

Evidencing Social Work Practice in Health and Mental Health Care: the need, interventions and use of time in health social work

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Evidencing Social Work Practice in Health and Mental Health Care: the need, interventions and use of time in health social work

This stakeholder report is a publication of the Evidencing Social Work Practice in Health and Mental Health research project. This report shows the summarised results about the work roles of health social workers and the distribution of their work hours.

- 1) Health and mental health social work as a part of effective health care:** Health and mental health social workers work with social and communal factors as a part of comprehensive health care. Health and mental health social work ensures the effectiveness of health care procedures by making sure that patients receive the social services they require as well as support from their families. Positive experiences of care pathways that respond to the needs of patients are strengthened by bringing forth both the patients' and their families' wishes and needs.
- 2) Social work in health care:** Health social work focuses on the prevention of issues, on patient-specific care and building a network of services and family. According to results, 249 health and mental health social workers worked with the issues of 1,730 patients in one day. They worked 4,975 five-minute blocks on for instance situation evaluations, guidance and counselling. There were 84 different types of life situations affecting these.
- 3) The need for health and mental health social work in different life situations:** In health and mental health social work, the patient's life situation is examined comprehensively and solutions are sought to support the patient and their family at the right times during the whole care process. Social workers work in both acute situations and non-urgent care as a part of somatic, psychiatric and mental health care. Health and mental health social work is needed in life situations (100%, n=29,841) in which the role of social work in psychosocial situations is emphasised (34%) (for example parenthood, issues related to children, families and relationships), in assessment of ability to work (14%) and counselling regarding health-based benefits, insurances and legal matters. Also, cooperation (15%) with agents outside the health care unit, such as the patient's own networks as well as authorities and organisations is important.
- 4) Skills of health care workers and interventions:** Expertise in the field is the evaluation of the life situation of the patient and their family, needs-based support and correct timing in the utilisation of services. These skills are built in cooperation with other health care professionals and they include generic elements combining all health care areas and expertise in different areas of health care. The core of health and mental health social work is the utilisation of social sciences and methods based on research and evidence. Based on the results (100%, n=15,943), out of evidence-based interventions, the most used are a solution- and task-based work approach (42%) and motivating interviews (4%). Research-based techniques and approaches are a strengths approach (11%), empowerment (7%), a biographical approach (3%) and crisis intervention (2%).
- 5) Health and mental health social work as a creator of cooperation:** Health and mental health social workers work independently, in cooperation with another social work expert or as part of multiprofessional teams, which enables seamless cooperation and good coordination of services. Most multiprofessional work (100%, n=8,308) is done in cooperation with other health care professionals (doctors, nurses and allied health professionals, 37%). Social workers are also in close cooperation with Kela, the Social Insurance Institution of Finland, (16%) and with other agents in social work, such as child welfare and family social work services, adult social services and disability social work services (23%). Other partners include early childhood education, educational administration, substance abuse and housing services, immigration services, police and the judicial system, insurance and rehabilitation services as well as the church and the third sector. Health and mental health social work creates a channel for interaction between health care, families and society.

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1. HEALTH AND MENTAL HEALTH SOCIAL WORK IN FINLAND

Health and mental health social work is a specialised field in social work both in Finland and abroad. In Finland, legalised social work professionals have a master's degree in social work or have included major studies or corresponding academic studies in social work in the social science field in their master's degree. Valvira, the National Supervisory Authority for Welfare and Health in Finland, grants the rights to practice as a social work professional. It is evaluated that around 1,000 social workers work in health care in Finland, and most of these work in specialised medical care. Social workers are also needed in multiprofessional work in primary care, as was outlined in the public health plan in the beginning of the 1970s. If a client encounters a social worker for the first time in specialised medical care, social issues which have not been recognised in primary care may have accumulated and become more complex throughout the years. Clients in health and mental health social work are not usually clients of municipal social services.

Health and mental health social work can also be done in other than health care organisations when health issues are central to the client's life situation. For example, adult social services work with chronically ill people, often with a dual diagnosis, who have been removed from psychiatric care. In these cases, one problem is lacking cooperation structures with experts of psychiatric care.

The inclusion of health and mental health social work in health care organisations is necessary, because social workers support the effective work of health care by being a part of multiprofessional work, evaluation and decision-making. A social worker can help to recognise the need for other than medical help in situations where someone falls ill or becomes disabled. In these cases, the patient can receive help from a social worker immediately when the need for help is evident. This helps to prevent the accumulation of problems connected to everyday life and managing, and prevents delays in help and becoming lost in social services, while ensuring the long-term results of the care. In a multiprofessional team, knowledge acquisition is diverse and comprehensive.

Social workers work based on life situations. The basis for health and mental health social work is a comprehensive view of the connections between illnesses and social factors: a social diagnosis. The objective is to affect the individual's or family's life situation and the community's or group's situation in a way that maintains and improves social endurance. The national classification of health and mental health social work includes codes for social situation assessment and social research, which are also included in this research. Through the social worker's professional approach, the perspective of the client's everyday management is connected to health care assessments. According to research on frequent users of health care (Kaattari, A., Tiirinki H., et al., 2015, Pymont, C. & Butterworth, P., 2015, Ylitalo-Katajisto, K., 2019), recognising matters connected to everyday life and finding help for these is the best way to prevent frequent use of health services. In addition to this, health social and mental health workers conduct research and development work.

2. IMPLEMENTATION OF THE RESEARCH

Background for the research

This research started in 2017 at the Heikki Waris Institute in cooperation with the University of Melbourne. At the University of Melbourne, managers in health and mental health social work together with Professor Lynette Joubert have developed a specialised practice research approach to examine the work of health social workers (Joubert et al., 2017). From the state of Victoria, the research included 532 social workers from 17 health care units who worked in somatics, psychiatry and mental health.

In Finland, an equivalent research group was formed in the spring of 2018 with researchers from the Heikki Waris Institute, the University of Helsinki and the University of Tampere as well as representatives from health and mental health social work from the Helsinki University Hospital (HUS), the City of Helsinki, the Tampere University Hospital (Tays) and the City of Tampere. (see Appendix 1).

Objectives of the research

The objective of the research is to describe the contents of social work done in somatic and psychiatric health care and in mental health services. Another objective is to make the role and skills of health social workers more visible as a part of multiprofessional care and service pathways.

The results of this research offer a detailed, empirical description of the functions of the examined services and they contribute to a shared knowledge basis to develop health and mental health social work. The results also enable making conclusions about health social work as a part of effective health care.

Collection of data

The collection of data was implemented by utilising the tool developed in Australia. The codes were supplemented to correspond with Finland's social and health services. Translations and edits were done in cooperation with the research group, clinical researchers and alumni researchers.

Data collection was implemented with an Audit form, in which social workers marked their work tasks with codes every five minutes for one workday with variables depicting 12 different contents for work. Some of the variables in the Audit form were such that the worker could choose many codes from the 460-code sheet to describe their work task. [See the coding sheet here.](#)

Participants in the research were health social workers from somatics, psychiatry and mental health services from HUS, Tays and the cities of Helsinki and Tampere.

The Audit form asked the following background information and contents of work:

- Rostered Hours for workday
- Role Description
- Number of patients or clients during the day
- Patient's primary Unit
- Why the patient or client needs social services
- Mode of Intervention
- Life situation, why the patient or client needs social services
- Patient-specific intervention type
- Theoretical approach or model
- The service arranged or coordinated for the client
- Interdisciplinary Practice
- Non clinical interventions

The coding sheet was edited to fit the operating environment of Finland. The need for adjustments arose from the fact that the social and health care systems as well as social security in Australia is different from those of Finland. The coding sheet depicts the diversity of health social work well. The expertise of health social workers is required during whole life cycles: already before birth and after death, and naturally in the life between these events. In the work, offering help and support for complex and new life situations is emphasised.

In the Finnish coding sheet, we added codes to depict the needs for social work, because health and mental health social workers do a lot of work in rehabilitation and assessment of ability to work. To the types of intervention, we added codes for deeper expertise in social work connected to producing documents and authority reports and decisions. Also, codes depicting services coordinated for patients and work done with partners were added, because health and mental health social workers create new or maintain existing contacts to the service system and partners outside health care.

Variable	Added code	Reason for addition	Challenges
Location Variable B	Units participating in the Finnish research (50 codes)	Location code for each unit	Depicting differences in organisation of units
Code for issues impacting on intervention Variable F	Those connected to rehabilitation and ability to work (8 codes)	Social work expertise in rehabilitation and work assessments	Defining the precision for the reason for the services
Code for patient-specific clinical intervention type Variable G	Health social workers' expert interventions (7 codes)	Deepening the expert work of social work	Adhering to health and mental health social work terminology
Code for theoretical approach / model Variable H	Finnish approaches to social work (6 codes)	Scope of social work's theory base	Displaying all used theoretical frameworks
Code for community services arranged by clinician Variable I	Legal social services, e.g. municipalities, Kela (7 codes)	Visibility of services outside health care	Defining details
Code for interdisciplinary practice Variable J	Partners from outside healthcare (15 codes)	Partners in health social work from outside healthcare	Defining details

Figure 1. Finnish codes added to the coding sheet

Before data collection

The managers from health and mental health social work who participated in the research were trained in the objectives of the research project as well as using the Audit sheet and codes used in the data collection. In addition to this, all health social workers were offered the opportunity to participate in training events in Tampere or the metropolitan region and/or watch training videos on the Socca website. The trainings taught how to use the research forms and codes.

Data collection day

During the data collection days (see Figure 2) in October and November of 2018, the health and mental health social workers filled in the Audit form. They were offered support via telephone in unclear situations. Before the data collection day, the Audit form and coding sheet were delivered to 277 participants in the training, via courier or post. Before delivering the forms, one of the units informed us that they wanted to opt out of the research.

Returning the Audit forms

Participants in the research were instructed in the training to make notes on the data collection day, but filling in the form was not meant to take up work time during that day. The participants had one week to fill in the form and return it. The forms were returned to the research group via post. 251 forms were returned, so the percentage of responses was 90.6%. Of the returned forms, two were not filled in according to the instructions, so they could not be included in the data set. The 249 forms in the data set were saved in the REDCap database and they were analysed with the R statistics programme.

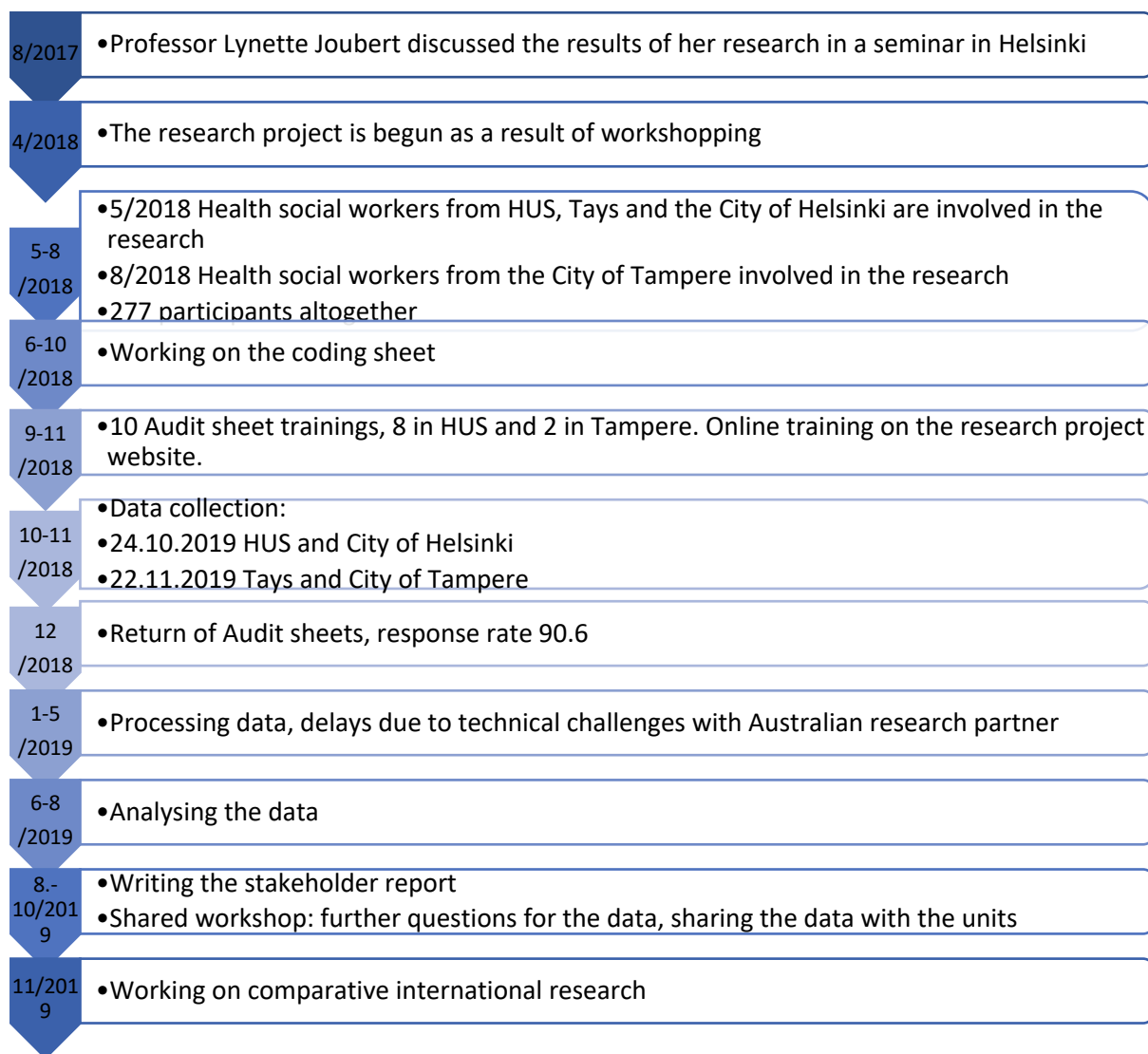


Figure 2. The research process

3. RESULTS

The results depict the versatility in the work of a health and mental health social worker. The results also clearly show how central the role of a health social worker is as a part of health care and social services, and in ensuring the functional and patient-specific interface of these systems.

The results inspect the work of 249 health social workers during one day in five-minute intervals. In depicting their use of time, the health social workers made around 130,000 coding choices. The work of health social workers is divided into work with patients and their families, indirect work (for instance advocacy in a health care team) and timely coordination of services and gathering networks.

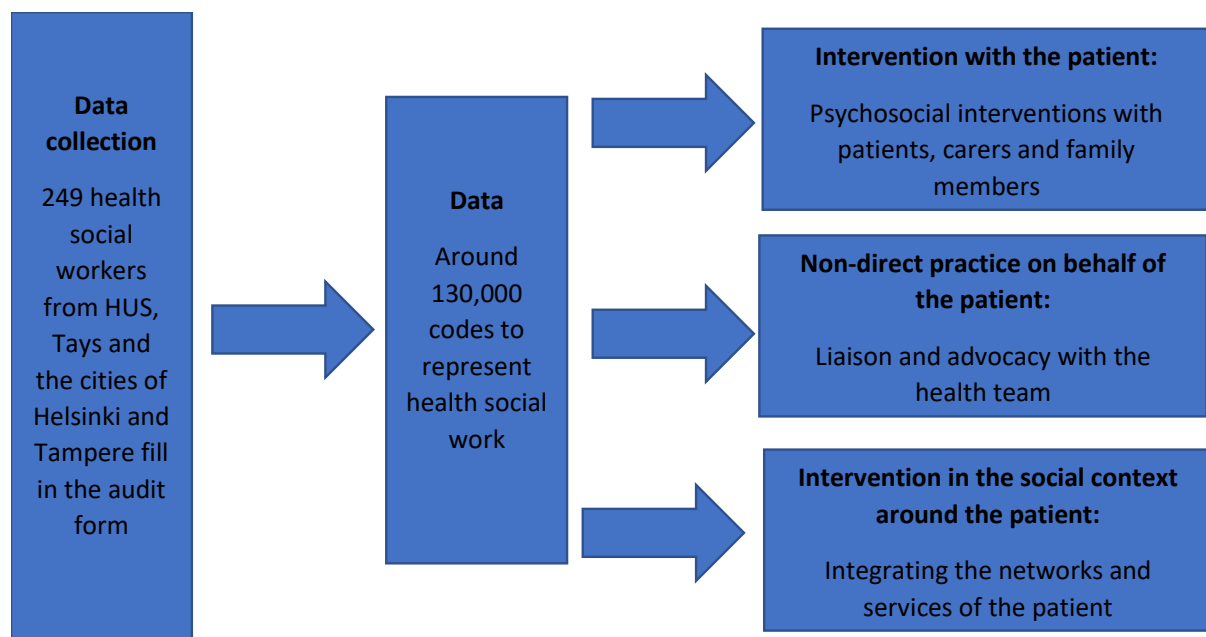


Figure 3. Informants of the research, the research data and classifications of the health social workers' operations

3.1 Health and mental health social work workforce of the research

The sample of the research is 277 Audit forms. The loss from unreturned or mistakenly filled in forms was 10%. The participants of the research were thus 249 health social workers from four different organisations: the Helsinki University Hospital (HUS), the City of Helsinki (HKI), the Tampere University Hospital (Tays) and the City of Tampere (TRE). 248 of the respondents stated where they worked. Most work in HUS (161) and the second biggest group works in Tays (53).

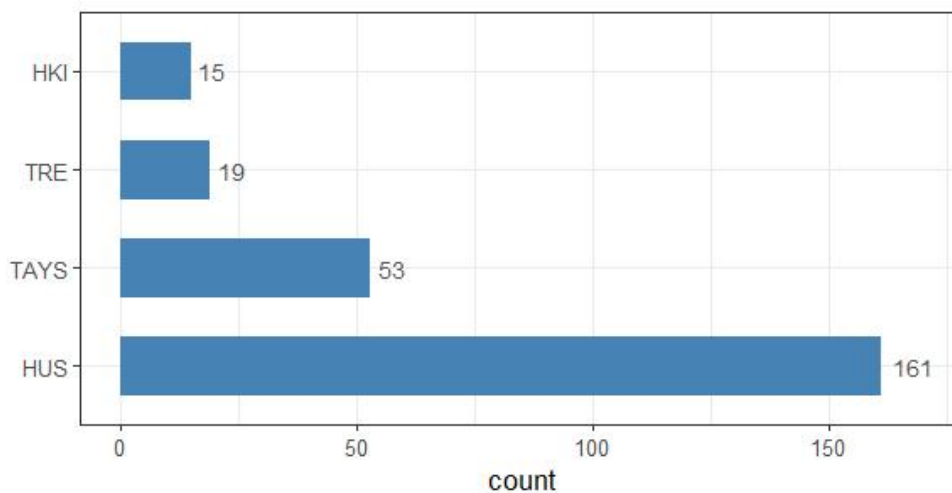


Figure 4. The workforce of health social workers

3.2 Role descriptions of health and mental health social work

Out of the 249 respondents of the research, most of them, 220 (88%), said they work as a clinician. 18 (7%) of the respondents were senior social workers and nine were managers. In addition to these, there were two students working in the units during the audit day.

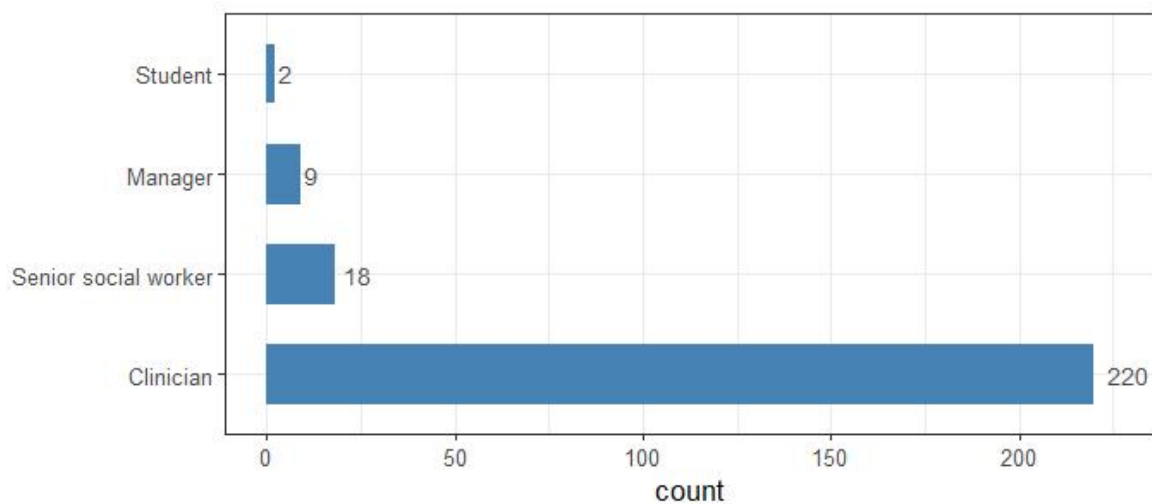


Figure 5. The role descriptions of the respondents

3.3 Number of patients and clients

Altogether, the health and mental health social workers who participated in the research handled issues of 1,730 patients during one workday. On average, one respondent had 7 patients or clients during the workday, the median was 6. The number of patients varied between 0 and 20. One patient or client here means an entity connected to the patient, regardless of whether it was for instance one phone call about the patient or many tasks during the day to help the same patient. Cases such as team meetings where the matters of many patients were discussed were not examined in the number of patients, rather single patients were counted.

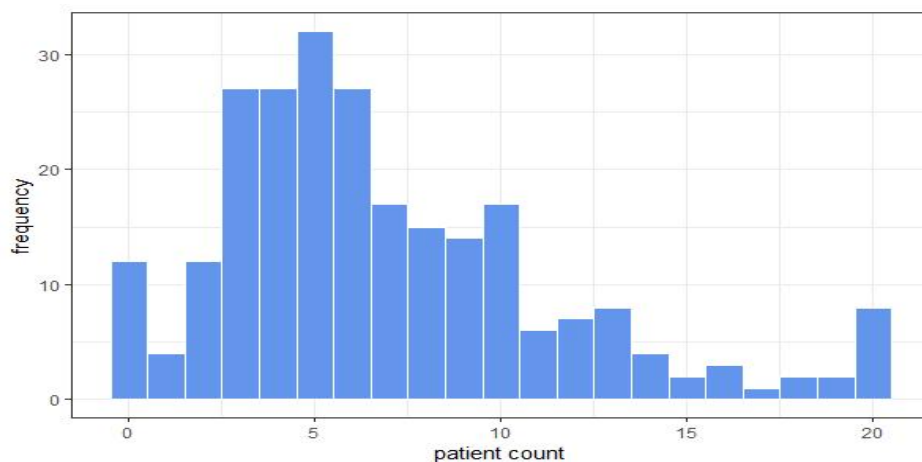


Figure 6. The number of patients and clients of a health social worker for one day

3.4 Health social work patients or clients

The work of a health and mental health social worker includes expertise in the matters of a specific group of patients, for instance patients suffering from rare diseases. Due to the centralisation of health care, the work task of health social workers also includes a regional and national responsibility to offer expert consultation on the area of expertise to other social and health care professionals. The work of health social workers also includes consulting and evaluation before starting work with a client.

Of the health social workers' work time, 70% was focused on outpatient care and 30% on inpatient care.

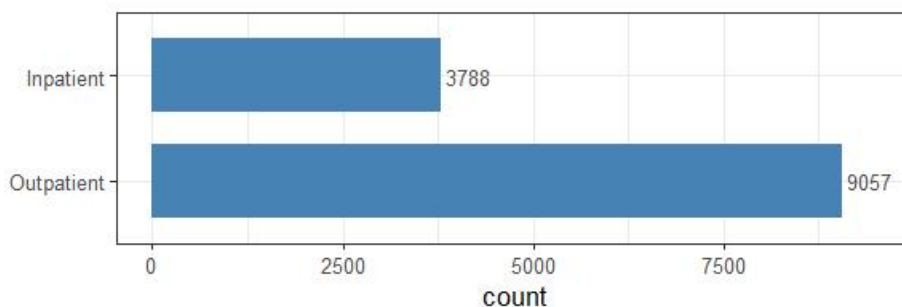


Figure 7. Health social workers' patients or clients

3.5 Mode of intervention in health social work

Health social workers work mostly (70%, n=9,923) in direct contact with the patient or client. This means being in face-to-face contact with the patient in individual meetings. In work communities, consulting or team meetings and phone calls to partners were also a significant part of the work (8%, n=1,141). Contact with the patient’s family members or other people close to them was maintained on the phone, in family meetings or by meeting the patient’s family without the patient present. Health social workers worked 30% (n=4,219) of the time without direct contact to a client; in practice this meant writing documents or reports, or reading them. When describing the mode of intervention the workers could choose multiple codes simultaneously. It is possible that a document has been read or written with the client present or on the phone, meaning there has simultaneously been “contact” and “non-contact” work.

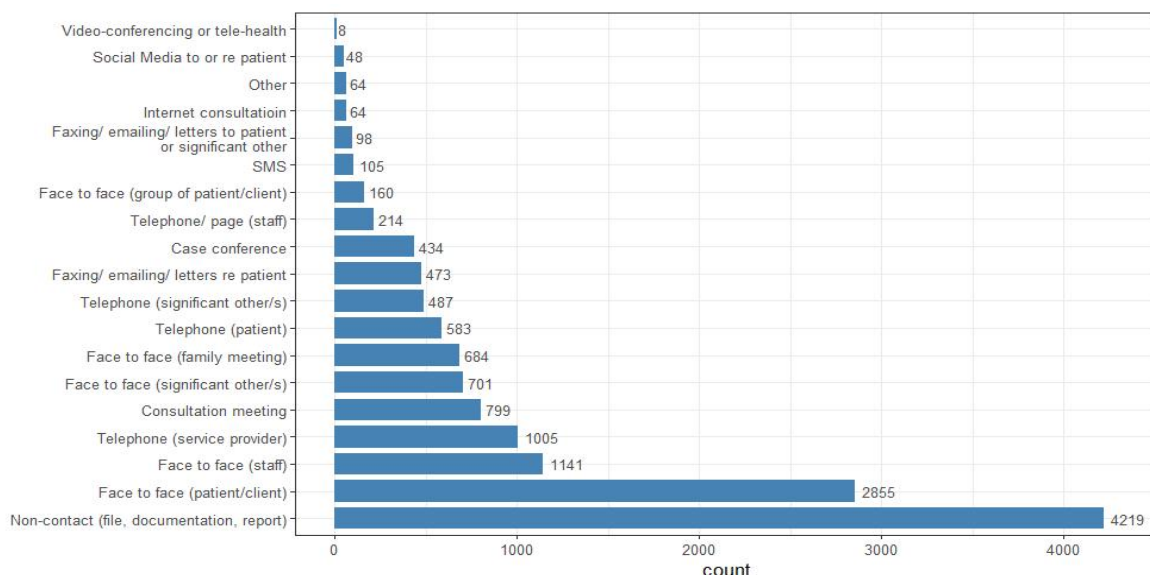


Figure 8. Mode of intervention

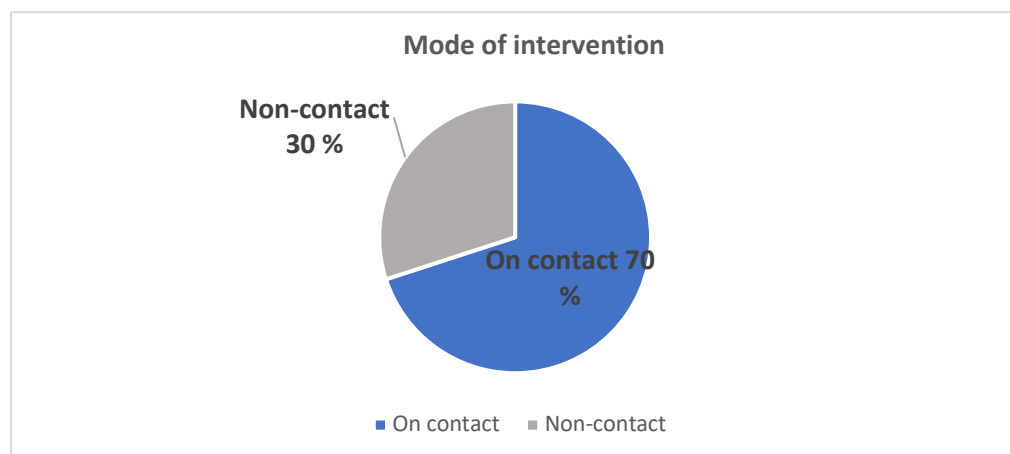


Figure 9. The ratio of contact and non-contact work

3.6 Life situation or reason for social work need

Health social workers are needed in different types of life situations which can be connected for instance to ability to work and rehabilitation, to parenthood, children and family or relationship issues, challenges with mental health, psychosomatic support for handling illness and adapting to it as well as supporting families when encountering illness or death. In many situations where the expertise of a social worker is needed, there are challenging health issues in the background.

The life situation of the client or the reason for social work need was described with 84 different codes, and as many codes as necessary could be marked simultaneously to depict the situation as clearly as possible. Altogether, there were 29,841 codes marked. The most chosen codes show that the work of the health social workers is targeted at clarifying health-related benefits (8%, n=2,516) and guidance and counselling (8%, n=2,459). Clarifying health-based benefits, making assessments and guidance and counselling in diverse, challenging life situations demands expertise in health social work. The patient and their family’s life situation is examined comprehensively, and solutions are sought for timely support during the whole care process. The code for “other” was chosen, when there was a question of human trafficking, immigration or residence permits.

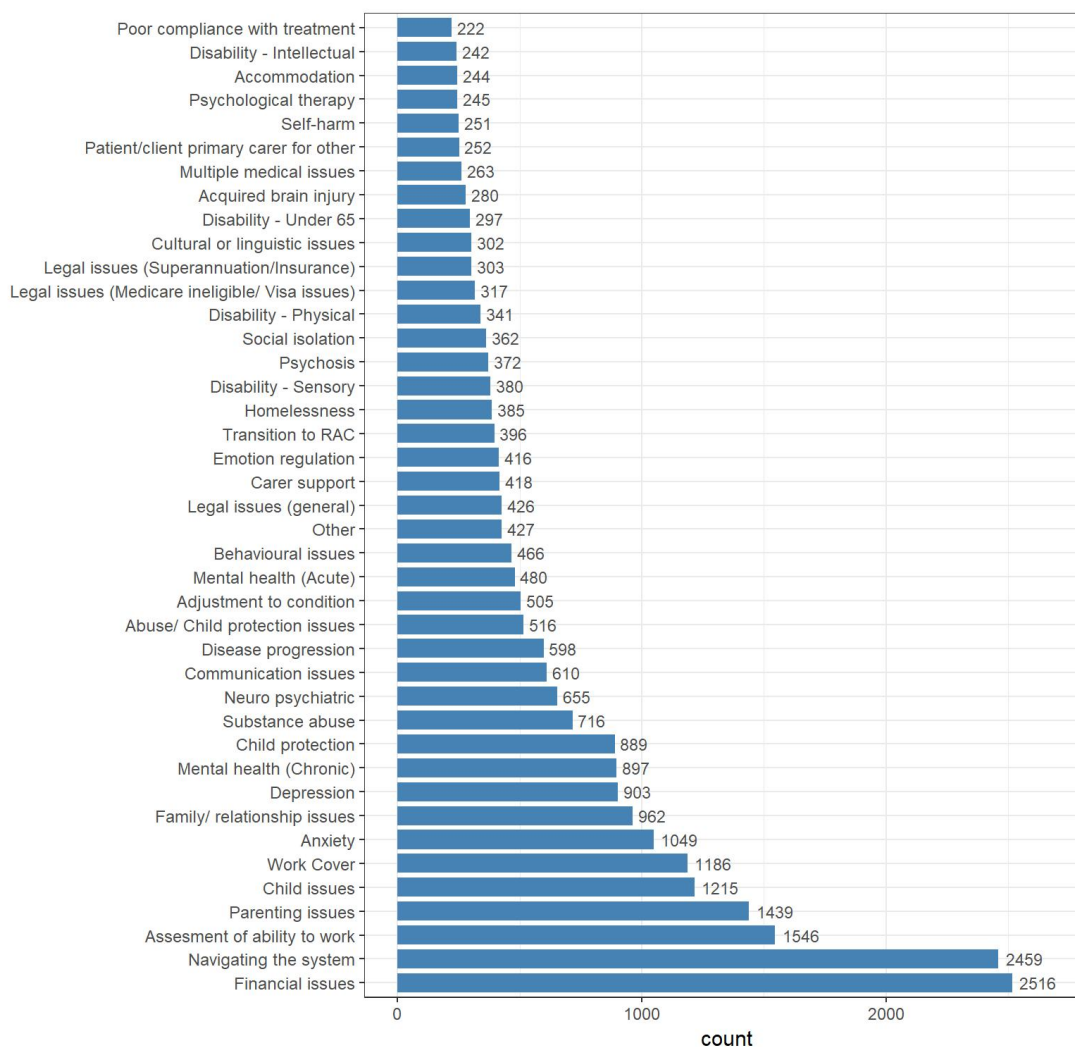


Figure 10. Life situation or reason for social work, most chosen codes

Based on the 84 codes in use, the following five classes for reasons demanding social work were created.

1. Psychosocial reasons (PR, 34%, n=9,322)
2. Health reasons (HR, 23%, n=8,867)
3. Health-based benefits, insurances and judicial reasons (BIJ, 15%, n=3,975)
4. Rehabilitation and inability to work (RI, 14%, n=3,805)
5. Crises and death (CD, 5%, n=1,413)

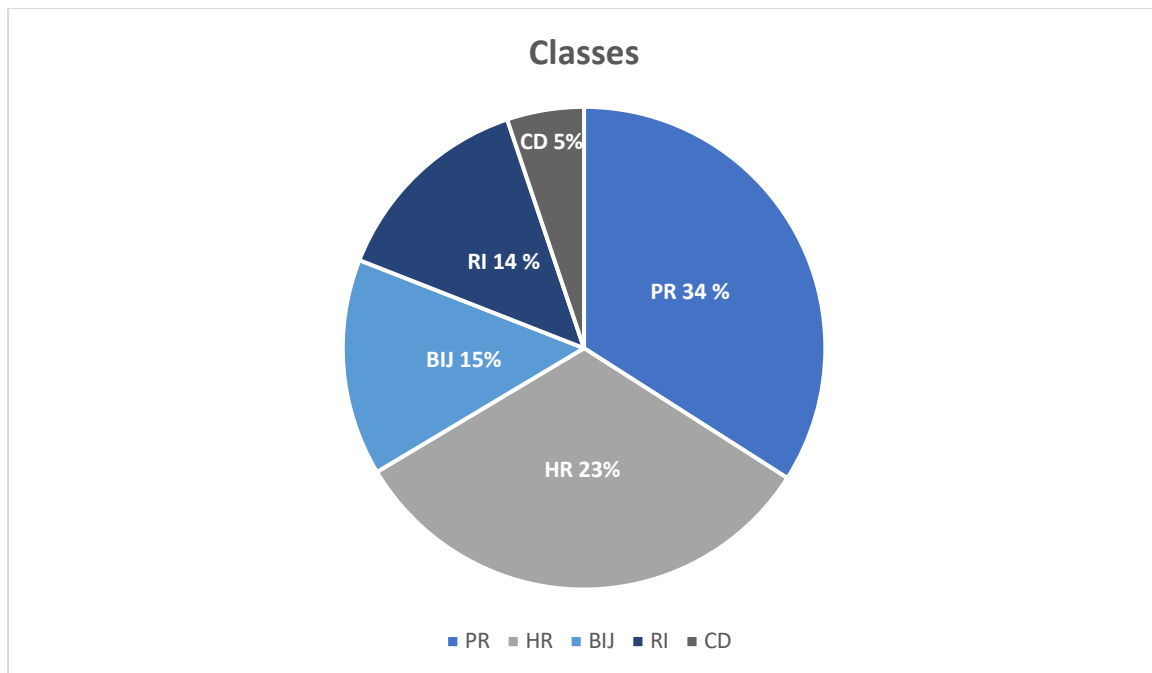


Figure 11. Classes for life situations demanding social work

3.7 Health social work's patient and client work

The intervention types in client work show that health social work ensures an effective care pathway through different types of assessments (13%, n=2,874), guidance, counselling and psychosocial work and psychosocial discussions (17%, n=3,783) as well as by directing the client to benefits and services that will support their life situation (14%, n=2,808). All of these demand social work expertise. The work also includes writing different types of documents and reading patient files (15%, n=3,501, see also Figure 8). In the intervention type, it was also possible to depict the work with many choices, meaning that for instance during counselling, the worker may have also had a psychosocial discussion or done a broad assessment.

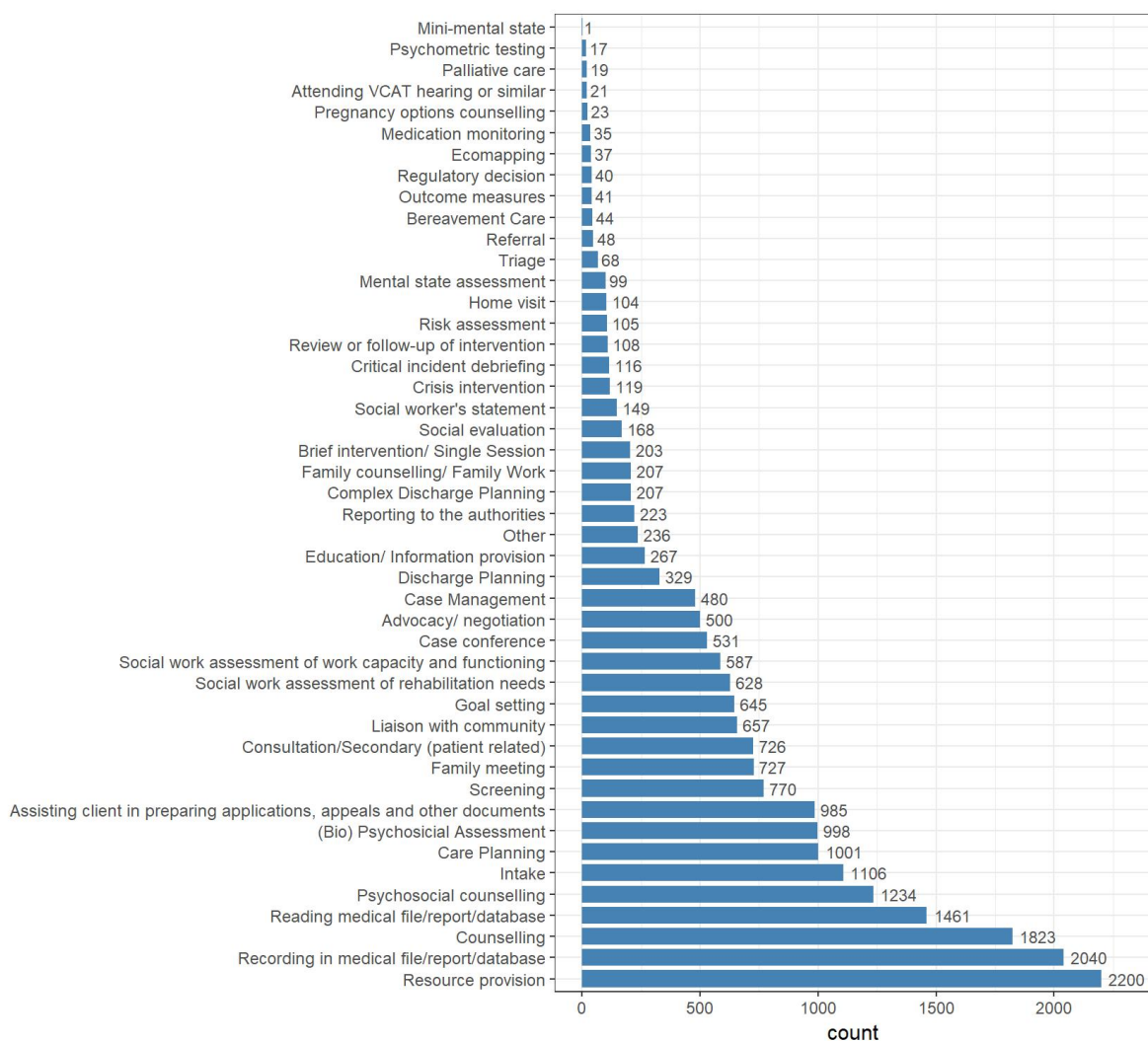


Figure 12. Health social work's patient and client work

3.8 Theoretical approach or model for intervention

Clearly the most used theoretical approach or basis for intervention for health social workers was a solution-focused and task-centred approach (42%). Other commonly used approaches were a strengths approach, empowerment, an eclectic or biographical model, a family meeting and motivational interviewing. Of the used interventions, solution-focused and task-centered approaches (42%, n=6,239), strengths approaches (11%, n=1,799), empowerment (7%, n=1,078), biographical models (3%, n=547) and crisis intervention (2%, n=376) are largely based on research-based techniques and approaches.

In motivational interviewing (4%, n=568) and a narrative approach (2%, n=354), the patient's skills and knowledge are examined, utilised and strengthened to help manage the challenging situation.

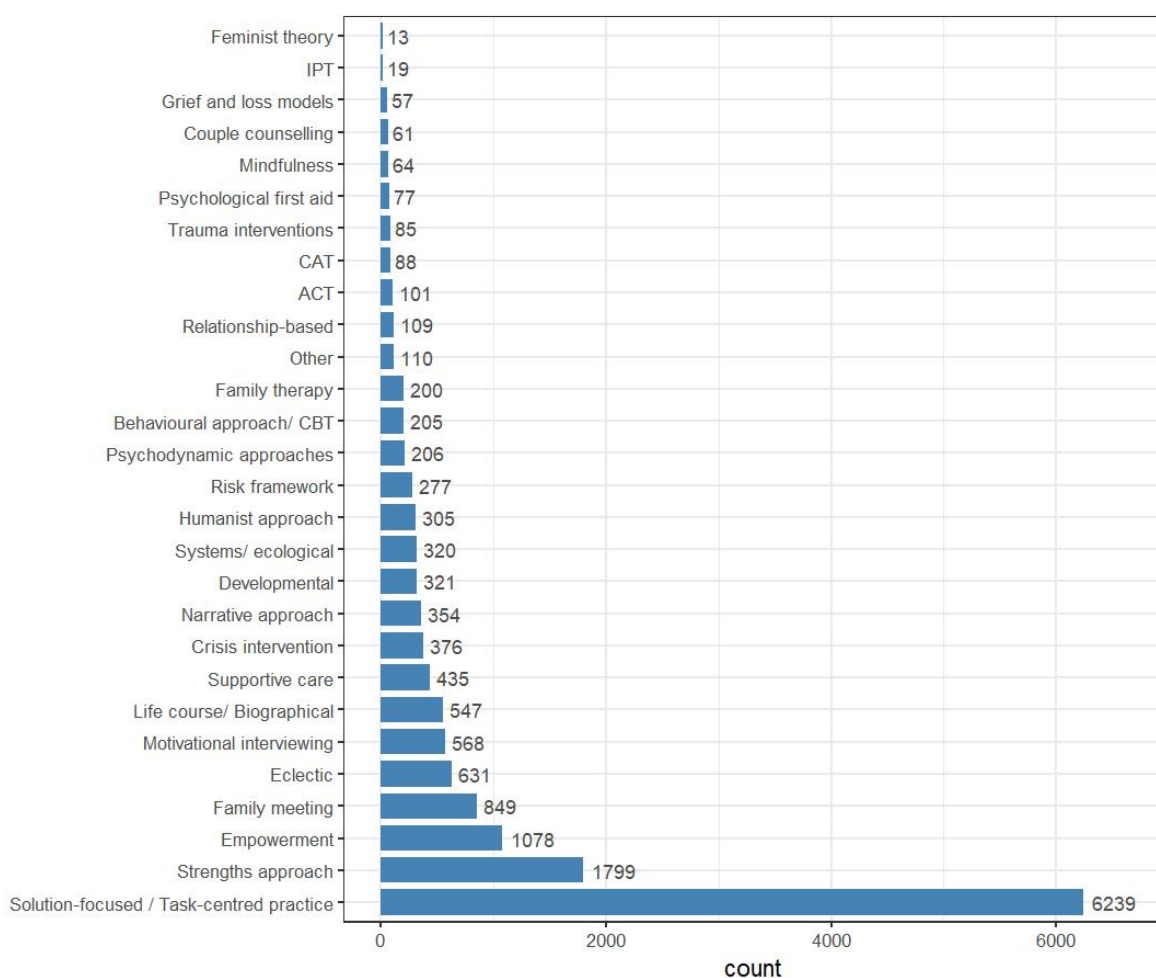


Figure 13. The theoretical approach or model for the intervention

3.9 Health and mental health social worker as a community linkage

As a part of the care pathway, health social workers support the wellbeing of their patients and their families as a community linkage by coordinating and arranging relevant services. The number of coordinated services (8,451) shows the extent of the diversity of knowledge the health social workers have of the service system as well as their role as drivers of human rights. The most coordinated or supplied services were Kela (the Social Insurance Institution of Finland) or social insurance benefits (23%, n= 1,963). The second most coordinated and supplied services were in child welfare and family social work services (13%, n=1,056). Other commonly coordinated services were disability social work services (7%, n=591), case management (7%, n=572), financial services (7%, n=552), income support (6%, n=499) and adult social services (6% n=479). The code “other” (6%, n=516) was used when the following services were coordinated or arranged: professional rehabilitation, medical rehabilitation, school support/services, drug services, insurance services, international health services.

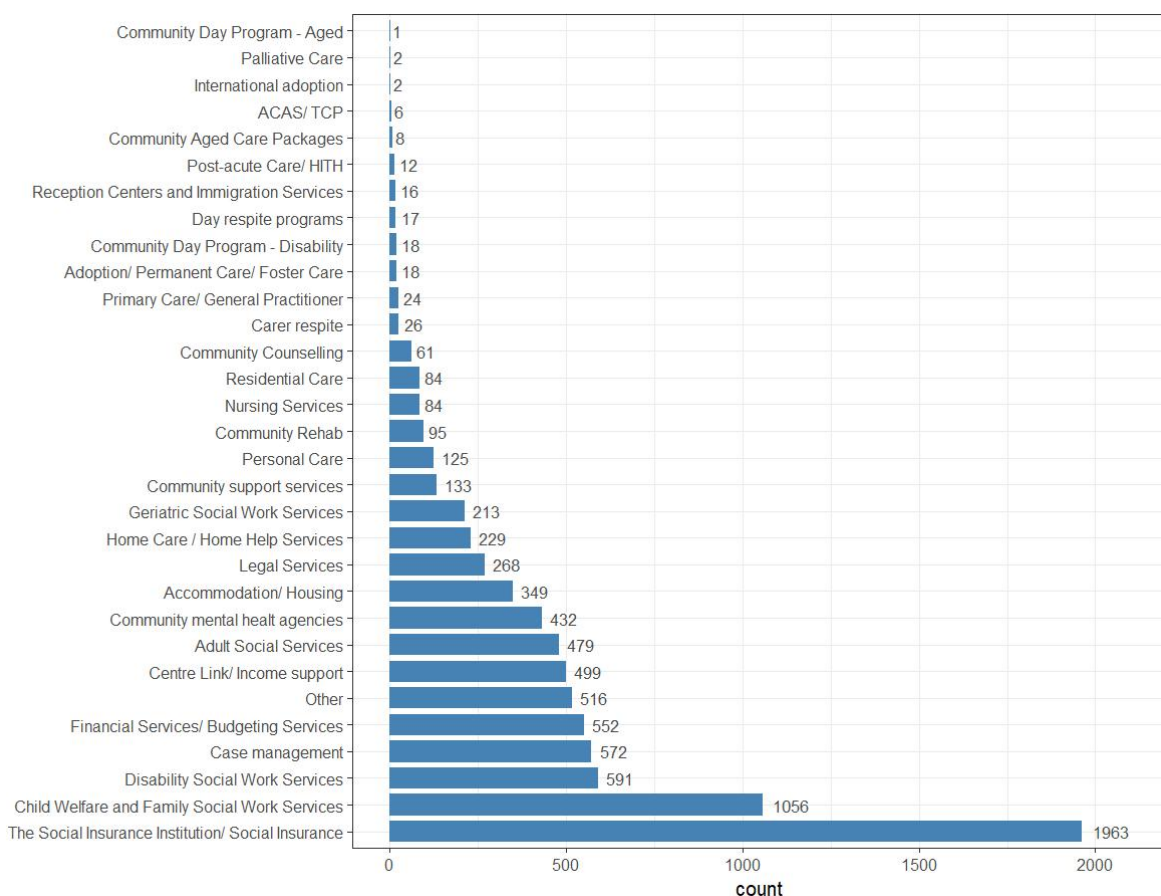


Figure 14. Health and mental health social worker as a community linkage

3.10 Interdisciplinary practice in health and mental health social work

Health and mental health social work creates and maintains a broad network of interdisciplinary practice to integrate communities and services. In addition to this, the patients' and their families' security, knowledge transfer and timely services and care are ensured. Health social workers did a lot of cooperation with different partners (n=8,308). The partner with whom most cooperation was done was Kela, the Social Insurance Institution of Finland (16%, n=1,295). If all cooperation done with health care personnel, meaning nurses, doctors and allied health workers is added together, that is clearly the most significant partner (37%, n=3,030). In social services, most cooperation is done in child welfare and family social work services (13%, n=1,060), adult social services (6%, n=493) and disability social work services (5%, n=368). The code "other" (5%, n=401) was used when cooperation was done with drug services, housing, counsellor advocates, insurance companies or systems, or organisers of rehabilitation.

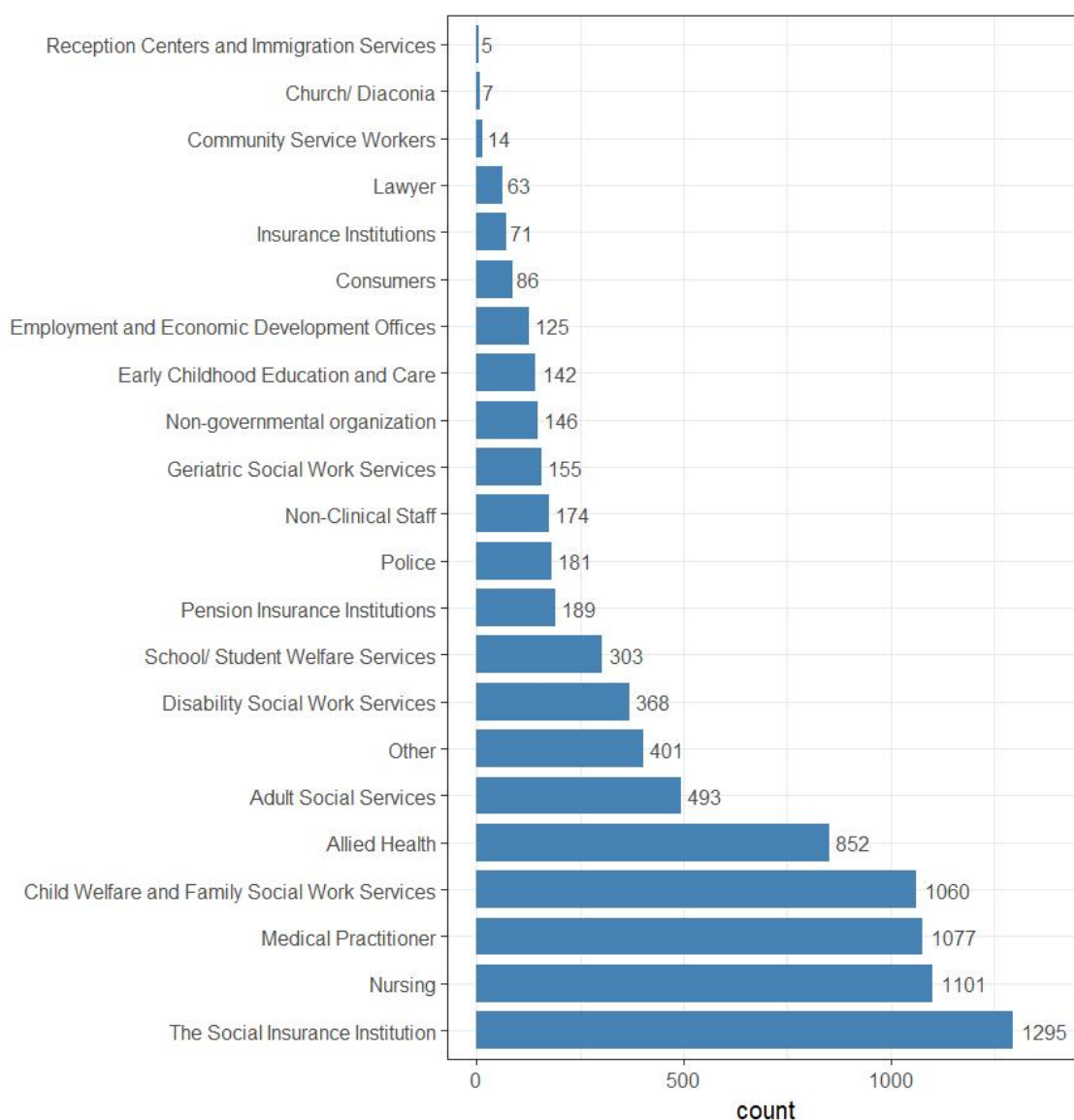


Figure 15. Interdisciplinary Practice in health and mental health

3.11 Non-clinical interventions

Work tasks of health social workers also include non-clinical interventions working with patients. Most time of non-clinical social work was spent on meetings not related to patient matters (15%, n=1,465). Though moving from one location to another (12%, n=1,116) is connected to patient work, it has still been included in this section. Other significant work tasks not connected to patient work were phone calls and emails about other than client-related matters (11%, n=1,007), planning (8%, n=778) and statistics and reporting (6%, n=576). The code “other” was used in connection with work wellbeing, challenges with IT devices or reading professional literature.

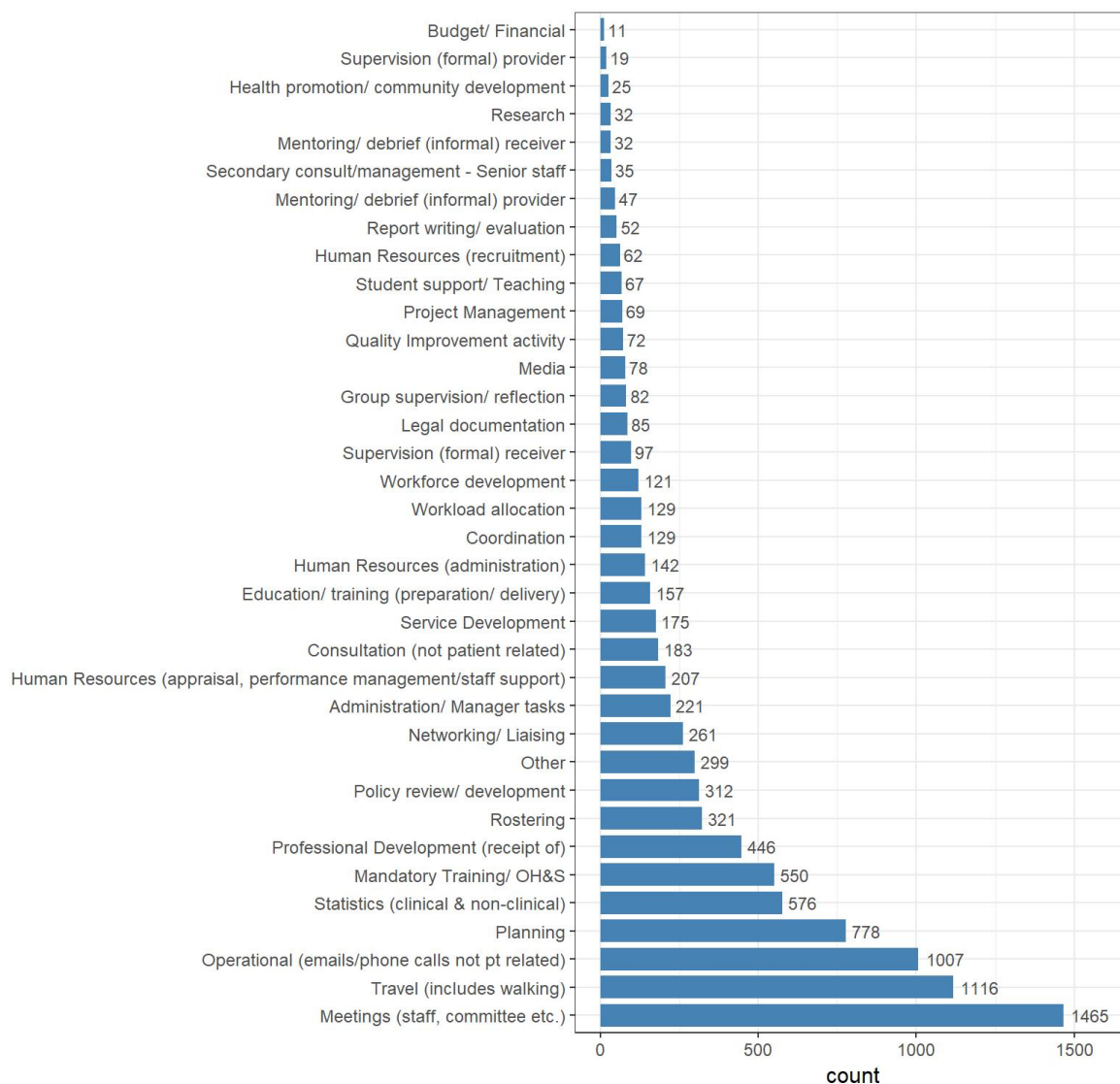


Figure 16. Non-clinical interventions

4. CONCLUSIONS FROM PRACTICE RESEARCH IN SOCIAL WORK

As a summary on the reports on a single workday of health social workers, we present a review of what parts comprise the practical tasks of Finnish health and mental health social workers (cf. Joubert et al., 2017; Joubert, 2020).

Health social work acts as a mediator between health care teams and the patient as well as the patient's family and regional services. Health social work transfers information about the patient's strengths to health care teams and brings forth the patient's needs and opinions. We can also call this promoting the patient's matters both within and outside the healthcare system. Health social work acts in systems within healthcare and outside it, and considers the patient's experience as well as the goals of the healthcare teams.

Conclusions from the Audit data

- Health social work is extremely multifaceted work done with all ages in somatics, psychiatry and mental health services. Each patient group demands specific expertise from the health social worker.
- The main part of Finnish health and mental health social work is doing demanding assessments for the patient, ensuring health-based benefits and offering and organising psychosocial support.
- Social workers in health and mental health offers emotional support and information for instance to adapt to illness, changes in life situations and strengthening comprehensive wellbeing.
- Health social work directs work at coordinating timely services and care for patients, integrating communities and services as well as ensuring security in care for the patient and their family.
- Social work in health and mental health acts according to healthcare objectives and it has an important role in ensuring the effectiveness of healthcare procedures by making sure that the patient receives support from their family and receives the services they need.
- Health and mental health social work ensures a positive experience of health care for the patient and serves as a link to regional services.

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Appendix 1.

Presentation of the research group

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International research director/guidance

Lynette Joubert, professor, University of Melbourne

Researcher/research coordinator

Jenika Heinonen, Master of Social Sciences, Master of Education, Heikki Waris Institute/Socca

Taija Alatalo, Master of Arts, Heikki Waris Institute/University of Helsinki (quantitative analysis)

Senior researcher

Anna Metteri, university lecturer, Doctor of Social Sciences, University of Tampere

Clinical practice researchers and directors

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- City of Helsinki: head of psychosocial services Aila Ronkanen, managers of social work Satu Tuomainen, Sirpa Hornborg, Mirella Saari, Seija Sistonen
- Tays: manager of social work Eevi Apponen
- City of Tampere: managers of social work Eeva-Liisa Lejon and Mia Kanninen

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