

The Centre for the Advancement of Interprofessional Education

**Practice Learning
for
Interprofessional Collaboration**

**Perspectives from
Programmes leading to the Social Work Degree**

**Report
to the
Department of Health**

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April 2008

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Collaborative practice occurs within and between professions or occupations, in uniprofessional and multiprofessional teams, within and between agencies, working in partnership with service users, carers and communities.

Interprofessional Education occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care.

The project reported subscribed to these definitions, although interprofessional education tended to be used interchangeably by respondents with collaborative learning or 'practice learning for collaborative practice.

Acknowledgements

CAIPE is indebted to:

- The Steering Group
- Dr Colin Whittington, Independent Consultant for advice on the initial design of the project.
- Dr Rose Ruddick, the University of Warwick as consultant during the project.

And especially to the Higher Education Institutions which participated in the project and the individuals who took part in the interviews.

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Preface

As conceived, findings from the survey reported in this paper would have assisted CAIPE, together with the HEIs that took part in the study, to construct a framework for interprofessional practice learning for Social Work Degree programmes, within which to develop models and tools. That plan was frustrated when resource constraints precluded a second phase of the project. The findings may nevertheless prove helpful for their intended purpose to help ensure that interprofessional perspectives are effectively built into all practice learning for the Degree.

Barbara Clague and Helena Low, then CEO and Development Officer respectively for CAIPE, devised the project with the Department of Health, the Steering Group and Dr Colin Whittington as consultant. They were joined by Mary Webb from the University of Westminster to conduct the fieldwork, collate and analyse the findings and prepare the initial draft with support from Dr Rose Ruddick as the second consultant. Helena Low and I then undertook substantial further work on a voluntary basis in cooperation with the Department.

CAIPE is indebted to Barbara, Mary and especially Helena for their commitment to an exacting and time consuming assignment.

Enquires about the report, including any approaches for cooperation with CAIPE in undertaking follow-up work, should be addressed to Helena – peter_helenalow@hotmail.com

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October 2008

1. Executive Summary

The Department of Health (DH) commissioned the UK Centre for the Advancement of Interprofessional Education (CAIPE) in July 2005 to ascertain how higher education institutions (HEIs) in England delivering programmes leading to the Social Work Degree were providing interprofessional practice learning. Field work was conducted between February 2006 and October 2006. A Symposium to present preliminary findings was held in December 2006 and an Interim Report presented to the Department of Health in February 2007. An internal financial review by CAIPE resulted in a reorganisation and a decision to discontinue the employment of permanent salaried staff from the end of March 2007. The Final Report was prepared by the authors in a voluntary capacity, submitted to the DH in January 2008 and revised in April 2008.

The project focused on learning in practice settings intended to enable students to become competent to collaborate with others; how such learning was facilitated; whether facilitators had been prepared and supported for that role; the underpinning theories and values; and whether interprofessional practice learning was assessed.

Thirteen of the seventy two relevant HEIs participated. Seventy eight respondents – heads of programmes, social work tutors, practice teachers and assessors, students, service users, and employers’ representatives distributed between HEIs – were interviewed. Interviews were semi-structured, differing in format and duration as negotiated with respondents.

Findings demonstrated respondents’ commitment to realise to the full the potential of the social work degree programmes, including preparation for interprofessional collaborative practice, although logistics were challenging. The relationship between service user and social worker emerged as the central axis around which other collaborative relationships revolved. Laudable though this was, it detracted from the need to approach interprofessional learning and practice as a multifaceted phenomenon from various perspectives. Learning for interprofessional working permeated programmes throughout, not confined to practice placements. The role of the practice teacher emerged as pivotal in facilitating interprofessional practice learning, a role for which they had seemingly not been prepared. Recommendations are within the art of the possible, highlighting practicable steps that can be taken promptly without additional resources.

2. The Social Work Degree and the Policy Context

The Department of Health introduced the Social Work Degree in 2003 in response to the complex and demanding tasks required of social workers in contemporary practice. Programmes for the Degree were required to prepare competent practitioners able to deliver a quality service through the practical application of skills and knowledge (QAA, 2000; DH, 2002; TOPSS, 2002 & 2003).

Students were required to demonstrate:

- their ability to work confidently and effectively with other professions and occupations meeting related national standards;
- competence in partnership working across professions and agencies. (DH, 2002)

These requirements complemented and reinforced Department of Health policies calling on all universities providing pre-registration and continuing studies for health professions to put “multidisciplinary education” at the top of their agenda (DH, 2001a&b, 2004) to further the integration of care and the remodelling of the workforce.

The changes demanded collaborative working in multidisciplinary teams, between agencies, between professions /occupations, with service users and carers, across statutory, independent, voluntary and community sectors. Collaboration and partnership were embedded, for example, in the provisions for Care Trusts, Children's Trusts, and Mental Health Trusts, in the Government's new model of care for supporting people with long- term conditions, and in the Social Care Green Paper 'Independence, Well-being and Choice' (DH 2005) on the future of social care for adults in England .

Social workers have to practice within a context which is constantly changing, with challenging social problems and a developing framework of policies and legislation for social care, health and education. Interprofessional education for working across professional, organisational and agency boundaries was considered to be an important element in the preparation of social workers. The Department of Health wished to support HEIs and their practice partners in developing interprofessional education within the Degree programme and in July 2005 commissioned CAIPE to undertake the project in response to the need for that support, focussing on students' practice experience.

Since the end of the project in December 2006, government policies set out, for example, in 'Putting People First (DH 2007) and The Children's Plan (DCS&F 2007), have stressed the need for personalised services and the importance of responses to the circumstances, strengths and aspirations of particular children, adults and families. Professionals are expected to work in partnership with people to find the solutions and achieve the desired outcomes and to work collaboratively with other agencies and disciplines to ensure coordination of services and support. These changes in working patterns require that collaborative working is grounded in interprofessional learning.

3. The Brief

The Department commissioned CAIPE

- i. To identify and describe:
 - a. the response of Higher Education Institutions (HEIs) and partner providers to the requirement to prepare social work practitioners who are confident and competent to work effectively with other professions/occupations within and across agencies;
 - b. opportunities and constraints in meeting that requirement in the practice setting;
 - c. scope for defining models for effective learning for collaborative practice.
- ii. To recommend ways:
 - a. to disseminate findings to the HEIs, respondents and others;
 - b. to stimulate, promote and develop effective learning for collaborative practice leading to the Degree
 - c. to exchange examples of effective learning for collaborative practice between HEI's with their practice agencies;
 - d. to make good any deficit in knowledge and methods for delivering such practice.
- iii. To report to the Department of Health.

The Department was concerned that the project should be set in the context of the many different initiatives being undertaken in the interprofessional education (IPE) field. The project should consider IPE as a concept, how it was being perceived and different approaches to its application informed by relevant documentation. The Department also wanted to know what definitions were being employed for IPE and whether there was a common agreement and understanding of its principles and values. A broad

perspective would be required to reflect the range of multi-agency and multi-sector settings where social workers practise within and beyond health and social care; the variety of professions, occupations and non-professional workers with whom they were working in those settings, taking into account the perspectives and perceptions of stakeholders such as employers, service users and carers.

The project was approved by the ADSS Ethics Committee.

4. The Participant Institutions

All seventy two HEIs in England offering programmes leading to the Degree were invited to participate. Sixteen agreed. One withdrew. Two others failed to respond later, despite numerous reminders. Some of those that declined were undertaking their own evaluations of collaborative learning and practice. Others were, or had been involved in other research projects.

The participating HEIs were spread throughout England in urban and rural locations. They included long-established and more recently established social work programmes. Most were undergraduate, but two postgraduate. More 'new' universities responded than 'old', suggesting that those where social work is co-located with health professions may be more involved in collaborative learning and hence more able to respond. HEIs delivering qualifying programmes for a wide range of health professions had more opportunities for collaborative learning, but others linked with neighbouring universities to that end. One university was struggling to find any other professional programme with which to work. All had partnership arrangements with a large number of practice agencies offering a wide range of practice placements for students extending far beyond the traditional statutory and voluntary settings.

Thirteen HEIs participated, providing initial information about shared teaching and learning with students undertaking programmes leading to professional qualifications for other professions.

5. The Respondent Groups

Interviews were conducted with one or more respondent from each of the twelve HEI drawn from the following groups (with numbers shown in brackets):

- Heads of programmes (13)
- Social work tutors (16)
- Students (6)
- Service Users (28)
- Practice teachers/practice assessors³ (9)
- Employers' representative (6)

Institutions nominated respondents, subject to their agreement. Service users and employers' representatives were drawn from those playing an active part in programme development and delivery. For various reasons CAIPE had no option but to conduct the majority of the interviews during the mid-summer of 2006 when many potential respondents were unavailable. Interviewing students in the middle of the long vacation was especially problematic and explains their small number. Yet findings from the six that were interviewed were the 'litmus test'. We have therefore analysed their interviews as fully as the

³ The term 'practice teacher' was reserved for a social worker supervising practice learning. The term 'practice assessor' was used where a member of another profession or none oversaw placement experience.

data permit to provide points for future investigation involving a larger and more representative student group.

Other respondents groups differed in the nature and degree of their involvement in planning, managing and evaluating programmes. Programme heads, social work tutors and practice teachers were best placed to answer many of the questions. Employers' representatives were alive to the importance of interprofessional practice and well placed to suggest ways to develop interprofessional practice learning, but tended to be more distant from the curriculum and the day to day delivery of the programme. The relatively large number of service users volunteered was indicative of the importance attached to their role in delivering programmes leading to the Degree and they were paid for their time. They proved to be well-informed about their own roles in practice learning, but had no direct experience with reference to the provision of interprofessional practice learning.

6. Method

The project was exploratory and mainly qualitative to depict as far as practicable the 'state of the art' of interprofessional practice learning in the degree programmes. Semi-structured interviews with the 78 respondents were either face-to-face or by telephone and took place between March and October 2008, with the majority undertaken during the mid summer months. One service user with a speech difficulty responded by email. Interviewers were sometimes invited to attend regular meetings of service users and university tutors to conduct group interviews, or to meet two respondents together. The schedule was piloted in two of the HEIs and then revised.

Themes on which respondents were invited to comment took into account areas suggested by the Department of Health, informed by earlier research that it had commissioned (Whittington, 2003) and CAIPE's prior experience.

They were:

- The range, nature and models of interprofessional practice learning;
- Values and theories informing interprofessional practice learning;
- Learning outcomes for collaborative practice;
- Preparation of students for interprofessional practice learning;
- Assessment of practice learning for interprofessional collaborative practice;
- The role of the practice teacher in interprofessional practice learning;
- Service user involvement in interprofessional practice learning.

All respondents received the questions to read in advance of the interviews. Barbara Clague, Helena Low and Mary Webb conducted the interviews for CAIPE, interviews which ranged more widely than envisaged, encouraged by the interviewers and contributing much to the wealth of data generated.

Interviewers recorded responses and observations in field notes, before writing them up in full. These were then coded and transferred to an analysis template to assist in identification of both factual and qualitative data. Emerging themes were identified as the interviews progressed, classifying the findings and suggesting presentation.

Preliminary findings were shared during a Symposium in December 2006 with delegates from the participating and other HEIs, including their practice teachers/assessors and students, service users and employers' representatives and other interested stakeholders. This was a working event and observations, key questions and perspectives from that day were taken into account in the writing of the report. An

Interim Report was submitted to the Department of Health in February 2007. Production of the Final Report was delayed due to the decision of the CAIPE Board to function without permanent salaried staff from March 2007. The Final Report was prepared by the authors in a voluntary capacity and submitted to the DH in January 2008 and the revised Report submitted in April 2008.

7. Findings

Data presented below combine respondent groups, except where otherwise stated. Separate analyses were not undertaken for each HEI in view of the small number of respondents from most of them. Interviews contained a wealth of material about the general development of the programmes and their provision of practice learning which we have omitted from this report to retain focus.

Findings are arranged according to the themes given above with two additions – ‘Coping with logistics’ and ‘Students’ learning experience on placement’. The latter presents more detailed responses than those of the other groups as student views highlight significant issues about the Degree programme and how the practice experience prepared them for interprofessional collaborative practice.

The range, nature of and approaches to interprofessional practice learning

Respondents involved in delivering the programmes said consistently that interprofessional learning was integral, although many also had interprofessional modules specific to collaboration in social work practice. As one head of programme put it, interprofessional practice was *“aired in different ways across the degree”* from various perspectives during different modules as well as in practice learning. Some modules were taught interprofessionally with mixed student groups, using a range of teaching and learning strategies including interactive methods and involving service users and carers. Another example given was of course tutors working in partnership with practice teachers who may together provide a model of collaboration

The approaches used by each programme were dependent on the opportunities available within each HEI and / or in partner institutions and agencies for social work students to learn with students from other professions. These opportunities varied considerably, dependent not only on the number of professions offering pre-qualifying programmes, but also on relationships between the professions within the HEI; relationships with local services and agency partners; availability of placements; and context.

Other factors highlighted by respondents that determined the approaches or model used were the level of commitment of the faculty within which the social work programme was sited, a strong and supportive research culture, other cross professional activities and interprofessional staff development.

Only one HEI relied exclusively on practice placements to provide the interprofessional learning, a university teaching no related profession at that time and geographically isolated from others with which to share modules. It had responded with a major initiative – the Multi Agency Practice Learning Project in partnership with three NHS Trusts - to increase and widen the range of placements available. Arrangements had extended further to include placements with the police and schools. These had required much discussion and negotiation.

Employers in statutory agencies reportedly valued the experience students gained during placements in the voluntary sector about the different ways in which professions were deployed. This not only illuminated learning about the roles of other professions, but also the roles of social workers.

Respondents in all groups repeatedly related interprofessional learning to working with service users whom they saw as the focus for collaboration. Whilst subscribing to that view, one head of programme was careful to strike a balance with other approaches to interprofessional learning:

“It will be clear from our discussion that learning for collaboration is a key focus throughout our programme and particularly collaboration with service users..... It is unlikely you will get positive practice in collaboration unless you have a positive relationship with service users and carers, but we do also strongly include in the programme collaboration within teams, and with, other professions and agencies.”

Coping with logistics

Respondents made numerous unsolicited but telling asides with implications for the quality of interprofessional practice experiences. These sometimes impacted negatively upon the way in which interprofessional learning was experienced in practice and how students viewed different professions in practice.

Size and balance were issues in the university setting. Groups were sometimes too big for effective learning and over-weighted by the number of nursing students. Timetabling was problematic because of the large numbers involved and especially when reconciling placement dates. Lack of opportunities for staff to meet together was also an issue.

Finding sufficient placements offering the necessary collaborative experience was a common problem. Programmes for other professions were in competition for placements and many HEIs reported a general shortage. Even where placements of good quality were well established, changes in services meant that some ‘dried up’ and a constant turnover of personnel could exacerbate difficulties in finding new placements. This had an impact on appropriateness and quality; some respondents reported that in many instances any placement was deemed better than no placement.

Difficulties were compounded by different funding systems which had led to the perception by some university based respondents that the placement fee for social work students was an additional cost to the programme. ***“Nurses come free; social work students come at a price”*** said one respondent ***“We need to get a statement from the DH regarding parity in practice learning if it wants integrated services”*** said another.

The effectiveness of interprofessional learning in general and on placement in particular was dependent on a comprehensive level of support in both institution and practice settings. Respondents were critical when students from other professions regularly failed to attend joint sessions which were dependent for their effectiveness on a pre-arranged mix. This undermined interprofessional teaching and learning and reportedly implied a lack of priority that other professions gave to interprofessional learning

A response from a university in a region with a strong interprofessional focus made this very significant observation:

“Interprofessional learning is assisted by strong and emerging commitment from the strategic level to ground level, from a range of academics at several universities and from trusts. A clear vision has emerged with shared learning objectives, shared materials, a framework and a developmental process which has strengthened it.”

Informing interprofessional practice learning with values and theories

Many respondents took the opportunity to reaffirm core values of social work including: anti-racist and anti-oppressive practice; social models of care and the empowerment of service users and carers. Some talked about the strong service user focus which reflected programme values. Others noted that values from an interprofessional perspective were not specifically addressed. One commented that she did not look at values in the context of collaborative working, but saw this as important due to service user needs. Interprofessional working should not, she argued, be separated from the service user focus which was at the core of all programmes.

Others focused on the values characterising learning on social work programmes (but not peculiar to them) including: student-centred and self-directed learning; and reflective practice. Social work teachers encouraged their colleagues from health professions to recognise and respect social work values, notably service user involvement, but this was reportedly a struggle. In some institutions, the heavily disproportionate number of students from the health professions meant that the values of their profession(s) were more likely to hold sway during interprofessional learning, resulting in some frustration for social work teachers and students. One head of programme believed it was necessary to *“challenge students on the holy grail of values, by looking at stereotypes”*

Interprofessional learning was also an arena in which to compare and contrast competing values. Teachers from social work and other professions in at least one HEI created opportunities for students to debate and challenge the roles, values and contributions of each other alongside service user participation. This was described as a stimulating and enlightening process, but in other HEIs, practice teachers observed that the different values of other professions were not always addressed.

Reference to shared values were few, but included: principles of professionalism and appreciating different professionals.

Consistent with their observations about values, respondents tended to volunteer theoretical perspectives characterising their programmes, not interprofessional learning. Many of those perspectives were, however, generic to a number of professions, e.g. social models of disability, although it was unclear whether they were taught as such. Others were explicitly interprofessional, e.g. team working, group work theory and analyses of power. Respondents cited relevant texts but were repeatedly unable to provide full references. Only one of the following authors was mentioned more than once or twice: Anderson & Lennox; Barr; Belbin; Glasby; Laming; Leathard; Molyneux; Nash; Ovretveit; Payne; Quinney; and Whittington.

One respondent, whilst recognising the need to theorise more around interprofessional working in teams, was seemingly unaware of the substantial literature on that subject. Some even seemed unaware that a literature about interprofessional learning and working existed.

Most of those asked, could not identify interprofessional learning theories underpinning the interprofessional component of their programmes, but said that having to respond to the question had prompted them to reflect on the need for a more explicit approach to theory in interprofessional learning and practice. However, it became clear that in all programmes there was a sound value base reflecting a service user focus which had, for many, been the starting point for taking forward learning for collaborative practice.

Learning outcomes for collaborative practice

Some respondents reminded the interviewers that the National Occupation Standards (NOS) for Social Work include learning outcomes specific to collaborative practice. A number of programmes used these without embellishment, citing, for example Unit 17, an element of Key Role 5 which states that (social workers must) “work within multi disciplinary and multi organisational teams, networks and system”. Reference was also made to the QAA Code of practice for the assurance of academic quality and standards in higher education, Section 9: Work-based and placement learning. One head said that her programme had developed outcomes integrating academic and practice learning derived from QAA benchmarking statements, the GSCC Codes of Practice, the BASW Code of Ethics, TOPSS guidance and standards for social work practice as required by local employers.

Another cited one *“massive”* comprehensive learning outcome for the overall programme which included *“partnership working and information sharing across professions and agencies”* as *“a generic outcome across theory and practice”*.

A number of programmes made no explicit reference to interprofessional learning and collaborative working outcomes although respondents maintained that these aspects were integral and implicit within other learning outcomes relating to partnership working with service users and competent social work practice. Many programmes had interprofessional modules which did have more specific outcomes relating to social work practice and collaboration and the complexities of working with other disciplines. One respondent echoing a point made by others said:

“We have them (learning outcomes) regarding service user perspective and service user provision that is the collaborative approach undertaken for any service user.”

Another said that on reflection, learning outcomes:

“do need to get more specific so that students realise that this is what it is about and recognise this is there, that is, what collaborative practice is and means and what is involved”.

Factors which impacted on the achievement of practice learning outcomes

Respondents identified a variety of factors which they felt impacted upon the extent to which practice learning outcomes in general were achieved, but with implications for collaborative practice. Some were logistical, others relational either between professions, or with agencies and local authorities.

Building in preparation for collaborative learning and practice from the outset was felt to be important in one HEI, but the starting point in that and other HEIs was always that students should demonstrate a systematic understanding of the views of service users and carers. Perspectives from other profession were rarely considered. A ‘Preparation for Social Work Practice’ module did however look at the nature of collaboration as a process at this stage. Clear aims, recognition of the roles of all the people involved in the particular service and where there are power differentials, the strengths of different partners, techniques for bringing people on board in different ways and recognising differences were highlighted in another HEI.

Where in one instance, the HEI had developed a partnership arrangement with another institution which had already established an interprofessional learning approach, staff resources, materials and funding were already in place, although these were being reduced. Established team working and collaboration processes were helpful, but it was felt to be more difficult to incorporate social work professional values and to comment on the established programme.

Another positive factor which assisted achievement of outcomes in one region was the strong and emerging experience of commitment to interprofessional learning and clear vision for its development from strategic to ground level, referred to above.

Other factors highlighted included students' attitudes, and previous experiences. Student pre-disposition played a big part. Whether they had had related prior experience seemingly affected how well they had assimilated and made use of learning opportunities. Social work programmes now had to address the needs of younger and less experienced students.

Respondents from many programmes reported different practical and ideological barriers, such as lack of space on timetables, the tension between a strong infrastructure and enabling students to work together. Such barriers had to be overcome. They were not seen to be intractable, but symptomatic of the difficulties in persuading others to move from a uniprofessional to an interprofessional learning emphasis.

Students from one school were not always accepted by another. One HEI reported difficulties with the medical school, but in another, the interprofessional education originated within medical education. As the respondent said, *"it wouldn't have happened without the medical school"*, which had the extra clout.

The nature of placements and practice experiences also influenced outcome achievements. The learning opportunities available, the ability and experience of the practice teacher and the attitudes of other professionals had a significant impact on student learning.

Preparing students for interprofessional practice learning

University preparation of students specifically for their interprofessional practice learning was the exception; preparation for the placement was regarded as normal good practice within which such learning may have been included. One HEI had developed a systematic approach for students to use, to identify and understand issues which may arise on placement bearing upon collaborative learning or practice.

Students had invariably encountered other professions before going out on placement, for example, during shared modules, meeting visiting teachers from practice and socially on campus. Such opportunities were complemented by college-based support during placements, including a pilot scheme at one HEI for group learning where students returned from placements in similar settings joined by practitioners from those settings in the teaching role. Activities such as these were enhanced in one HEI by 'partnership sessions' between university and practice teachers.

A number of HEIs had modules shared by social work and other professions, which involved service users and focused on their needs. One of these was assessed by a social work teacher, but moderated by a nurse teacher.

One head of a programme observed that her programme was *"preoccupied with getting students to understand the perspective of different professions rather than on shared approaches to team working"* *"Perhaps"*, she added, *"we underestimate the difficulties in working in teams"*.

Another programme was described as teaching interprofessional learning in an abstract sense, putting forward different perspectives. In terms of preparation for practice, it covered matters relating to interprofessional working such as confidentiality, roles and boundaries. Students were taken to health locations, e.g. a hospice, a disability educational setting or a residential school, where they were taught by health professionals.

The teaching and learning strategies, if and when provided to prepare students for practice learning for collaborative practice, influenced the way in which students related to other professions, not just in the classroom, but also in practice. One respondent highlighted assumptions about power differences between professions sometimes played out to the disadvantage of social work students. They should not, she said, be left feeling that they were in a lesser profession.

Some of the teaching and learning approaches described focused on helping students to be thorough and rigorous in assessment (of client needs). This was used as a vehicle to look collaboratively at these approaches across professions and agencies. The focus was on ways in which different information was assembled by different people and then shared.

In another HEI students were involved in a series of workshops / theme days on topics such as childrens' directives and learning disability, facilitated by different professions. Other teaching and learning strategies described included a mixture of experiential learning, e.g. role play and videos and discussions to explain, for example, about stereotypes.

The effectiveness of student preparation tended to be measured as part of the general evaluation of a module. Some respondents did, however, speculate about ways in which such effectiveness might be evaluated in future during recall days; formative and summative assessment; and formal and informal feedback from students.

There was widespread recognition that explicit and specific assessment of preparation for interprofessional practice learning was lacking and in urgent need of remedy. This in turn prompted recognition of the need for an overall review of interprofessional learning on Social Work Degree Programmes.

Assessment of practice learning for interprofessional collaborative practice

Assessment of practice learning in general was an area which gave rise to much discussion, but there seemed to be little specific or explicit assessment of interprofessional collaborative practice. One respondent drew attention to:

“the difficulties in achieving a common basis for assessment across the different professions. We want to have a shared assessment, also marking and scoring of different assignments. We had to develop a framework to assess written work and other assignments such as presentations with service users.”

But another reported progress in establishing common assessment across two or more professions - a reflective assignment for social work and medical students. Respondents in one HEI described how learning outcomes were summatively assessed in both practice and in academic settings, achievement being demonstrated through different types of assessment. A theme ran through the academic and practice modules and was assessed summatively in practice through 'the dynamics of working with other professionals'.

Assessment was generally through portfolios and a report from the practice teacher who was asked to comment on ability to work as part of a team and with other professions. Account was invariably taken of feedback received from service users, but only in a general way and not always about individual students. Some respondents felt that the scope of the portfolio could be extended.

One HEI had established a Practice Assessment Panel of qualified practice teachers, which looked at portfolios. These were read by individual panel members, commented upon and then each student's work

was reviewed by the Panel. The Panel was a quality assurance mechanism, and through which teacher / practice teacher concerns and questions could be identified and addressed.

One head of programme got to the heart of the matter:

“What is crucial is the proper understanding by the practice supervisor / assessor of what the student should be demonstrating as collaborative practice from the basis of their developing social work identity. If the team contributes to the assessment then they must be equally knowledgeable. Whilst the practice teacher does not assess, s(he) may contribute evidence towards an assessment to balance the supervisor’s assessment. Ideally, the practice teacher and the supervisor / assessor should be working collaboratively to reach a valid appraisal of the student’s progress in collaborative learning. Students themselves undertake a self-critical appraisal and the practice assessor comments on this. Students must also seek routinely feedback from service users/carers.

Potentially, each student had three different assessors each of whom must check with the practice supervisor whether observed practice is ‘typical’. This seemed to the respondent to be too complex, suggesting that the portfolio as a whole needed to be revised by all concerned in assessment.

However, it was not clear what precisely was being assessed. Some respondents saw a need for explicit competencies relating to collaborative practice.

The role of the practice teacher in facilitating interprofessional practice learning

Seven practice teachers were interviewed plus two practice assessors, one of whom was a health professional. Some were retired social workers contracted to work as practice teachers with several universities, taking a number of students at any one time. Others were employed as social workers for agencies and took on the practice teacher role additionally. One worked as a university tutor as well as a practice teacher. Some also combined the practice teacher role with that of student supervisor. One practice assessor was also responsible for the managing arrangements for practice placements and for ensuring their quality, including those which fostered interprofessional learning.

Heads of programmes, social work tutors, employment representatives and students acknowledged that practice teachers were crucial to the development of the practice values, knowledge and skills in general, and for ‘multi-agency working’ or ‘collaborative practice’, in particular.

Practice teachers themselves placed a high priority on collaborative practice. One felt strongly that in depth knowledge was needed to be able to work effectively with other professions, but this was underestimated. Trying to teach students collaborative practice was almost an impossible task.

Practice teachers volunteered a range of examples of interprofessional practice learning and other examples were highlighted by other respondent groups. A head of programme explained how Year 2 students were placed in the ‘older people’ team where the practice teacher was able to ensure they had the necessary opportunities to experience working with others. She got students from different disciplines (nurses / occupational therapists) and set them a task to perform jointly as a group. A student described how the practice teacher arranged for her to attend a multidisciplinary meeting and a multi disciplinary workshop.

It fell to the practice teacher to provide alternative interprofessional learning experiences where such opportunities were limited. As one put it, they had to create the scenarios for those students, for example, through discussion, group work, case studies, role play and reviewing work already undertaken.

One practice teacher was quite clear:

“No matter how limited learning opportunities for collaborative practice are, they do exist and we have to ensure that students have the opportunity to work alongside and with other professions.”

Another added,

“Just getting students to work alongside other professions is not enough. They need to be aware of the wider context and wider issues.”

Examples from Practice Teachers of interprofessional practice learning.

These included:

- Setting up a programme for students with A and E rapid discharge team where they were involved in post admission multidisciplinary reviews
- Giving the student a two week induction as a multi-agency introduction before she has to take on social work
- Asking questions about who the agency works with - schools / hospitals etc. - then they made visits and other professionals for their views on interprofessional working
- Asking students to talk to the workplace supervisor about a current multi-agency task, then checking the student's understanding

Practice teachers clearly regarded collaborative practice as part of good social work practice. During the interviews some readily explored the need for students to be better prepared to work with other professions, both in the university and practice settings. One saw a need for more teaching together, that is, university and practice teachers, with other professions and another emphasised the need for working with other professions to be accorded as much importance as working with service users.

Preparation and ongoing support of practice teachers

Practice teachers must be qualified social workers and receive additional preparation, but the level and length of that preparation varied considerably. Those practice teachers who were long established in the role had undertaken a course extending over a period of a year, but employers had more recently awarded local practice teacher qualifications to those who had completed five day programmes.

Many HEIs no longer offered the Practice Teacher Preparation Programme. Although some heads of programmes and social work tutors assumed that facilitation of practice learning for interprofessional, collaborative practice was included in alternative arrangements, they admitted that they were not certain that this was the case. All practice teachers had received preparation of varying lengths by HEIs about the programmes being undertaken by their students. This preparation related mainly to the curriculum and expectations of placements and tended to focus on practicalities. Practice teachers said that specific preparation for facilitation of interprofessional practice learning was not included, although one university tutor said that that responsibility lay with the Programme Co-ordinator of Practice Teachers.

In one HEI, the head of programme reported that practice teachers were involved in ‘collaborative research’ working and developing practice learning opportunities with three NHS Trusts. Although they had no ‘special’ training, interprofessional issues were discussed using the National Occupations Standards as a framework.

All HEIs offered regular study days for practice teachers, but these tended to focus on the logistics and practicalities of placements. There was, according to the practice teachers, “no real facilitated learning”.

Valuable though practice teachers found these and other meetings, they felt that there was a lack of emphasis on their own ongoing professional development. External expertise was not offered.

As one said:

“The university does not ask practice teachers what they need and often practice teachers do not know what they need.”

All saw ongoing support as essential. Some belonged to practice teaching networking groups, although these tended to be informal and might, said one practice teacher, benefit from formal support from her university.

Support by employers for practice teachers was deemed to be important. One Agency had recognised this and had established a practice teaching development group although, according to its employer representative, practice teachers did not always attend briefings or ask for help when it was needed.

One head of programme voiced concern about the number and quality of practice teachers:

“The new Degree Programme inherited a cadre of well qualified practice teachers from the Diploma in Social Work. The challenge is to maintain the quality in preparing the new generation of practice teachers. The Award is mandatory, but the scale (of student numbers) is large and the retention of practice teachers is not as good as that of the Dip SW. Recruitment by advertisement is tricky because recruits don’t fully understand what the practice teaching role is and its demands – person and financial issues are often involved in resignations.”

Involving service users in interprofessional practice learning

The recurrent message throughout the interviews was the centrality of the service user’s contribution to practice learning including:

- Orienting students at the outset towards service user and carer perspectives;
- Contributing to progressive learning about user-centred collaborative practice;
- Supporting practice learning in the community;
- Mentoring students to meet required outcomes;
- Assessing students;
- Helping to write and the deliver curricula.

Examples were given of classroom teaching by service users, with each other and with university teachers. In one HEI, service users were represented on the Programme Management Board and sat on design, development, moderating and review sub-groups and panels. In another they were being consulted about best practice and served on a practice assessment panel looking at the practice portfolio, focusing on direct observation and service user feedback. In yet another they sat on ‘fitness to practice’ panels and interviewed students with teachers. These and other examples tended to be in the university setting.

Service users were paid for their contribution, generally per session, with expenses sometimes for child care.

There was a general recognition by service users, endorsed by university staff, that they needed preparation and support. One respondent described how the involvement of service users in assessment of practice portfolios was delayed for a year at their request in order that they might have preparation. In another university a ‘HUB group’ of experienced service users extended support to a wider group of service users working with the programme. In yet another a Service User and Carer Group had been

established with a co-ordinator being paid for four hours per week with office space and telephone/email facilities.

Examples of service user involvement in practice learning

- A 12 week module (4 hrs per week) delivered prior to students going into placement was written and delivered by service users with support from teachers and taught to all students. It was designed to get students to consider key issues and take them into their practice, such as services available to ethnic groups; work with carers; the need to work with health education; mental health issues; older people in receipt of health services; young parents ; and partners of prisoners. Training for ‘total respect’ was delivered by young people who had been ‘looked after’ for all working in child services. The service users participating came from diverse backgrounds – mental health, asylum seeker / refugee, carer of child with disability, ethnic minority, teen age parents, survivors of abuse, older people and partners of prisoners.
- Service users making videos for use in teaching including their expectations of social workers.
- Each student has a day shadowing a social worker in an agency. The agency has a ‘conversation’ with a service user or carer and the service user/carer has a ‘conversation with the student’ about their day shadowing the social worker. Service users are listening to students ‘within a framework’ and cover what the student felt about the day with the social worker and the conversation with the service user - how they analysed it, what they might have aspired to say/ do etc. (This situation is a reversal of the usual power structures experienced by service users. The service user gives feedback to the student about how well they listen and scores them out of ten. The student then writes up the conversation with the service user who comments on the accuracy of the account. Students must then write up what they have learned from the process.

Services users were not engaged explicitly for student preparation for interprofessional practice. Their involvement was aimed at good social work practice in general, although some thought that they were well placed to support and assess this aspect of practice learning.

Students’ learning experience on placement

The six students who were interviewed were following the programme in different ways with variable time for individual study and practice, although all had to complete the required academic sessions and practice periods for each year of the programme. ‘Work based’ students were seconded by employers to do courses part time, concurrent with employed practice. One student, who worked in a children’s service, reported that her fellow students following the full time route had more time for study, but she used her “working time” as a learning experience which enhanced perception and reflective practice. Other students were self funding and worked part time.

Students referred to “practice learning for collaborative practice” by many names. “Collaborative practice” was only used by one. More familiar terms were: partnership working; working together; multi-agency working; interprofessional working; interagency working; multidisciplinary working; and multi professional working. These, student acknowledged, were often used interchangeably.

Students’ awareness of theories relating to interprofessional learning and collaborative practice

Students were not aware of any specific theoretical model or underpinning for interprofessional learning and working, or of related research evidence. One HEI teacher commented that it was difficult to separate out the theories underpinning social work practice from those of interprofessional learning.

Student views on their preparation for practice learning for interprofessional collaborative practice

As stated above, preparation of students specifically for their interprofessional practice learning was the exception although preparation for the placement was the norm, within which such learning may have been included (see examples above). Students had invariably encountered other professions in the university setting before going out on placement,

Students were asked about their preparation in the university for effective interprofessional practice learning before placements. They described a range of ways, alone and with students from other professions. These included lectures on working together, sharing information which quoted DH guidelines and stressed the importance of working together; lectures on policy issues and organisational structures and how to overcome problems and structures; lectures on what to expect from different organisations and the challenges and dilemmas of practice, but stopped short, said one student, of engaging with *“the challenges and dilemmas of collaborative practice”*.

Another student described lectures / tutorials / group work and presentations received before going out into practice. Information on the accompanying booklet was “okay”, said one student, but a single three-hour lecture covering all aspects of the practice programme was not enough.

Some universities provided specific modules in preparation for practice. One student described a ‘Working Together’ module in which service users (older people and those with learning disabilities) were involved. They talked about their perceptions of social work and how they wished to be treated and the student assumed that it was intended to prepare them for practice. It helped to dispel myths, e.g. about disabilities and older people and to show how to talk to other professionals. However, the focus was on the service user, not explicitly on interprofessional working. That remained implicit. The student explained she would have appreciated more.

In another programme, students were prepared through a range of different modules with students from other professions. One example given was of a research module taken with sports teachers and nurses. However, the student commented that work undertaken focused on the topic, not the interprofessional learning. In contrast, for child and adult protection, interprofessional working was a topic in itself. In one HEI the social and medical models were compared as well as power relationships.

One student highlighted preparation which included issues of sensitivity – how to pick up those that service users or parents defined as “their issues”; how to open up discussion and how to draw on best practice with service users in a variety of relevant approaches. Students saw these as the sensitivities of good and complex social work practice, the foundation for collaborative practice.

Another student explained that in the academic term prior to going into placements, social work and medical students had to undertake group work and assignments demonstrating interprofessional working and complete a workbook. He found it interesting, but commented that some notes/ texts they were given to read were more focused on health care than social care. He was about to go into another practice placement and said that although additional information had been provided, this was mostly about the placement, not interprofessional working / collaborative practice.

In one programme work based students did not receive any preparation for practice when the programme was first delivered. It was assumed that already working in practice, they would need no preparation. Feedback from students prompted review. All students now undertook the preparation sessions.

Students had been given handouts and reading lists with recommended books about practice in general, some of which dealt with interprofessional working. Materials included case studies, relevant policies and

information on the roles of other professions. The only text actually cited by a student was the DH publication entitled 'No Secrets, Learning from past experiences' (DH, 2000).

Students made telling comments about the approaches used and the attitudes which emerged.

- ***“Preparation of all concerned to work together would be helpful.” “How much preparation have the nursing students had for interprofessional learning? -- We could have started each session with an ice breaker.”***
- ***“Had shared learning with other students, i.e. student nurses re communication skills; we looked at different terminology used. It was not a successful session because a competitive exercise was used. Each side had to get points about how much they knew about each other’s profession, nurses against social workers.”*** Differences were immediately seen and boundaries were confirmed
- ***“(It is) about the need (for) equal balance of power, no devaluing of role of other professions, there should be basic ground rules which all students respect. Some students seem to feel superior to others; some students are not willing to associate with others...all students should be respected.”***
- ***“Nurses resented having to travel to the social workers for interprofessional learning.”***

Students’ lack of enthusiasm for the interprofessional learning in the university setting was acknowledged by heads of programmes and social work tutors. Comments from these respondents included

- ***“Students have said that they haven’t come to social work training to learn about others.”***
- ***“We struggle with health colleagues as they don’t know what social workers do, don’t adapt teaching styles.”***
- ***“They (the students) struggle to understand the ethos of collaborative practice and do not see the value initially.”***

Some of these problems clearly related to the balance in numbers as discussed earlier. Students and teachers referred to the issue of a very large student group which was also dominated by one profession in terms of student numbers, generally nurses, although in one university it was medical students. There might be only one social work student in a large group of health profession students. Even when students from non-health professions are together, vast cultural differences exist.

Student views of learning outcomes for collaborative practice

Students were asked about any learning outcomes relating specifically to being able to work collaboratively with other professions, or in partnership across agencies, and about factors they thought had helped or hindered the achievement of those outcomes. All the students knew that there were learning outcomes which they had to achieve regarding collaborative practice although not all could relay them in interview. Those mentioned included: demonstrating respect towards others from different cultures with different values; confidentiality; communication with other professions; how to work in partnership with professions / communities, with service users and their organisations and reasons for multi-agency working and strategies to that end.

One student commented that in her programme there was nothing explicit about achieving competencies which related to national occupational standards.

Factors which students said helped achievement of outcomes for interprofessional learning and collaborative practice

The most significant factor identified by all students which they said helped them to achieve outcomes for interprofessional practice was the teaching, facilitation and support provided by practice teachers, particularly in providing the necessary learning opportunities to enable students to experience interprofessional working. Others included:

- Confidence – the need to be able to ‘throw yourself in’ and ‘have a go’;
- Flexibility – taking the opportunities offered;
- Ground rules;
- Support from other students;
- ‘Support Groups’ in some universities which reinforced learning in practice experience;
- Relating policy contexts to the work on the placement.

Factors which students said hindered achievement of interprofessional learning outcomes included:

- Unrealistic expectations by other professions;
- Powerlessness and fear that university and practice teachers did not understand the difficulties on placement for students where it was difficult to change the culture;
- Lack of respect for social work students;
- Limited opportunity on some placements to work with other professions;
- Lack of a theoretical model or underpinning – just given general advice and guidance;
- Lack of teaching about comparative values / cultures – just expected to use common sense with other profession;
- Overlarge groups (in university);
- Lack of commitment to collaborative learning by students from other professions who had their own agenda and reportedly did not take it seriously.

Student views of practice teacher support and facilitation of learning

Examples were given of the way practice teachers facilitated and supported practice learning in general and interprofessional practice learning in particular.

These included:

- Highlighting working with others;
- Providing guidance on managing conflict;
- Comparing learning styles;
- Helping to understand roles;
- Seeking out the policies of other agencies;
- Setting up alternative placement experiences;
- Supporting independent learning;
- Helping to think ‘outside the box’.

Two students from the same HEI reported that placements for all first year students were stimulating as they ‘pop in and out’ during their placements and compare notes. The practice teachers were off-site during their own placement. Both students received ‘long arm supervision’. They felt that this was a great benefit as they could discuss challenges and issues in the placement team with their practice teachers.

However, another student felt that she was disadvantaged by not having a qualified social worker in a placement and having to rely on 'long arm supervision'. While she was able to observe interprofessional working she felt it was not 'drawn out' enough by the practice teacher or back in the university. Yet another was hoping for an on-site social work supervisor in her next placement.

The move from 'traditional' social work placements to wide ranging placements in non traditional settings such as health, police, prisons and refugee centres, had increased the work needed to ensure placements and learning opportunities available were appropriate and that practice teachers were supported to offer appropriate learning opportunities.

Issues of professional identity

Students were concerned about their identity as social workers, particularly in these non traditional multidisciplinary settings. This was especially problematic when, as an employer representative stated

“Students from different disciplines are not always accepted by other agencies”.

The situation is exacerbated by a shortage of suitable placements.

These negative reactions were clearly associated with unresolved issues about identity which, with exceptions, seemed not to be addressed by programmes. As one head of programme put it:

“Some (students) struggle with interprofessional working as they haven't a concept of themselves as social workers.”

“Students either have a particular view of what social work is or they don't have and feel insecure.”

On a more positive note, one said:

“Agencies who offer practice placements are gradually becoming 'educated' by students to provide opportunities for collaborative practice and contribute to the feedback on the student's practice.”

Overall, the students interviewed appeared to have enjoyed their placement experiences, although learning opportunities for collaborative practice were uneven. Much depended on the nature of the placement, the culture and ethos of the organisation concerned. Interviews with two students also indicated that other influencing factors included the individual styles of co-workers and the ability of students to be self-directed learners. As one of them said: *“On placement it's up to you to delve more deeply about their (other professions) resources and capacity.”*

8. Discussion

These findings should be treated as indicative only, given the unrepresentative sampling of social work programmes and of respondent groups within them. Readiness to participate could imply bias in favour of interprofessional learning or more experience on which to call. The number of interviews conducted was nevertheless substantial and provided a richer fund of data than alternative methods such questionnaires typically generate. Furthermore, findings from one respondent group were corroborated by others, with a remarkable absence of dissenting voices.

The salient and unifying messages were, first, commitment to the successful implementation of policies for the social work degree and, second, preparation for interprofessional collaboration as an essential and integral part. The same value base informed both and shone through.

We applaud the emphasis put in the programmes on service user participation, which we note from other observations is being adopted in education for other professions and coming to characterise many interprofessional education partnerships. But we question whether relations between professions can or should necessarily and invariably be mediated through partnership working with service users as, indeed, some comments by respondents confirmed. Interprofessional learning has many starting points.

Interprofessional learning is a vehicle for understanding professional cultures, valuing and respecting differences and distinctive identities. If and when tensions surface that is in the nature of such learning. More worrying is apparent failure to address those tensions positively towards constructive resolution. As described by some respondents interprofessional education was sometimes failing in its mission. More encouraging examples cited point towards ways in which problems can be remedied. *We recommend that heads of programmes refer problems regarding interprofessional learning for social work students to joint management committees for the interprofessional learning partnerships for their observations and, where possible, remedial action.*

Logistical problems are not insuperable. Learning experiences can be devised for groups where numbers are balanced from two or more professions and appropriate, creative teaching and learning strategies developed where this is not possible. Social work is practised in a variety of settings and the roles which social workers fulfil, the tasks they undertake and the way they in which they deliver a service is very much context dependent. Confidence and clarity regarding professional role and identity is important and necessary before interprofessional relationships can be successful. The recent statement from the General Social Care Council on Social Work Roles and Tasks in the 21st Century (GSCC, 2008) will undoubtedly be a valuable resource to those preparing social workers for social work practice in the context of interprofessional, interorganisational and interagency working.

Interviews exposed longstanding and sometimes intractable problems surrounding the quality of practice placements for social work students. It is not for CAIPE to comment on matters beyond its remit, save to say that interprofessional practice learning can only be as good as the professional practice learning within which it is embedded.

We focus here on weaknesses in interprofessional practice learning readily amenable to remedy without delay and without additional resources. All respondents emphasised the role of practice teachers as significant to the effectiveness of practice learning in general and it was clear that this was particularly the case in relation to learning for collaborative practice. Practice teachers themselves highlighted the lack of preparation and support they received for facilitating practice learning for interprofessional, collaborative practice and for facilitating interprofessional learning with mixed profession student groups.

While the focus of the project was on learning in practice, with hindsight it would have been useful to have also asked for information about the preparation of university based teachers for facilitating interprofessional learning. However, all social work tutors and practice teachers attend courses to prepare them for their roles. Preparation for interprofessional teaching and learning should be included. *We recommend that facilitation of interprofessional learning be required and assessed in all courses of preparation for university teachers and practice teachers in health and social care.*

Interprofessional practice learning needs always to be planned in advance, preceded by preparation in the university, supported by university tutors during placements, and fed back into subsequent university-based teaching. Viewed thus, interprofessional learning on placement and in the classroom is indivisible,

mutually reinforcing and progressive. Some respondents indicated that in some programmes there was a 'separation' between university and practice based learning. *We recommend that interprofessional learning on placement and in the classroom be planned together and provided as an integrated curriculum.*

There is undoubtedly a case for developing the role of service users and carers in interprofessional learning. All service users expressed their willingness to be involved and indeed asserted that this was an area where they felt they could be effective. Ways to develop service user involvement explicitly to support interprofessional learning for collaborative practice, will, in our view, fall into place once tutors and practice teachers are themselves prepared for facilitation of interprofessional learning and working.

Students value learning more when it is assessed and counts towards their qualifications. *We recommend that interprofessional practice learning be included in assessed assignments counting towards the Degree.*

With hindsight, questions regarding theory may have been premature. Attempts to secure theoretical foundations for interprofessional education are recent, formulations as yet ill-co-ordinated from a fragmented literature. Systematic and sustained work is in hand including an inter-university series of seminars funded by the ESRC and coverage in peer-reviewed journals. Social work, with other professions, stands to benefit as this work bears fruit. *Meanwhile, we make no recommendation.*

We are less sanguine about apparent unawareness of the growing interprofessional literature, much of which contains practical guidance and help including models for interprofessional practice learning. This is reinforced to some extent by the Knowledge review by the Social Care Institute for Excellence (SCIE) of the learning, teaching and assessment of partnership (interprofessional) work in social work education (SCIE 2006). This aimed to identify key good practice messages to assist social work educators in developing frameworks for teaching partnership work on social work qualifying courses. However, lack of evidence meant there were no conclusive findings of what approaches to teaching partnership work might be more effective than others. *We recommend that an annotated bibliography of literature sources be prepared relating to interprofessional practice learning for social work students.*

We return finally to two remaining points in CAIPE's brief – dissemination and exchange. The project was intended to identify areas where HEIs might welcome support for ongoing IPE development and to consider ways in which this support might be enabled. CAIPE convened a national day conference in December 2006 to discuss preliminary findings. Further analyses of the data have since been completed which might well inform future workshops and conferences. CAIPE will be happy to respond to invitations either to mount or contribute to such events under the auspices of others. It looks forward to discussion with officials about ways in which material in this paper might feed into such events and contribute to freestanding publications. Workshops, conferences and publications facilitate exchange which needs to be planned, regular and ongoing.

SCIE's research review of Interprofessional Education for qualifying Social Work (SCIE 2007) reflected many of the findings of this project, but also identified gaps in research and potential areas for further work. We have resisted the temptation to recommend more research, but cannot end without entering a plea that further steps be taken to solicit the views of social work students about their experience of interprofessional learning on placement and in the classroom.

Summary of Recommendations

We recommend that:

- heads of programmes refer problems regarding interprofessional learning for social work students to joint management committees for the interprofessional learning partnerships for their observations and, where possible, remedial action;
- professional learning on placement and in the classroom be planned and provided as an integrated curriculum;
- facilitating interprofessional learning be required and assessed in all courses of preparation for university teachers and practice teachers in health and social care;
- interprofessional practice learning be included in assessed assignments counting towards the Degree;
- an annotated bibliography of literature sources be prepared relating to interprofessional practice learning for social work students.

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