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Developing interprofessional competencies using multidisciplinary simulations in adult safeguarding for social work and health education

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ABSTRACT

Interprofessional education (IPE) aims to enhance the effectiveness of multi-disciplinary team (MDT) collaboration. A multi-disciplinary approach is an effective way to address inadequate outcomes for adults who require safeguarding due to their experiences of self-neglect and homelessness. However, delivering effective IPE, in an undergraduate curriculum, poses significant challenges, such as coordinating multiple course timetables, accommodating the geographical spread of students and securing skilled facilitators. This mixed methods study examines the impact of an MDT working on self-reported IPE competencies and behaviours among social work, medical and nursing students. Additionally, it explores whether an IPE event can meet the learning outcomes recommended by Safeguarding Adult Reviews (SARs). Participants completed a questionnaire aligned with the Interprofessional Education Collaborative (IPEC) competencies. Quantitative data analysis indicates statistical improvements across all reviewed areas. Qualitative data revealed key themes of improved understanding of one's own role, the roles of others, the importance of MDTs, risk assessments, and the use of person-centred tools. The findings of this study demonstrate that IPE MDT simulations can improve self-reported IPE competencies and help achieve learning outcomes in adult safeguarding.

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Interprofessional education; simulation; multi-disciplinary teams; teamwork; safeguarding

Introduction

Safeguarding Adult Reviews (SARs), as mandated by s.44 the Care Act (2014), highlight substantial challenges in supporting adults at risk of, or experiencing, self-neglect. The SARs illustrate deficiencies in the practices of various professionals within multi-disciplinary teams (MDTs), including a lack of professional curiosity and failure to use person-centred approaches to build trusting relationships with individuals (Martineau & Manthorpe, 2020).

Recommendations within SARs are provided to enhance multiagency collaboration and improve the management of adults at risk (Preston-Shoot, 2018). Brown et al. (2025)

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explain that professionals need to develop effective interprofessional working skills through focused education opportunities. Social work and health discipline students, therefore, must develop multi-agency working skills within their education. Traditionally, this has been achieved through practice placements, but not all students have equal access to these opportunities. Hemy et al. (2016) discuss how students experience anxiety at the prospect of managing their learning on placement balanced against the responsibilities of university work and home life. This impacts upon their engagement and competence (Goldingay et al., 2018).

Placement challenges highlight the need for additional learning opportunities, within education, to prepare students for professional practice. MDT experiences for students on placement are dynamic, making it challenging for Practice Educators to predict student learning outcomes with unequal participation within MDTs. Simulated MDT events can serve as a preparatory tool to better equip students for their placement experiences.

IPE has been recognised as an essential teaching and learning method within social work, medical and nursing education, supported by both policies and literature (Gillan et al., 2014; General Medical Council [GMC], 2015; Nursing and Midwifery Council [NMC], 2010; Social Work England [SWE], 2021; Venkatasalu et al., 2015). Simulation enhances communication, fosters a team-based approach when working through IPE, and boosts safety for both students and individuals (Fifolt et al., 2019; Petrovich & Navarro, 2020; Poore et al., 2014).

Yet, designing and delivering effective IPE simulation poses challenges, including coordinating multiple course timetables, accommodating the geographical spread of students, ensuring sufficient rooming facilities and securing skilled facilitators. Virtual problem-based learning, using online platforms, has been used to overcome some of these challenges to provide effective IPE simulation (Showstark et al., 2023). Simulation is not practiced within social work education as widely as it is within health disciplines (Roberson, 2020). Academic staff from the University of Lancashire looked to deliver an online IPE simulation that would improve collaborative practice, address some of the key recommendations from Preston-Shoot (2020) as well as overcome some of the challenges experienced when delivering IPE simulation.

Background

The World Health Organization (2010) acknowledged that a resilient, adaptable, and collaborative workforce stands as one of the most effective approaches to address contemporary complex health care challenges. The Interprofessional Education Collaborative [IPEC] (2016) developed core interprofessional competencies to support educators in delivering effective IPE. Higher Education Institutions (HEIs) in the UK are required to maintain currency of up-to-date practice. Professional body requirements to deliver social work and health education adequately prepare students for the workplace (GMC, 2015; Health Education England, 2021; NMC, 2019; SWE, 2021). There are regulatory requirements for students to undertake placements as part of their professional qualification to support students achieve proficiency in direct practice. Social work students are required to have two placements with a total of 170 days within contrasting placements and a further 30 days to develop social work skills (SWE, 2021, Education and

Training Standards (ETS), 2.1, 2.2 & 2.5). The nursing students who participated in the event are postgraduate Community Nurse Specialist Practitioners (CSP) who are required to demonstrate participation in 1067 hours of protected learning time in practice (NMC, 2022). Year three medical students participated and are required to complete 637 hours practice placement within that academic year.

There is a requirement for HEIs to deliver opportunities for social work students to experience multidisciplinary working (SWE, 2021, ETS, 4.6). The CSP programme is mapped against NMC platforms and proficiencies, which require students to demonstrate platform four, ie working in teams and understanding professional roles (NMC, 2022). Medical students are required to participate in interprofessional education as part of the overall programme (GMC, 2015). These requirements have often been assumed to have been met within placements.

However, not all students have equal access to placements that offer opportunities for MDT working. Goldingay et al. (2018) point out that students can experience high levels of anxiety within placements, hindering their ability to engage effectively. Even students who enter placements with confidence may not necessarily develop competence in practice. This underscores the need for additional learning opportunities to adequately prepare students for professional practice (Goldingay et al., 2018). It is also noted that students may only observe MDTs during their placements, not actively participate and supervising professionals simply intervene if needed. This can make it challenging for students to develop the collaborative skills. MDT experiences for students on placement are dynamic, making it challenging for Practice Educators to predict student outcomes from their participation (Repesa et al., 2023). Organisational pressures of placement rotation within medicine can result in students moving between placements after short periods of time, leaving students unable to build sufficient rapport within the team to take an active role within MDT meetings.

Ultimately, practice placements may be insufficient alone in preparing students to confidently participate in MDTs within complex health and social care environments. Simulated IPE events can serve as a preparatory tool to better equip students for their placement experiences by providing structured learning outcomes and facilitating reflective debriefs, grounded within adult learning theory and effective pedagogy (Azim et al., 2022; Merriam & Baumgartner, 2020; Sanders & Welk, 2005).

According to Kalb et al. (2015), Morris (2020), and McGinn et al. (2025), there is a substantial need for students to have dynamic learning experiences which builds students' capacity to apply theory to practice. Vetter and Latimer (2017) suggest that innovative and evidence-based teaching practices (such as simulated IPE) facilitate the optimum environment to engage students, enabling depth and breadth of the learning required to develop competency in practice. Interactive sessions, including problem-based scenarios within IPE, linked to practice enable a constructivist approach where the student is an active participant within their learning. Creating experiential experiences with social interaction enables learners to construct meaning through synthesis of new concepts and experiences, building on prior knowledge (Abualhaija, 2019; Hart, 2026). When considering how pedagogy/andragogy theory was considered in development of the IPE event, the constructivist paradigm of Vygotsky's zone of proximal development supported the concept that students should move from what is known to what is not known (Vygotsky, 1978). This theory supports the premise that students require support

to acquire knowledge, which is difficult to learn independently, or in education, which is siloed to meet individual professional requirements, alongside placement experiences which also often work in silos. Biggs (1996) theory that students also 'learn by doing' through active participation was also acknowledged when constructing andragogic learning.

Building IPE into the curriculum was also based on tacit experience that knowledge and skills developed on the programme are also influenced by professional roles grounded in differing models of care. Medical education is grounded in the medical model of care (da Silva Xavier & Ntonia, 2025) which locates the problem of disability within the deficit of the individual. Social work education is grounded within the social model of disability, which recognises that limitations experienced by people with disabilities often arise from the environments in which they live (Alford & Son, 2025). Social work practice and education is focused upon person-centred perspectives which keeps the focus upon the person with a disability at the centre (Alford & Son, 2025). Nursing education, although often aligning with the medical model, encourages students to consider bio-psycho-social aspects, with wider social determinants of health being a focus in curriculum design (Aronsson, 2016; NMC, 2022). Jobe et al. (2020) suggest that social work and health professionals may both support person-centred approaches but have different interpretations of what it means within practice. In MDT collaboration within placements, these differing professional perspectives can lead to conflict and power imbalances in decision-making (Klein, 2015; Pakkanen et al., 2022).

IPE within HEI unites the sharing of these professional considerations, resulting in the learning of wider knowledge from MDT collaboration. This enables scaffolding for students to develop what is known from their current evidence-based practice from their own programmes with learning what is currently not known to them about different roles and professional perspectives supported by the guidance and support of an educational setting. IPE simulation aims to develop the students' holistic competence, building upon both their cognitive and performance competence and enabling them to make professional decisions under stress within real world of placement (Roberson, 2020).

It is vital for social workers to be trained to participate within interdisciplinary teams during their course as once in practice they will have a key role in collaborative working (Klein, 2015). It is important to develop the social worker's role identity, communication and skills. Interdisciplinary practice is important in meeting the person's needs because individuals have simultaneous, multiple and intersecting health and social care needs, (Klein, 2015). The benefits of interprofessional collaboration result in maximising resources by avoiding duplication and lessening response time. In essence, different professional viewpoints can potentially bring different sets of knowledge and skills at the same time for a holistic response (Klein, 2015).

Within adult safeguarding, there is a responsibility to 'create strong multi-agency partnerships' that provide timely and effective prevention of and responses to abuse or neglect (Department of Health and Social Care, 2025, p. 14.12). Social work professionals are directed to 'act swiftly and put in place an effective response' to assess the person's social care needs, the risk of harm and coordinate within a multi-agency team (Department of Health and Social Care, 2025, p. 6.64). It is stressed that it is important to 'Make Safeguarding Personal,' involving the person within choices and potential outcomes to develop meaningful and sustainable care plans (Department of Health and

Social Care, 2025, p. 14.14). Professionals are directed to utilise person-centred approaches when working with the person to connect, build trust and to develop a relationship with the person (Gardner, 2014). However, there is continued ambiguity in approaches within local authorities, which translates into uncertainty and inconsistency. Preston-Shoot (2018, 2020, 2021) analysed the published SARs for adults who experienced self-neglect. The review highlighted issues including a lack of person-centred approaches, poor professional curiosity, difficulties in relationship building and an inability to establish trust with at-risk individuals. Robust risk assessments, social care assessment and effective support plans were lacking, and which needed a better multi-agency approach (O'Reardon, 2023). Professionals from various practice backgrounds respond differently to individuals experiencing risk, influenced by their roles within the community (Shorrock et al., 2020). The benefits of multi-agency collaboration include improved service delivery, more efficient use of resources, and a more effective response for adults at risk (Shorrock et al., 2020).

The alignment between education and practice is challenging for students at the intersection of placement. Even though HEI provision supports active student learning through engaging curriculum and has diverse placement opportunities available, social work, nursing and medical work students need to be 'primed,' to succeed within the real-world practice of their placements and feel ready for their future professional role (Caspersen & Smeby, 2021, p. 2659). Overall, it was this knowledge that created the rationale and driver for the development of the IPE cross-curriculum event.

The University of Lancashire's School of Health, Social Work and Sport, along with the School of Medicine and Dentistry and the School of Nursing and Midwifery, collaborated to create an IPE event focused on improving student interprofessional attitudes and behaviours, guided by two IPE competencies from IPEC (2016):

Competency 1

- Work with individuals of other professions to maintain a climate of mutual respect and shared values (Values/Ethics for Interprofessional Practice).

Competency 2

- Use the knowledge of one's own role and those of other professions to appropriately assess and address the health care needs of patients (Roles/Responsibilities).

The development of the session

This was undertaken within the context of an adult experiencing self-neglect and who was eligible for safeguarding enquiries under s.42 (1) of the Care Act (2014). The learning approach and curriculum was anchored on two competencies derived from the IPEC (2016).

The event was developed by creating a simulation, which is a teaching strategy where educators create learning experiences using a realistic scenario to enable students to connect their knowledge to spontaneous application of their professional skills (Roberson, 2020). An IPE simulation enables learning to occur in a safe environment,

supporting students to develop critical thinking skills to improve problem-solving and decision-making capabilities (Hustad et al., 2019). Studies reveals that teaching and learning needs to reflect modern-day MDT practice (Hustad et al., 2019; van Diggele et al., 2020).

As discussed, the event was underpinned using social constructivism theory. Constructivism is made up by perspectives which share the belief that learning is how people make sense of their experiences together to develop new knowledge (Merriam & Bierema, 2014). The knowledge in social constructivism is therefore formed through dialogue, interaction and relationship building with others (Young-Rim et al., 2023). The sociocultural context in which the learners construct learning is therefore key (Merriam & Bierema, 2014). Our class design within this event, therefore, meant that we set up 'mini MDTs' which contained mixed groups of students from different student disciplines which were the sites for the interpretation and negotiation of new information. The social construction of knowledge is central to self-directed and transformational learning with others (Merriam & Bierema, 2014).

Before the teaching session, students completed an independent preparatory component covering essential knowledge on safeguarding, self-neglect and person-centred approaches. They were also given the case study. The case study was based on an interactive case study inspired by the film 'The Lady in the Van.' Clips from the movie and fictional patient records were embedded in an interactive image using 'Thinglink,' an online software that enables the user to create an interactive image with embedded content (Thinglink, 2023). Using this software enhanced the visual engagement and understanding of the complex factors affecting adults at risk of self-neglect. This aimed to provide a foundation for their understanding of the central themes of the event.

A total of 300 students took part. The session started with a full group meeting to discuss the significance of self-neglect, safeguarding, risk assessments and person-centred tools. This session aimed to tackle several prevalent issues identified within the literature. The students were then divided into small, mixed-discipline teams. They had to complete a collaborative 'What is important to? And What is important for?' (Helen Sanderson Associates, 2025), person-centred tool for Miss Shepherd. They completed a multidisciplinary risk assessment and explored different person-centred tools to think about how to best connect and establish a relationship and how professionals might utilise new information.

Each team was assigned a facilitator to support students through their collaborative learning. This facilitation aimed to support students to learn through interaction, both with their peers and guidance from qualified educators, supporting development of knowledge and skills gained through this collaboration (Vygotsky, 1978). Students were encouraged to build on their previous knowledge and experiences and add to their interprofessional understanding of person-centred care within their respective roles. The session was designed to simulate a real-life MDT with an accurate case study, so students could practice interprofessional problem solving in a safe environment. Using social constructivism theory, students were encouraged to experience an MDT environment, reflect on discussions, engage with other professions to reach conclusions and reflect on their learning (Kolb & Kolb, 2009). The session concluded with a facilitated reflective group debrief reviewing the case and the IPEC learning outcomes.

Ethical approval and considerations

The study was presented to the University of Lancashire's Research Ethics Committee and was obtained through BAHSS2 Ethics Review Panel (reference number: BAHSS2 0410). Authors: a, Mary-Clare Davidson, School of Health, Sport and Social Work, University of Lancashire, Preston, Lancashire, UK, b, Lisa Ashworth, School of Nursing and Midwifery, University of Lancashire, Preston, Lancashire, UK, c, Mohammed Moinuddin, School of Medicine and Dentistry, University of Lancashire, Preston, Lancashire, UK and c, Abhi Jones, School of Medicine and Dentistry, University of Lancashire, Preston, Lancashire, UK. No ethical concerns were raised as no anticipated harm was expected to any of the participants taking part in the study. Participants were advised within the participation information sheet that they were free to withdraw their participation at any time until data had been fully anonymised. Participants could request their data to be removed within a 14-day period. Participants were also advised that once the 14-day period had passed, data could not be withdrawn due to the anonymous nature of the questionnaire. Participants could also choose to decline to answer any questions if they wished. Participants were advised that they did not need to offer explanation for why they wished to withdraw. Participants were informed that contribution, non-contribution, or withdrawal would not impact their course outcomes in any way due to the anonymous nature of the survey. Participants also had access to researcher contact details should they need to contact them.

Research aim

To evaluate the impact of an undergraduate health and social work MDT event on student self-perceived beliefs and behaviours regarding interprofessional working within health and social care.

Objectives

- To evaluate self-reported changes in student collaborative working skills, beliefs and behaviours regarding interprofessional working within health and social care.
- To consider the value and impact of an online interprofessional education (IPE) approach.

Methodology

In February 2023, third-year undergraduate medical students, post-graduate Community Specialist Practitioner students (District Nursing and Community Children's Nursing), and second-year undergraduate social work students participated in a timetabled online IPE simulation event. A total of 300 students participated in the event.

A mixed methods approach was chosen to gather data, combining both quantitative and qualitative methodologies to provide a comprehensive understanding of the study aim (Cresswell, 2013). Due to the mandatory nature of the IPE event, convenience sampling method was used. Students were invited to complete a voluntary pre-event and post-event questionnaires, which included a Likert scale and open-ended questions. A modified and

validated ISVS-21 (Interprofessional Socialization and Valuing Scale – 21) questionnaire was used to evaluate self-reported changes in student beliefs and behaviours, incorporating reflective questions. The reflective questions were based on Rolfe's reflective framework of 'what, so what, and now what?' (Rolfe et al., 2001). The reflective element was integral, fostering student comprehension through a planned debrief session on the same day.

Quantitative categorical data were summarised using proportion and count and presented using a stacked bar chart. Likert scale scores were summarised with mean, median, standard deviation (SD), and interquartile range (IQR). An independent sample t-test was used to compare pre- and post-survey means, and the Mann-Whitney U test compared medians, with *p*-values presented for each indicator. Although a paired t-test was ideal, participant pairing was not possible. To further assess the programme's impact on knowledge and skills, multiple linear regression models were applied to each indicator, adjusting for sex, study discipline, and study year. The adjusted beta coefficients and their 95% confidence intervals are presented graphically. Analysis was carried out using the statistical software R, version 4.3 (R Core Team, 2024).

For the qualitative element, participants answered open-ended reflective questions before and after the event, allowing for thematic analysis of their perceptions. This approach aimed to capture how students interacted with the IPE simulation and the insights gained, offering a broad perspective on the study aim (Clark & Ivankova, 2015; Cresswell, 2013; Merriam & Baumgartner, 2020). Two researchers independently conducted coding and thematic analysis to enhance the validity of identified themes. Thematic analysis was utilised to interpret qualitative themes to produce concepts that are verified by the data generated within the study (Charmaz, 2012). Qualitative data analysis in this study utilised coding to develop themes. Initial coding categorised data and compared incidents, with codes further analysed for comparison (Braun & Clarke, 2022). Intermediate coding allowed for concept development from emergent results, which were then integrated to form interconnected themes (Braun & Clarke, 2022).

Results

A total of 66 students completed the pre-test survey, while 55 students completed the post-test survey, 22% and 18% respectively of the original cohort of students that the questionnaire was offered to. Sample characteristics are presented in Table 1 using counts and percentages. The sample is predominantly female (pre: 87.9% vs post:

Table 1. Participants' characteristics by the time of survey.

		Pre (n = 66)	Post (n = 55)
Characteristics		n (%)	n (%)
Discipline	Community Specialist Practitioner	13 (19.7)	11 (20.0)
	Medicine	29 (43.9)	24 (43.6)
	Social Work	24 (36.4)	20 (36.4)
Study year	Year 1	12 (18.2)	11 (20.0)
	Year 2	24 (36.4)	20 (36.4)
	Year 3	30 (45.5)	24 (43.6)
Sex	Male	8 (12.1)	8 (14.5)
	Female	58 (87.9)	47 (85.5)

85.5%) with a majority studying medicine or social work. Nearly half of the participants were in their third year of study (pre: 45.5% vs post: 43.6%). Eleven participants did not complete the post-test survey. Notably, while the data could not be matched, the distribution of participants across different background characteristics was similar between the surveys.

The responses from the survey are presented in Figure 1. The graph indicates that in the post-survey, a dominant proportion of participants responded with either agree or strongly agree for each indicator, unlike the pre-survey. However, with shared responsibility, one participant responded disagree in the post-survey, which may be due to questionnaire selection error or indicative of programme impact on expected knowledge and skills in IPE development. Descriptive statistics (mean with standard deviation and median with interquartile range) of Likert scale scores show statistically significant improvements in the post-test (all p-values < 0.05) (Table 2), highlighting enhancement in both categorical and numerical responses.

Regression output

The beta coefficients and their 95% confidence interval (CI) expressed within Figure 2, are generated from a multiple linear regression model, adjusting for sex, study discipline, and study year. These coefficients represent the average increase in numerical scores from pre- to post-test surveys across respective indicators. All beta coefficients are positioned to the right of the zero-reference line, and their 95% CI does not cross the reference line (red vertical). This indicates that the IPE event enhanced participants' IPEC competencies regardless of sex, study discipline, or study year.

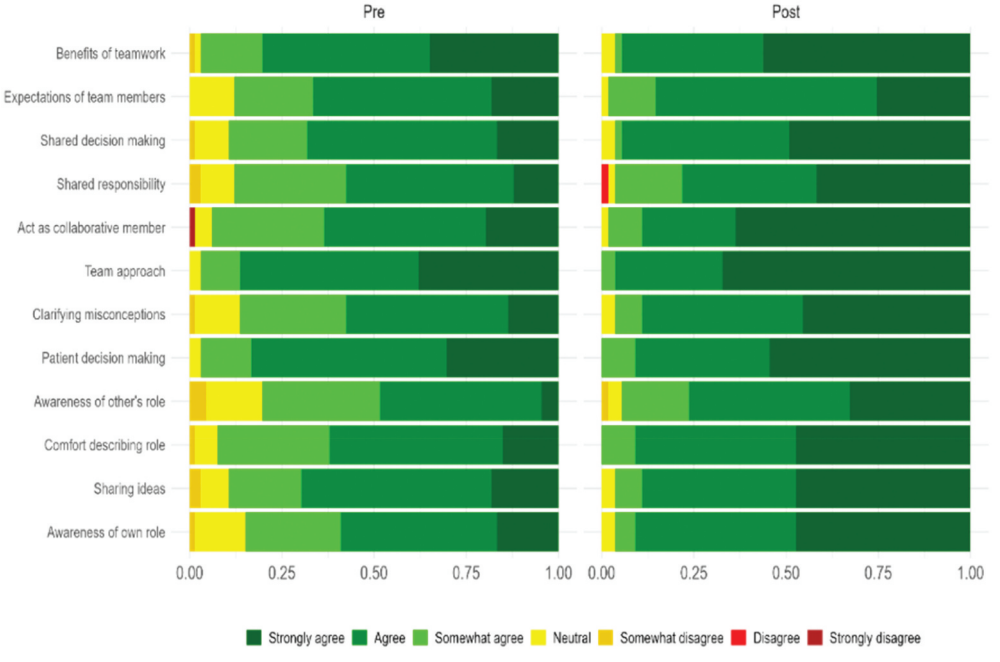


Figure 1. Proportion of responses by different indicators in pre- vs post-survey.

Table 2. Mean, SD, median, IQR and *p*-values based on t-test and Mann-Whitney U test.

Variables	Pre		Post		*p*-value (t-test)	*p*-value (Wilcoxon-test)
	Mean (SD)	Median (IQR)	Mean (SD)	Median (IQR)		
Awareness of own role	5.6 (1.0)	6 (1)	6.3 (0.8)	6 (1)	<0.001	<0.001
Share ideas in a team	5.7 (0.9)	6 (1)	6.3 (0.8)	6 (1)	<0.001	<0.001
Comfort describing role	5.7 (0.9)	6 (1)	6.4 (0.7)	6 (1)	<0.001	<0.001
Awareness of roles of others	5.3 (0.9)	5 (1)	6.0 (0.9)	6 (1)	<0.001	<0.001
Understanding of patient decision-making	6.1 (0.7)	6 (1)	6.5 (0.7)	7 (1)	0.008	0.008
Comfortable clarifying misconceptions	5.6 (0.9)	6 (1)	6.3 (0.8)	6 (1)	<0.001	<0.001
Appreciation of team approach	6.2 (0.8)	6 (1)	6.6 (0.6)	7 (1)	0.001	0.001
Act as collaborative member	5.7 (1.0)	6 (1)	6.5 (0.7)	7 (1)	<0.001	<0.001
Initiating discussions on shared responsibility	5.5 (0.9)	6 (1)	6.1 (1.0)	6 (1)	0.001	<0.001
Shared team decision-making	5.7 (0.9)	6 (1)	6.4 (0.7)	6 (1)	<0.001	<0.001
Realistic expectations of team members	5.7 (0.9)	6 (1)	6.1 (0.7)	6 (0.5)	0.013	0.027
Appreciating benefits of interprofessional teamwork	6.1 (0.8)	6 (1)	6.5 (0.7)	7 (1)	0.011	0.007

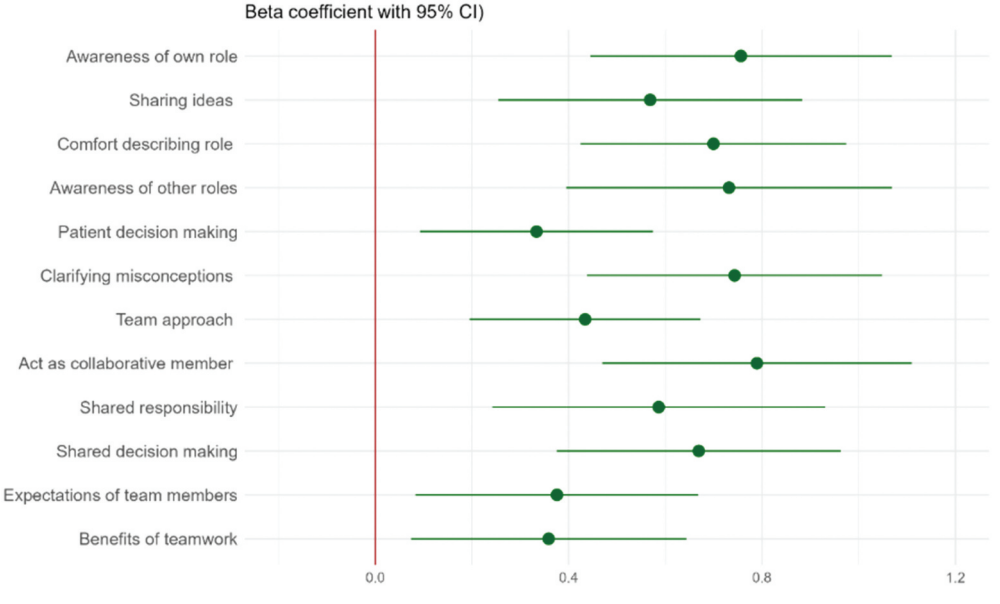


Figure 2. Beta coefficients for each indicator with their 95% CI. The red vertical line is the reference (null) value for beta coefficient.

Coding was conducted to identify the most frequently occurring words used by students within the qualitative data. This process involved categorising data and comparing incidents, which facilitated the development of concepts and theories, ultimately converting data into key themes. It was important to acknowledge potential researcher bias due to individual professional backgrounds. To minimise this, two researchers, from different professional backgrounds, independently performed thematic analysis. They engaged in a reflexive process involving critical discussions to mitigate the risk of professional perceptions influencing data analysis. For instance, they debated the interpretation of the terms 'holistic' and 'person-centred' to determine whether participants were referring to the same or different concepts, reaching an agreement through these discussions.

Prior to the event, students were asked what they hoped to achieve. The themes, that arose and expressed within Figure 3 were, gaining knowledge, experiencing multi-disciplinary teamwork, understanding their own role and others' roles, and deepening their understanding of safeguarding.

- 'A better understanding of multi- disciplinary working and the benefits of working together in a MDT meeting' *(Participant 32)*
- 'To gain better understanding of the roles of the other members of the multi-disciplinary team' *(Participant 17)*.
- 'Get a better understanding of my role in the team' *(Participant 54)*.
- 'Learn more about safeguarding and how to go about safeguarding' *(Participant 60)*.

Students were asked why this learning might be important to them, with themes emerging such as wanting to learn something new that would support their future practice:

- 'Provides me with the essential skills and knowledge I will require in my future job role to ensure my service users' needs and well-being is met' *(Participant 23)*.

As well as learning about MDTs themselves and how this would link to their role as a professional and the roles of others:

- 'To gain an insight on these meetings when qualified' *(Participant 37)*.
- 'Different healthcare professionals have different roles' *(Participant 21)*.

Students also expressed aspirations to develop holistic practices and collaborate effectively with other professionals. They acknowledged the growing significance of adult safeguarding and its role in their future professional practice:

- 'Looking at different perspectives to find the best result' *(Participant 28)*.
- 'To be able to provide holistic and appropriate care to patients in my future practice' *(Participant 57)*.
- 'Knowing what to do and who to signpost to when a safeguarding issue comes up' *(Participant 52)*.

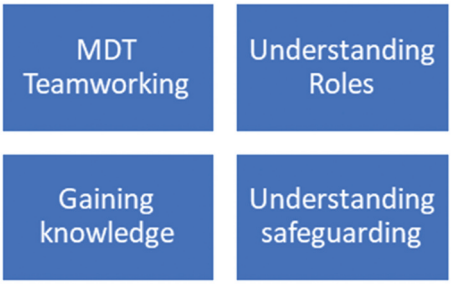


Figure 3. Key themes emerging from the pre-event data.

The main themes that from the post- event data are expressed within Figure 4. Post-event, students identified key learning points, emphasising the critical importance of collaborative multi-disciplinary teamwork, which was a theme that emerged in the pre-event questionnaire:

- 'Working with other people from different profession present significant benefits which can facilitates the personal and professional growth of social care. Whether it's asking question, introduction different perspectives to the case study with the same goal' *(Participant 27)*.
- 'The importance of multiagency working and the benefits it has for the person' *(Participant 17)*.

Students learnt about the different roles of the other participants within the MDT and the importance that everyone has an equal role but with different perspectives:

- 'Each individual member of the MDT has a role to play and that everyone's input is vital, and everyone's views are of equal importance' *(Participant 53)*.

As well as learning about their own role:

- 'Helped me identify my role as well as others in an individual's care' *(Participant 45)*.

A clear theme from the responses centred about around gaining knowledge on the need to complete risk assessments, taking account of different viewpoints:

- 'Taking into account different perspectives when it comes to risk assessments' *(Participant 30)*.
- 'Importance of carrying out a written risk assessment and how doing it as a team can help you see perspectives you hadn't picked up on' *(Participant 40)*.

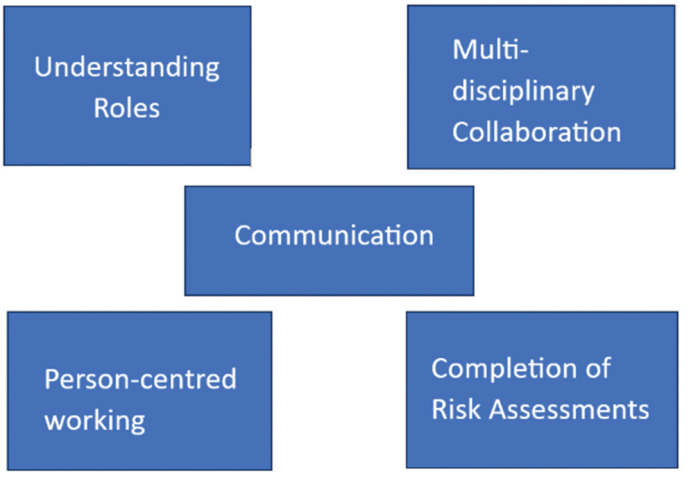


Figure 4. Key themes emerging from the post-event data.

Students were again asked why they felt this learning was important to them as a professional. Themes emerged around:

- the need to be patient/person centred.
- need for the professional to be holistic.
- the importance of learning from others, learning about their professional self and communicating this accurately.
- learning about cooperating, liaising and communicating with other professionals and working as a team.
- learning the importance of completing risk assessments.

Students highlighted key changes they would make to their future practice based on their event learning. These included prioritising participation in MDTs in adult safeguarding, actively sharing and listening to others' perspectives, and fostering collaborative working within the team:

- 'Ensure that all professionals work together and encourage this MDT working to achieve best outcomes for [service users]' *(Participant 49)*.
- 'Always listen to everyone's ideas and solutions as your solutions may not be the best' *(Participant 19)*.

Other themes were on developing confidence to participate within the MDT itself and to be more assertive:

- 'Be more outspoken with my ideas in a team setting as other professionals might have similar inputs or ways to improve' *(Participant 45)*.
- 'I will challenge other agencies appropriately and ensure I gather all the information I can' *(Participant 17)*.

Students commonly expressed their intention to use new knowledge gained on person-centred tools to engage with adults and listen to their views within adult safeguarding, within their future practice:

- 'I will be using those tools to help better guide myself during consultations with patients allowing for more person-centred care' *(Participant 34)*.
- 'Listen carefully to the patient and in depth about what really matters to them' *(Participant 54)*.

Finally, students discussed completing risk assessments and being more aware of the psychological impact on the person being in a place of self-neglect:

- 'I will keep in mind the different risk assessments that can be done for patients who I think are at risk of harm' *(Participant 43)*.
- 'I will try to be more aware of the psychosocial impact of disease on a patient' *(Participant 30)*.

Discussion

Findings from SARs conducted under section 44 of the Care Act (2014) highlight ongoing failures in how multi-agency teams collaborate when safeguarding adults experiencing self-neglect (Preston-Shoot, 2018, 2020, 2021). This study aimed to create a simulation focused on interdisciplinary practice concerning safeguarding vulnerable adults and MEH, examining whether an online IPE event could improve self-perceived IPEC competencies.

Quantitative data showed significant improvements in confidence levels from before to after the event, especially regarding MDT practices like collaborating as a team member (p value < 0.001), sharing thoughts (p value < 0.001), embracing a teamwork approach (p value = 0.001), and recognising the advantages of team collaboration (p value = 0.011).

Reflective responses from the pre-event questionnaire showed that students hoped to gain more experience in working in MDT teams, more understanding of their role and the roles of others and to learn about adult safeguarding. They felt that this learning was important to support their future practice as professionals, so they could learn about the roles of other and work with other professionals in a holistic way.

Post-event qualitative data revealed that students identified four key learning points, with communication also being a key theme: understanding their role and the roles of others; collaborating with other professionals; adopting a person-centred holistic approach and the use of risk assessments. When asked why this learning was important to their profession, responses highlighted the significance of learning to cooperate, liaise with other professionals, and working as a team. For changing future practice, many students noted the need to actively engage in MDTs.

Roles

Organisations shape practitioners' perceptions of their role responsibilities as well as streamline workflows within specified timelines (Shorrock et al., 2020). This brings complexity when working with adults experiencing self-neglect within MDTs because there are different perceptions about what responsibilities and powers different professionals have which can lead to dispute (Mason & Evans, 2020; Orr et al., 2026). Orr et al. (2026) discuss how different roles within adult safeguarding with adults who experience self-neglect need clarity because practice brings ethical and legal complexity. The benefit to social work students from this event is that they are able to understand the different roles and perspectives of others before practice; in the context of the current silo teaching of adult safeguarding.

The feedback from within qualitative data responses highlighted students' awareness of the importance of understanding both their own roles and those of others within qualitative data responses. Improved understanding of these roles ranked among the top three areas where confidence increased, based on the quantitative data. Average scores for all three indicators on the awareness of their own and the others' professional role improved significantly ($p < -0.001$ for all three indicators). The qualitative data illustrates how the students developed their thinking in relation to knowledge of their own role and those of other

professions to support appropriate assessment of the person. In essence, this data supports the students in developing their knowledge around Competency 2 (IPEC, 2016).

Multidisciplinary collaboration and communication

According to Mason and Evans (2020), ongoing reviews of official SARs in England highlight persistent challenges in cooperative working, exacerbated by siloed operations. Orr et al. (2026) suggest that working in silos brings isolation and anxiety rooted within a lack of knowledge or trust within other professionals, which results in a waste of time and resources. Shorrock et al. (2020) found that poor communication and information sharing between agencies resulted in challenges to decision-making. Furthermore, there is difficulty in promoting professional challenge within MDTs, emphasising the need to foster a culture of 'professional challenge' in multi-agency meetings (Martineau & Manthorpe, 2020).

Marion-Martins and Pinho (2020) highlight that a significant feature of IPE simulation is the interaction among students from various professional courses. This allows students to enhance their communication skills in a secure environment with their peers, leading to improved learning outcomes, engagement, and performance (Hustad et al., 2019; Khalili et al., 2013). This has been indicated within the improved self-reported IPE competencies, as shown in the qualitative and quantitative data. The benefit to the social work student of the IPE event is that they can take this experience into practice, which means that they are better equipped to engage within MDTs more productively, possibly more able to reduce tensions (Orr et al., 2026),

Communication emerged as a key theme in the qualitative responses following the IPE event. Participants acknowledged the significance of effective communication in various aspects, including the importance of participating in MDTs within adult safeguarding, sharing and listening to others' viewpoints, and gaining confidence to actively engage and assert themselves within MDTs. Improved comfort in describing their role and clarifying misconceptions, as well as shared decision-making, was also highlighted as one of the most significantly improved categories in the quantitative data ($p < -0.001$ for all three indicators). The qualitative data illustrates how the students developed their thinking in relation to the need to foster a climate mutual respect with their colleagues. In essence, this data supports the students' development of knowledge around Competency 1 (IPEC, 2016).

Risk assessments

Comprehensive risk assessments play a crucial role in adult safeguarding, particularly for adults facing self-neglect (Starns, 2019). The analysis of SARs highlights instances where professionals become desensitised to risks, fail to complete necessary assessments or produce assessments that lack holistic considerations (Martineau & Manthorpe, 2020). Processing times for risk assessments also varied with some agencies (Shorrock et al., 2020).

It was encouraging to find that the qualitative responses following the IPE event included students recognising the importance of completing risk assessments. Several responses emphasised the importance of conducting thorough risk assessments. Furthermore, when asked about changes they would make to their future practice after the event, students identified unexpected learning that had not been highlighted in their pre-event responses. Despite the focus of the IPE event being on adult safeguarding, many responses underscored the importance of completing risk assessments and understanding the psychological impact on individuals experiencing self-neglect. The benefits to the social work student of the IPE event meant that they were able to experience different perspectives about risk which were new to them. The social work students can also learn earlier how to navigate different thinking about risk from others when they collaborate (Orr et al., 2026),

Person centred working

The analysis of Safeguarding Adults Reviews (SARs) reveals a significant gap in practitioners' understanding of individuals, including their histories, hopes, fears, and disappointments (Preston-Shoot, 2020). This highlights the critical role of person-centred tools within 'Making Safeguarding Personal' (MSP) (Department of Health and Social Care, 2025). MSP employs a strength-based approach to build trust with individuals, uncovering their backgrounds and perspectives through narrative and relationship-based practices (Ahuja et al., 2022; Starns, 2019). These tools facilitate a comprehensive exploration of individual viewpoints, enable respectful challenges, and support collaborative management and agreement on interventions (Starns, 2019). Additionally, person-centred tools proactively address cultural, language, and communication needs, thereby enhancing engagement (Braye et al., 2015, 2017; Orr et al., 2026). However, Ahuja et al. (2022) identified challenges in translating and person-centred tools to other organisations, as they are often perceived as complex. Furthermore, Ahuja et al. (2022) emphasised the necessity for organisational culture shift towards being more person-centred, empowering, and strength-based to fully integrate MSP.

Qualitative responses highlighted a need '*to be patient /person centred*'. Students expressed a desire to use person-centred tools to engage with adults and actively listen to their views within adult safeguarding, marking a significant learning outcome not anticipated in their pre-IPE event responses.

These responses may arise as all students in qualifying programmes often do not have meaningful opportunities to use person-centred tools in the classroom, possibly due to the curriculum's focus on content delivery. Moreover, during placements, not all students may have the chance to employ person-centred approaches with individuals due to the time-consuming nature of building trust and the variability in how well individuals engage. Social work education already has a strong emphasis upon person-centred working aligned to MSP, but this is not always aligned to other professional viewpoints about person-centred care (Jobe et al., 2020). The benefit of the IPE event for social work students is that they understand that the concept of person-centred care is contested and ill-defined, which means they can navigate and collaborate on how to move forward with the person at the centre with others.

Strengths and limitations

The strengths of the study undertaken include utilisation of a mixed methods approach. This allowed statistical inferences to be drawn from the data alongside widening the data collection to include gaining knowledge of student insight on the subject matter (Plano-Clark & Ivankovo, 2016; Queirós et al., 2017). Participants were asked open-ended questions to enable perceptions to be drawn down into thematic analysis (Braun & Clarke, 2022). This is to understand how students interact with IPE and the constructs perceived from this to provide a broader view as possible to address the study aim (Creswell, 2014; Holloway & Galvin, 2016). Two researchers independently conducted coding and thematic analysis to enhance the validity of identified themes.

One of the main limitations experienced within this study is gaining an adequate sample size. A low sample size affects generalisability of the results and caution is required when concluding statistical significance to wider populations (Creswell, 2014; Tipton et al., 2017). Within quantitative research, sample size should be governed by two influences: (1) the type of data analysis intended (in this study Likert questions are utilised to analyse the subject) and (2) the estimated rate of response (Burmeister & Aitken, 2012; Rai et al., 2026). It is accepted that a higher response rate would have enabled greater confidence in reliability of the results. A strength of this study is that retest reliability is argued to be higher for short surveys (Kost & Correa da Rosa, 2018).

Power imbalances between researchers and participants needed to be considered. This was aimed to be overcome through students being informed that participation, non-participation or withdrawal would not impact their course outcomes in any way due to the anonymous nature of the survey.

Gender, age, and ethnic background were anticipated to be varied within the final sample. These characteristics may not reflect whole populations of students across wider UK HEIs (Creswell, 2014; Palinkas et al., 2015). Limitations also included the lack of paired data; although this study showed overall improvements of the cohort, more information could be gathered if the student data was paired to see individual improvements and whether these are impacted by discipline. This is planned for future research.

The data gathered self-perceived beliefs and behaviours regarding interprofessional competencies; however, students could have the tendency to report these to be higher than actually believed or performed. It is acknowledged that further research is required to understand if simulated IPE learning impacts on significant change in performance in clinical practice for individual students. More research would be needed in this area to confirm whether these increases translate into practice improvements.

Due to the final participant numbers, it is accepted that data saturation was not reached within this study.

Conclusion

Qualitative themes and statistical results strongly support the rationale for IPE MDT simulation education that is designed to develop social work and health professionals to address the key themes highlighted within SARs. IPE simulation has the potential to improve the confidence and experience of social work and health professionals, creating strong multi-agency partnerships that provide timely and effective multi-agency working

within adult safeguarding. This study will go some way to address the challenges in delivering effective multi-disciplinary working expressed from the analysis of SARs in practice. It is hoped that this IPE session will provide a bridge from university education to support better social work placement engagement and real-life practice. However, due to lower than anticipated participant numbers, this study was treated as a directional pilot study, with further research being undertaken at the University of Lancashire to further support the importance of developing IPE within social work and health education. The results of this study reinforce the need to incorporate further mandatory IPE into the curricula for nursing, social work and medicine. The University of Lancashire researchers will develop this further to ensure that MDT working via IPE is integral to all health and social work programmes.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Data availability statement

The datasets are not publicly available but are available from the corresponding author upon reasonable request.

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