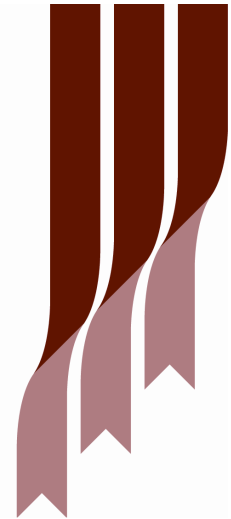


SCOTTISH INSTITUTE
FOR EXCELLENCE IN
SOCIAL WORK EDUCATION



**LEARNING FOR EFFECTIVE AND
ETHICAL PRACTICE**

Opportunities for Inter-professional Learning

Literature review
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Executive Summary

- There are variations in the terminology describing inter-professional learning and practice and no real consistency in how the terminology is used.
- The imperative for effective collaborative practice across and between professions has existed in policy papers for decades and has accelerated significantly and in sharper definition in the last 5 years.
- The benefits of effective inter-professional practice are identified as including the sharing of knowledge and resources, enabling a more satisfying and supportive work environment, the widening of professional perspectives, encouraging overall service planning, achieving objectives more fully and economically and maximising specialist skills with resulting positive outcomes for service users
- Perception of what might be positive outcomes for service users may vary depending on the professional groupings involved in the collaborative practice. This may be the result of ethical or cultural differences.
- The barriers to effective inter-professional practice are known to be organisational, financial, cultural, professional and linked to perceptions of status differentials.
- Inter-professional learning at both pre-and post qualification is well received, is perceived by participants to increase knowledge of other professions' roles and responsibilities, to generate a heightened awareness of overlapping activity and approach and to increase confidence in working with other professions.
- There are examples of innovative learning opportunities employing a range of methods, tools and approaches which report positive outcomes and which can inform University-based curricula, and learning while in practice.
- The evidence seems to suggest that opportunities for inter-professional learning must exist along a continuum of continuous professional development.
- Evidence is needed about the extent to which derived benefits of inter-professional learning can be generalised within and across variations in the professional groupings,
- An evidence-base for the effectiveness of inter-professional learning in producing effective inter-professional collaboration and practice is overdue.

Introduction

When professionals and institutions accept rather than reject challenges and opportunities of inter-professional education and practice, then inter-professional endeavours will become the norm rather than the exception (Lee 2003: 322).

In October 2003 Edinburgh, Dundee and Robert Gordon Universities were commissioned by the Scottish Institute for Excellence in Social Work Education (SIESWE) to undertake a project with respect to Learning for Effective and Ethical Practice (LEEP).

The purpose of the LEEP project was to improve radically the quality, quantity, range, relevance, inter-professionalism and management of practice learning opportunities for the new social work degree. Within this overall aim, three key objectives, each generating an audit of existing practice and a literature review, were identified with lead responsibility awarded as shown:

- *To enhance the integration of learning for practice within the university and in the workplace (Edinburgh University)*
- *To develop innovative opportunities for Inter-professional learning within new service settings to serve as models of good practice (Dundee University)*
- *To work in partnership with social work agencies to identify possible solutions to problems associated with or arising from the supply of agency based practice learning opportunities (The Robert Gordon University)*

What follows constitutes a presentation of the key themes from the relevant literature linked to inter-professional learning.

The task of developing innovative opportunities for inter-professional learning reflects the importance of recognising the multidisciplinary context of contemporary care provision. Whittington (2003a) suggests that *for the first time there is a declared belief at virtually all points of the social care spectrum from government..., through the organisations that review services and their performance..., to training and the front line*, that effective collaborative and partnership working is essential (pp13/4).

Equipping social workers for current practice arguably requires their heightened awareness of the role of related or allied professionals and the unique contributions of colleagues from other professions, underpinned by confidence in articulating the social worker's roles and responsibilities. This latter requirement is predicated on a sound professional identity. Nolan sums this up thus, *Interdisciplinary care, although not denying the importance of specialist skills, seeks to blur the professional boundaries and requires trust, tolerance and willingness to share responsibility* (1995:306).

Learning alongside other professionals either at pre- or post-qualification level is generally deemed desirable (e.g. Barr 2002, Leathard 2003). The benefits are claimed

to be far reaching, encompassing improved motivation to collaborate, changes, though challenges to prejudices and negative stereotypes, in attitudes and perceptions, enhancing competence in collaborative working, and establishing common values and knowledge bases (adapted from Barr et al, 1999). Yet there remain significant barriers to effective inter-professional learning (Whittington 2003b), mirroring somewhat the clearly identified difficulties encountered when different professions are required to work together more effectively, whether structural, procedural, financial, professional, status- or legitimacy-derived, (Ovretveit 1993, Irvine et al, 2002, Leathard 2003.) Additionally, uncertainties remain about the effectiveness of such learning in terms of what facilitates effective collaboration and the extent to which an evidence base of improved or changed practice exists (Barr 2003:265, Barrett et al 2003:297, Leathard 2003:115), although a recent study by Kharicha and colleagues (2004) offers useful process measures for such evaluation.

This review seeks to identify the key themes informing the task of equipping social workers to work in a multidisciplinary context (SSSC 2003). The review considers how policy imperatives for organisational change have reinforced new budgetary, managerial and operational relationships across the professions. Factors affecting professional identity are explored and models for inter-professional learning are considered with signposts extracted for supporting an inter-professional learning agenda.

The review has drawn particularly, and with gratitude, on the 2003 publication, *Inter-professional Collaboration: From Policy to Practice in Health and Social Care*, edited by Audrey Leathard and which is recommended here as a key text, providing an in-depth review of the relevant literature far in excess of what might be possible in this current, time-limited exercise. Time constraints have also limited the review, in the main, to inter-professional learning as it affects social work and we are aware that lessons might well be drawn from how other professional groups learn alongside or from each other. The review has a largely Scottish perspective in terms of legislation and policy but excellent international information is provided in a number of the sources reviewed, not least Leathard's (2003) text.

It should also be noted that any effective contemporary collaborative practice will involve those who use our services, either directly or through being a family carer (Pierce & Weinstein, 2000), although their contribution to learning is increasingly recognised (Barnes et al, 2000, Manthorpe 2000, Turner et al, 2000). However, the purpose of this review of the literature is specifically to examine *inter-professionality* and therefore issues concerned with collaboration with users and carers are not explored here but tackled elsewhere in the project work of SIESWE.

Terminology

A cursory trawl of the relevant literature quickly reveals the extent to which key terms such as *inter-professional*, *interdisciplinary*, *collaboration*, *interagency*, *partnership* and *multidisciplinary* are used interchangeably by writers working in this area. A number of definitions are to be found within the literature and most writers, for example Trevillion & Bedford (2003), acknowledge the inadequacy of existing definitions. Leathard devotes a section of her book to the problems of what these words mean both in the UK and abroad, and refers to a *terminological quagmire* (2003:5) while providing a useful break down across the three domains of concept, process and agency (ibid:6). From the same source, Miller and Freeman (p132) make a distinction in the context of teamwork between *multiprofessional* as containing many who might not, however, interact, and *inter-professional* which they suggest implies interaction between team members. The Blackwell Encyclopaedia of Social Work (Davies 2000) confirms the interchangeability of terminology but provides, nonetheless, useful definitions. Since this review is principally about learning for inter-professional practice it is logical to consider first Barr's (in Davies 2000) definition of what this entails. He states:

Inter-professional Education – enables members of two or more professions to learn to work more effectively together by modifying reciprocal attitudes and perceptions, establishing common knowledge and value bases, reinforcing collaborative competence and/or heightening motivation. It reframes curricula into common and comparative studies, and employs interactive methods to enable the participating professions to learn from, and about one another (Barr in Davies 2000:175).

It is clear from this definition that Barr signals inter-professional education being located both pre- and post-qualification and taking his lead, the review below has examined the literature as if informs curriculum-based learning and learning that can continue during professional practice.

Further useful definitions provided by Davies include:

Inter-professional Practice – involves members of two or more professions working together to respond more adequately to the needs of individuals, families and communities, and to improve the quality of service provided. It also optimizes use of resources by avoiding duplication (Barr in Davies 2000:175).

Interagency Work – describes collaborative arrangements and/or working relationships between agencies that enable members of the agencies to work together to meet the needs of identified groups of service users. [It] can have a strategic focus [and/or] operational. Effective interagency work draws upon the different organizational and professional roles, resources and skills to meet the needs of service users (Horwath in Davies 2000:170/1).

Interdisciplinary Practice – involves the integrated application of insights drawn from different branches of learning or science to the organization, discovery and/or transformation of specific aspects of the natural or social world. Interdisciplinarity requires that the different insights are intellectually combined, or merged, in the identification and resolution of the problem at hand. (Lupton in Davies 2000:173/4).

Multidisciplinary Practice – involves the combination of disciplinary approaches, typically via the operational co-ordination of different professional groups [while] these approaches remain located within parallel, and distinctive, intellectual boundaries (Lupton in Davies 2000:173).

Whittington (2003a:16) offers additional clarification of the following:

Partnership – is a state of relationship, at organisational, group, professional or inter-personal level, to be achieved, maintained and reviewed.

Collaboration – is an active process of partnership in action, while Gorman in Davies (2000) refers to collaboration as working together to achieve common goals (p68)

Terminology appears to be used somewhat indiscriminately throughout the literature reviewed below but as Whittington (2003a) argues, this need not necessarily be problematic on a day to day basis, although lack of clarity leads to loss of subtlety of meaning. *Teamwork* and *partnership working*, for the purposes of this review, are considered to be part of the wider inter-professional genus and are not therefore reviewed discretely. Similarly we are assuming that inter-professional collaboration includes those professionals representing the voluntary and private sector who form a significant and growing part of service delivery in partnership with statutory services.

For the most part, the terminology is presented as described in the original work.

Collaboration in Context

The concepts of learning and change clearly underpinned the formation of a social work profession in Scotland. The Working Party Report of 1969 argued that the promotion of social welfare in local areas was hindered by the fragmentation of services, and while training and research emphasized the need for unity and inter-dependence, this was only likely to happen through structural change. Divided responsibilities had led to a lack of accountability, and prevented the efficient and effective use of resources. One implication of the Social Work (Scotland) Act 1968, identified by the Working Party (1969) report authors was the *urgent* need for readiness in both health and the new social work services *to extend and accept a degree of co-operation and help which [had] not been traditional in either service* (para193:60). Prophetically, the report signalled the training agenda by warning that *organisational arrangements will not by themselves initiate the kind of working partnership which is wanted regular opportunities for combined study of areas of mutual interests, and case conferences involving general practitioners and specialists, will do much to stimulate understanding and recognition of common aims* (para198:61).

The theme of organisational structure is taken up some years later in the Barclay Report (1982). Collaboration was seen to be compromised by differing professional perspectives. Nevertheless, there was growing evidence of established multi-disciplinary teams, where partnership and mutual respect formed the basis for good working relationships. Strained relationships between social work, education and housing services were seen to be the result of structural rather than professional difficulties, a theme revisited by Lawton and Rose (1991), and linked particularly to differences in agency decision-making processes.

In the past decade and more, a raft of policy change (for comprehensive reviews see Whittington 2003a, Leathard 2003) has focused on developing new ways of working which should make more efficient use of resources, and be more effective by responding holistically and seamlessly to the needs of individual service users and the community as a whole, a process Lawton and Rose have earlier referred to as *a re-orientation of existing structures, process and practices towards the customer* (1991:164). The 1990 NHS and Community Care Act instigated joint planning and a requirement for wide-ranging consultation. The momentum to integrate health and social work provision has continued with modernisation as a driver. Leathard has called this “collaborating towards integration” (p 30).

Skinner (2004) sums up the current position of *joined-up working* as not being about *new organisational forms, replacing one set of boundaries with another*. Rather it is about *new ways of working, with diverse and shifting organisational forms*.

The *Joint Future* agenda and resulting single shared assessment procedures arguably crystallise the articulation of effective inter-professional practice where *developing arrangements ... should take account of the diversity of interests, including staff in health, housing and social work, who will undertake or contribute to the assessment process* (SSA Guidance Notes p21). The Community Care and Health (Scotland) Act 2002, further defines joint resourcing and management of health and community care services. Skinner (2004) endorses the progression to integrated services as producing

benefits which *apply to the quality of services to individuals. The protection of vulnerable individuals, whether children or adults, is dependent on co-operation and joint working, not only between agencies, but between services within agencies. Traditional demarcation lines and organisational boundaries mitigate against this shared responsibility.* However he cautions against ignoring the need to extend the agenda beyond health and community care.

Implicit in the establishment of new professional relationships, is a training and learning agenda which should equip those charged with the provision of integrated service provision. Barr (2002) identifies developments that prompted inter-professional education as including the formation of primary care teams, the introduction of care in the community, investigations into child abuse and, more recently, strategies to effect change and quality improvement.

Two related consequences of inter-professional practice which impact on its success are visited below.

Values

As identified by many of the sources reviewed here successful inter-professional learning exposes but accommodates differences in how professional values are articulated. Glenn (1999) defines values as *the preferred events that people seek. Values consist in or arise from needs and wants* (p 203). She states these can be expressed as behaviours or as verbalised standards of conduct that a person tries to maintain. Within institutions, she argues, values can be communicated openly through policy statements and procedures, or covertly through discussion with individuals working in those settings, perhaps what Hudson refers to as *practice wisdom* (2002). Glen further argues that health and social care students need formal knowledge about the meaning of values and the variations across organisations within which these values are expressed, including an understanding of the origins of their own value systems and suggests a conceptual framework underpinning the teaching of values which should include tolerance, compromise and education for dialogue, by which she means learning how to manage value conflict culminating in her view that *professional educators must take seriously task of educating for professional pluralism* (p 212). Irvine et al (2002) question, if health and social care providers share a values base of, for example, stressing the centrality of the service user, how there can be *continuous failure .. to forge, develop and maintain effective "teamwork" relationships [which claim] to serve the client's interest* (p208).

Professional identity

Hudson (2002) suggests *professionalism* arises from three main components, professional identity, status and levels of discretion and accountability. Leathard (2003) similarly examines various components of professionalism, such as entry to the profession, training, and expertise that legitimises practitioner actions, usually underpinned by a code of ethics. Barnes and Hugman (2002) in their profile of social work have described the undermining of professional identity through *the blurring of boundaries with other professions...leading to a renewed concern with questions of what is unique to social work and what is shared territory?* (p286). They conclude, somewhat ideally, that each profession *approaches from a different knowledge base and contributes its own perspective.*

Learning for Inter-professional Practice – Curriculum-based learning

An implicit assumption about inter-professional learning is that it leads to or stimulates effective inter-professional practice. A number of significant contributions have been made to our understanding of what effective inter-professional learning might constitute.

In the first of these, Barr (2003) provides a comprehensive review (“unpacking”) of inter-professional education and presents a series of examples of different approaches, outlining the benefits and pitfalls of each.

He considers firstly, examples of innovations aimed at *modifying reciprocal attitudes*, predicated on a belief that *overcoming ignorance, countering prejudice and correcting negative stereotypes would overcome resistance to collaboration*. However results imply that inherent prejudices might merely be exacerbated and that *learning needs to create opportunities for rewarding interaction between students in their respective professional roles with equality of status, positive expectations and a cooperative atmosphere if mutual understanding is to result* (2003:267).

He next considers *establishing common values, knowledge and skills* and identifies the danger of masking or underplaying issues of difference, arguing that learning must also incorporate elements which allow comparison (ibid :269).

Barr’s review then considers a number of additional potential components of effective inter-professional learning: team building, problem-based learning, collaborative enquiry and continuous quality improvements and he offers evaluative commentary on each. He surmises that successful integration of any or all of these components *will entail more than mixing and matching, which presupposes an agreed and coherent theoretical rationale, based on a critical and comparative evaluation of selected approaches grounded in the evidence* (ibid:276/7). He ends by identifying the need for rigorous evaluation of these components or approaches.

Barr (2002) further describes how the application of adult learning principles leads into theoretical perspectives, which inform the choice of interactive learning methods. Theories from anthropology, social psychology and sociology help understand collaboration and obstacles that impede it. The re-framing of curricula is reported and moves to determine outcomes as occupational standards and benchmarks.

In an earlier contribution Barr (2000) reveals the findings of a systematic review undertaken by the Inter-professional Education Joint Evaluation Team that work-based inter-professional education was more likely to bring about improvements for service users, while college-based education’s strengths lay in improving knowledge and changing attitudes (p178). He asserts that inter-professional education will require continuous quality improvement and should be *competency* as well as *methods* based. He suggests that newly qualified workers must engage in collaborative practice from the point of qualification and argues that post-qualifying work-based inter-professional training and education is significantly more likely to improve the quality of services. There are surely important implications here for all education providers to consider particularly with the global *progressive change from practice-*

based training to university-based education for the professions of nursing, therapy and social work (Engel & Gursky 2003:47). The message seems to be that neither approach adequately equips the workforce and that more integration is required.

A second significant contribution comes from Whittington (2003b) in a report for DoH, describing key factors which have affected, both positively and negatively, the development of learning opportunities in collaborative practice. Based on a comprehensive national (English) survey of DipSW programmes (n=78), the study sought to *gather and analyse information on experience and initiatives in the development of learning for collaborative practice with other professions and agencies*, ultimately to inform the development of the new Social Work Degree in England and Wales.

He identifies nine sets of factors affecting the development of opportunities for learning for collaborative practice. These (broadly) are: availability of placements and practice teachers; expertise of those teaching; characteristics of curricula and student attitude to them; degree of multi-disciplinary integration within/across university; relationships between local agencies and professions; time and budgets and conceptions of collaboration, identity and related values the course adheres to.

From the survey findings Whittington provides a range of information and advice relative to teaching and learning for collaborative practice including:

Developing practice based learning opportunities based on a clear understanding of multi-professionalism, being creative and open minded, providing dedicated staff time to network and develop, plan and resource realistically, and taking time to develop effective culture change.

Teaching and learning should be based upon two distinct models, specifically (a) a *content* model providing a knowledge base, and (b) a *process* model to allow learners to reflect and develop interactively. Transferability of learning methods, using expertise of staff, models for joint learning and social work exchange programmes are emphasised as making a positive contribution.

Course content for learning in collaborative practice should include the knowledge and experience of social work teachers and students, those from other disciplines/professions, the transfer of ideas from outside care services, and a stronger formalised knowledge base of models for collaborative practice.

Assessment for collaborative practice raised a number of challenges. They included the nature of collaborative competence and how it may be achieved and demonstrated; the nature of the professional or inter-professional identity to be developed; and the participation and assessment of social work and non social work professionals. The responses to these challenges suggested that assessment for collaborative practice lacked an accessible developed conceptual base and methodology.

Whittington's report concludes that active development of learning for collaborative practice is evidenced in many social work programmes and, drawing from the survey results he devises *twelve pointers to review and action*, forming a tool for degree providers.

In an earlier work Whittington (with Bell, 2001) examined the extent to which social workers came into contact with other professionals and the extent of their preparedness for this, based on respondents' perceptions of their learning opportunities. The findings were then developed into *questions for the curriculum ..as a contribution to knowledge-based curriculum designed to support learning for partnership working* (p167). What emerged from the survey of former students one year into practice (n=752) was a series of intriguing gaps in knowledge mapped against frequency of contact. For example, only one (of 469) respondent was able to cite any form of joint training with GP's (whom the participants felt understood social work least well) and very few cited shared training with the police or solicitors, the two professional groups with whom they had most contact (p161).

Trevillion & Bedford (2003) suggest that there is limited knowledge about the nature of inter-professional aspects within the social work curriculum (p216). They connect inter-professional differences with how professionals may adapt variously to the management of change. They point out that the education of social workers has always involved the promotion of new relationships, but has also sought to clarify role, purpose and identity. The authors examine two contrasting programmes (one *joint award*, the other *networking*) representing therefore what they term a utopian and pragmatic tradition. The value of both approaches is examined in detail with implications drawn out for curriculum development as they represent quite different educational cultures. The solution is not merely a combination of elements but a coherently defined educational culture.

Fowler et al (2000) evaluate a small inter-professional education initiative at post-qualifying level involving social work and community nursing professionals. The initiative, centred on group work and interactive discussion and was found to have positive outcomes. The contribution of problem-based learning (PBL) to inter-professional education is examined by Reynolds (2003) in the context of first year occupational therapy and physiotherapy students. While the focus of this paper is a comparison of gender as opposed to professional views, PBL was found to be an effective approach, positively received by participants and said to have contributed to increased understanding of roles.

Barrett et al (2003) describe the practicalities of introducing an inter-professional strand to 10 professional programmes for health and social care students at pre-qualification level. The initiative includes the students' completion of an *inter-professional collaborative practice log* (on a minimum of six occasions on practice placement) (p299) which they then share in discussion thus capitalising on their initial reflection by learning further from the other professional groups represented on the modules. Again the outcomes are found to be positive although the practicalities are shown to have significant resource implications.

The policy context reviewed above clearly creates a learning imperative for those learning to deliver a professional service therein. Barr reminds us that *students need to learn about the complex interplay between systems in which they are intervening – daunting when they are preoccupied with learning how to apply the rudiments of their newfound professional skills* (2000:177). To this end, Jones & Salmon (2001) evaluate an initiative at post qualifying level, involving social work, nursing and

midwifery and community and youth work professionals based on social policy and political analysis. Based on the positive evaluation by the participants, they argue that what they term *policy acumen* should be a core skill for professionals working in contemporary care delivery.

A rare initiative involving final year medical and social work students (Carpenter & Hewstone, 1996) found that shared tasks around mutually important topics resulted in greater respect for the others' professional competence and more knowledge of roles responsibilities and attitudes leading to working together more effectively.

Crowe and Smith (2003) suggest that more imaginative use can be made of *team teaching* and *co-teaching*. Their collaborative enquiry describes the evolution of what was team teaching (i.e. harnessing the tutors' different professional expertise in nursing and social work and application of this to a jointly taught multi-disciplinary module) into what they began to refer to as co-teaching. The rationale for this change of terminology was to reflect the fact that their activities in planning and delivering the module were *mirroring the shared learning and collaboration that the module was seeking to promote* (p46).

They discovered that the apparent loss of individuality and autonomy in the teaching role were more than compensated by the capacity to think more critically about the role of power in collaboration, and the learning that may ensue. They further demonstrate that *co-teachers* are able to demonstrate through discussion and role modelling that disagreement, differences in status and alternative perspectives are essential and effective components of knowledge construction. Co teaching allowed the authors *to move beyond the sharing of separate bodies of knowledge to a situation where we were actively engaged in the synthesis and evaluation of that knowledge* (p54).

A final source is unusual in that the context is a joint nursing and social work course leading to a dual qualification in social work and learning disability nursing (Davis et al 2000). Dual qualifications have not been reviewed here as such but since the focus of the paper is specifically practice learning the relevance for this review is therefore clear if not paramount. The authors state that in their view *joint training is essentially orientated towards practice; the role of the joint practitioner is learned through practice and the application of theory and reflection to that practice.* (p10).

Of particular interest however is the range of practice learning opportunity (placements) developed for the course participants to provide *appropriate learning environments in practice [that can] deliver opportunities to demonstrate integration of learning* (ibid). Three models are examined, the multidisciplinary team placement, the split placement and the individual package. Strengths and weaknesses of each are presented (with placement shortage an acknowledged issue). The emerging themes are, arguably relevant to any placement, irrespective of context and the paper ends with a justification for joint practitioners in the face of criticism of their relevance. However, there are important lessons in the paper for exploring different kinds of practice learning opportunities where a multiprofessional context is required.

Learning through Inter-professional Practice

When we talk about shared learning the impression is usually given that this takes place in the classroom... would it not be more effective to envisage a substantial amount of shared learning taking place in clinical settings, where students are dealing with real life circumstances; where they can see the contributions of the different members of the team; where they can learn together and can indeed take over each other's role, where appropriate? (Finch cited in Torkington et al, 2003:165)

Hewison & Sim (1998), cite Davis (1988) as suggesting that *learning to work together can be seen as taking place on a continuum of growth made up of*

- *Unidisciplinarity: Feeling confident and competent in one's own discipline*
- *Intradisciplinarity: Believing that you and fellow professionals in your own discipline can make an important contribution to care*
- *Multidisciplinarity: Recognising that other disciplines have important contributions to make*
- *Interdisciplinarity: Willing and able to work with others in the joint evaluation, planning and care of the patient*
- *Transdisciplinarity: Making the commitment to teach and practice with other disciplines across traditional boundaries for the benefit of the patient's immediate needs (p311).*

They further examine a range of codes of professional ethics and conduct and demonstrate how these can both enhance and undermine effective working.

This mirrors to some extent the pictorial representation of the Eleven Steps towards the development of Multiprofessional Education (Harden 1998) starting from *isolation* - each profession organising their own teaching, unaware of what is taught or learning in other professions, with no contact. The model then identifies ten stages of progression through *awareness, consultation, nesting, temporal co-ordination, sharing, correlation, complimentary programming, multidisciplinary, interdisciplinary*, and finally *transdisciplinary* where multiprofessional education is based on the experience of the real world which provides a filter for the students' learning.

Payne (2000) writing specifically about multiprofessional teamwork cautions that the complexity of service user's lives mitigates against compartmentalising their problems in order to conform with professional role divisions. He therefore argues that some role ambiguity and blurring is inevitable, and that role clarification then becomes a useful training device.

Torkington et al (2003) focus their attention on shared learning through practice experience, particularly, in this example, a shared practice learning project for social work and district nursing students, although at different stages of professional

development, designed to inform future curriculum develop. The findings offer compelling support for such initiatives with students from both professional groups receiving a *uniquely valuable experience* (p172) evidenced by increased awareness of the common ground and complementary nature of their professional activities. Significantly, district nursing students were influenced to a greater degree by an evidence-based approach to their practice, while social worker students were perceived to be more visibly influenced by their (albeit largely shared) values base. Torkington and colleagues do not shirk from the practical difficulties of combining diffuse curricula and timetables and the resource implications. The implications for education and training were identified as follows:

- The practice experience gained by each student was significantly richer in a collaborative setting.
- There were substantial gains around additional knowledge gained and greater understanding of roles.
- The benefit from direct observation of practice was greatly enhanced.
- The importance of co-location to the success of student learning was noted.
- Where shared supervision of students was possible this significantly enhanced learning.

There are clearly lessons to be taken from this pilot and the imperatives for the new SW (Hons) degree in Scotland with enhanced practice learning opportunities are exciting but clearly not without resource implications.

There is little doubt that community mental health teams provide a focus for examining the inter-professional collaboration being *the clearest manifestation to date of the aspiration within adult mental health services to work in an inter-professional way* (Norman & Peck cited in Barnes et al, 2000:566). A number of studies have emerged within the mental health context.

Secker and Hill (2001) describe the results of a mental health training needs analysis involving professionals from housing, criminal justice, learning disabilities, drug and alcohol, child care, and mental health (both voluntary and statutory), representing 21 organisations and, ultimately, 128 participants. Focus group discussions were used to elicit training needs. An early finding was that although only seven of the participating agencies had a specific mental health remit, the other 14 agencies *routinely encountered mental health problems amongst clients and their families* (p344). Key informants in the form of the community mental health teams were prevented from participating, and may have influenced the findings. However, in seeking to identify training needs within a mental health context, the authors flushed out a range of issues undermining effective inter-professional practice, for example lack of knowledge and understanding of roles and responsibilities, unhelpful stereotyping, reluctance to share information and to interact out with zones of familiarity, all leading to a failure to deliver a *whole systems approach* (p349). Without specifying its nature, the authors suggest multi-agency training would address training needs and the sharing of perspectives.

A similar approach is reported by Bowers et al (2003) who examined the process around compulsory admission in the context of mental health. The 31 respondents represented GPs, social workers (ASW), community psychiatric nurses, psychiatrists,

ambulance personnel and police. Although the focus for this study lay elsewhere, skills and training emerged as an issue. Gaps in expertise were reported by all staff groups and these included communication (GPs), working with mental health issues (police and ambulance personnel) and skills around the assessment process for compulsory admission (all respondents). Watching and modelling others was a key source of learning and the authors endorse the need for inter-professional training, although do not specify how this might be undertaken other than around the identified gaps.

Still in the field of mental health, Barnes et al (2000) rehearse the sources of potential difficulties in inter-professional collaboration, specifically within the community mental health team, citing cultural, status and ideological differences which might impact on notions of professionalism, role identification and conflict, providing what they describe as a *dismal picture of the position of social workers with Community Mental Health Teams* (p 567). This paper reports early findings from an evaluation of a programme which seeks to identify longer term outcomes of inter-professional learning and is relatively unusual in that respect. The study confirmed existing shared ideas about relative status and stereotypes and considered two possible explanations for this. First, that stereotypes are heavily embedded and continuously reinforced in routine practice i.e. they may reflect reality, and second that the programme did not provide the necessary conditions for these to be “disconfirmed” such as joint working in pairs or small groups and more opportunities to explore differences as well as similarities between professions (p582).

A recent study by Bateman et al (2003) focuses on the concept of the inter-professional primary health care team (albeit without apparent social work involvement) and its implications for individual learning within this service initiative. They identify a number of principles underlying the team development, one of which was that *all team members were encouraged to become “curious” and were to be given the encouragement and tools with which to learn*, to the extent that *learning together* was seen as one of three overarching principles, along with respect for diverse skills and communication within the team and with patients and other professionals (pp143/4). The paper identifies a number of emerging issues (problems), for example, *training requirements* i.e. additional training need generated through enhanced and creative use of existing skills, and how these were dealt with (resolved).

Robertson (1999) participated in a post graduate course where a group of five professionals, comprising two GPs, a social worker, a health visitor and a psychiatric project worker met on five occasions released from the workplace. His necessarily subjective account of the experience nonetheless demonstrates how inter-professional practice can be undermined by what he identified as variations in expectations and agendas.

Conclusions and Discussion

This review has traced the rationale for inter-professional collaborative practice through three decades of policy development. The momentum has moved beyond expectation to requirement with responsibilities clearly stated in policy and legislation. While Leathard and others have identified the benefits to be derived from effective inter-professional collaboration for both the participants and the service recipients, there remain enormous challenges, not least blurred boundaries around roles and responsibilities, conflicting values and ethical stances and decreasing certainty about the uniqueness of each profession's contribution. Simultaneously, organisational constraints around structure, fiscal and professional autonomy, career pathways, management style, accountability and political ideology further inhibit effective practice.

Implicit in the redesign of service provision and resulting organisational change is the need for education and training of a workforce required to meet new challenges. Barr is one of a number of contributors who support the view that effective inter-professional learning can contribute to practice enhancement yet it is clear that consistent evidence of the contribution to practice development remains lacking.

The redesign of social work education in the UK has focused attention on how the future workforce will be equipped for wholesale integration of services. This review has sought to identify a range of sources which inform the curriculum at pre and post qualification, looking at both university-based and practice-based opportunities for inter-professional learning.

A range of methods, approaches and tools are described using a variety of professional groupings, group sizes, developmental stage and locus. The authors offer guidance of how the generally positive outcomes might be replicated in different settings and with different groups. Caution is required against assumptions that merely bringing groups together (drawing on the contact hypothesis) will change attitudes and/or practice for the better. There is evidence that existing prejudices can merely be strengthened. Clarity is also needed about the transferability of the derived benefits across different groupings who may be brought together for a learning opportunity e.g. does training alongside nurses, equip a social worker to work more effectively with teachers?

The review has identified participant satisfaction with education and training initiatives which seek to enhance collaborative practice across professional boundaries. Benefits cited range from increased knowledge of roles and responsibilities, diminished suspicion, enhanced respect to greater confidence in working together.

Guidance on what makes learning opportunities effective is plentiful and, particularly at pre-qualification stage, inter-professional practice learning opportunities show early promise and auger well for the establishment of multidisciplinary practice learning centres.

Method

This review was undertaken within limited time constraints and as such would not claim to be exhaustive or comprehensive. Inevitably important subject areas have been given scant attention and key sources may well have been overlooked. What has been attempted however is an informative overview of important themes which will assist education and training providers as they prepare the future workforce.

The sources reviewed were obtained from

- Online searches of relevant databases
- Searches of library catalogues
- Searches of subject-specific journals
- Searches of policy documentation
- Personal resources

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