

The Effectiveness of the Multi-Disciplinary Approach (MDA) for Learners with Intellectual Disabilities (IDS)

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ABSTRACT

The study was set out to investigate the effectiveness of the MDA for learners with intellectual disabilities. The study was largely prompted by poor performance of some of the pupils with disabilities and the failure of some to live independent lives. A sample of 6 special teachers, 6 school heads, 30 teachers from the mainstream, and 20 medical practitioners, 20 parents of pupils with disabilities as well as 20 parents of pupils without disabilities in Chikomba East District in Mashonaland East Region was used. The research funded some information from selected literature review. Information was gathered through interviews and observations. Data was presented qualitatively. Some of interesting findings and observations were that the majority of special teachers, school heads, medical practitioners and parents of pupils with IDs had a general understanding of using MDA in the learning of for learners with IDs. The majority of teachers, medical practitioners and parents felt that parents are very important in the assessment of pupils with disabilities. There is a fairly limited number of trained personnel to deal with pupils with IDs. The Ministry of Education is not budgeting enough funds for diagnosis assessment and education of pupils with disabilities. Those policies to balance the disparities between people with IDs are not clear. It was also established that the community is not fully sensitised on the need of the MDA for the learners with IDs.

BACKGROUND TO THE STUDY

Before independence, special education was not run by the government. It was the responsibility of Non-Government Organisations such as Jairos Jiri Association, Copota and Morgenster Schools. The first move was in 1983 when the government of independent Zimbabwe introduced teacher training programmes in special needs education at United College of Education. Later on, more colleges like Mkoba Teachers' College, Seke Teachers' College, University of Zimbabwe as well as the Zimbabwe Open University were opened to train teachers in special education. This was put in place since the training was not adequate to meet the unique needs of pupils with disabilities. The Zimbabwean government is committed to promote the United Nations Conference of 1990 and the 1994 Salamanca conferences.

In order to identify the disability, assessment has to be done which means all important areas of the pupils' performance have to be studied hence no single professional can meet the many needs of people with disabilities. Assessment needs to be comprehensive and multi-disciplinary. The multi-disciplinary team consists of the pupils, the teacher and parents, support personnel such as psychologists, occupational therapists, speech therapists, physicians and counsellor including Para-professionals.

The Ministry of Education appointed inspectorate at head office to see to it that special education is done. At province level, educational psychologists of the schools psychological services look into it the affairs of learners with disabilities. In districts, there are remedial tutors who also supervise remediation in schools. All these are efforts by the Ministry of Education is trying to improve the quality of education in schools. However, when one critically analyses problems learners with disabilities, what comes in one's mind is poor performance of some pupils with IDs in schools as well as their failure to acquire skills for survival. As a result of this, one would be forced to think that drastic measures are needed to be taken to improve the situation in schools without necessary skills to live independent lives.

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The researchers being classroom teachers for a couple of years and now lecturers in the department of Disability Studies and Special Needs Education were prompted by this whole issue of the effectiveness of multi-disciplinary approach so as to prevent poor performance of pupils with IDs.

STATEMENT OF THE PROBLEM

Most pupils with intellectual disabilities leave the schools without acquiring skills for survival. Some are at schools but are not benefiting due to many reasons like shortage of trained personnel or shortage of relevant materials. Some societies have negative attitudes towards children with disabilities. It is against this background that the research seeks to find the effectiveness of multi-disciplinary approach in the learning of pupils with IDs.

RESEARCH QUESTIONS

- What is your understanding of MDA?
- To what extent is the MDA important for learners with IDs?
- What challenges are faced when using the MDA for the learners with IDs?
- What can be done to enhance proper use of the MDA for the learners with IDs?

REVIEW OF RELATED LITERATURE

The Concept of Multidisciplinary Approach

A MDA involves drawing appropriately from multiple disciplines to redefine problems outside of normal boundaries and reach solutions based on a new understanding of complex situations. It can also be defined as a group of people with complementary skills who are committed to a common purpose, performance goals, and approach, for which they hold themselves mutually accountable. This implies a willingness to share and indeed give up exclusive claims to specialist knowledge and authority, if the needs of clients can be met more effectively by other professional groups (Carson *et al.*, 1991; Onyett *et al.*, 1995).

Loannides and Micheal (2008) gave the following as characteristics of a MDA:

- Specialists working together (and not in parallel), with families and the disabled persons
- The exchange between the various stakeholders in a coordinated manner
- The objectives are shared and information is shared to achieve them
- A coordinator will share information and its transmission to recipients
- Everyone brings her own professional skills to achieve the goal.
- Everyone plays own role and has own responsibilities
- There is no transfer of skills from one to another

The Importance of MDA for Learners with IDs

MDA convey many benefits to both service users and the professionals working on the team, such as continuity of care, the ability to take a comprehensive, holistic view of the service user's needs, the availability of a range of skills, and mutual support and education. Working in the community enables the following three key functions to be available to service users: continuing proactive care of those with long-term serious IDs, access to information and support, intervention. In addition, MDA provides the skill range to meet the increasingly complex needs of service users who require the different skills of different professionals (Ovretveit, 1993; Moss, 1994, Chakuchichi and Magama, 2001). MDA also conveys benefits on staff working in teams and on services users themselves, which possibly explains the increasing acceptance and adoption of this approach. MDA and support from colleagues is often cited as an important source of reward to team members (Onyett & Ford, 1996). While many multidisciplinary team members experience the work as demanding, job satisfaction and personal accomplishment tend to be high (Carson *et al.*, 1991; Onyett *et al.*, 1995).

The advantages MDA use by Hoult (1986) include:

- Close-knit peer support for all professionals and consideration for the complex and sometimes distressing work to be done.

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- division of labour to ensure multidisciplinary service delivery, i.e. ensuring that all components of intervention and care are delivered;
- ensuring that all members of the multidisciplinary team are used in a way that is maximally effective, i.e. service users who need a specific input/skill set can have access to that immediately, rather than having multiple assessments;
- Cross-fertilisation of skills between professionals.

MDA gives the benefits of true multi-skilling without compromising or sacrificing the distinct contribution or professional standards of each discipline. This ensures that other team members see and know others' work, can give advice and provide informed cover when people are away.

Staffs also acquire new skills, participate in decision making and take on more responsibility leading to increased job satisfaction. True, no single professional can meet the many needs of pupils with disabilities. This implies that the approach is very effective (Onyett and Smith, 199).

Challenges of Using the MDA for the Learners with IDs

Working in teams can be experienced as difficult for a number of reasons. Professionals can find themselves torn between allegiance to their profession and to working to realise team goals. Team members often report low team identification but high professional identification. Indeed, team working may inadvertently encourage boundaries between professionals (Brown *et al.*, 2000).

Some research studies suggest that there is a poor state of inter-professional working and that one way to address poor collaboration would be to formulate a best-practice in multidisciplinary team model or a set of principles for good team-working. However, MDA as a model of working are not universally accepted. Galvin and McCarthy (1994), believe that deficiencies can be directly attributed to fundamental flaws in the concept of inter-professional working.

Onyett and Ford (1996) argue that these flaws are due to poor implementation and not to the concept of multidisciplinary team working itself. Working in teams also presents challenges to the professionals involved and the health services, particularly around management, leadership, confidentiality, and conflict management and resolution. The effectiveness of teams is limited unless they have a clear role and position in the organisational structure of the service. It implies that the optimum arrangement for staff using MDA is to be managed by an arrangement which respects the needs of the team.

According to Loannides and Micheal, (2008) difficulties that may arise in using MDA include the following

- Lack of time and increased work load. Due to this, communication and coordination of group meetings is sometimes limited and difficult.
- Different educational background may sometimes result in conflicting opinions of the child's best interest. Failure to deal effectively with conflict, however, may lead to low motivation, withdrawal, anger, burn-out and most importantly the mishandling of a case.
- Personalities within the team may also result in conflict.
- Team dynamics are easy to shake because they depend on all members cooperation Everything can't be decided as a team.
- Each professional must be able to take decisions not only about his practice
- Interdisciplinary should not be used to dilute the
- Professional Liability
- The division of labor may cause conflicts
- The prejudices between the professions are sometimes tenacious

Strategies of Using the MDA for Learners with IDs

It is an important factor is whether individual professionals feel valued for the unique expertise and commitment they bring to the team, in addition to the expertise they share with other members of the group. To facilitate continuity of care, team members may perceive a pressure to 'stretch' themselves to provide aspects of care beyond their job descriptions, so that there are not too many team members

involved with each service user. This can promote role blurring, thereby running the risk of losing the specific contribution of each profession. However, if the team can successfully identify shared core roles and responsibilities, and distinguish these from the specific unique skills that individuals and disciplines contribute, this can facilitate the success of multidisciplinary team operation. (Peck and Norman, 1999; Burns, 2004).

Good use of MDA requires consensus regarding the learners. The ability of a team to focus on the care and treatment of a specific group of learners using agreed criteria has been noted as a key success. Team members typically place varying degrees of emphasis on the distinct elements of the IDs, so much so that there may be divisive debate about intervention strategies. Hence, clear mechanisms for conflict resolution are required, preferably through multi-professional consensus. Recognition of some authority structures to resolve disagreements may be required. Having such clear mechanisms may in and of itself predispose to less conflict (Onyett *et al.* 1997, Hannigan, 1999; Norman & Peck, 1999; Onyett and Ford, 1994).

A significant determinant of MDA functioning may be the presence of team members who have a personal commitment to this approach. In order to encourage competency across the various groups who will comprise a multidisciplinary team some consideration needs to be given to ensuring this facet of training is included across all professional courses, at undergraduate and postgraduate level (Wilson and Pirrie, 2000).

Several studies proved that while verbal communication is central to MDA use, a single integrated system of record keeping may also facilitate team functioning. Similarly, regular and structured review meetings using up-to-date integrated records can prevent clinical drifting. Where a number of professionals are involved in the provision of an integrated care approach, it may also be important to identify a “lead clinician” who can coordinate and harmonise all elements of the recovery plan (Burns, 2004; Onyett *et al.*, 1994).

It is important to note that MDA teams may ‘fail to thrive’ if not adequately nurtured. While organisational and/or managerial solutions alone may not provide adequate nurture, a combination of measures including team development training e.g. developing sufficient levels of trust in order to share tasks, formulation of operational policies, and integrated management systems that span disciplines may do so (Onyett *et al.* 1994; Byrne, 2005; Hudson, 2001).

According to Peck and Norman (1999), creative tension between disciplines can easily give rise to conflicts between them. Team members typically place varying degrees of emphasis on the distinct elements of the IDs and ill-health so much so that there may be divisive debate about treatment approaches. Hence, clear mechanisms for conflict resolution are required, preferably through multi-professional consensus. Recognition of some authority structures to resolve disagreements may be required. Having such clear mechanisms may in and of itself predispose to less conflict.

In addition, Wilson and Pirrie (2000) concede that a significant determinant of multidisciplinary team functioning may be the presence of team members who have a personal commitment to this approach. Such team members typically do not have ‘a particular disciplinary axe to grind’. The ideology of community based multidisciplinary service provision is rarely addressed as a component of professional training. In order to encourage competency ‘across the various groups who will comprise a multidisciplinary team, some consideration needs to be given to ensuring this facet of training is included across all professional courses, at undergraduate and postgraduate level.

According to, Loannides and Michael (2008), assessment is the first step in providing comprehensive care for an learners with IDs. There is a range of skills required to carry out an assessment in the context of a modern service, whose fundamental unit of operation is a multidisciplinary team. The key to multidisciplinary team working is the ability to work in a collaborative way. Specific skills in this area include:

- ability to work effectively as a member of a multi-disciplinary mental health team through clarity about the role and purpose of the team and its individual members;
- willingness and ability to cross-cover between disciplines and role-blur within the limits of their skills;
- ability to work in partnership with service users, carers and social networks;

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- understanding of sources of conflict and development of basic teamwork skills including negotiation and conflict resolution;
- comprehension of the need for and willingness to participate effectively in multi-disciplinary team supervision;

Hudson (2001) further noted that knowledge of what leadership is and how it differs from management, and how good leadership can improve outcome for individual service users. While the skills of a professional described above are essential for an effective multidisciplinary team member, interpersonal skills, characteristics and attitudes are also key to team working. Individuals on a team should be encouraged, through reflective practice and appropriate support, to examine their own characteristics and how they might adapt to a team environment.

Reseachers have also proved that the need to maintain confidentiality is often cited as a barrier to multidisciplinary team working. The reason being that service users expect confidentiality when they meet any professional. However, team working is a very different way of working and needs to be discussed and negotiated with the service user. There are two issues relating to confidentiality in MDA use. The first is the need to share information between team members. The implication therefore is the central involvement of the learner. It is further noted that MDA use is not done to the service user but rather it is done with the service user. Secondly, the care giver or family should also be involved in this process, with the agreement of the service user. This should help address concerns often cited by care giver, families or parents. This implies the importance of involving parent or guardians of a learner in the assessment and learning process.

METHODOLOGY

The study employed the qualitative research because it allows participants to construct and generate meaning out of their experiences in the management of leaners with IDss. The qualitative research has earned popularity and legitimacy as an appropriate form of inquiry into issues and concerns in the field of applied Social Sciences. It also offers the opportunity of closing the gap between the science of discovery and the implementation of such discoveries. One of the characteristics included studying participants in their natural setting. A Case study design was used as a resource method to collect data from the study participants who were purposively selected after their informed consent to participate was sought (Woods, 2006; Chataika, 2010).

THE POPULATION AND SAMPLE

A sample of 6 special teachers, 6 school heads, 30 teachers from the mainstream, and 20 medical practitioners, 20 parents of pupils with disabilities as well as 20 parents of pupils without disabilities in Chikomba East District in Mashonaland East Region was used. The research funded some information from selected literature review. Information was gathered through interviews and observations. Data was presented qualitatively

DATA PRESENTATION

Sub Question 1: What is Multidisciplinary Approach?

Participants were asked what they understood by MDA in as far as it is related to learners with IDs. From the findings, it was seen that the majority had sound knowledge of what the concept entailed. Most indicated that MDA meant the coming together of different professionals in the learners with Ids in various schools. What is clear is that while the participants were aware of the concept, there appears to be lack of clarity on the issues involved. From the majority of the responses, issues to do with support and collaboration within education to meet appropriate learner outcomes; belongingness, equal membership, acceptance, and being valued; collaborative integrated services by teams, as suggested by (Hudson, 2001), were lacking in the definitions. There are also the same issues of willingness to share and giving up exclusive claims to specialist knowledge and authority, for the needs of clients to be met more effectively by other professional groups as indicated by Onyett and Smith, (1998). Generally, in layman`s language, the participants had a sound idea of the concept, though falling short of what authorities say.

To further establish their understanding of MDA, the participants were asked to give some characteristics of a multidisciplinary team. Most participants failed to give these as is given by authorities. A few had togetherness, professionalism, tolerance and resilience as good attributes of

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multidisciplinary team members. It was important if the participants had given such characteristics as coordinated manner of sharing information, bringing professional skills and having own responsibilities in the team (Loannides and Micheal, 2008).

Sub Question 2: To what Extent is the Multidisciplinary Team Important in Learning of Pupils with Ids?

Participants were asked if they consider MDA as important in the learning of pupils with Ids. Most were of the view that the approach is very useful. The usefulness of the multi-disciplinary approach is stressed by several authorities who say that, various professionals should collaborate in order to give people with disabilities support to live a meaningful life. It is also noted that no single professional can meet the many needs of pupils with disabilities. It was found interesting that even though most participants could not give clear characteristics of MDA they could tell how important it is if used for learners with IDs. (Onyett and Smith, 1998 Chiinze and Tambara,2000) This could be due to the fact that most participants really understood the nature of the learners with IDs.

Most participants showed that they believe MDA has many benefits to both service users and the professionals working on the team. Such benefits concur with those given in several researches. These include continuity of care, the ability to take a comprehensive, holistic view of when further asked the benefit of MDA to professionals most participants alluded to team spirit, sharing of skills and knowledge as well as respect from service users. This was in line with what similar researches had said, such as provision of the skill range to meet the increasingly complex needs of service users who require the different skills of different professionals (Ovretveit, 1993; Moss, 1994, Chakuchichi and Magama,2001; Onyett & Ford, 1996). While many participants expressed that the work is demanding they acknowledged that job satisfaction and personal accomplishment is high. Given below, are some of the responses from the participants on what they perceived to be the importance of MDA in working with learners with IDs:

- Participant 2: MDA improves the way I interact with peers and the support I give them as co workers considering the demands and challenges of the work to be done.
- Participant 6: It enhances gaining a lot of experience on how best to do the job, thus making us better professionals.
- Participant 21: This strategy ensures equal division of labour to ensure everyone works for the common goal of the well being of the learners
- Participant 25: If this is well implemented and supported by policy it fosters sharing of skills between professionals.

Most of these responses concurred with the advantages of MDA as given by Hoult, (1986). The researchers of this paper found the response by participant 25 very interesting as it has alluded to challenges and way forward to use of MDA.

Sub Question 3: What Challenges are faced when Using MDA for the Learners with IDs?

Researchers found out that working in teams can be difficult and challenging for a number of reasons. Findings have proved that even though MDA has a number of benefits it is not being implemented in Zimbabwe due to various reasons. Some participants complained of other team members not being friendly and respectful of others. This agrees with Brown *et al*, (2000) who concede that team members often report low team identification but high professional identification and that team working may inadvertently encourage boundaries between professionals.

Findings showed that team members were complaining of having no clear leaders and that their roles were not being considered and respected. These challenges are in concurrence with some research studies that suggested that there is a poor state of inter-professional working since MDA as a model of working is not universally accepted. However these challenges are due to poor implementation and not to the concept of multidisciplinary team working itself. The study also revealed that working in teams also presents challenges to the professionals involved and, particularly around management, leadership, confidentiality, and conflict management and resolution. The effectiveness of MDA user is limited unless teams have a clear role and position in the process (Harris and Beyerlein, 2005; Galvin and McCarthy, 1994; Onyett and Ford, 1996).

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Notable among other challenges, as provided by other participants, were the following:

- Lack of time
- Increased work load..
- Conflicting opinions due to different educational and cultural backgrounds.
- Personality differences.
- Poor division of labour

When asked if the challenges of the use of MDA have to do with staff training, most participants were of the opinion that trained staff were not enough to deal with these learners. Participants from the medical fraternity pointed out those most trained members of the multi-disciplinary team are found in big towns where people cannot have access for example, speech therapists and doctors are not mostly available in rural hospitals. They had also pointed out that equipment might be available but no trained personnel to make use of them. Most participants from schools further complained that special teachers are not well versed in all areas therefore they cannot meet some of the challenges. It was also discussed that some heads of schools have no knowledge of approaches used for the success of learners with IDs and they do not know what to assess and they cannot make use of advanced equipment. (Harris and Beverley, 2005). One participant once said, “*Shortages of resources in most schools, resulted in learners with Ids handled by people who are not well versed in the area*”. Findings also revealed that tests being used are not ministered by the rightful professionals leading to wrong placement. As a result, learners with IDs will not benefit from the learning process.

Resources like reading materials are limited such that most pupils are just in special classes without any meaningful support at all. As a result most participants from parents said that they are not satisfied with the type of education the children are getting because they fail to live independent lives due to lack of skills. Most participants said that most parents cannot afford fees to send their children to schools with suitable resources

Sub Question 4: What can be done to Enhance Proper Use of the MDA for Learners with IDs

The majority of participants agreed that parents were very important members of the team and they should be included in the assessment of their children. Participants felt that trained staff should be fully supplied in hospitals and clinics for rehabilitation and treatment. Most participants from teachers and parents felt that enough funds be allocated for Learning of those with IDs. The majority of the participants felt that there are no policies to balance the disparities between learners with IDs, hence strong policy should be advocated for. This concurs with findings from other studies that noted the presence of team members who have a personal commitment to this approach and inclusion of staff training across all professional courses, at undergraduate and postgraduate level (Wilson and Pirrie, 2000).

The study revealed that the community of Zimbabwe had no knowledge of other professionals who help learners with IDs hence there is need for them to be sensitised on the need of the multi-disciplinary approach. Other studies have also shown that teams may fail to thrive if not adequately nurtured. So team development training e.g. developing sufficient levels of trust in order to share tasks, formulation of policies, and integrated management systems result in effective use of MDA (Onyett *et al.* 1994; Byrne, 2005; Heginbotham, 1999; Hudson, 2001).

The study revealed that it is important individual professionals feel valued for the unique expertise and commitment they bring to the team, in addition to the expertise they share with other members of the group. It was indicated by most participant yhat they needed their due respect and honour for the services they give. Similar studies have prove that if the team can successfully identify shared core roles and responsibilities, and distinguish these from the specific unique skills that individuals and disciplines contribute, the success of MDA can be facilitated. Some mechanisms for conflict resolution are required, preferably through multi-professional consensus. It is recognition of authority structures that is required (Onyett *et al.* 1997, Hannigan, 1999; Norman and Peck, 19997; Onyett and Ford, 1994).

The findings of the study proved that assessment is the first step in providing comprehensive educational interventions for learners with IDs. Most participants indicated that they were not happy

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with the assessment process done for the learners. Some complained that assessment is being done informally and by unqualified personnel who lack the skills and expertise. These sentiments were in line with those by Hudson (2001) who that an assessor should have the ability to work effectively through clarity about the role and purpose of the team and its individual members, willingness and ability to cross-cover between disciplines and role-blur within the limits of their skills, ability to work in partnership with service users, carers and social networks.

Participants were asked what they felt could be done to improve the use of MDA in the learning of those with IDs. A number of suggestions were brought forward. Some participants were of the opinion that the Government should fund the training if all team members so that they become effective. This suggestion has been in a number of other studies where the processing and arranging of the learning of the disabled should be the role of the government. Some of the strategies included the following:

- Love and respect for learners and carers
- Understanding of the rights of learners and carers;
- Respect for and understanding of, the different training and skills of other team members;
- Commitment to MDA as a means of intervention
- Positive attitude to those with IDs,
- Capabilities to manage and resolve conflict
- An agreed system of clinical supervision
- Confidentiality
- Team work and cooperation.
- Further clarification of everyone's role and work limits.
- Respect on boundaries of each team member.
- Education on team work techniques.

CONCLUSION

From the above, the following conclusions were made:

- The use of multi-disciplinary approach is very effective in the learning of pupils with ID.
- The curriculum for special education is not fully available therefore there is need to make necessary adaptations to suit the unique needs of pupils with disabilities.
- The parents are very important in the assessment as they know the social background of their pupils as well as reinforce learnt skills.
- Some of the trained personnel who deal with learners with IDs are not fully equipped with skills, therefore, more training is still needed and thorough supervision is called for.
- The policies are not clear on the disparities between people with IDS and those without thus, it will make necessary funds available in special education.
- The community is not aware of the need and use of MDA
- The community of Zimbabwe had no knowledge of other professionals who help learners with IDs.
- The success of MDA requires confidentiality, team work and cooperation among all player.

RECOMMENDATIONS

The following recommendations were made:

- The education officers in the area under study should launch workshops to sensitise the community on the right to the education of learners with IDs as well as the need of the MDA.
- Curriculum planners need to revisit available curriculum and accommodate pupils with IDs so that learning can be meaningful.

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- The Ministry of Primary and Secondary Education, should have a policy that is specific On how to deal with pupils with disabilities thus it will enable enough funds to be available for special education.
- The government should urge all stakeholders to contribute towards the education of pupils with disabilities so that buildings have to be renovated so as to be accommodative to those with disabilities.
- Respect for and understanding of, the different training and skills of Multi disciplinary team members
- Capabilities to manage and resolve conflict Further clarification of everyone's role and work limits be sought continuously

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