and anxieties brought about by demands to give up familiar practices and procedures in favour of new and untested ones. This is the

context that is likely to predominate in the future. It is a difficult environment in which to teach Social Work students not only what the core Social Work role is but also to help them to begin negotiate changes in that role with other professionals who may be uncertain themselves.   Lest this sounds too depressing I would stress that the agencies, on the whole, were able to provide sound opportunities that were appropriate for students and help them develop their understanding of inter-professional practice.

3. **How do we know when a student is fit to practise?**

The assessment of students' practice was well organised and the results of the procedures adopted suggest that further exploration along these lines should be pursued. Practice teacher reports were necessarily confined to some extent by Diploma in Social Work requirements. However the additional materials supplied by link workers and users of service added dimensions to the assessments which made for stronger confirmation of the students' ability to practise appropriately. The weighting that the latter two should be given requires further exploration. The format for the link worker report is clearly appropriate and it may helpful to develop this further towards a more evaluative rather than descriptive base. The service user feedback format was also clearly a useful tool and might repay further development as a means not only of evaluating students' practice but also in furthering the aims of partnership with users.

The findings from the 1.2 Practice Audit and literature review suggested that it would be useful to explore whether students would demonstrate:

- Enhanced awareness of their professional identity and those of other professionals
- Understanding of the roles and responsibilities of Social workers and other professionals
- Appreciation of the different perspectives and values of a range of professionals
- Greater familiarity with collaborative processes and systems
- Improved joint practice to the benefit of service users and carers
- An improved level of reflection and critical analysis as a result of exposure to other ways of thinking and doing

The data from the Demonstration Project has yielded evidence for all the above criteria and although not evenly spread it is reasonable to conclude that in the main these criteria have been met satisfactorily.

John Brady, Freelance Consultant.
References

Adams R. Dominelli L Payne M. (2002) *Social Work Themes Issues and Critical Debates.* Basing Stoke Palgrave

Hayman V (1993) Rewriting the job; a sceptical look at competence *Probation Journal* 40(4):180-3

Morgan B (1996) Community Care and Social Work with Adults in Vars A (1996) *Social Work Competences Case Knowledge Values and Skills* p113. London Sage

Payne M (2000) *Teamwork in Multiprofessional Care.* London, Macmillan

Whittington C (2003) *Learning for Collaborative Practice with other Professionals and Agencies*. Department of Health

List of Appendices

Appendix 1   Craigie Family Case Study Materials and Data Analysis

Appendix 2   Chaotic Environment Workshop Materials and Data Analysis

Appendix 3   Death Journey Workshop Materials and Data Analysis

                - Evaluation of the workshop by the Clinical Skills Centre at

                Ninewells Hospital

Appendix 4   Chid Protection Workshop Materials and Data Analysis

Appendix 5   Student Practice Learning Questionnaire

APPENDICES

Appendix 1

Data from Pilot Project 1: The Craigie Case Study

4.2.4   **What worked and why**

Equal input on the family's problems, contacting other professionals, kept together, were task orientated, being focused, listening to each others views, it worked because they were enthusiastic and had volunteered for the project.

4.2.5   **What did not work and why**

Difficult to organise within the time frame, availability for meetings, difficulties in inter-faculty communication, under representation of student teachers, wandering off the subject, for me travel was difficult and lack of travel expenses, when we talked over each other, when we acted from our individual perceptions, value base and knowledge.

4.2.6   To what extent was the base location given to you helpful or not?

8 responded very helpful, 2 responded helpful, 5 replies did not offer comment, 3 replies offered very positive comment, 1 reply commented that the centre they were at only offered Social Work contact and it would have been more useful if they had been able to contact a wider range of professionals.

4.2.7   How relevant was the case study and associated task to the professional you aspire to?

7 replied very relevant, 2 replied relevant and 1 replied not relevant. Most students regardless of their profession saw the relevance of the case study. The single student who did not find it relevant could not see that their role as a mental health nurse commenting "that in order to be involved I would need a referral from a doctor".

4.2.8   How helpful would you describe the way of working adopted in your group?

8 replied very helpful, 2 replied helpful. Comments included – we all worked as a team of equals, stayed focused on the task, relaxed and informal, there were disagreements but also compromises.

4.2.9   Was the combined knowledge of the group adequate in terms of identifying resources?

4 replied sufficient, 6 replied adequate. 3 commented that they had lacked teacher representation in their groups. The family centres were seen to help a lot in terms of local knowledge and resources.

4.2.10   What skill did your colleagues from other professions bring to the discussion of the Craigie family case study?

Communication skills, listening skills, assessment skill, research skills, objectivity, parenting skills, IT skills. Where among those listed two responses included "no skills in particular" and "not sure". One response stated that the teaching profession had the fewest skills as "they only need to pass information on to others and do no more".

4.2.11   What knowledge did your colleagues from other professions bring to the discussion of the case study?

Knowledge listed included knowledge from own professional assertiveness and leadership skills, knowledge of legislation, medical procedures. Social Work students knew how to deal with children – experience from placements. Student teachers knowledge of how bullying could be approached, the role of the community education worker. Knowledge of services available in the area, contribution of different professions.

4.2.12   What values did your colleagues from other professional disciplines bring to the discussion of the case study?

This varied….. everybody's values were very similar, Social Work, Nursing and community education were similar but differed, i.e. issues of confidentiality.

Values mentioned included were non judgemental, empathy, confidentiality, unconditional positive regard, trust, honesty, respect. One student however felt that others could come across as quite judgemental in some of their statements. In some cases own moral values conflicted with professional values. One community education student was perceived as having very set personal values but commented that community education had no set value base! The need for sensitive intervention empowering and educating the service user - the need for anti discriminatory practice by all professions.

4.2.13   Comment on the areas of communication between the different professional disciplines that were effective.

Comments included: *professional values and ethics were interlinked and inseparable – respect for each other get to know other professional viewpoints – listening to others; one group elected a scribe – being in a comfortable team – being comfortable with each other, listening to others and being able to contribute.*

4.2.14 Comment on the areas of communication between the different professional disciplines that were ineffective.

There were five returns which were blank or admitted to no problems. The others mentioned a lack of knowledge about what other professionals were doing. A protective feeling by each profession as to what problems they ought to be tackling – wandering off the point – the importance of a chair person. A recognition that they had two days to discuss the scenario which would not be the case in a real life situation. "Jargon" and "lingo" were seen as barriers. When confrontational a tendency to better the other profession in how we would react to the situation. A recognition that communication was effective although there were differences of opinion.

Family composition:

Mr David Craigie (Partner) – 47 years – unemployed
Mrs Geraldine Craigie (Partner) – 32 years – unemployed
Martin Brown (Son) – 16 years – unemployed
Peter Craigie (Son) – 9 years – at primary school
Andrew Craigie (Son) – 7 years – at primary school
Tanya Craigie (Daughter) – 6 years – at primary school
Isabel Craigie (Daughter) – 3 years – at home

Mr and Mrs Craigie have lived together for 14 years. While Martin is the result of an earlier relationship, Mr Craigie has always accepted him as his own son, and the boy himself has grown up regarding Mr Craigie as his father, despite now being aware of his own paternal origins.

Mrs Craigie has been unemployed due to stress-related illness and panic attacks for many years. She appears to be limited in her intellectual capacity, but has also been unwilling to make any real effort to manage her home and family commitments.
David has held occasional part-time work as an industrial cleaner and security officer with a major food retailer, but due to the long and unsocial hours, did not sustain any of these jobs. Their income comprises of state benefits, and they live in a four-bedroom council house in the city of Dundee. This is their sixth council house in that time, having moved due to problems with the neighbours.

Martin is a bright boy, but has never fully achieved his academic results at school due to persistent truanting and an inability to accept authority. He seems detached from the mainstream of family life, but has a strong relationship with his sister Isabel.

Peter and Andrew are both relatively settled at primary school, with no significant behavioural problems or poor school attendance. Late-coming is a growing problem however. Andrew is struggling in school as a result of his gentle and introspective personality, which has led him to be bullied and scapegoated by older pupils in the school. While his mother has taken a generally sympathetic view of his problem, his father has encouraged him to 'toughen up' and look after himself.

Tanya was assessed as requiring special educational needs, but has been placed within the same primary school as her older brothers, where she receives learning support and a teaching program tailored to her specific needs. Late-

coming is also a growing problem. She is gregarious and outgoing child, who masks her academic limitations by a loud and brash presentation to teachers and pupils. She is accepted by her peer group, but her relationships are superficial and of limited duration. Her academic ability continues to be monitored, but unless some improvement takes place, she may well be referred for full-time special education in the next year.

Isobel is still at home, and has so far been unable to access pre-school nursery provision which is acceptable to her mother, despite offers being made by the local authority education department. Mrs Craigie has consulted her GP with regards to Isobel's intellectual ability, and she fears that there is a problem, which has not been fully assessed and diagnosed. She is therefore reluctant to trust her child to a 'normal nursery environment'. While her husband has encouraged her to do so, she has resisted this so far. Her relationship with the local health visitor is problematic, and she remains resistant and suspicious of advice being offered.

Home Circumstances

Mr and Mrs Craigie' home circumstances have been a cause for concern amongst statutory agencies for a few years. The house is generally unclean and unkempt, and the younger children often have to cook for themselves, using a hot cooker unsupervised. Both parents have reached a point where their relationship is under strain, and the couple is considering a separation. This has led the local authority social work department to place all the children on the local child protection register under the category of 'physical neglect', and refer the case to the Children's Reporter for compulsory measures of care.

Because of their general appearance, and in particular the persistent problem of head lice, the children have all been ostracised by their fellow pupils, and even in the local community they have relatively few friends as a result of this situation. The four youngest children have been affected by head lice for some time, and Tanya in particular has been referred to her GP for treatment for a serious scalp problem.

Whilst efforts have been made through a combination of health, education and social work staff to alleviate these problems and work voluntarily with the family, the parents have been resistant to any meaningful and long lasting change, blaming one another for the problem, and failing to take responsibility themselves.

The Task

Each mixed student group is asked to examine this case study, and together, assess the needs of the family, both individually and collectively. Thereafter they should form a composite inter-agency action plan, which will address the key issues identified within the family. The component parts of this action plan are as follows:

1. Identify the key priorities for change within this family.
2. Identify key personnel who can work on these priorities
3. Identify suitable resources and facilities within the local community that collectively can make an impact on the lifestyle and quality of care for the children, whilst supporting the parents
4. Place these priorities within a time frame which is both realistic and achievable, covering the period 0 to 12 months

LEEP PILOT PROJECT 2

UNIVERSITY OF DUNDEE

QUESTIONNAIRE

This questionnaire requests that you share your experience of the process involved in working in the multi-disciplinary group set up to work on the LEEP 2 Case Study.

1   What course are you studying?   (Tick boxes)
            Social Work
            Teaching
            Community Education
            Nursing

2   Have you worked, or are you currently working with other professions?
     Please specify

3   How did your group proceed to work on the case study?
     E.g. What steps did you follow?

4   What worked and why?

5   What did not work and why?

6   To what extent was the base/location given to you helpful or otherwise?
     Very helpful
     Helpful   (tick Boxes)
     Not helpful

7   How relevant was the case study and associated task to the professional group
     you aspire to?
     Very relevant
     Relevant   (tick boxes)
     Not relevant

Please comment

8   How would you describe the way of working adopted in your group?
    Very helpful
    Helpful   (tick boxes)
    Not helpful

    Please comment.

9   Was the combined knowledge of the group adequate in terms of identifying resources?
    Sufficient
    Adequate   (tick boxes)
    Poor

    Please comment

10 What **skills** did your colleagues from the other professional disciplines bring the discussion of the Craigie family case study?

11 What **knowledge** did your colleagues from the other professional disciplines bring to the discussion of the case study?

12 What **values** did your colleagues from the other professional disciplines bring to the discussions of the case study?

13 Comment on the areas of **communication** between the different professional disciplines that were **effective**?

14 Comment on the areas of **communication** between the different professional disciplines that were **ineffective**?

15 Compare your **initial expectations** of work on this case study with other professions with the **actual experience** of working together.
    What comments can you make?

Appendix 2 Chaotic Environment Data

5.5   Analysis of Student Evaluation questionnaire – Inter-professional Chaotic Environment Exercise

Question 1:   Did you attend the exercise?

15 Nursing students attended and completed the questionnaire
14 Social Work students attended and completed the questionnaire

Question 2:   What were the positive aspects of CEE for you?

Social Work response N=14

All mentioned the following –

To learn about nurses roles, chance to learn about collaborative working, about different approaches and responsibilities. To see how greater communication can benefit the client.

Nursing response N=15

To learn how Social Work operates within the community, their roles and how we can work together. What are each professions limitations and how can inter-professional care work.

Question 3:   What were the negative aspects of CEE for you?

Social Work response N=14

None (4)
It should have been done earlier in the course (5)
The role players practice was similar (5)
Perhaps the other professions thought the role players practice was correct (1)
That it will only be a one off workshop (1)
A lot of assumptions were made about each profession (1)
*Using only two people in the role play each representing their own profession.   *****???????******

Nursing response N=15

None (5)
Time was too limited (4)
Feedback forms were too repetitive (2)
Going off the subject in the groups (1)

Had not met Social Work students before exercise. There was a difference in experience, Nursing in 2nd Year, Social Work in 3rd Year (1)
Patient overwhelmed by two people (1)
Honesty lacking by role player "just tell your niece someone was in." Was not sure how to conclude the role play (1)

Question 4: Identify any differences/similarities in the terminology used by social work/Nursing student when assessing Mrs Smithton's health and social needs?

Social Work response N=14

Similar terminology, jargon free (5)
There were some differences in terminology and approach to assessment (6)
Nurse was trying to take control of the situation (1)
Different approaches, same outcomes (2)

Nurse response N=15

Similar terminology used (5)
Wanted same outcome but different priorities (5)
Nurse's main priority was the hygiene issue (3)
Nurse tended to use more jargon/medical terms (2)

Question 5: What did you learn about each other's role in the assessment process?

Social Work response N=14

Different techniques are used by different professions to attain the same ends. (2)
Nurses are very practical and can meet immediate needs, social workers are more holistic and want to make a full assessment (7)
I don't think the Social Work role was clarified (1)
The nurse acts quickly on medical matters, social worker more concerned with seeking the client's views in order to gain more information (3)
Different styles but that comes down to different teaching (1)

Nurse response N=15

We need each other professionally in order to do our jobs. Nurses are taught to work at a quicker pace (4)
Communication s so important between the two professions (3)

*Roles are very different but could be interlinked and used
appropriately (6)
Both professions work to the same outcomes (2)*

Question 6:   Highlight any professional difference/similarities in the methods of
prioritising Mrs Smithton's health and social needs?

Social Work response N=14

*Medical need would take priority but possible abuse of client and
child care issues would have a high priority for the social worker (6)
Nurse I felt was intrusive moving the client's possessions. The
social worker tried to engage with Mrs Smithton finding out about
her background, gaining information to help the assessment (1)
Nurse went straight for the medical need, the social worker for
emotional needs (5)
Both had similar priorities just different ways of reaching these (2)*

Nurse response N=15

*Nurse wants to clean the house, the social worker was interested in
getting to know Mrs Smithton (8)
Safe environment was a Nursing priority, assessment and Social
Work assessment was their priority (6)
Both wanted what was best for Mrs Smithton's situation and her
health (1)*

UNVERSITY OF DUNDEE

SCHOOL OF NURSING AND MIDWIFERY

DEPARTMENT OF SOCIAL WORK

ADULT BRANCH NURSING STUDENTS AND SOCIAL WORK STUDENTS

PREPARATION FOR THE CHAOTIC ENVIRONMENT

INFORMATION FOR THE STUDENTS

Why have such a session?

To further enhance your knowledge and skill about the challenging and diverse nature of health and social care in the community. It is not just about 'doing a particular task', but requires you to look at the broader issues concerning multi-professional holistic care of the individual/family in their environment. This session will allow you to explore your knowledge and skills in a safer and realistic setting.

THE SCENARIO

Mr/Mrs Smithton is 75 year old and since the death of his/her spouse two years ago lived alone. He/she has a sister living 10 miles away with whom he/she has a fairly good relationship. A niece collects Mr/Mrs Smithton's pension at the local post office and in return he/she acts as informal carer for the niece's three year old child. Mr/Mrs Smithton does not receive any health or social care services.

Mr/Mrs Smithton's medical and social history is scant. You have never met this gentleman/lady but have been asked by the GP to visit and carry out an assessment of need based on concerns surrounding his/her increasing frailty, failing eyesight and inability to manage his/her insulin therapy. The GP has visited previously to examine a sore toe that requires dressing. Mr/Mrs Smithton also has chronic lung disease and uses oxygen therapy occasionally.

UNIVERSITY OF DUNDEE

SCHOOL OF NURSING AND MIDWIFERY

DEPARTMENT OF SOCIAL WORK

CHAOTIC ENVIRONMENT: WORKSHOP

AIM

The workshop will enable you to develop your knowledge and understanding of collaborative working in multidisciplinary teams. Its focus is a chaotic environment scenario and involves three learning activities.

Learning Outcomes

At the end of the workshop, you will have achieved the following:

- Identified the care needs of Mr/Mrs Smithton

- Prioritised his/her care needs

- Identified your professional role in assessing his/her needs

- A greater awareness of the roles/skills of other professionals

LEARNING ACTIVITY 1

You will observe/participate in the chaotic environment scenario of Mr/Mrs Smithton and make some relevant notes.

LEARNING ACTIVITY 2
Please work through this activity on your own it will take approximately 10 minutes.

(a) Reflect on the scenario and identify Mr/Mrs Smithton's needs/issues in the box below.

(b) Now numerically rank Mr/Mrs Smithton's needs/issues in the box above in order of priority with 1 as the most important

(c) Identify your professional role/skills in implementing his/her care plan in the box below

LEARNING ACTIVITY 3

Please work with your group for this activity: it will take you approximately 25 minutes.

(a)   Agree Mr/Mrs Smithton's care needs/issues with your colleagues and record them in the box.

(b)   Identify the unique and shared elements of your professional roles in the box.

(c)   Prioritise Mr/Mrs Smithton's needs/issues.

Now nominate a spokesperson from your group to provide a _brief_ feedback to the main group.

STUDENT EVALUATION QUESTIONNAIRE

Please answer the following questions.

QU.1. Did you attend the Inter-professional Chaotic Environment Exercise (CEE)? *Please tick ✓ appropriate box*

YES ☐ *if you ticked this box please answer Questions 2 to 6.*

NO ☐ *if you ticked this box please answer Question 7.*

QU.2. What were the positive aspects of the CEE for you?
....
....
....
....
....
....
....
....
....
....

QU.3. What were the negative aspects of the CEE for you?
....
....
....
....
....
....
....
....
....
....

QU.4. Identify any differences/similarities in the terminology used by social work /nursing students when assessing Mr/Mrs Smithton's health and social needs?
....
....
....
....
....
....
....
....
....
....

QU.5.   **What did you learn about each other's role in the assessment process?**

....
....
....
....
....
....
....
....
....
....

QU.6.   **Highlight any professional differences/similarities in the methods of prioritising Mr/Mrs Smithton's health and social needs.**

....
....
....
....
....
....
....
....
....
....

QU.7.   **What were your reasons for NOT taking part in the IPWSE?**

....
....
....
....
....
....
....
....
....
....

Appendix 3

Data from Death Journey Workshop

6.2   Question designed to measure your knowledge and understanding of the roles, function and perception of professionals with whom you will be working

6.2.1   Write down what you know about a social workers/doctors training related to: requirements for early, length of training content of training programme.

Social Work response N=11

Requirements for entry   =   don't know (5)
                               subjects at A (3)
                               3As and 2 Bs (3)
Length of training   =   5 years (11)
Content of training prog =   placement on wards (3)
                               Very varied (3)
                               Basic sciences (3)
                               Don't know (1)
                               Medicine (1)

Medicines response N=14

Requirements for entry   =   3 Bs more experienced nature student (1)
                               School, college qualification (1)
                               Interview (3)
                               Highers or equivalent (3)
                               Don't know (2)
                               Practical experience (3)
                               Did not understand the question (1)
Length of training   =   3 years (7)
                               3-4 years (2)
                               4 years (4)
                               misunderstood the question (1)

6.2.2   Write down what you know about a Social workers/Doctors principal professional role

Social Work response N=11

Diagnosis and treatment (5)
Provide advice and treatment (20
Medical needs, health promotion and disease prevention (2)

To look after a patient's mental, physical and emotional well being (1)
Caring for sick individuals (1)

Medical response N=14

Maintain confidentiality (1)
Legal and child protection – help in mourning process (1)
Support for families (3)
Act as a mediator between medical legal and Social Work professions (4)
Implementing services and support package (3)
Help with counselling (1)
Wide range of facilities provided for needs (1)

6.2.3   Responsibilities – Write down what you know about a social worker's/doctor's professional responsibilities

Social Work response N=11

Health accountability (3)
To diagnose and treat (1)
Providing medical assistance (2)
Care ethic duty to protect (2)
Confidentiality (1)
Medication, diagnosis, reviewing health, updating records (1)
Patient care (1)

Medical response N=14

Accountability, child protection, welfare of family (5)
Confidentiality legal responsibility (2)
Don't know (3)
Act as a mediator between legal, medical and social sources (1)
Social support (1)
Communicating with service users (1)
Collaboration in the (MDT) medical department team (10

6.2.4 Expectations – What principal functions do you think social workers/doctors most expect of your profession in the death journey?

Social Work response N=11

Efficiency, confidentiality, correct diagnosis, professional (1)
To takeover where they left off (1)
Confidentiality, support (1)
Emotional support (7)
To pick up the pieces (1)

Medical response N=14

Diagnosis, certification, breaking bad news (6)
Communicating well with all individuals (1)
Family support help in the mourning process (2)
Clearly give medical information to family and Social workers; allow for medical questions (4)
Nil response (1)

6.2.5 Aspirations – What is the one main change you would like to see in the management of the death journey by health and social care professions

Social Work response N=11

More working together and more information on each others roles (3)
Collaboration (6)
To provide as much time as needed to support the family (1)
More collaboration and sharing information (with data protection) (1)

Medical response N=14

Ensure appropriate availability of service (1)
More resources (i.e.) money (2)
Collaboration (2)
More inter-professional communication (2)
More continuity of care (1)
More education about services available to patients (1)
Break bad news with love and compassion. Treat them like they are your own family (1)
More information and training as part of our course (1)
Have "on call" a Social worker present at breaking bad news (1)
Some Doctors need to be more sensitive especially when it comes to breaking bad news (1)
Nil response (2)   ** adds to 15***

6.2.6. Perceptions – What is the one change you think social workers and doctors would most like to see in your profession in relation to the death journey?

Social Work response N=11

More money (1)
More resources (2)
More partnerships (2)

More time (1)
More understanding of the role of Social Work (1)
Having the knowledge required right at the start (1)
More services to refer people to during the grieving process (1)
Nil return (2)

Medical student response N=14

Taking more responsibility and not just leaving the patient to the Nurses, Social workers and their relatives (1)
More joined up working (2)
More resources (1)
More communication (3)
Being more caring and empathetic and supportive (1)
More focus on giving information to relatives (1)
Spend more time with the family afterwards (2)
Nil returns (3)

6.2.7   Solutions – How do you think the change identified in Q6 could be achieved?

Social Work student response N=14

From the executive receiving less money for wages and policies (1)
Audit and legislation (2)
Through training programmes like these (3)
Medical students to be given input on the Social worker's role (2)
Effective communication skills (1)
Research to identify money to be put into extra resources (1)
Nil returns (4)

Medical student response N=14

Not sure (1)
Collaboration (1)
Audit meeting to discuss changes (1)
Case conference (1)
Increase numbers of Doctors so we have more time for individual patients (2)
More training in this with scenarios (2)
Communication skills sessions for breaking bad news in workshops like this (1)
Offer a return visit appointment with doctor and Social worker or an "open" telephone call (1)
Nil response (4)

6.2.8 Experience – What experience of death and dying have you had either professionally or your own personal life?

Social Work response N=11

Death of relative and workshop (1)
Family friends and service user (4)
None personally but have worked with grief and loss (1)
Parents (1)
Grandparents (2)
No experience (1)
Nil return (1)

Medical response N=14

Close family member (2)
Lots both patients and privately (4)
Friends and relatives (2)
A relative and a patient (4)
Relatives and pets (1)
Nil return (1)

6.2.9 What experience do you have of inter-professional learning?

Social Work response N=11

In first year with community education and teaching (7)
On placement talking to other professionals (2)
None (1)
Basic (1)

Medical response N=14

None (2)
Nursing and midwifery (8)
Oncology and psychiatry (1)
Breaking bad news workshop (1)
Teaching with dentistry and law students (1)
Nil response (1)

6.2.10 How has this workshop been helpful to the development of your professional role?

Social Work response N=11

Clarified my role in the death and dying process (3)
Good insight (4)
Collaboration (2)
Assisted better understanding of interdisciplinary working (2)

Medical response N=14

More aware of role in the grieving process (3)
Now know m ore about what Social workers do (3)
Aware of responsibility and provision of support (2)
The importance of interdisciplinary involvement in the death journey (2)
Very useful re legal requirements (1)
*More understanding of Social Work role leads to more appropriate
referrals (1)*
Nil response (2)

6.2.11 What suggestions do you have for future workshops?

Social Work response N=11

Similar to those offered to our year definitely should attend them all (2)
More workshops like these and choice (1)
*I really enjoyed today, should be compulsory for all medical and Social
Work students (2)*
*Felt it was more medically orientated could be more related to Social Work
(1)*
*A whole day's workshop would have been better to understand the other
professional's role (3)*
More case study work (1)
Nil return (1)

Medical response N=14

Was quite good but too short (1)
Don't have such long questionnaires (1)
No Last Office but clearer demonstration of roles (1)
Involve Nurses (1)
Every medical/Nursing student should have this (2)
None. This was very good (2)
Should be entitled Death Journey and grieving process (1)
Workshop of breaking bad news in A & E with MDT giving feedback (1)
Useful – good size group (1)
Split over a couple of weeks (1)
Fiscal involvement re legal position (1)
Nil response (1)

6.2.12 Evaluation Questionnaire – Death and Dying Workshop

Social Work response N=11

Why did you come today:

Interest (6)
Further knowledge (2)
PT recommended (1)
Interagency collaboration (1)
Nil response (1)

Did you feel it was worthwhile – *all said yes*

How did it help:

Obtained medical viewpoint (6)
To see practical side of death (1)
Increase knowledge on collaboration (4)

Any parts of the session unhelpful not worthwhile – *11 said no*

Would you recommend this workshop to your colleagues – *11 said yes*

Should it be a compulsory part of the curriculum – *10 – yes; 1 – no*

Are there any other professions you would like to see involved:

Police (5)
Nursing (6)
Health Visitor (3)
Teachers (3)
Nil response (1)

How will you consolidate your knowledge:

Read handouts (3)
Transfer to practice (2)
Further reading (2)
Reflect on the workshop (2)
Continue learning want to work in a hospice (1)
Nil response (1)

Medical response N=13

Why did you come?

To learn more about the process of death (7)
To meet other professionals (1)
I don't have a clue (1)
Previous experience felt it would be appropriate to learn more (1)
Undergraduate training on death and dying is limited – need to know more (1)
Received email, interested (2)

Gaps in knowledge?

Death certificate (2)
Process after death talking to families (1)
Roles of different professions in helping to deal with death (3)
None (1)
Legal requirements (2)
Diagnosing death (2)
Breaking bad news (1)
Nil response (1)

Has it been worthwhile/helpful – *all 13 said yes*

In what way:

Brainstorm (1)
Confident in process and how to advise relations (1)
Met other students (1)
Appreciate the grieving process and the roles of different professions (9)
Learnt about legal issues
Nil response (1)

Would you recommend this to your colleagues – *all 13 said yes*

Any part unhelpful:

Questionnaire (1)
Last offices (1)
No (11)
Yes (2) – reasons illegible

Should it be a compulsory part of your curriculum:

No (6)
Yes (7)

Are there any other professions you would like to see involved:

Nurses (6)
Police (4)
Health Care Assistants (1)
Legal profession (2)
Child psychiatrists (1)
GP (2)
Health visitor (2)
Fiscals office (1)
Nil response (3)

How will it consolidate your knowledge:

In practice (4)
Read the handouts (4)
Reflection (1)
Nil response (4)

UNIVERSITY OF DUNDEE DEPARTMENT OF SOCIAL WORK
UNIVERSITY OF DUNDEE MEDICAL SCHOOL

Inter- professional workshop exploring the roles of the medical, nursing and social work professions in the practice area of working with those affected by death and loss.

Venue:
Date: 30 /03 /2005
Time: 1.00 – 4.15
Aim;
To encourage students to share each other's knowledge and value base, appreciate differences and similarities in role and respect and value each other's skill.

Outcomes;

- To recognise the different roles they each have in relation to death and loss in the current NHS and Social Care systems
- To identify the legal requirements of their own profession
- To be aware of the different stages of the grieving process
- To be aware of the impact of loss on individuals
- To be aware of the communication skills required in relation to the bereavement process
- To be aware of the cultural differences in relation to death and dying
- To develop an awareness of each professions value base and how these can complement the working relationship

Programme

- **1.00 – 1.30 Intro**
  Small groups - Trigger exercise
  An exercise reflecting on personal experience of death. Encouraging the students to recognise their own thoughts and feelings re. death and dying and to share their experience with other members of the group, allowing them to develop a trusting professional relationship.
- **1.30 – 2.10 Death Journey**
  Diagnosing Death
  Relatives' Response
  Death Certificate
  Last Offices
  Grieving Process
- **2.10 – 2.30 Coffee**

- **2.30 – 3.00   Case study – 3 groups**
  Students will be divided into three professional groups and will discuss a case study in detail, focusing on the key issues in the death journey, the different professional roles and the relationship between them. Each group will be given key issues to address and present to other groups.
- **3.00 – 3.10   Read other case studies** (not to be discussed in groups)
- **3.10 – 3.40   Case Study Feedback with Panel**
  Students will share the outcomes of their group discussions
- **3.40 – 4.15   Debriefing/LEEP project and Evaluation Questionnaire**

Detail around exercises for Death and Dying workshop

Trigger exercise – this will consist of a sheet of trigger questions around the participants own experiences of death, their feelings, memories, coping skills etc. The students will complete these individually and discuss responses/feelings in their small groups

The purpose of the exercise is to engage with their emotions prior to the input and case study. This will hopefully enable them to reflect on their own experiences / value base and the possible impact this could have on their practice.

Death Journey – this involves looking at a death scenario – addressing all the aspects dealing with death from dressing the body, certification, formal arrangements, legal aspects, supporting the relatives, linking into other organisations.

Group exercise – The groups will be asked to look at a case study dealing with a particular instance of death. The participants will share with each other, their role, how they would approach the case and communicate with those involved. The groups would be given prompt sheets raising the following two areas for discussion;
   1) Please identify the key issues in this death journey
   2) How would you, in your different professional roles, address these issues together?

Group Discussion. The students will share the outcomes of the group discussions with the others and look at how their views concur or otherwise with the reality. Issues raised will be summarised and discussed with a Panel who will have gathered together the relevant information.

Debriefing and questionnaire – the students will be asked to complete a brief questionnaire and discuss the inter-professional nature of the learning, the benefits and difficulties, what they learnt about themselves as a professional and about the others. Communication skills and values will be looked at in particular. They will also be asked as to whether this should be a regular feature of the curriculum and if so whether this format was appropriate.

Death and Dying
Trigger sheet

.
The first death I remember was the death of:

I was age:

At the time I remember feeling:

The first funeral (or other ritual service related to death) I attended was for:

I was age:

The thing I remember most about that experience was:

My most recent loss by death was (person, time, circumstances)

I coped with this loss by:

The most difficult death for me was the death of:

It was difficult because:

Of the important people in my life now living, the most difficult death for me would be the death of:

It would be the most difficult because:

My main way of coping with loss is:

I know my grief is resolved when:

University of Dundee
Department of Social Work and School of Medicine

Case Study Exercise

As a group could you read the case study and;

1. Identify the key issues in this death journey
2. Identify how each of you in your particular role would address these issues
3. Identify the professional skills you each bring to the task and how these work together/or not for the benefit of the service you are providing

You will then come back into the bigger group and feedback to the other group members.

SW / Medical / Nursing Pilot

Case study 1

Theme – teenage drug related death

Family Composition

James McLean (Step-father to Ashleigh) – 42 – builder
Norma McLean (Mother to both girls) – 38 – shop assistant
Ashleigh – 17 – in residential care since age 11
Stephanie – 9 – at primary school

Family History; Mr and Mrs McLean have been together for 10 years. Ashleigh was 7 years old when her mother met James McLean. She has never known her own father and she and her mother had lived together on their own until James came on the scene. Mr Mclean presents as a dominant, loud personality whilst it would seem that his wife is quiet and lets him be the mouthpiece for their family. He has been involved in altercations with the police that would appear to be drink related. Stephanie is the product of their marriage. Mr McLean has consistently stated that Ashleigh is a difficult child and has, since the birth of Stephanie, seemed to be pushing her out of the immediate family network.
Both Mr and Mrs McLean are in fulltime employment and live in their own house within a 'new town '
They have always attended the Panels and Child Care Reviews, related to Ashleigh, together where Mr McLean has tended to be the more vociferous of the two in stating their position in relation to Ashleigh. There have been attempts at

re-integrating Ashleigh back into her family but these have consistently broken down.

Stephanie is the 'apple of her parent's eye 'and attends the local primary school and to all intents and purposes seems happy. She and Ashleigh do have a reasonable relationship in that Ashleigh is very protective of her wee sister and in the past would take her to the park and out shopping.

Ashleigh Brown was taken into care at the age of 11 yrs. She had started truanting in P7 and this had continued into 1st Yr of secondary. She was also staying out all night and there were concerns that she was drinking and getting involved in fights to the extent that the police were being involved. Her mother and step-father had referred her to SW. She was allocated a Social Worker who initially had tried to work with the family and keep Ashleigh at home. Ultimately she was taken into care under Sect 25 (1) (c) of the Children (Scotland) Act 1995. Her erratic behaviour continued and it was decided at a Children's Hearing to change her order to Sect 52 (2). In this period Ashleigh began to smoke hash and gradually combine this with intense periods of drinking. Workers found it very difficult to sustain a close working relationship with her as she was very volatile. A variety of methods of intervention were tried from groupwork to counselling. She stayed in a total of 3 Children's Units and at the age of 16 was referred to Throughcare to assess how best to help her move on to accommodation that might help her acquire independent living skills. Whilst still in the Children's Unit, Ashleigh began to display signs that she might be using Heroin.

She also became involved in serious incidents of assault one of which resulted in a charge of 'committing grievous bodily harm '. She then disappeared for a few nights and was not traced until a 999 call was received from a house in the local area. She had taken an overdose, whether inadvertently or not was unclear, and was rushed to the local hospital where she died.

Case Study 2

Theme; death of an elderly resident in long term residential care; Greendykes RU

Family Composition
Mrs Duddie; 82 yrs old / resident Greendykes
Mr Duddie ; 58 yrs old / son
Mrs Duddie ; 55 yrs old / daughter in law
Mrs McLean ; 56 yrs old / daughter
Mr Mclean ; 56 yrs old / son in law

Jamie Duddie ; 35 yrs old / grandson / son of Mr & Mrs Duddie
Karen Duddie ; 34yrs old / married to Jamie
Caitlin Duddie ; 9yrs old / great granddaughter
Ross Duddie ; 5 yrs old / great grandson
Angus McLean ; 36 yrs old / grandson
Cheryl Mclean ; 34 yrs old / married to Angus
Kylie McLean ; 5yrs old / great granddaughter
Brad McLean ; 3 yrs old / great grandson

Family History ; The Duddie / McLean family are seen as quite close although argumentative and the son and daughter have often disagreed in the past about aspects of their mother's care. Their father has been dead for some 20 yrs now and their mother began to develop dementia in her early 70's. At this point she was living alone but close to her extended family. As her condition deteriorated she went to live with first her son and then her daughter. They did try to cope with her in their respective homes but felt unable to deal with the care issues as her dementia worsened. This caused tension within the family as they seemed unwilling to move on and accept that she might need residential care. They did finally self refer to Social Work where the case was allocated and an Assessment made, the outcome being that Mrs Duddie moved into Greendykes and had been living there for 6 years until her death.
Prior to the onset of her dementia Mrs Duddie was described as 'lively and outgoing '.
She loved cooking big meals for her family and Christmas was always a big family occasion. Her grandchildren, when they were wee, loved going to stay with her and were very close to her.
None of her great grand children knew her when she was well as her dementia was beginning to establish itself as Caitlin became a toddler. Nonetheless through photographs and conversations they had a sense of her and, given the family closeness, felt she was very much part of their life.
Within Greendykes Mrs Duddie's condition had gradually worsened this meant that the staff had no real sense of who she was except when occasional glimmers came through.
They recognised the strong family bonds and always welcomed the family members and tried to ensure that they kept them updated with any changes that took place in their mother's health.
Mrs Duddie's death while not unexpected was sudden and came as a shock to staff and family.

Case study 3

Theme; Miscarriage
Mrs Ling; 29 yrs /main subject
Mr Ling; 35 yrs / husband to Mrs Ling / was doctor in China
Bonnie Ling; 3yrs old / daughter

Jasmine Ling; 18 months old / daughter

Family History; The Lings have been in Scotland for 9 months. Mrs Ling being here on the basis of her husband's visa and immigration status. Theirs is an abusive relationship in that Mr Ling regularly assaults Mrs Ling which has resulted in her making frequent visits to the GP. She recently disclosed the abuse to the health visitor but did not want to pursue the matter. Language difficulties meant that the HV felt unable to clarify the situation. When Mrs Ling had been admitted to hospital after her husband had broken her arm plus given her concussion, the Health Visitor made a referral to Social Work as she was concerned for the children's welfare. They were allocated a social worker who carried out an assessment.

Given the fact that the Lings do not speak much English, the Social Work Dept employed the services of Interpreters. The outcome of the assessment process was that the children were put on the Child Protection Register. This meant that there was weekly social work contact with the family enabling a clearer picture of their circumstances to be built up. At this time a third Yr student began her second practice placement with the Child & Family team. She was from Hong Kong originally and able to speak Cantonese. This meant that the relationship with the family became more transparent as the student ensured that the family understood exactly what was happening. It was discovered that the Interpreting services did not always give accurate details of the procedures which meant that the family had not been aware of the full implications of what was happening to them. This did result in Mr Ling being very angry and threatening to the social worker and the student.

The social worker and student were able to find nursery places for the children and gradually established a relationship of trust with Mrs Ling through the student. In fact the student took on a lot of the support work and began to work alongside Mrs Ling to establish her rights, benefits etc. The predicament was that Mrs Ling had to stay with her husband as without his immigration status she would be deemed an illegal immigrant.

Events came to a head when it transpired that Mrs Ling was 5 months pregnant. The bouts of violence from her husband were still occurring despite this. This resulted in Mrs Ling having a very painful miscarriage when she was rushed to hospital and lost the baby.

The Death Journey
Professional Roles and Responsibilities

This short questionnaire is designed to measure your knowledge and understanding about the roles, functions and perceptions of professionals with whom you will be working. Please take a few minutes to complete each of the questions.

Please indicate which professional group you belong to and year of study

☐Medicine   Year …………..
☐Social work

Please complete the questionnaire in relation to your understanding and perceptions of the other professional group involved in the workshop.

1. Training and Qualifications
Write down what you know about a social worker's / doctor's training related to;   requirements for entry,   length of training   content of training programme

2. Roles
Write down what you know about a social worker's / doctor's principal <u>professional role</u>

3. Responsibilities
Write down what you know about a social worker's / doctor's professional <u>responsibilities</u>

4. Expectations
What principal functions do you think social workers / doctors most expect of <u>your</u> profession in the death journey?

5. Aspirations
What is the main <u>change</u> you would like to see in the management of the death journey by the health & social care professions

6 Perceptions
What is the one change you think social workers / doctors would most like to see in your profession in relation to the death journey?

7.Solutions
How do you think the change identified in 6 could be achieved?

8. Experience

What experience of death and dying have you had either professionally or in your own personal life?

9. Experience

What experience have you had of inter-professional learning?

Appendix 4

Data from Child Protection Workshop

7.2   Analysis of Questionnaire

7.2.1   Positive aspects of this workshop

Social Work response N=8

Better understanding of different professional roles (6)
To find out more about the police (1)
Collaboration mixed groups case studies (1)

Midwifery response N=4

More knowledge of other agencies and their role (1)
Made me more aware o the thinking of other professions in regards to child protection (1)
Finding out how other agencies protect children and how we can work together (2)

Education response N=4

Confirmed the importance of collaboration and the work of the many agencies involved (2)
Learned more about the work of Seymour Lodge (1)
Gained more knowledge with regard to child protection investigation knowing that people are available to discuss concerns (1)

7.2.2   Negative aspects of the workshop

Social Work response N=8

Mixed attitude towards profession (1)
Session too short (3)
Could have been more interactive with trained police officers present (1)
Could be more structured looking at ways professionals work together more effectively – research (1)
Would have liked more workshops to discuss further case studies and peoples' opinions (1)
Nil response (2)

Midwifery response N=4

Not enough midwifery aspects (4) however useful

Were the agencies expecting us?

Education response M=4

Not enough time – still evidence of too much confidentiality causing boundaries (1)
People turning up late (1) otherwise nothing negative
Not everyone participated or kept to the subject (1)
Not enough time (1)

7.2.3   How effective was the inter-professional communication

Social Work response N=8

It was effective but it would be better if each profession had more understanding of each other's role (1)
Relatively good communication could be improved by more regular partnerships within the University (1)
Very effective (2)
Conflicting value base at times (1)
Fairly effective could be improved by inviting along Nurses or health visitors (4)
OK (1)
Good but would have liked more education and medical students (1)
Fairly effective arch group member bought knowledge experience and values because they were near the end of their course (1)

Education response N=4

Very effective every effort brings down another barrier (1)
Good panel had good collaborative ethos we need more inter collaborative modules within the University to break down the barriers and differences between professions (1)
Making the workshop a choice ensure that people are there who want to be there need future workshops like this (1)
Very good it was beneficial to learn of other professions procedures (1)

Midwifery response N=4

Quite effective could be improved by attending other joint workshops (1)
Communication was good although I felt the Social Work students were quite defensive to begin with (1)
Increased my understanding of the way in which information can be passed on (1) it depends on individual contribution

7.2.4   How did the workshop help to improve your knowledge of professional roles in the field of child protection

Social Work response N=8

If made it clear that it was everyone's job to be involved (1)
It gave a better understanding of how teachers perceive the role of Social Work (1)
Highlighted where Social Work responsibility begins greater understanding of roles and responsibilities (4)
Highlighted the debates in child protection I feel further guidance is needed (1)
Nil response (1)

Education response N=4

I realised that there are many preventative measures taken before a child is placed on the CP register (1)
Took my knowledge to another level finding out what the midwives remit was interesting. The use of the jigsaw analogy enabled me to think about the involvement of other professions that I am not alone in making my decision that I can discuss or phone someone with my worries and that child should always be taken seriously if not always believed (1)

Midwifery response N=4

I gained knowledge from others in the group (1)
By listening to the speakers deal with different cases (1)
Being made aware of the different support groups available (1)
I already have experience of child protection workshops through previous work as a nursery nurse (1)}

7.2.5   How did the workshop help to identify the particular skills each profession brings to the field of child protection

Social Work response N=8

Although each profession has their own values and remit at the end of the day for everyone the child is number 1 (1)
Developed knowledge of education role (1)
I didn't think it did (1)
Case studies encouraged identification of particular skills (1)
During discussion I realised these are skills we all use but also areas which are tracked better by some professions (1)
Helped individuals give their views about specific skills needed in their field (1)
The panel spoke about their skills (1)
Nil response (2)

Education response N=4

Perceived Social workers working with the family, police dealing with previous records pending prosecution (1)
The panel was helpful on identifying the skills (1)
It helped me to realise that Social Work was about prevention and that the police is not always about prosecution (1)
Through discussion of roles it helped professions to understand each other (1)

Midwifery response N=4

Learned about skills through the personal experience of students on placements and more especially through the speakers (1)
Through communication with other professionals interesting to hear different views (1)
Through use of case studies and discussion effective group discussion

7.2.6   Were there any surprise for you

Social Work response N=8

Surprised by how unclear teachers were about what to do and that they are still being told to go through a CP co-ordinator even after it is everyone's job to make sure I am alright (1)
How committed health were, surprised about how unsure education were about Social Work role (1)
No (3)
Nil response (2)

Education response N=4

Not really although I would maybe be more aware and react more quickly and be better (1)
Did not realise the involvement and potential of the health visitor (1)
Surprised there were so many parts to the jigsaw all must communicate to make the jigsaw complete (1)
Had not thought about the health professionals involvement before (1)

Midwifery response N=4

I was surprised at the barriers between Social Work and Education students ({1)
No (3)

7.2.7 Do you feel your learning to date has prepared you for the inter-professional nature of the work?

Social Work response N=8

In some ways but more clarity on roles/remit workers have helped (1)
Yes on placement certain cases involved child protection (2)
Yes by establishing my own professional responsibilities and skills (2)
Yes as we had previous inter-professional workshops and practice placements (1)
Yes gained knowledge and understanding about child welfare (1)
No because there has been little input in the roles of other professions (1)

Education response N=4

Would like more inter-professional work regarding children – 1st year seems a long way off, although given some input on an earlier module I feel a lot more is required (1)
No, more information regarding the teachers role is required (1)
Yes to a certain extent – the previous lecturer on child protection and inter disciplinary working has been good but I think more is required (1)

Midwifery response N=4

Yes communication between different professions is a key component of midwifery placement (1)
It would have been helpful to have had a session aimed at midwives earlier in our training. No not much information has been given to us – would benefit from training earlier on (2)

UNIVERSITY OF DUNDEE
DEPARTMENT OF SOCIAL WORK
DEPARTMENT OF EDUCATION
DUNDEE CITY COUNCIL CHILD PROTECTION UNIT

Inter-professional workshop exploring the role of the medical profession, social work, education and the police in child protection procedures.

Venue: Dundee University / Gardyne Campus / Room D80
Date: 31 / 03 / 2005
Time: 9.30 – 12.30

The overall aim is to enable an exploration of roles, understanding of value bases and building up of communication skills across professions by;

- enabling participants to look in detail at what is required of each other in a CP investigation
- enabling participants to recognise the respective high level of skills each brings to the task
- enabling participants to appreciate the possible emotional impact of the work on each other

The day is more concerned with having a focus on the awareness of self in the process, professional and personal, as opposed to the detail of investigation procedures.

Programme

- 9.30 – 9.50 – Trigger exercise

- 9.50 – 10.30 – small groups / case study

- 10.30 – 11.00 – feedback / discussion big group

- 11.00- 11.20 – coffee

- 11.20 – 12.00 – Plenary with practitioners

- 12.00 – 12.30 – debriefing re inter professional   learning and effectiveness of exercise

- Students will also be asked to complete a mini questionnaire before leaving.

Child Protection Workshops

Case study 1

Susan 8 yrs

Susan is eight years old. She was admitted to a ward from Accident and Emergency after she had been involved in a road traffic accident. She was knocked down by a van whilst walking, alone, in the city centre. This had happened during school hours when she should have been in class. Truancy is a consistent issue with Susan but the school have had difficulties discussing it with her mother as she is never available.

On admission to the ward it was noticed that Susan was very withdrawn, of slight build and had several bruises to her arms and legs.

When staff tried to contact Susan's mum a man answered her telephone. He told them that Susan's mum was at a meeting with the Social Worker. Later that evening she arrived on the ward and appeared to be under the influence of alcohol.

Case Study 2

J and S are brothers aged 4 and 6 respectively. S is in primary two and his brother attends the school nursery in his preschool year. There have been some concerns about S's behaviour and he receives in class support from the classroom assistant. One day when dropping off S at school, Mum is observed trying to get J back into the car. He is refusing and they are near a busy road. Eventually Mum grabs him by the arm pulls him towards her, she takes down his trousers and pants and smacks him repeatedly on the bottom. The two members of staff observing from a window are shocked and distressed by what they describe as "excessive force" the child is extremely distressed and appears to be in a great deal of pain.

Case Study 3

B is 5 years old and is in primary one. His class are due to have P.E. and B does not want to get changed. When the teacher asks him what is wrong he says that a bigger boy has been making him "touch his willy." When the teacher asks who did this he names a child in primary seven. B is distressed at having to tell and is desperate for no one to know. He says he has not told his mum or dad.

Trigger Exercise

The purpose of this exercise is to engage with your emotions and your own value base.

Individually look at and read the items on the posters.

Write down your instinctive gut response to the images or to what has been written.

In your small groups share your feelings, if you feel able to, noting any surprises for yourself, anything that you responded to more strongly than others etc.

University of Dundee
Department of Social Work / School of Nursing and Midwifery

Inter-professional learning : Child Protection Workshop

Student Evaluation Questionnaire

What course are you studying for?
Education   -
Social Work -

Please tell us the positive aspects of this workshop for you?

Please tell us the negative aspects of this workshop for you?

In your view how effective was the inter-professional communication? What helped or hindered this? How could this be improved on and overcome?

Could you comment on how the workshop helped improve your knowledge of professional roles in the field of child protection investigation?

Could you comment on how the workshop help to identify the particular skills each profession brings to the field of child protection investigation?

Were there any surprises for you? If so, what?

Do you feel that your training to date prepared you for the inter-professional nature of the work? If yes – what? If no – what do you feel would be helpful?

Thank you very much for taking the time to complete this. The information collated will help inform the development of inter-professional learning within the University's curriculum and out in the field.

Appendice 5

Student Practice Learning Questionnaire

<u>Department of Social Work</u>
<u>LEEP (Learning for Ethical and Effective Practice) Project 1.2 – Inter-professional practice learning through the curriculum and in practice.</u>

<u>Background:</u>

The above project is one of a number that come under the umbrella of the Scottish Institute for Excellence in Social Work Education based in the University of Dundee. This is a joint initiative comprising the 8 Scottish universities involved in teaching Social Work higher education programmes. It was launched in August 2003 and has carried out a programme of developmental work, based in each of the 8 universities, aimed at contributing directly to creating innovative programmes of learning for the new BA (Honours) Degree in Social Work. The outcomes of the projects will ensure that the practice learning and knowledge base of Social Work Education are enmeshed in such a way as to make for more effective learning.

<u>Purpose of the projects:</u>

One of the major developments in Social Work practice over recent years has been the emergence of multi- agency teams. This in turn has necessitated inter-professional collaboration in the workforce, not always a straightforward concept. In recognition of this, one of the projects was asked to look at how best to develop student's understanding of inter-professional practice both out in the field and as part of the curriculum. This project is based in Dundee University and is managed by Brenda Gillies with Valentine Scarlett as Development Worker. To date there have been two successful pilot projects that took place last semester. We are now running two practice learning projects involving seven students out on placement as we speak and have set up three inter-professional workshops that will involve yourselves, nursing and medical students.

<u>Your Role:</u>

It was felt that you might be best placed given you are near the end of your studies and, having had two placement opportunities, might well have experienced working closely with other professionals.
These workshops will explore different aspects of the social work role in relation to other professions.

The aim of the workshops is to evaluate how well they will help students:
  • Understand their role in relation to others

- **Un**derstand the value base from which they work
- **Understand the role of other professions in the working relationship**
- **Communicate effectively across professions**
- **Appreciate and value similarities and differences**
-

You have three workshops to choose from and can only take part in one of the three.
They will be on two Thursday mornings and one Wednesday afternoon and are compulsory.

LEEP Inter-professional Practice Learning Opportunities
Feb 2005 – June 2005

Student Questionnaire

The purpose of this questionnaire is to help us evaluate your experience as a student in an inter-professional team or in a setting that links into other agencies. From your feedback we hope to learn how best to prepare students for such a learning experience and then how best to maximise the learning opportunities.

1) What other professions were located in your workplace?

2) What was the frequency of your contact with them? (tick)
   - i. Continuously
   - ii. Daily
   - iii. Weekly
   - iv. Occasionally

3) How did you work with other professionals? (tick all that apply)
   1. Joint sessions with service users
   2. Joint assessments
   3. Joint planning meetings
   4. Joint reviews
   5. Joint case conferences
   6. Joint staff meetings
   7. Joint training
   8. Joint supervision
   9. Other

4) Do you feel that inputs at University prepared you for the nature of inter-professional working? If yes, why? If not, why not?

5) How useful was the inter-professional aspect of placement learning in terms of developing your awareness of self in the professional role and task of social worker? i.e. Your strong points, your use of self in communicating with others, the aspects of your personality that need to develop….etc

6) How effective were the inter- professional meetings in enabling open communication?

High   Low
 4   3   2   1

Comment

7) Did you experience any difficulties in communicating with other social workers?

8) Professions can have different methods and models of working (Medical, Educational, Social). If this was the case in your agency, did it impact on your practice? If so, how?

10) How aware were you of the agencies policy on inter-professional practice?

   High   Low

   4   3   2   1

11) How effective was the model of inter-professional practice in the agency?

High   Low
4   3   2   1

12) What strategies did the agency put in place to ensure
    effective inter-professional practice?

13) To what extent do feel your knowledge of Social Work practice was
enhanced by working in an inter-professional context?

High   Low
4   3   2   1

Comment

14) To what extent do you feel your knowledge of other professions was
increased by your inter-professional learning opportunities?

High   Low
4   3   2   1

Comment

15) How useful were the student group sessions?

High   Low
4   3   2   1

Any other comments

Thank you very much for taking the time to complete this questionnaire? It is much appreciated and the results will help benefit the experience of the up and coming BA Honours students when they begin to practice in the field of social work.