Experiences of Social Workers within an Interdisciplinary Team in the Intellectual Disability Sector

Carol Mc Auliffe, B.A. (Hons), H. Dip. Soc. Pol., MSW[1]

Abstract

This study investigates the experiences of social workers working on interdisciplinary teams in the intellectual disability sector. Eight social workers from two voluntary intellectual disability agencies completed anonymous questionnaires using open-ended questions. The data was thematically analysed under three categories: team process, team barriers and education and training. There was a broad consensus that social workers' own experiences of working in interdisciplinary teams within the intellectual disability sector can be a very positive and productive experience. These aspects include the wider professional expertise of different team members, the importance of communication and trust, support and their knowledge broadened and the prevention of duplication of service delivery. However, it also became obvious that a number of barriers exist that undermine team collaboration, including team members being in different locations, different professional approaches and power dynamics. In conclusion, while working on an interdisciplinary team is complex and demanding, social work is well situated to meet the challenge.

Key words: Interdisciplinary teams; social work.

Introduction

> The terms multiprofessional, interprofessional, multidisciplinary, interdisciplinary, multiagency and interagency have been used to describe what appears to be very similar activities (Barret, et al., 2005:10).

In an interdisciplinary team, specialists work closely together sharing specialist knowledge across disciplines. Each professional takes responsibility for co-ordinating their information and intervention with that of other members of the team. Since no single type of specialism is seen as having all the answers, each type is valued and all specialisms have equal status (Dale, 1996).

Barr (1997) suggests that interdisciplinary teams are being developed across a broad range of hospital and community settings and are now active in services for people with learning disabilities, people with mental health needs, elderly people, child protection, palliative care, and primary health care. Interdisciplinary teams in health care originated with Richard Cabot in the early 1900s, who suggested that the social worker, doctor, and educator work together on patient issues. Since that time, input from the social worker has been viewed as helping the physician gain a broader perspective on patient care (Cabot cited by Baldwin, 2000).

The importance of sharing knowledge and skills as well as working closely with people from other professions, and the consequences of not doing so, are well illustrated in the Laming Report (2003) which investigates the circumstances surrounding the death of Victoria Climbie (Quinney, 2006).

Hall and Weaver (2001) state that teamwork requires organised collaboration between individuals from various disciplines whose goal it is to solve a common set of problems. The philosophy driving teamwork asserts that a group of individuals, with different perspectives, create synergy leading to solutions which would otherwise not emerge (Bruner, 1991). These interdisciplinary solutions are felt to enhance and improve care.

Interdisciplinary Teamwork in the Intellectual Disability Sector

According to Dale (1996), a parent rarely expects their child to be disabled. Prospective parents build up a set of constructs during pregnancy about their future child and how they imagine what their future will be like. A diagnosis of disability often creates a crisis of changed expectations. Indeed, it is often a highly difficult and painful process of personal adjustment for parents and other members of the family. There are multiple needs arising from the service user's condition (e.g. family support) in areas such as finance and housing and socio-emotional needs as well as the needs arising from the service user's condition which may require intervention from medical and allied health professions.

As the move from institutionalisation to community services developed there was a fundamental change in how the service user was viewed. They began to be seen in the context of their family, their work and leisure pursuits, and as members of the wider community. It became clear that the psychological concerns and social environment of the service user needed to be addressed. In order to do this, a wide range of skills were needed and occupational therapists, psychologists, social workers, nurses and others had to work together within intellectual disability teams. The need to establish community based alternatives to hospital treatment and to ensure co-ordinated health and social care for service users established the multidisciplinary team as a central feature of modern learning disability care. (Mental Health Commission, 2006). Although each profession may be committed to helping the service user as best they can, the sheer scale of numbers and different disciplines and agencies involved sets the scene for conflicting advice, duplication in services, confusing input to the family, as well as rivalry between colleagues (Dale, 1996).

It becomes clear that strategic planning is essential to ensure that the ever changing needs of people with intellectual disability are provided for in a timely and appropriate manner. These changing needs can become apparent across the developmental lifespan and can include early diagnosis of disability, educational

provision, training and support for employment, adult support services and programmes for inclusion and integration.

Irish Policy

Over twenty years ago, the establishment of multidisciplinary teams was recommended in the Department of Health's *Planning for the Future* (1984) as "different approaches to treatment and the participation of people from a number of professional disciplines are required to cater adequately for the needs of the mentally ill". It also recommended that psychologists, social workers and occupational therapists should form "psychiatric teams" to provide comprehensive treatment and care for the mentally ill. (Mental Health Commission, 2006).

Recent Irish Health reform initiatives, such as Rush et al's (2000) *Report on Nursing Competencies,* the *Health Strategy, Quality and Fairness –A Health System for You* (Dohc, 2001) and the Department of Health and Children's (2003) *Report of the National Taskforce on Medical Staffing*, have strongly advocated the adoption of a collaborative approach to the delivery of health care in the future. (Callaghan, 2005). This corresponds with Barr, 1997 and McCalin, 2001, concept of collaboration, that interdisciplinary and/or multidisciplinary teamwork is pivotal if health care is to advance. (Callaghan, 2005).

One of the main goals of the Health Strategy (Dohc, 2001) is a people-centred health system that identifies and responds to the needs of individuals. This involves improving the 'patient focus' so that the health system responds to the needs of patients and clients, rather than having to conform to the way the system works. One of the many important themes of the Health Strategy was working within an interdisciplinary framework, as the lack of integration of services for service users between some services is identified as a problem in existing services. The wide mix of skills within an interdisciplinary team will allow a more suitable distribution of the workload, enabling each team member to work to their capacity. It will also facilitate communication between team members thereby reducing time spent trying to contact

other care providers.   The strategy acknowledges that individual service users may need to access the system several times to have all their needs addressed.   The health strategy is clear in its message: the focus needs to be placed on promoting and facilitating the delivery of health care through interprofessional partnership in an integrated and holistic way for the benefit of the service user (McCluskey, 2006).

The National Task Force on Medical Staffing (NTFMS) was established in February 2002.   With regard to inter and multi-disciplinary working, the Report of the NTFMS (the Hanly Report) states:

> "*The case for greater multi-disciplinary working is growing even stronger as work becomes more specialised and the needs of patients can be met in a range of different ways…Multidisciplinary working between health and social care professionals should be fostered*".

This complies with the assertion that in order to be able to provide integrated, continuous, high-quality services, healthcare professionals need to work closely with each other in a structured way through formal and informal teams.

The *Audit of Structures and Functions in the Health System (*Prospectus Report) (DoHC, 2003) also comments on the need for more integration within the health system (Recommendation 2.3), stating that achieving effective integration of services is ultimately a managerial function which often combines with effective team working and interprofessional relationships.

Irrespective of the strong evidence that professionals failing to communicate effectively together can lead to tragic consequences (e.g. the Colwell Report in 1974 and the Laming Report in 2003), there is less evidence to demonstrate that the face-to-face idea-sharing and the development of an awareness of the role of other professions actually promotes closer collaboration. Nevertheless, there is a clear policy drive from government to encourage partnerships and collaborative practice. (Quinney, 2006).

Contribution of Social Work to Interdisciplinary Working

Social workers often have a key role in interdisciplinary teams. It is based on a social perspective that seeks to take into account how differing aspects of a person's life work together to help them to flourish or overwhelm them. The services they provide are often concerned with developing the networks within which people live, and seek to avoid the individual focus that may be taken by other professions. Lymbery (2006) states that there are aspects of a person's home and social circumstances which a social worker may be better placed to explore than other professionals.

Herod and Lymbery (2002) carried out a small-scale research project that explored the role of a social worker within the field of learning disability. The paper outlined the clarity with which health care professionals were able to articulate the distinctive features of social work and the issues which emerged from these findings. The ethical stance of social workers was considered to be of vital importance and it was expected that they would provide both a critique and a challenge within the multi-disciplinary team. Considerable importance was also given to the holistic perspective provided by social workers. They found that health care professionals valued the perspective social workers brought to the multi-disciplinary team, and claimed that the work of the team would be compromised if that perspective was absent. It was acknowledged that social workers establish a quality of relationship with clients and families which are essential for effective intervention. Indeed, there is a clear recognition of the value of social work and an appreciation of the unique character that it can bring to a multi-disciplinary team. (Herod and Lymbery, 2002).

While there are threats to the social work identity through the creation of multidisciplinary teams, for example, the boundaries between professional knowledge can become increasingly indistinguishable and as roles and responsibilities alter over time, professional identity can be challenged, multi-disciplinary teams can also provide a potential opportunity to construct a more central role for social work in the response to people with intellectual disability needs.

As can be seen in the Herod and Lymbery study (2002), the most easily identifiable way in which social workers bring something unique to the multidisciplinary team is through the values and orientation of the social worker. Social work also has a specific commitment to anti-oppressive values, and stands alone amongst other professions in this commitment (Torkington et al., 2004). The 2001 Health Strategy (Department of Health, 2001) emphasises the values of person-centred care and independence, which are consistent with the tenets of social work practice. In the context of disability care, the values and orientation of social workers can also assist to ensure that all the facets of a service user's life are taken into account, not just the functional elements where a physiotherapist or occupational therapist might predominate.

Social workers have always had to develop the ability to work with organisational systems and networks - if this is combined with the social worker's commitment to values, this facility can have a major impact on the multidisciplinary environment. In practice, this ability will also have a powerful impact, particularly in respect of an understanding of the wider social and family contexts that service users inhabit.

Summary

Good intentions about providing person-centred services for people with learning disabilities have been part of public policy since 1973. However, the reality is that quality services are patchy and the majority of people with learning disabilities are still cared for in 'congregate forms of care' (DoH 1999) with limited access to mainstream services. The Government's policy set out in *Quality and Fairness* (2003) is another attempt to turn this around. As with previous proposals outlined, the new approach relies heavily on inter-agency collaboration and interprofessional working. However, unless the lessons of previous failures of teamwork and collaboration are learnt from, funding is received and joint training is integrated into the mainstream, the vision of full social inclusion for people with learning disabilities may continue to remain a pipe dream (Weinstein et al, 2003).

Methodology

In choosing an approach to this research I have chosen qualitative research. The main aim of qualitative research is to enhance our general knowledge about complex events and processes. Because qualitative research typically entails the intensive study of a small group of individuals sharing certain characteristics and as the participants were not randomly selected from the general public qualitative research is the most suitable method. The epistemology underlying this qualitative research is interpretatism, which includes finding the meanings that people ascribe to their experiences. The stress is on the understanding of the social world through an examination of the interpretation of that world by its participants (Bryman, 2001).

A questionnaire was devised using open-ended questions and sent to twelve social workers working in the field of intellectual disability. Eight questionnaires were returned to the researcher. The questionnaire was formulated by a number of research methods. Firstly, I contacted a team leader with experience on an interdisciplinary team. This was a one to one meeting where the team leader's experiences were discussed. The discussion identified the strengths and weaknesses of working in an interdisciplinary team. Secondly, a literature review of similar research was also used to construct the questionnaire. Thirdly, my own observations gained by attending interdisciplinary meetings during my placement helped me to construct the questionnaire. I discussed the initial draft with my supervisor from which recommended alterations were made.

Limitations of Study Design

The qualitative research method which I used is not without limitations. According to Polit et al, 2001, the highly subjective nature of the approach may make findings idiosyncratic and difficult to replicate or apply to settings outside of the research. A criticism of the theory base, interpretivism, could be that the intentions, thoughts, feelings, beliefs, and evaluations of participants were misrepresented, dismissed, distorted or concealed. This is also a weakness in using questionnaires as the researcher is not present and it is therefore difficult to know whether or not a

respondent has understood a question properly.

It must also be taken into consideration that all the social workers are from two organisations in the Munster area, however, for the purpose of this small-scale research it is adequate that the social workers operate out of different interdisciplinary teams and cover different geographical areas.

Findings

A total of eight social workers from two different intellectual disability agencies returned the questionnaire. Two of the respondents had been in their current posts for less than three years, five between six and twelve years and one for nineteen years.

All respondents stated that Speech and Language Therapy, Occupational Therapy and Psychology were the different disciplines working within their interdisciplinary team. Five respondents included physiotherapy, six respondents included nursing, two respondents included teaching, and one respondent included a dietician and paediatrician as well as home support workers.

Similar themes relating to teamwork emerged and are summarised under three categories: team process, team barriers and education and training.

Team Process

In terms of how well the team was functioning, the diversity and experience of the different team members was a major influence.

As one respondent indicated:

> "*We all approach problems differently and all have something to offer to the service users and families*".

Understanding the different roles of team members was an issue referred to by the respondents. One respondent stated that the recognition of the particular skills of each discipline:

> "*enables an effective assessment of the clients needs and offers a*

comprehensive range of interventions",

therefore providing the essential supports that the service users and their families need. McCluskey (2006) states that the focus needs to be placed on facilitating the delivery of health care through interprofessional partnership in an integrated and holistic way.

Three social workers felt open communication was one of the strengths of their interdisciplinary team while four social workers felt that there needed to be a greater understanding of each other's roles and responsibilities. Furthermore, in regards to the level of trust and openness on the team this varied greatly. Two respondents stated that there was a high level of trust and openness on their team. Two more respondents felt there was a moderate level of trust and openness on their team and one felt that there was a low degree of trust among team members. The remainder felt that it depended on individual relations between team members and how long the team was established stating that:

> "*older members who have been there since the team was established display less trust and openness than newer members*".

This in itself could have repercussions for the service user as older members of a team may not be as open to newer member's suggestions and may be stuck in their ways.

In relation to how the team supports the social work role and enhances social work practice, the respondents reported:

> "*I developed other assessment and intervention skills especially through joint visits with complex cases, informed support in regard to the intervention/assessment which enables me to provide a better service to clients*".

Another issue which arose was the prevention of the duplication of service delivery, which Banks, (2004) referred to by reducing overlap between the services provided by different agencies.

Team Barriers

While a holistic interdisciplinary approach is valued by team members, the fact that team members were in different locations was overwhelmingly cited as one of the main barriers to effective collaboration. As one social worker indicated:

> "*Team members are located within their own departments and offer services in too many locations within the organisation. It can be difficult to organise team meetings*".

Top heavy caseloads as well as staff-rotating posts were also cited as it is difficult to keep track of the unique needs of each family. The issue of the use of the Medical/Social model arose with one respondent stating that:

> "*As a social worker you bring a unique perspective from training e.g. social impact of disability and psychological areas of need. This perspective allows us to view the family in context with the child in terms of the family. Other disciplines come from a mere 'medical model' or 'cure' perspective. This is highly popular with parents of young children who want their child to be 'cured' or 'fixed' and they are not facilitated to strengthening their coping resources for the situation they find themselves in which is the social work role*".

One social worker felt that the team has no decision making powers and that senior management need to buy into and embrace the concept:

> "*At times it feels we have little influence in changing policy. The concept of interdisciplinary team working has been, in reality, a bottom-up initiative without senior management/decision makers completely buying into the concept. They appear at time to be nervous of the interdisciplinary concept (afraid of it becoming too influential and powerful?)*".

Education and Training

Many respondents felt that their education did not prepare them to be an effective team member. They stated that it was their work experience outside of college helped them to work as a team member:

> "*I received limited input on the role of the social worker in intellectual disability and secondly in interdisciplinary teams. My main learning was in practice*".

However, two respondents did mention that their group work module in college helped. Two social workers stated that social workers need to be trained effectively in all areas of intervention and not just in child protection. One mentioned that working as a social worker in the disability sector is very different because:

> "*families love to see a social worker coming to the home, and are crying out for support*".

Another respondent commented on the need for more education at university level on the role of the social worker in the disability sector as this is not promoted satisfactorily. It was also mentioned that working within a team is very challenging professionally and it is essential that adequate training is provided for this. One respondent felt that it is essential:

> "*to develop a greater link between university courses and the social work practitioners*".

It was widely mentioned throughout the questionnaire that training should be provided in order to understand how other professionals make assessments and the intervention skills they use and this will develop a greater understanding of each member's role.

Conclusions of findings

It is very apparent that social workers' experiences of working in interdisciplinary teams within the intellectual disability sector can be a very productive experience. Nevertheless. the social workers involved believed that due to the diversity and experience of the team they could increase their knowledge. Also, with the opportunity to learn more about each disciplines role and training in team dynamics it could be a very positive experience for the service user and their family.

The sample, while representative of social workers in two agencies in the intellectual disability sector, may not represent the experience of all intellectual disability social

workers. However, the response to the study was sufficient to ensure that a broad range of views was obtained and the results offer insight into the inquiry posed by the research questions.

The social workers who completed the questionnaire reported several positive aspects to interdisciplinary collaboration on intellectual disability teams, including the wider professional expertise of different team members. This means that each profession may approach problems differently thereby giving the family and service a more comprehensive range of interventions. Additionally social workers identified the importance of communication and trust. Open communication contributes to effective interprofessional working and enables those involved to articulate their own perspectives and negotiate outcomes. According to Stapleton (1998:12), trust is an 'essential attribute of collaboration' and Cook et al (2001) found that professionals highlighted trust as an important factor in facilitating open discussion and successful role negotiation. Trust develops through repeated positive interprofessional experiences and develops gradually over a period of time. Also the respondents reported that they received support from their team and their knowledge has been broadened. Not only do they come to see more clearly the nature of their own distinctive roles and values in relation to members of other professional groups with whom they have to work very closely but it also challenges each profession to decide which aspects of their roles and tasks are core.

The issue of the prevention of the duplication of service delivery also arose. From my own experience on placement I could clearly see how frustrating it could be for families of service users being asked the same questions and undergoing similar assessments from different professionals. Therefore interdisciplinary team collaboration enables a more effective assessment of the family and service user's needs.

One respondent cited the "team's belief in the value of working in an interdisciplinary way' as being a very important strength of their interdisciplinary team. Both

Henneman et al, 1995 and Molyneux 2001, stated that a high level of motivation is central to effective team collaboration because an individual's commitment to interprofessional working is likely to be linked to a viewpoint that values the ideologies of user-centred services and a recognition that 'no one discipline can help people reach their full potential and optimal level of well-being' (Russell and Hymans, 1999:255).

The respondents did feel that there are several challenges that face social workers in intellectual interdisciplinary teams, including the fact that team members were in different locations. This adheres to Cook et al. 2001 and Molyneux, 2001 assertion that successful collaborative working requires changes in geographical location. However, I observed on my placement that at the moment this would be unrealistic as the resources would not be in place.

Each professional group has its own culture which encompasses a particular set of beliefs, values and norms. Hierarchies tend to locate power with the medical profession, whereas social work works from the social model. From observations of working within an interdisciplinary team I perceived the medical model as focusing on issues of health and illness, with an emphasis on the individual. I could clearly see that the social worker worked from the social model by taking a wider perspective and placing more emphasis on the social context in which the service user lives. These differing beliefs can result in clashes, with assessment of need and determination of appropriate action being formulated from very different perspectives. As I observed on placement, if different perspectives are shared through open communication, professionals may be enabled to view problems from new perspectives and this may benefit themselves and the service user; unless openly acknowledged, such differences can be a source of tension and conflict.

Lack of administrative involvement was also noted as having a negative impact on collaboration. One respondent was particularly vocal in regards to senior management not buying into the concept of interdisciplinary teams. According to Fieldgrass, 1992,

commitment to interprofessional working is required at senior level as collaborative endeavours can be expensive in terms of times and resources. It is also important for professionals to be afforded sufficient discretion to enable them to contribute effectively to decision making within the interdisciplinary team, confident that management will support decisions and authorise the required resources (Hornby and Atkins, 2000).

Limitations of the study

This piece of research supports the results of a previous study conducted by Herod and Lymbery in 2002. However, the study was limited in that it produced data relating to social workers' perceptions of working within an interdisciplinary team but it did not allow for further explanation of how this impacted on the interdisciplinary team as a whole. While the findings may be useful in establishing a position on interdisciplinary working, further research would be required to establish the impact of the findings on interdisciplinary working especially on how other disciplines view inter-disciplinary approach with regard to their own role.

Overall, the response to the study was sufficient to ensure a broad range of views were obtained. However, had it been possible to secure the participation of other intellectual disability agencies across the country a more rounded picture may have emerged? In this respect it must be acknowledged that I obtained a rather small view as this research was undertaken in only one geographical area.

Recommendations for Practice

This data provides important examples of positive and problematic interdisciplinary collaboration from the perspective of intellectual disability social workers. These agencies can benefit from these results as they seek to improve collaboration between interdisciplinary team members if these results are taken in tandem with findings from different professions within the interdisciplinary team.

Freeth identifies education and training as 'pivotal to providing the conditions and skills required for sustained collaboration' (2001:40). Interprofessional education could also facilitate learning relating to the ideology of holistic care, recognition of psychological defence mechanisms and conflict management strategies**.** (Barrett et al 2005). From my research, it is clear that social work education may need to be aware of these issues and may need to incorporate some training that encourages social work students to be confident about the value of social work in interdisciplinary teams. Two respondents stated that social work education needs to create an identity outside of child protection. Therefore, more education around developing the concept of disability social worker is needed at university level as well as multi-disciplinary training across courses.

Conclusion

In this paper I have drawn from specific elements of the data collected to reflect on the experiences of social workers in interdisciplinary teams in the intellectual disability sector. According to Donzelot, 1979, social work is a profession that seeks to liaise, to mediate, and to negotiate between professions and between the professions and the service users and families. Thus, the role of social work in interdisciplinary teams is of particular interest. This research has shown that the experiences of social workers in interdisciplinary teams are both positive and negative. The results indicate that when interdisciplinary collaboration worked well it resulted in improved services for users in the opinion of the respondents. This might occur through reducing duplication between services, improved communication between professionals and the ability to provide a more seamless service. The process by which this comes about may be a complex and challenging one, but the respondents were in no doubt that this was being done in the interests of improving the outcomes for the people using the services.

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