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REIMAGINING INTERPROFESSIONAL LEARNING FOR INTEGRATED PRACTICE

Social work in integrated care

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ABSTRACT

In the first of three articles we shared our understanding of integrated care and traced the evolution of interprofessional learning from organic to strategic and systemic, prepared to play its part in the implementation of integrated care. In this third article, joined by Lee-Ann Fenge, we focus on the role of the social worker in integrating care and clarifying their roles in collaboration with other professions. We distinguish between social work as a profession and social care as a field of practice, which includes many professions as well as other occupations. We share the literature on where social work plays a role in integrated care and ask questions about the lack of interprofessional education involving social workers and without whom integrated care cannot succeed.

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Introduction

Integrating care is laden with implications for roles, relationships and boundaries between the professions involved that may become more apparent as integration progresses. Engagement and outreach is leading to the emergence of new roles in the workforce connecting health care to the lives of people in the community through, for example, care navigation and social prescribing (Brunton et al., 2022; Manderson et al., 2012), peer groups in mental health (Trachtenberg et al., 2013) and various interventions with vulnerable groups (Booth et al., 2019). More is being done to navigate care pathways through the complexity of health care systems and the workforce maze than to modify it though with some notable initiatives in the development of competency frameworks for care navigation, including navigator, signposting, and coordinator roles (Health Education England, 2016) and training opportunities for the non-clinical workforce (Tavabie & White, 2020). Care navigators co-opt additional occupational groups case by case, especially when involved in social prescribing, interventions that move away from the medical model of recovery and link patients with non-medical support within their community (SCIE, 2023b; Tierney et al., 2019). Ad hoc or one-off on the margins of the integrated care workforce, some may be drawn into the mainstream and are now employed to work within primary care systems (Tierney et al., 2020). Recruiting, training and deploying care navigators may be essential. Grounded in values and approaches akin to social work, care navigators may include social workers as well as other professionals (Barr, Anderson & Hutchings, forthcoming).

Although many of the same core competencies are applicable to all medical and behavioral health practitioners, it is the perspective and value system of social work that are said to stand out as a major contribution to integrated health care (Salerno et al., 2018) (Figure 1). Their leading exponents argue persuasively for social work to be at the heart of the development and delivery of integrated care (Miller 2019; Zerden et al., 2019). Yet despite acknowledgment that there are signs of productive and effective interprofessional learning within UK and US social work education (Bolger, 2020; Sloane Cleary & Cara Swain, 2023) there are concerns that social workers' commitment to learning together to secure integrated care is tenuous (Clouder et al. (2017) with a lack of engagement in planning meetings and workshops (Ford & Gray, 2021). Further work is needed to establish whether these adverse experiences apply more widely and are being repeated as implementation of integrated care policies proceeds.

While it is the exception for us to single out one profession for attention, we do so on this occasion given the strengths of the arguments put and prompting us to ask:

> What is the position and significance of social work's contribution to integrated care?
>
> Why does this matter for securing interprofessional working for integrated care?

These questions enable the consideration of the alignment between the World Health Organization's (2016) guiding principles for integrated care, specifically "reorienting the model of care" and "empowering and engaging people" with the application of practice theory for illuminating interprofessional working (Barr, Anderson & Hutchings, forthcoming). This perspective is engaged with aspects of everyday caring practice, treating the person as a whole, avoiding reductionism and mind-body dualisms associated with the biomedical model and reaching out to include a wider spectrum of professions and occupations implied by the biopsychosocial model (Engel, 1977; Barr, Anderson & Hutchings (b) forthcoming).

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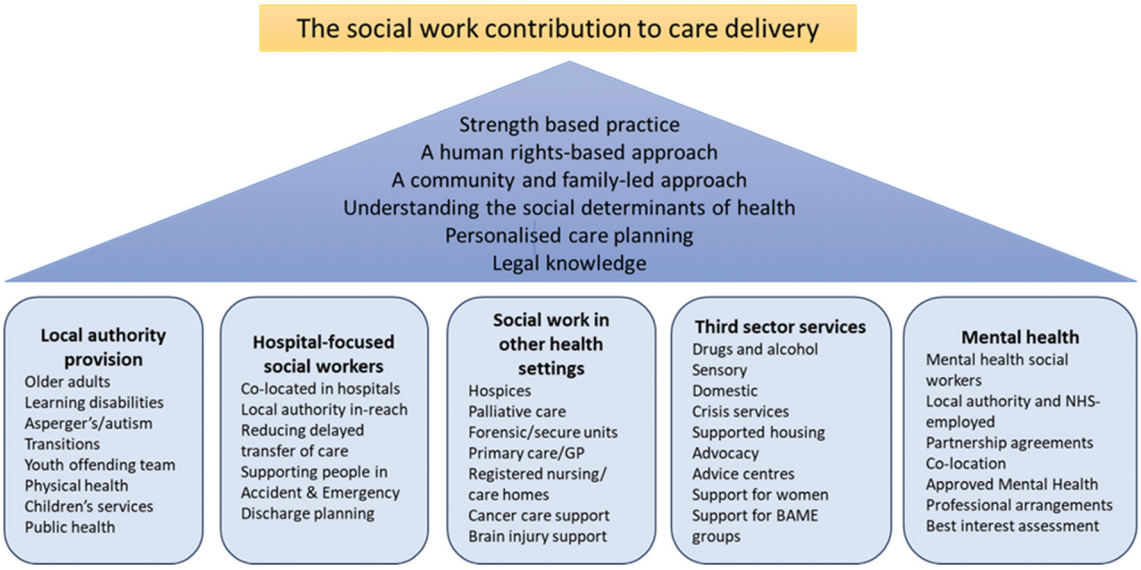

Figure 1. The social work contribution to care delivery (adapted from Health Education England, 2020 p.11).

Thus, these questions orientate our focus toward the social end of the biopsychosocial spectrum personified in social work values and practice. By reviewing the development of integrated care through interprofessional working with social workers, we draw attention to the commitment required from social care if integrated care pathways are to work and deliver their mission and aims, of person-centered seamless care. While the coordination of services offers a further guiding principle for integrated care, the habits of professions who cluster in different parts of the biopsychosocial spectrum may be hard to change, challenging the alignment of values and perspectives for integrated care, requiring leaders at all levels to understand the need to align different perspectives using a collaborative and collective leadership approach (Vaggers & Anderson, 2021; Walsh & de Sarandy, 2023; West et al., 2014). We hold that policy makers and health and social care leaders and practitioners at all levels will need to embrace the benefits and challenges of a social model of caring as a litmus test toward securing more efficient and effective integrated care (Hookey, 1978).

As our article develops, we will re-align our readers to the concepts of integrated care while sharing some of the global literature in which the place and essence of social care and social services within the integrated care agenda is perceived as pivotal.

Integrated care

Following the World Health Organization's definition of integrated health services (2016), integrated care offers a whole systems level global strategy for healthcare serving to encompass the diversity of service provision geared to meeting people-centered needs and providing health and wellbeing across the life course (Barr, Anderson and Hutchings (a) forthcoming). The rationale for transforming healthcare services through integration is consistently framed as a solution for service delivery fragmentation and better coordination of care between providers with anticipated system benefits of reducing health service cost and utilization as well as improved patient experiences (Hughes et al., 2020; Zerden et al., 2019). Yet while identifying that achieving people-centered and integrated health services can generate significant benefits in all countries, whether low, middle or high-income countries, the World Health Organization (WHO) (2016) points out that there is no "one model" for provision. Rather, the strategic directions recommended in the global strategy (see Table 1) should be viewed as guiding principles for service design at different levels and sites of care within health systems with the aim of enhancing access, encouraging universal health coverage and prioritizing primary and community-based care.

These strategic directions represent an interdependent and interconnected set of actions, deemed necessary to transform healthcare and provide services that are more people-centered, holistic, and integrated. They underpin Calciolari et al. (2021) contention that any framework for evaluating the implementation of integrated care service interventions must be robust enough to identify the intricate interplay between multicomponent interventions across contexts and settings (Barr, Anderson and Hutchings (a) forthcoming).

Integrated workforce considerations

The critical role of the workforce in healthcare transformation for achieving integrated care is recognized in the reorientation of the workforce, yet our dive into the literature revealed a paucity of sources devoted to how the workforce has been represented and supported to work in integrated care (Barr, Anderson & Hutchings (a), forthcoming). This reinforces the needed shift in thinking from the "triple aim" of improving the experience of care, improving the health and wellbeing of populations, and reducing per capita costs of health care put forward by Berwick et al. (2008) to embrace the "quadruple aim" of improving the experience of providing care (Sikka et al., 2015), through workforce support and development for engagement in collaborative practice.

Comparing descriptions of an "integrated workforce" with "interprofessional working" in Table 2, reveal synergies in the centrality of collaborative and coordinated approaches to

Table 1. People-centered and integrated health services: guiding principles (WHO, 2016).

Strategic directions	Notes
1. Empowering and engaging people Seeing people and communities as assets, fostering co-production, and focusing on the most disadvantaged	It seeks to unlock community and individual resources for action on health, empowering individuals to make effective decisions about their own and become co-producers of health services, while enabling communities to become actively engaged in co-producing healthy environments, providing care services in partnership with the health sector and contributing to healthy public policy.
2. Strengthening governance and accountability Promoting transparency in decision-making and creating robust systems for the collective accountability of health providers and health system managers that align governance, accountability and incentives	
3. Reorienting the model of care Prioritising primary and community care services and co-production of health; shifting from inpatient to ambulatory and outpatient care; and requiring a fully integrated and effective referral system for achieving efficient and effective health care services.	It requires investment in holistic care, including health promotion and ill-health prevention strategies that support people's health and well-being. It will create new opportunities for intersectoral action at a community-level to address the social determinants of health and make the best use of scarce resources.
4. Coordinating services Geared to the needs of people at every level of care, promoting activities to integrate different health care providers and create effective networks between health and other sectors.	It seeks to overcome the fragmentations in care delivery that can undermine the ability of health systems to provide safe, accessible, high quality and cost-effective care in order to improve care experiences and outcomes for people. It entails the integration of key public health functions including surveillance, early detection and rapid emergency response capacity to address any hazard faced by the health delivery system.
5. Creating an enabling environment that brings together the different stakeholders to undertake the transformational change needed.	This involves making changes in legislative frameworks, financial arrangements and incentives, and the reorientation of the workforce and public policy-making.

working and the collective effort needed of multiple professionals to provide quality of care and support to individuals.

Social work and integrated care

Integrated care is tasked with addressing the increasing burdens of chronic disease associated with aging and working with people experiencing long-term conditions, disadvantage and health inequalities. Social workers are well-placed to work with vulnerable people, across the life span, with complex needs whose health conditions can be impacted by psychosocial issues and the ramifications of organizational and systemic factors in the provision of care (Ashcroft et al., 2018; Zerden et al., 2019). It is within this context that we have chosen to focus on the role of social work in integrated care. Social workers bring a unique set of knowledge, skills and values founded on a social justice and advocacy perspective. These capabilities are fundamental in addressing, promoting, and

Table 2. Workforce activity for realizing integrated care.

Integrated workforce (Social Care Institute for Excellence (SCIE) (2023b)	Interprofessional working Conceptual framework developed by Reeves et al. (2010) and validated by Xyrichis et al. (2018)
An integrated workforce can be defined as health and social care professionals collaborating, or working in a coordinated way, to provide care and support to individuals. Features may include: • A strong culture of interprofessional collaboration and multidisciplinary team working • An appropriate skill mix to ensure people with complex needs are appropriately supported • The ability to adapt existing roles to support integrated ways of working • The development of new roles that span organizational boundaries, such as community navigators and link workers.	Interprofessional working is characterized by different kinds of interprofessional activity, including: **Teamwork** A type of work which involves different health and/or social professions who share a team identity and work closely together in an integrated and interdependent manner to solve problems and deliver services. **Collaboration** A type of work which involves different health and social care professions who regularly come together to solve problems or provide services (Reeves et al., 2010, p. xii) **Coordination** Similar to collaboration in that it requires some shared accountability between individuals and clarity of roles/tasks/goals. Examples found in the case management literature describe how individuals, usually called case managers coordinate the work of the other team members.
Integrated workforce members	**Interprofessional working members**
Wide and diverse, encompassing: **registered professions** such as nurses, doctors, occupational therapists and social workers, together with **skilled practitioners** working within the frontline delivery of health and care services and those working in **voluntary and community sector organizations** An integrated workforce does not lose the distinct skills and knowledge of these different roles but rather facilitates a more co-ordinated approach which builds on their individual strengths to provide more joined- up and person-centered care.	Interprofessional intervention studies selected for inclusion in Xyrichis et al. (2018) validation of the Reeves et al. (2010) framework, included: nurses, nurse practitioners, general practitioners, surgeons, geriatricians, physiotherapists, occupational therapists, social workers, pharmacists, dietitians, nutritionists, speech and language therapists, practice managers, care coordinators, patient care assistants, case managers, receptionists, administrators, clerical assistants, personal support workers, home care managers, chaplains

preserving the connections between the healthcare team, patients/service users and their families as they work with and empower people, navigating through the complexities and gaps in healthcare systems and specialisms (Cootes et al. 2021).

The social determinants of health and wellbeing, are defined as the conditions in which people are born, grow, live and age, shaped by the distribution of money, power and resources at global, national and local levels where inequalities emerge (World Health Organization WHO, 2022). As a global profession, social work has at its heart a value base that is shaped by social justice and human rights, and this brings an important perspective to understanding inherent inequalities and how they impact on health and wellbeing. The definition approved by the International Federation of Social Work (IFSW) General Meeting (2014) states that:

> Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledges, social work engages people and structures to address life challenges and enhance wellbeing. The above definition may be amplified at national and/or regional levels.

Social work therefore has the potential to play a central role in the implementation of integrated care systems, but this potential is predicated on building meaningful community-facing partnerships that recognize the value that social work brings to the well-being of people throughout their life course (Mahase, 2021; Miller et al., 2021). Social workers can contribute an important perspective to understanding how social inequalities undermine the health and wellbeing of disadvantaged groups (Marmot, 2015), and recent research suggests that interprofessional collaboration involving social workers in primary care settings can give a clearer focus on social rights and collaboration within the local community (Feryn et al., 2022). The contribution that social work can make within interprofessional contexts of health and social care are illustrated through the core global ethical principles of the profession (International Federation of Social Workers, 2018) which include:

(1) Recognition of the inherent dignity of humanity
(2) Promoting human rights
(3) Promoting social justice
(4) Promoting the right to self-determination
(5) Promoting the right to participation
(6) Respect for confidentiality and privacy
(7) Treating people as whole persons
(8) Ethical use of technology and social media
(9) Professional integrity

Thus, social work's contribution to care delivery, founded on strength-based practice, a human rights-based approach, a community- and family-led approach and understanding the social determinants of health, spans a wide diversity of practice settings, represented in the following diagram adapted from Health Education England (2020).

Global literature on social work involvement in integrated care

In presenting this body of current evidence, we do not claim to have completed a scoping review but have sought recent, high-level publications from the United Kingdom (UK), North America (Canada and USA) and the Antipodes (Australia and New Zealand) to highlight the place of social work within integrated care. Building on the previous search strategy outlined in Barr, Anderson & Hutchings (a) (forthcoming), we refined our search to identify social work's contribution to integrated care in different settings, drawing on scoping and systematic reviews in primary care and hospital settings (Cootes et al., 2021; Fraser et al., 2018; Milano et al., 2022) and considering interprofessional team working and collaborative practice with social workers, supplemented by a database search using MEDLINE to identify more recent works on care coordination for the period 2018–2022.

Problematizing situated and relational practice in interprofessional teams

Cootes et al. (2021) conducted an inclusive scoping review to examine the evidence regarding social work's epistemic contribution to team-based health care in hospital-based settings. Articles from Australia, Canada, Israel, New Zealand, Saudi Arabia, Sweden, the UK and the USA revealed the uncertain and fluid nature of social work's role within multidisciplinary health teams. Social workers could find it challenging to clearly articulate their competencies and contribution. Described as "boundary spanners," they were expected to fulfil a range of roles. Other team members frequently expressed uncertainty about the scope and contribution of social work practice to patient care. Social work was referred to as an "invisible" trade; often misunderstood and overlooked by others in the team, which could lead to a misalignment in expectations about social work's contribution. Cootes et al. (2021) analysis maps closely to the WHO guiding principles (2016), identifying benefits and strategic implications for securing integrated care.

Contributing to an enabling environment

The literature evidenced the important "backstage" contributions social workers made to the overall functioning of health care teams, using their relationships within the team to provide support, education and mediation in an ongoing dynamic fashion. Relationships with health care colleagues offered a key opportunity for social workers to facilitate knowledge sharing.

Reorientating the model of care

Social work's foundational values could have a positive impact on the practice of health teams. Social workers described

themselves as the "glue," preserving connections and communication between the team, patients and families. Social work knowledge was uniquely able to contextualize health issues within the structural and systemic big picture. Social workers were moving beyond narrow, biomedical conceptions of health operating from "an ethic of social justice."

Empowering and engaging patients and their families

Cootes et al. also found that social workers tended to align their practice closely with the rights of patients and their families, advocating for their voice, needs, wishes and worldview within the team. Fostering an awareness of "gaps" in health care, social workers provided pivotal support and advocacy for patients and families. Within the "brick walls" of hospital bureaucracy, social workers were said to act as patient navigators, empowering people with knowledge about their rights and ensuring that people did not "slip through the net" during discharge planning and challenging instances of structural oppression. Yet such big picture thinking was not necessarily shared by medical colleagues and social justice and advocacy were said to be at risk within the parameters of hospital settings. Yet the findings also highlight the challenges within everyday interprofessional workforce activity for realizing integrated care.

Challenges to professional identity

Integration in teams prompted concerns amongst social workers about their professional identity. The psychosocial health care domain was a crowded and competitive space in which social workers felt the need to protect their profession from "role creep" and "turf wars." Social work responsibilities and control of discipline-specific roles had fallen under the domain of managers from other professions who did not necessarily understand the professional knowledge and skills of social workers. Even so, integrated care had the potential to facilitate closer collaboration amongst multidisciplinary team members and, in doing so, promote a deeper understanding of each other's roles.

Relationships with other professions

Power asymmetries were particularly stark in integrated care. Professions aligned with the biomedical model (such as doctors) held a great deal of authority and power over other professions. Social work's knowledge contribution could be actively dismissed or suppressed by doctors.

Bringing distinct perspectives for interprofessional working

Social workers were able to assert a distinct perspective within the health care team finding freedom in the lack of rigid role constraints thought to be an asset in addressing clinical complexity. The broad knowledge claim of social work was understood as both a strength and a hinderance. Social workers were highly cognizant of their knowledge status within the integrated context, providing key insights into the ways in which their epistemic legitimacy could be promoted within integrated health care discourse, reflecting a belief that change is possible despite the hierarchical context.

Models of integrated care were rooted in principles of epistemic pluralism and the assumption that one profession's knowledge will not be eclipsed by that of another more powerful mirror SCIE (2023a) guidelines for an integrated workforce (See Table 2), where members do not lose the distinct skills and knowledge of their different professions but rather engage in a more co-ordinated approach which builds on their individual strengths to provide more joined-up and person-centered care. Where Cootes et al. (2021) findings provide insight into the messy reality of collaboration in integrated care and the powerful hierarchies that determine what knowledge counts, and whose knowledge matters, they serve to reinforce the need for coordination and scrutiny of services (WHO, 2016) by the adoption of collaborative leadership approaches at all levels (Walsh & de Sarandy, 2023).

Social workers in primary health care teams

Complementing the analysis of social work in team-based health care situated in hospital-based settings, we turn to developments in primary care. Social workers were increasingly being integrated as members of interprofessional primary care teams, in Canada with family care teams (Ashcroft et al. (2018), in the United States to improve care for people with co-morbid and chronic illnesses by integrating primary care and behavioral health services (Hawk et al., 2015; Stanhope et al., 2015), and in New Zealand with social workers contributing to the government's primary health care vision (Döbl et al., 2015) and developing alliances with community pharmacies (Fouche et al., 2013). Ashcroft et al. (2018) noted that few studies had examined the integration of social work's role into this expanding area of the health care system yet social work had a philosophy and expertise that complemented primary health care (Döbl et al., 2015; Stanhope et al., 2015) and contributed to patient care by providing psychosocial assessment and intervention; offering psychotherapy and other counseling; doing case management; navigating complex health care systems; linking patients with community resources and other parts of the health care system; and educating and training other providers about the psychosocial aspects related to health and illness (Lesser, 2000).

Earlier work by Hookey (1978) conveyed a sense of both the similarities of and the differences between social workers' participation in team-based primary health care in countries including. Australia, Austria, Canada, Denmark, Finland, Israel, Japan, the Netherlands, New Zealand, Norway, Sweden, the UK, the USA, West Germany and Yugoslavia. There were a number of contributions that social workers made, or could make, to the totality of primary care

North American perspectives

Great strides had been made in the United States according to Zerden et al. (2019) to highlight the strengths of the social work profession as a workforce vital to improving the health

and well-being of individuals, families and communities. Integrated care represented a promising direction for the future of health services that may be leveraged to improve population health across the life course. The capacity of social work to address the scope of behavioral health, psychosocial, and physical health care needs in integrated settings was recognized. However, it was also evident that the potential of social work practice was relatively unexplored. Substantially more work was needed to advance education, practice and research involving social workers' potential and contributions to improved care throughout the life course. This was also recognized by Ashcroft et al. (2018) who defined the expanding roles and functions that social workers fulfil in integrated health settings in Canada, identifying organizational and systemic factors that affect the delivery of interventions in integrated health models.

Advancing practice

Stanhope and Straussner (2018) with their contributors reviewed the implications of integrated health care policies for social workers distinguishing between medical, biopsychosocial, prevention and wellness and recovery models. Healthcare policies and practices in the United States, they said, had put significant emphasis on healthcare integration, mental health parity and implementation of team-based practice models to improve quality, safety, and affordability of service. Schools of social work had joined with national and international health education organizations to reduce disciplinary silos and increase shared learning opportunities across professions and programs. Rubin et al. (2018) argued that social work leaders and educators were responsible for addressing the intersectionality between collaborative competencies and sociocultural factors such as oppression, poverty, racism, sexism, and heterosexism that affect practice access and efficacy.

Fraher et al. (2018) identified the functions that social workers performed in integrated settings and where they had acquired the necessary skills to perform them. Master of social work students and their field supervisors were asked how often they engaged in 28 functions, where they learned to perform those functions, and the degree to which their roles overlapped with others on the healthcare team. The most frequent functions included employing cultural competency, documenting in the electronic health record, addressing patient social determinants of health, and participating in team-based care. Students reported learning the majority of skills in their Master of Social Work programs. Findings suggested the need to redesign education, regulations and payment to better support the deployment of social workers in integrated care settings.

Advancing education and training

Held et al. (2019) expressed much the same caution. Further training was needed. Incorporation of content, such as the social work role in integrated health care settings, advocacy in team-based treatment delivery, and incorporating medical knowledge into the social work curriculum were key to strengthening the future workforce. Education strategies could include not only infusion of integrated health care material into existing courses but also micro- and macro-specific elective courses and a range of interprofessional learning opportunities. Despite federal support for integrated health care practice, barriers existed to integrating services. Much of the workforce, including social work, was not adequately prepared to practice in integrated health care settings. People in multiple disciplines were striving to address this barrier through modifying their curricula to incorporate integrated healthcare content. Social work training lagged behind that of many other professions although progress was being made. Much of the education on social work in health care settings was centered on traditional roles of social workers in health care practice. Integrated health care and interprofessional learning were not yet defined as core competencies or requirements for social work education, positioning social work behind other professions in preparing students for integrated health care.

Advancing research

Fraser et al. (2018) assessed the impact of interprofessional teams that included social workers in integrated care settings. They compared routine versus integrated primary care where social workers served in interprofessional teams. Their findings suggested that integrated primary care provided by interprofessional teams that included social workers significantly improved the behavioral health and care of patients.

Xiang et al. (2019) conducted a retrospective evaluation of a social worker-led transitional care intervention that addressed the medical and social needs of inpatient "super utilizers." They found significant reductions in the total number of hospital admissions and readmissions, emergency department visits, average hospital charges per episode, and total hospital charges per person after the intervention.

Addressing the social determinants of health and wellbeing

Focusing on mental health, according to Coyle (2020, 2021) professionals from all corners of health care in the USA including physicians, psychiatrists, nurses and social workers, had for some years recognized the need for integrated care to address gaps in the healthcare system. Patients in primary care presented to their primary care doctor complex psychosocial issues, including substance use, major mental illness, homelessness, trauma and protective concerns; patients who were typically high utilizers of emergency departments and have frequent admissions to inpatient psychiatric hospitals. Those struggling with moderate to mild mental health symptoms often fell through the cracks between services leading to untreated behavioral health care conditions. The implementation of integrated care models is addressing these issues.

Milano et al. (2022) found 802 references between 2014 and 2021 where social workers were engaged in roles including behavioral interventions, care coordination and intake

assessment across healthcare settings. Twenty were included in their review, nine of which were randomized controlled trials. Their findings suggested that patients' mental health outcomes improved in integrated care settings which included social workers. Their roles in these teams needed to be explored further.

UK perspectives

Policy developments

Described in the Hewitt Review as one of the most centralized health systems in the world (Department of Health and Social Care, 2023), Integrated Care Systems (ICS) now join up NHS bodies, local authorities and wider partners involved in providing health and care in local areas. ICSs serve populations ranging in size from around half a million to three and half million people. Many ICSs had been operating in shadow form on a non-statutory basis for several years before they were formally introduced in legislation in 2022. They aim to improve outcomes in population health and healthcare; tackle inequalities in outcomes, experience, and access; enhance productivity and value for money; and help the NHS support broader social economic development. ICSs are expected to achieve financial balance and to meet national requirements and performance targets. They have the potential to nurture different forms of oversight to drive local improvements in care developing a sense of mutual accountability for resource use and outcomes.

Position of social workers

Social work institutions, a major trade union and a Parliamentary Committee have voiced anxiety that implementation of reforms in health and social care risks marginalizing social work. A joint Advice Note from the Association of Directors of Adult Social Services, the Chief Social Worker for Adults, and the Principal Social Workers' Network aimed to support and inform local and regional health and social care integration initiatives by explaining the critical contribution that social workers make to integrated services (Office of the Chief Social Worker, 2017). Social workers' unique contribution, they said, needed to be understood and promoted as essential to the whole system, not just their specific skills, knowledge and competencies in their areas of practice, by undertaking a rights, strengths and co-production approach to creative and innovative ways of improving people's lives.

Workforce integration

Seven organizations: Think Local. Act Personal; Skills for Care; Skills for Health; the Local Government Association; NHS Employers; the Association of Directors of Adult Social Services and the Centre for Workforce Intelligence subscribed to the same principles where successful workforce integration focused on better outcomes for people with care and support needs involving the whole system (Skills for Care, 2014). To achieve genuine workforce integration, these organizations agreed, people needed to acknowledge and overcome resistance to change affecting people's roles and professional identities. A confident, engaged, motivated, knowledgeable and properly skilled workforce supporting active communities was at the heart of workforce integration.

Partnership model

Godden (2016) drafted a policy statement for the British Association of Social Workers (BASW) on the role of social workers to help them understand the concept of integration and to examine the implications for social work. BASW, he said, supported joined up working in equal partnership with the health services but not wholesale social work and social care integration or absorption preferring a partnership model. Social workers should support changes in the health service and contribute to the development of improved person-centered care, retaining strong links with local government including housing and public health services and the private sector. BASW supported partnership working where it was done well and properly and was appropriate but structural changes were not necessarily the answer to coordinate and integrate care.

Strength-based practice

Policy discussions, said Godden, ran the risk that the role of social work and of social care services were seen as being adjuncts to health services. Social workers were already working closely in the UK with health agencies in a range of settings. Its roots were in an empowering model of working with people. Its tradition of relationships provided a key skill to slice through the intractability of interagency working, listening and learning from each other based on mutual respect. They had pioneered the importance of putting the needs of users of service and carers at the center of service delivery by trying to work with people rather than for people.

Inter-agency working

A core function of social work was working with a range of agencies to address all aspects of a person's circumstance including health, housing, employment, finance and education. Implementation of the 2014 Care Act had provided an opportunity to develop the multi-agency role further with the new responsibilities of local authorities in providing support to carers, wider family and community services to vulnerable people in their own homes. Social workers needed to work closely with wider community services and be in a position to advocate independently for vulnerable people rather than being absorbed into health structures.

Challenges to professional identity

BASW was not alone in voicing concerns where social workers were based within integrated settings, highlighting the potential erosion of social work values and perspectives (Scragg, 2006). Similar impediments to integrated practice experienced by social workers were cited in "Community Care" in association with UNISON (Community Care with UNISON, 2018) fearing that the social work role might disappear, the social

work identity lost and lack of understanding of the social work code of conduct and ethos by colleagues and managers.

UNISON (2020) reported its prominent role in discussions with the government achieving many of the outcomes that it wanted to see. It would apply key principles to guide its response during continuing discussions including protection for health workers' jobs and terms and conditions, as well as the ability for them to continue performing their duties to the best of their abilities during any transition to a new system. There was a need to raise the funding, profile and status of social care for meaningful integration between sectors to be a realistic aim.

Growing evidence base

A statement on the integration of care by the House of Commons Select Committee (2018) also reflected ambivalence. Whilst there was insufficient evidence, said the Committee that integrated care saved money or improved outcomes in the short term, there were compelling reasons to believe it was worthwhile. There had been positive early signs from the new care models about the benefits more integrated health and care services could bring to patients. The Committee supported the move away from a competitive landscape of autonomous providers toward more integrated, collaborative and place-based care, but understanding of these changes had been hampered by poor communication and a confusing "acronym spaghetti" of changing titles and terminology, poorly understood even by those working within the system.

Writing primarily for students, Miller (2019) responded to the needs of social workers of all ages at all stages in their professional progression. Drawing on recent research, practice and theory, he made the case for integration convincingly considering the evidence of its impact and the challenges. He described how social workers were required to collaborate driven by their values founded on principles of human rights and social justice including learning about the responsibilities, expertise and contribution of other agencies and professions, communicating successfully with those of a different professional background, articulating what social work can contribute and representing the social work perspective.

Discussion

At risk of bias, we reassert that social workers have an indispensable part to play in integrating care. They must be actively engaged in the planning and the delivery. We view with disquiet the prospect of others substituting for social workers if attitudinal, operational or resource constraints impede. We share the longstanding apprehension amongst social workers regarding the risks inherent in collaborative practice in integrated care; risks to be taken and remedied for the greater good. The force of law in different jurisdictions (Stanhope et al., 2015) adds strength to the requirement to collaborate. Learning opportunities between the parties become more not less essential.

A commitment to social justice within integrated care systems and approaches may promote increased understanding of the impact of oppressive structures and practices including consideration of societal narratives which can marginalize certain groups, organizational narratives which may highlight risks rather than strengths, and professional narratives which may reflect unconscious bias and reinforce stereotypes. Research has highlighted the role of others within interprofessional teams in relation to knowledge sharing (Falk et al., 2017). A social work perspective informed by a rights-based and strengths led agenda may be important in terms of promoting learning across the whole of the integrated workforce mindful of how values and beliefs can influence professional decisions. Social work's stance has a vital role in supporting learning within the whole integrated care agenda through the adoption of critically reflective practice in supporting consideration of a strengths-based approach when working with people, their families and communities to deliver better outcomes.

Being able to communicate effectively with a wide range of professionals is a key element within social work practice promoting best practice. Clear communication and understanding of professional roles within the interprofessional team can enhance the voice of service users within a strength-based approach to care (Wharton & Burg, 2017). Promoting better communication and information sharing has been highlighted as a key issue across health and social care supporting consideration of ways to improve the learning culture within the wider team to facilitate learning relationships. Training and development are identified as keys to competent integrated practice to overcome professional, organizational, normative and functional barriers by Miller (2019), citing CAIPE's definition, principles and guidelines (www.caipe.org/), the Leicester Model (Anderson & Lennox, 2009), a systematic review (Reeves et al., 2016) and the West Midlands research (Clouder et al., 2017), subsequently reported in Clouder et al. (2022).

It has been claimed that social work is uniquely qualified to be a leader in the field of interprofessional education due to its focus on collaborative community-based practice (Jones & Phillips, 2016). The nature of social work does suggest that it should be a central catalyst for integration. Its core distinctiveness, its traditions and its future vision as a profession were founded on elements that are important for person-centred and co-ordinated care – values-driven, community-orientated and co-produced, provoking Miller (2019) to pose the question as to why the social work voice has been so quiet? Social workers are commonly expected to provide a contrasting view to that of health professionals. This can be not only invigorating but also wearing if social workers are always seen as an "outsider" in a world dominated by disciplines with similar medical paradigms (Miller, 2019).

Debate often polarizes between the medical and the social ends of the biopsychosocial spectrum; a helpful analytical distinction until professions are construed as either one or the other. All the professions include both to a greater or lesser degree. For example, community-based, health professions like health visiting (public health nursing UK), district or community nursing and psychiatric nursing have strong social orientations as do branches of medicine notably general practice. Conversely, social workers aligned with health settings acquire medical insights especially when working with an

aging population. Collaboration between the health and social work professions begins where they occupy the same practice territory. Many of its concerns are grounded in experiences to be respected by other professions before they can be resolved. Discussions are needed at every level from case-based interprofessional teams to top management creating opportunities for all the participant professions to share and compare their concerns as policy translates into practice. We need to move away from seeking universal models of care to appreciate the complexity of integrated care.

Conclusion

Social work is not the only profession under pressure to learn and work together more closely, nor prone to emphasize its unique attributes bringing different systems of practice together and opportunities to embrace new ways of working that reflect 'integrated care as multiple, dynamic, emergent, and inseparable from context (Hughes et al., 2020, p. 481). Effective interprofessional learning will create opportunities where social workers are heard; opportunities where all the professions listen and learn, sharing and comparing their anxieties about working together more closely in unfamiliar ways.

Yet social work continues to fight for full recognition as a profession struggling to claim a "seat at the table in the contested and ever-shifting arena of professional occupations and disciplines in health and welfare" (Grant et al., 2022, p. 2). Even so, the social work identity can be easily undermined (Healy, 2009). Professional supervision by managers of the same discipline may be especially important for social workers in integrated teams to develop and maintain their professional identity (Phillipowsky, 2020).

Leadership looms large. That is surely no accident when the professions are caught up in so many challenging changes. It is essential that good leadership is underpinned by seldom heard voices and diverse experiences. Yet social workers rarely seem to be leaders of integrated care (Miller, 2019).

The evidence base is growing but further research will be needed to assess the impacts of social workers within integrated care teams and their contribution to securing efficient and effective integrated care. The strategic challenges for health and social care policy makers and providers and leaders and practitioners at all levels from focusing on illness to promoting health and wellbeing, continue with social work acting as a litmus test toward securing more efficient and effective integrated care:

> Whatever proportion of gross national product a country chooses to spend on total human services, the rate of return on investment measured in terms of the mean level of holistic health of its population, will be highly correlated with the scale of participation, by social workers in its primary health care system (Hookey, 1978, p. 218).

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References

Anderson, E. S., & Lennox, A. (2009). The leicester model of interprofessional education: Developing, delivering and learning from student voices for 10 years. *Journal of Interprofessional Care*, *23*(6), 557–573. https://doi.org/10.3109/13561820903051451

Ashcroft, R., McMillan, C., Ambrose-Miller, W., McKee, R., & Belle Brown, J. (2018). The emerging role of social work in primary health care: A survey of social workers in ontario family health teams. *Health & Social Work*, *43*(2), 109–117.

Barr, H., Anderson, E. S., & Hutchins, M. forthcoming. Interprofessional Learning to Integrate Care; Organic, Strategic Responses for Change. In Press *Journal of Integrated Care*, ID 225731440.R1. Accepted 11th September 2024.

Berwick, D. M., Nolan, T. W., & Whittington, J. (2008). The triple aim: Care, health and cost. *Health Affairs*, *27*(3), 759–769. https://doi.org/10.1377/hlthaff.27.3.759

Bolger, J. (2020). Inter-professional education/learning across social work education provision in Scotland. *Journal of Further and Higher Education*, *44*(5), 705–715. https://doi.org/10.1080/0309877X.2019.1576861

Booth, A., Preston, L., Baxter, S., Wong, R., Chambers, D., & Turner, J. (2019). Interventions to manage use of the emergency and urgent care system by people from vulnerable groups: A mapping review. *Health Services and Delivery Research*, *7*(33), 1–46. https://doi.org/10.3310/hsdr07330

Brunton, L., Tazzyman, A., Ferguson, J., Hodgson, D., & Nelson, P. A. (2022). The challenges of integrating signposting into general practice: Qualitative stakeholder perspectives on care navigation and social prescribing in primary care. *BMC Primary Care*, *23*(1), 66. https://doi.org/10.1186/s12875-022-01669-z

Calciolari, S., González Ortiz, L., Goodwin, N., & Stein, V. (2021). Validation of a conceptual framework aimed to standardize and compare care integration initiatives: The project INTEGRATE framework. *Journal of Interprofessional Care*, *36*(1), 152–160. https://doi.org/10.1080/13561820.2020.1864307

Clouder, D. L., Bluteau, P., Jackson, A., Adefila, A., & Furlong, J. (2022). Education for integrated working: A qualitative research study exploring and contextualizing how practitioners learn in practice. *Journal of Interprofessional Care*, *36*(1), 24–33. https://doi.org/10.1080/13561820.2021.1889485

Clouder, D. L., Daly, G., Adefila, A., Jackson, A., Furlong, J., & Bluteau, P. (2017). *An investigation to understand and evaluate the best ways to educate for and promote integrated working across the health and care sectors. Final report*. Coventry University and Higher Education England.

Community Care with UNISON. (2018). *Are integrated teams good for social workers?* https://www.communitycare.co.uk/are-integrated-teams-good-for-social-workers/

Cootes, H., Heinsch, M., & Brosnan, C. (2021). 'Jack of all trades and master of none'? Exploring social work's epistemic contribution to team-based health care. *British Journal of Social Work*, *52*(1), 256–273. https://doi.org/10.1093/bjsw/bcaa229

Coyle, S. (2020). Integrated care models that work. *Social Work Today*, *18* (4), 18.

Coyle, S. (2021). Understanding the social work role in integrated care — Taking a seat at the table. *Social Work Today*, *19*(2), 24.

Department of Health and Social Care. (2023). *The hewitt review 2023: An independent review of integrated care systems*. https://www.gov.uk/government/publications/the-hewitt-review-an-independent-review-of-integrated-care-systems

Döbl, S., Huggard, P., & Beddoe, L. (2015). A hidden jewel: Social work in primary health care practice in Aotearoa New Zealand. *Journal of Primary Health Care*, *7*(4), 333–338. https://doi.org/10.1071/HC15333

Engel, G. L. (1977, April 8). The need for a new medical model: A challenge for biomedicine. *Science*, *196*(4286), 129–136. https://doi.org/10.1126/science.847460

Falk, A. L., Hult, H., Hammar, M., Hopwood, N., & Dahlgren, M. A. (2017). Nursing assistants matters: An ethnographic study of knowledge sharing in interprofessional practice. *Nursing Inquiry*, *25*(2). https://doi.org/10.1111/nin.12216

Feryn, N., De Corte, J., & Roose, R. (2022). Interprofessional primary care practice including social workers: Exploring the experiences of patients in vulnerable situations. *Journal of Interprofessional Care*, *36*(6), 793–800. https://doi.org/10.1080/13561820.2021.2015302

Ford, J., & Gray, R. (2021). *An interprofessional education handbook*. www.caipe.org/

Fouche, C., Butler, R., & Shaw, J. (2013). Atypical alliances: The potential for social work and pharmacy collaborations in primary health care delivery. *Social Work in Health Care*, *52*(9), 789–807. https://doi.org/10.1080/00981389.2013.827147

Fraher, E. P., Richman, E. L., Zerden, L. S., & Lombardi, B. (2018). Social work student and practitioner roles in integrated care settings. *American Journal of Preventive Medicine*, *54*(6S3), S281–S289. https://doi.org/10.1016/j.amepre.2018.01.046

Fraser, M. W., Lombardi, B. M., Wu, S., de Saxe Zerden, L., Richman, E. L., & Fraher, E. P. (2018). Integrated primary care and social work: A systematic review. *Journal of the Society for Social Work and Research*, *9*(2), 175–215. https://doi.org/10.1086/697567

Godden, J. (2016). *BASW position on social work and integration between health and social care*. https://www.basw.co.uk/system/files/resources/basw_102051-2_0

Grant, S., Allen, R., Nosowska, G., Cree, V., Cullen, A., Holloway, M., Golightley, M., Higgins, M., Pinkerton, J., Unwin, P., & Ward, D. (2022). Editorial: Resilient, steadfast and forward-looking: The story of social work in the UK told through 50 years of the british journal of social work. *British Journal of Social Work*, *52*(2), e1–e25. https://doi.org/10.1093/bjsw/bcaa137

Hawk, M., Ricci, E., Huber, G., & Myers, M. (2015). Opportunities for social workers in the patient centered medical home. *Social Work in Public Health*, *30*(2), 175–184. https://doi.org/10.1080/19371918.2014.969862

Health Education England. (2016). *Care navigation: A competency framework*. https://www.hee.nhs.uk/our-work/care-navigation

Health Education England. (2020). *Guidance on the support of mental health social workers working in NHS, independent or integrated services*. NHS, Health Education England.

Healy, K. (2009). A case of mistaken identity: The social welfare professions and new public management. *Journal of Sociology*, *45*(4), 401–418. https://doi.org/10.1177/1440783309346476

Held, M. L., Black, D. R., Chaffin, K. M., Mallory, K. C., Diehl, A. M., & Cummings, S. (2019). Training the future workforce: Social workers in integrated health care settings. *Journal of Social Work Education*, *55*(1), 50–63. https://doi.org/10.1080/10437797.2018.1526728

Hookey, P. (1978). Social work participation in primary care: An overview of current developments in industrialized nations. *Annals of the New York Academy of Sciences*, *310*(1), 212–220. https://doi.org/10.1111/j.1749-6632.1978.tb22076.x

House of Commons Select Committee. (2018). *Integrated care: Organisations, partnerships and systems. Seventh report of session 2017–19*. https://www.basw.co.uk/resources/integrated-care-organisations-partnerships-and-systems

Hughes, G., Shaw, S. E., & Greenhalgh, T. (2020). Rethinking integrated care: A systematic hermeneutic review of the literature on integrated care strategies and concepts. *The Milbank Quarterly*, *98*(2), 446–492. https://doi.org/10.1111/1468-0009.12459

International Federation of Social Workers (IFSW). (2014). *Global definition of social work*. Retrieved October 5, 2023, from https://www.ifsw.org/what-is-social-work/global-definition-of-social-work/

International Federation of Social Workers (IFSW). (2018). *Global social work statement of ethical principles*. International Federation of Social Workers. Retrieved October 5, 2023, from https://www.ifsw.org/statement-of-ethical-principles/?hub=main

Jones, B., & Phillips, F. (2016). Social work and interprofessional education in health care: A call for continued leadership. *Journal of Social Work Education*, *52*(1), 18–29. https://doi.org/10.1080/10437797.2016.1112629

Lesser, J. G. (2000). Clinical social work and family medicine: A partnership in community service. *Health & Social Work*, *25*(2), 119–126. https://doi.org/10.1093/hsw/25.2.119

Mahase, E. (2021). Covid-19: Poor links between NHS and social care weakened England's response, says NAO. *BMJ*, *373*, n1279. https://doi.org/10.1136/bmj.n1279

Manderson, B., McMurray, J., Piraino, E. S., & Stolee, P. (2012). Navigation roles support chronically ill older adults through healthcare transitions: A systematic review of the literature. *Health & Social Care in the Community*, *20*(2), 113–127. https://doi.org/10.1111/j.1365-2524.2011.01032.x

Marmot, M. (2015). *The health gap: The challenge of an unequal world*. Bloomsbury.

Milano, N., Petruzzi, L., Covington, E., Jones, B., & Findley, P. A. (2022). Social workers in integrated care beyond primary care: A scoping review. *The Society of Behavioral Medicine*, *12*(11), 1038–1048. https://doi.org/10.1093/tbm/ibac082

Miller, R. (2019). *Social work and integrated care*. Routledge.

Miller, R., Glasby, J., & Dickinson, H. (2021). Integrated health and social care in England: Ten years on. *International Journal of Integrated Care*, *21*(4), 6, 1–9. https://doi.org/10.5334/ijic.5666

Office of the Chief Social Worker. (2017). *Social work: Essential to Integration. Advice note (2017)*. Department of Health. https://www.gov.uk/government/publications/social-work-essential-to-integration

Phillipowsky, D. J. (2020). Perspectives on social workers from within an integrated setting: A thematic analysis of semi-structured interviews with six UK community practitioners. *Journal of Integrated Care*, *28* (2), 65–76. https://doi.org/10.1108/JICA-11-2019-0049

Reeves, S., Fletcher, S., Barr, H., Birch, I., Boet, S., Davies, N., McFadyen, A., Rivera, J., & Kitto, S. (2016). A BEME systematic review of the effects of interprofessional education: BEME Guide No. 39. *Medical Teacher*, *38*(7), 656–668. https://doi.org/10.3109/0142159X.2016.1173663

Reeves, S., Lewin, S., Espin, S., & Zwarenstein, M. (2010). *Interprofessional teamwork for health and social care*. Wiley-Blackwell.

Rubin, M., Cohen Konrad, S., Nimmagadda, J., Scheyett, A., & Dunn, K. (2018). Social work and interprofessional education: Integration, intersectionality, and institutional leadership. *Social Work Education*, *37*(1), 17–33. https://doi.org/10.1080/02615479.2017.1363174

Salerno, A., Capobianco, J., & Fricks, L. (2018). Workforce development. In V. Stanhope & S. L. A. Straussner (Eds.), *Social work and integrated health care: From policy to practice and back* (pp. 97–112). Oxford University Press.

Scragg, T. (2006). An evaluation of integrated team management. *Journal of Integrated Care*, *14*(3), 39–48. https://doi.org/10.1108/14769018200600023

Sikka, R., Morath, J. M., & Leape, L. (2015). The quadruple aim: Care, health, cost and meaning in work. *BMJ Quality & Safety*, *24*(10), 608–610. https://doi.org/10.1136/bmjqs-2015-004160

Skills for Care. (2014). *The principles of workforce integration. Think local-act personal, skills for care, skills for health, the local government*

association, NHS employers and the association of directors of adult social services. Skills for Care.

Sloane Cleary, H. M., & Cara Swain, C. (2023, November). Social work involvement on student interprofessional teams: A qualitative investigation. *Journal of Interprofessional Care*, *38*(2), 245–252. https://doi.org/10.1080/13561820.2023.2271505

Social Care Institute for Excellence (SCIE). (2023a). *Integrated care research and practice*. https://www.scie.org.uk/integrated-care/research-practice/enablers/integrated-workforce

Social Care Institute for Excellence (SCIE). (2023b). *Prevention and well-being: Social prescribing*. https://www.scie.org.uk/prevention/connecting/social-prescribing

Stanhope, V., & Straussner, S. L. A. (Eds.). (2018). *Social work and integrated health care: From policy to practice and back*. Oxford University Press.

Stanhope, V., Videka, L., Thorning, H., & McKay, M. (2015). Moving toward integrated health: An opportunity for social work. *Social Work in Health Care*, *54*(5), 383–407. https://doi.org/10.1080/00981389.2015.1025122

Tavabie, J. A., & White, P. (2020). Competency-based training for the non-clinical workforce: A feasibility study, using a unique competency framework and career pathway. *Education for Primary Care*, *31*(3), 169–175. https://doi.org/10.1080/14739879.2020.1727779

Tierney, S., Wong, G., & Mahtani, K. R. (2019). Current understanding and implementation of 'care navigation' across England: A cross-sectional study of NHS clinical commissioning groups. *British Journal of General Practice*, *69*(687), e675–681. https://doi.org/10.3399/bjgp19X705569

Tierney, S., Wong, G., Roberts, N., Boylan, A.-M., Park, S., Abrams, R., Reeve, J., Williams, V., & Mahtani, K. R. (2020). Supporting social prescribing in primary care by linking people to local assets: A realist review. *BMC Medicine*, *18*(1), 49. https://doi.org/10.1186/s12916-020-1510-7

Trachtenberg, M., Parsonage, M., Shepherd, G., & Boardman, J. (2013). *Peer support in mental health care: Is it good value for money?* Centre for Mental Health.

UNISON. (2020). *Latest moves on legislative change for the NHS*. https://www.unison.org.uk/

Vaggers, J., & Anderson, E. S. (2021). An essential model for leaders to enable integrated working to flourish: A qualitative study examining leaders of children's centers. *Journal of Interprofessional Care*, *25*, 1–16. https://doi.org/10.1080/13561820.2021.1897553

Walsh, N., & de Sarandy, S. (2023). *The practice of collaborative leadership: Across health and care services*. The King's Fund. https://www.kingsfund.org.uk/publications/practice-collaborative-leadership.

West, M., Eckert, R., Steward, K., & Pasmore, B. (2014). *Developing collective leadership for health care*. The King's Fund. https://www.kingsfund.org.uk/publications/developing-collective-leadership-health-care.

Wharton, T., & Burg, M. (2017). A mixed-methods evaluation of social work learning outcomes in interprofessional training with medicine and pharmacy students. *Journal of Social Work Education*, *53*(1), 87–96. https://doi.org/10.1080/10437797.2017.1288592

World Health Organization. (2016). *WHO global strategy on people-centred and integrated health services*.

World Health Organization (WHO). (2022). *Global competency framework for universal health coverage*. World Health Organization. https://www.who.int/publications/i/item/9789240034686

Xiang, X., Zuverink, A., Rosenberg, W., & Mahmoudi, E. (2019). Social work-based transitional care intervention for super utilizers of medical care: A retrospective analysis of the bridge model for super utilizers. *Social Work in Health Care*, *58*(1), 126–141. https://doi.org/10.1080/00981389.2018.1547345

Xyrichis, A., Reeves, S., & Zwarenstein, M. (2018). Examining the nature of interprofessional practice: An initial framework validation and creation of the InterProfessional activity classification tool (InterPACT). *Journal of Interprofessional Care*, *32*(4), 416–425. https://doi.org/10.1080/13561820.2017.1408576

Zerden, L. S., Lombardi, B. M., & Jones, A. (2019). Social workers in integrated health care: Improving care throughout the life course. *Social Work in Health Care*, *58*(1), 142–149. https://doi.org/10.1080/00981389.2019.1553934