

Registered social workers who are supervisors: A national survey

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ABSTRACT

INTRODUCTION: Aotearoa New Zealand registered social workers who supervise are expected to provide supervision in accordance with the Social Workers Registration Board standards. This article aims to establish baseline about supervisors and their supervision.

METHODS: A national postal survey of 278 registered social workers supervision gathered data about the background, experiences and views of 138 supervisors. The quantitative data were analysed using IBM SPSS 24. One-way ANOVA and post hoc tests were applied to explore variances in means for the independent variables of type of registration, area of practice, gender, age, ethnic identity, sexual orientation, recognised qualifications, experience as social worker, experience as a supervisor, and supervisory training and education across six scales concerned with the respondents' provision of supervision.

FINDINGS: The findings provide baseline demographic information about the supervisors, as well as descriptions of their supervisory practice. This includes information regarding the forms, logistics, types of contact, the approaches and models used, session processes and their overall satisfaction and evaluation of the supervision they provide.

CONCLUSIONS: The article concludes that most supervisors provided supervision that is typical of individual, clinical or professional supervision and was aligned with professional standards. Questions were raised concerning the predominance of non-Māori supervisors and the cultural relevancy, safety and responsiveness of supervisors to Māori. Suggestions are made regarding the development of the supervisory workforce. Areas for further research are identified regarding the differences in supervisory practice related to fields of practice, ethnicity, experience, qualifications and training.

KEYWORDS: supervision, social work, supervisors, cultural responsiveness

Introduction

This article aims to establish baseline data regarding the background of registered social workers who are supervisors and to compare their supervision with Social Workers Registration Board (SWRB) policy and guidelines. The data presented in this article are from 138 supervisors who completed a postal survey about the

supervision of registered social workers in 2015.

Background

The expectations and standards for supervisors who are registered social workers are derived from SWRB policies, standards and Code. The SWRB (2015) policy prefers that supervisors are

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registered social workers who are trained in professional supervision and practise according to established professional standards. Supervisors are expected to understand the Board's policy and principles pertaining to supervision. The principles are detailed in clause three of the policy and are as follows:

- The over-riding priority of professional supervision is to promote and protect the interests of the client.
- Professional supervision promotes safe and accountable practice.
- Professional supervision promotes inclusive practice underpinned by Te Tiriti o Waitangi, responsiveness to Māori, and sound ethical principles.
- Professional supervision promotes active recognition of the cultural systems that shape the workers practice.
- Professional supervision encompasses a respectful, strengths-based approach which affirms people's dignity, capacity, rights, uniqueness and commonalities.
- Professional supervision provides a forum to ensure accountability to the agency, to clients and the profession.
- Professional supervision is available for all practising social workers.
- Professional supervision is regular and uninterrupted and based on a negotiated contract.
- Professional supervision is located within a learning environment where professional development is valued and encouraged.
- Professional supervision will be consistent with the requirements associated with level of experience (SWRB, 2015, pp. 2–3).

Clause six, concerning the criteria for supervisors, qualifies the principles listed above and states that supervisors should “be able to provide supervision that is relevant to the supervisee's spiritual, traditional and theoretical understandings, cultural worldview, experience, skills and requirements for accountability” (SWRB, 2015, p. 4). The SWRB's Code of Conduct (2016) also contains specific guidance for supervisors. The first relevant instructions are principles 2.6 and 2.7 which require supervisors to ensure their supervision is culturally relevant, safe and responsive with Māori supervisees and clients (SWRB, 2016). Principle four, which is concerned with the registered social worker being competent and responsible for their professional development, provides further guidance, by way of the minimum requirements of monthly supervision of an hour's duration, the active, responsible, open and honest participation by the social worker, and the requirement that a registered social worker provides evidence of regular supervision and a supervision contract when renewing their annual practising certificate or competence (SWRB, 2016, p. 13). Principle eight, which is concerned with working openly and respectfully with colleagues, instructs supervisors that sexual relationships, sexual interactions and sexual behaviour with supervisees or social work students are unacceptable because of “the obvious and direct power imbalance” (SWRB, 2016, p. 23). While principle ten, concerning keeping accurate records and using technology effectively, requires supervisors in principle 10.8 to adhere “to the standards that apply in face to face practice” (SWRB, 2016, p. 26). Finally, supervisors who are registered social workers are also expected to participate in supervision and abide by all of the clauses of the Code of Conduct (SWRB, 2016). For the most part, the SWRB's guidelines establish what is expected of a supervisor regarding training, competencies, principles, and practices. The guidelines do not however, provide any detail about the level or type of supervision training that supervisors should have completed. Neither do they state that

qualifications in supervision are required for supervisors.

In Aotearoa New Zealand, an extensive social work supervision literature base has been established over the past 20 years which provides supervisors with practice wisdom, theory and research (Beddoe, 2016; O'Donoghue, 2018; O'Donoghue & Tsui, 2012). The research details the views of social workers and supervisors about what is good and best about their supervision (Davys, 2002; O'Donoghue, 2010; O'Donoghue, Munford, & Trlin, 2006), how to improve their supervision (O'Donoghue, 2008, 2010), how evaluation occurs (Davys, May, Burns, & O'Connell, 2017), the influence of culture and cultural approaches (Eketone, 2012; O'Donoghue, 2010), Māori approaches (Eruera, 2005; Murray, 2017), inter-professional and cross-disciplinary supervision (Beddoe & Howard, 2012; Howard, Beddoe, & Mowjood, 2013; Hutchings, Cooper, & O'Donoghue, 2014), reflective supervision in community-based child welfare (Rankine, 2017), the recording of supervision (Gillanders, 2009), strength-based supervision (Thomas, 2005), and spirituality within supervision (Simmons, 2006). To date, there has not been a national survey that has specifically explored the backgrounds, experiences and views of registered social workers who are supervisors. A previous national survey undertaken in 2004, of members of the Aotearoa New Zealand Association of Social Workers (ANZASW), prior to the implementation of registration asked respondents to: 1) identify the supervision roles they undertook either as supervisee, supervisor or both; 2) identify the supervision training they had and the year provided; and 3) evaluate their provision of supervision on a five-point scale (O'Donoghue, 2010; O'Donoghue, Munford, & Trlin, 2005). That survey did not contain a specific section for supervisors that examined their experience or specific details of their provision of supervision. There is a research gap regarding these areas and therefore a need for a national survey that

seeks information about registered social workers who are supervisors.

Survey design

The questionnaire used in the postal survey was an updated version of the instrument used in 2004 (O'Donoghue, 2010; O'Donoghue et al., 2005). The updates related to the collection of supervisor data were the addition of a specific supervisors' section in the questionnaire. The questions in this section were developed from the supervision literature and previous research (Kadushin & Harkness, 2014; O'Donoghue & Tsui, 2015). There were 12 questions (one binary-choice, five multi-choice and six scales) which asked supervisors about their supervisory practice. The binary-choice question concerned whether the respondent was a supervisor or not. Those who responded "yes" to this question were then asked to complete the remainder of the questionnaire. The five multi-choice questions concerned: the respondents' experience as a supervisor; the training and qualifications they had completed in supervision; the number of supervisees with whom they had a current supervision relationship; the average number of supervision sessions provided over the period of a month; and the type of supervision agreement or contract they had in place with their supervisees. The six scales were five-point semantic differential, likert-type scales which measured: the supervisor's level of provision of specific forms of supervision over the 12 months prior to the survey; the frequency of provision of particular kinds of supervision contact; the frequency of use of specific supervision approaches; the occurrence of specific aspects within the supervision sessions and the supervisors' overall satisfaction and overall evaluation of their supervision.

Data collection and analysis

The sampling and data-collection procedure involved selecting a sample

of 708 registered social workers using a set of randomly generated numbers from the 4388 registered social workers who held annual practising certificates on the publicly available register in 2014. The first posting occurred in December 2014, a reminder was posted in January 2015 and data collection was concluded in February 2015. Twenty questionnaires were returned unclaimed. From the 688 questionnaires deemed to have been received, 278 questionnaires were returned giving a response rate of 40.4%. From the sample 278 respondents, a sub-group of 138 supervisors completed the supervisors' questions. The completed questionnaires were checked, coded and data were directly entered into IBM SPSS 24 (<http://www.ibmssp.com>) for analysis. Missing data were addressed by leaving

the cells in IBM SPSS 24 blank and by reporting the number of respondents (Pallant, 2013). The analysis involved descriptive statistics in the form of count, percentage and means. Following the descriptive analysis, a one-way ANOVA was applied to compare the mean results from the scales with the independent variables derived from the respondents' characteristics and, where significant differences were identified, Tamhane T2 post hoc tests were applied to measure the differences and to identify which groups had differences that were statistically significant. Tamhane T2 tests are used when the variances are unequal and samples differed, which was the case with the supervisors' characteristics. The eta squared coefficient (η^2) was used to measure the effect size. The effect is deemed small at 0.01, medium at 0.06 and large at 0.14 (Pallant, 2013, p. 264). The alpha level was set at 0.05. The study was approved by the Massey University Human Ethics Committee. The limitations of this survey are those that apply to any survey and concern the reliance on the respondents' reports, social desirability bias, missing data bias and the small sample size of some respondent characteristic groups (De Vaus, 2014).

Supervisors' characteristics

The supervisors' personal, professional and supervisory characteristics are presented in three tables. The supervisors' personal and professional characteristics in Tables 1 and 2 are compared with all respondents from the wider sample, whereas Table 3, which concerns supervisory characteristics cannot be compared with all respondents as these characteristics were from questions that were answered only by supervisors. No claims are made regarding whether this sample is representative of registered social workers who are supervisors, because the SWRB did not have any information available about supervisors. Table 1 shows that the percentage of supervisors who were female was 4.6% higher than the

Table 1. Personal Characteristics

Personal Characteristics		Supervisors		All Respondents	
		N	%	N	%
Gender	Female	121	87.7	231	83.1
	Male	14	10.1	41	14.7
	Diverse	3	2.2	6	2.2
Total		138	100	278	100
Age	20-29	1	0.7	3	1.1
	30-39	10	7.4	31	11.3
	40-49	43	31.6	83	30.3
	50-59	49	36.0	97	35.4
	60-69	33	24.3	60	21.9
Total		136	100	274	100
Ethnicity	Māori	22	15.9	53	19.1
	NZ European/ Pākehā	91	65.9	155	55.8
	Pacific Peoples	8	5.8	20	7.2
	Indian	3	2.2	12	4.3
	Other	14	10.2	38	13.6
Total		138	100	278	100
Sexual Orientation	Same-sex	13	10.1	25	9.9
	Bisexual	2	1.5	8	3.2
	Heterosexual	114	88.4	219	86.9
Total		129	100	252	100

all-respondents group, whereas the percentage of supervisors who were male was 4.6% lower than the wider sample. In relation to age, the supervisors group had higher percentages in the 40 years and older groups and lower percentages amongst those who were younger than 40. This pattern suggests that age (seniority) is related to the supervisor role. In terms of ethnicity, those who identified as 'other' were of British, European, Australian, Filipino, African, North American, Japanese, Chilean, Jewish, Hawaiian/German, and Fijian Indian heritage. In the Table it is apparent that the percentage of Māori, Pacific peoples, Indian and Other supervisors is lower than the wider survey sample, whereas, the percentage of New Zealand (NZ) European/Pākehā supervisors is 10.1% higher. This pattern raises questions about the extent to which the supervisory workforce is representative of the diversity found amongst registered social workers and client populations. It also raises questions regarding why NZ European/Pākehā have a higher percentage of supervisors than in the wider sample. Is this result due to sampling error? Or institutional racism? Or unconscious bias? For sexual orientation, the differences between the percentages for supervisors and all respondents are small and not indicative of an obvious pattern.

The professional characteristics displayed in Table 2 show that nearly all of the supervisors were fully registered and there were a higher percentage of supervisors who had 16 years or more experience in social work than the all-respondents group. Conversely, the percentages for supervisors with 15 years or less experience were lower than the wider group. This pattern suggests that greater experience is related to the supervisor role. In regard to recognised qualifications, the percentage of supervisors with Section 13 (recognition of past experience for purposes of registration), bachelor's, master's degrees and other qualifications was slightly higher than the wider sample, whereas those with diplomas and postgraduate

Table 2. Professional Characteristics

Professional Characteristics		Supervisors		All Respondents	
		N	%	N	%
Type of Registration	Full	137	99.3	264	95.3
	Provisional	0	0	11	4
	Temporary	1	0.7	2	0.7
Total		138	100	277	100
Experience in years	1-5	12	8.7	31	11.3
	6-10	12	8.7	49	17.9
	11-15	27	19.6	62	22.6
	16-20	29	21.0	44	16.0
	21-25	21	15.2	38	13.9
	26-30	22	15.9	32	11.7
	>31	15	10.9	18	6.6
Total		138	100	274	100
Recognised Qualification	Section 13 (Past Experience)	6	4.3	7	2.5
	Diploma	31	22.5	71	25.7
	Bachelors	55	39.9	107	38.8
	PG Dip	16	11.6	35	12.7
	Masters	26	18.8	49	17.8
	Other	4	2.9	7	2.5
Total		138	100	276	100
Area of Practice	Health	53	38.4	96	34.5
	Statutory	43	31.2	109	39.2
	NGO	34	24.6	61	22.0
	Education and Training	6	4.4	10	3.6
	Private Practice	2	1.4	2	0.7
Total		138	100	278	100

diplomas had a slightly lower percentage than the all-respondents group. Turning to areas of practice, it was surprising to find that, amongst the three largest areas, the percentage of supervisors in health and non-government organisations (NGOs) was higher than the percentage in the all-respondents group and that the percentage in the statutory area of supervisors was lower than that of all respondents.

Table 3. Supervisory Characteristics

Supervisory Characteristics		Supervisors	
		N	%
Supervisory experience in years	1-5	53	38.4
	6-10	36	26.1
	11-15	21	15.2
	16-20	14	10.1
	21-25	8	5.8
	26-30	4	2.9
	>31	2	1.4
Total		138	100
Supervision training or qualification	None	17	12.3
	Short-course	41	29.7
	Paper(s) or module(s)	21	15.2
	Certificate in supervision	37	26.8
	Grad Diploma	4	2.9
	Post Grad Diploma	13	9.4
	Other	5	3.6
Total		138	100

A possible explanation for these differences may be that supervisors in statutory social work are appointed to a specific supervisory position, whereas in the health and NGO sector, the role of a supervisor can be performed by a peer colleague. This means that more social workers can be supervisors in the health and NGO fields (O'Donoghue & Tsui, 2012).

The supervisory characteristics in Table 3 are supervisory experience in years and supervision training or qualification. In regard to supervisory experience, nearly two-thirds of the 138 supervisors (64.5%, $n = 89$) had 10 or less years' experience as a supervisor. While just over a third (36.4%, $n = 49$) had 11 or more years of supervisory experience. Most of the 138 supervisors (87.7%, $n = 121$) had completed some form of training or qualification in supervision. The 3.6% ($n = 5$) who had undertaken 'other' training described this as an overseas practice teaching award, a certificate in first-line management, internal CYPS training

and half a postgraduate diploma. The 12.3% ($n = 17$) of supervisors who reported no supervision training nor held qualifications in supervision are contrary to the preference expressed in the SWRB's policy (see clause six), for supervisors who have completed professional supervision training (SWRB, 2015, p. 4).

As a group, the supervisors represented a cross-section of areas of practice, they were mostly female and older in age than their colleagues. There was a higher proportion of NZ European/Pākehā than the wider survey sample and a lower proportion of Māori, Pacific peoples, Indian and other ethnicities. They were predominately heterosexual, with a higher percentage holding a degree in social work, section 13, and other qualifications than all survey respondents.

The supervisors were also more experienced as social workers, and their supervisory experience, whilst varied, showed that the majority had less than 10 years' experience. Most met the SWRB (2015) preference in regard to completing some form of education and training in supervision.

Supervision provided

The supervisors' experiences and views about the supervision they provided across a range of areas are explored in this section. The section starts with the forms of supervision provided.

Forms of supervision

The supervisors rated on a five-point scale (where 1 = *none* and 5 = *high*) their level of provision for each of 12 forms of supervision over the last 12 months. The means ranged from 4.25 to 1.82, with individual, clinical/professional being the most common forms of supervision provided and cross-disciplinary the least (see Table 4). The 'other' category referred to ad hoc open-door policy. From the one-way ANOVA, significant mean differences for areas of

practice, ethnicity and experience as a social worker were identified. The areas of practice difference was for external supervision ($F(4, 117) = 4.270, p < .01$) with private practice ($M = 5, SD = 0, n = 2$) having a higher mean than health ($M = 2.66, SD = 1.821, n = 47$), NGO ($M = 2.5, SD = 1.689, n = 28$) and statutory ($M = 1.59, SD = 1.229, n = 39$). Health also had a higher mean than statutory. The effect size of this difference was medium ($\eta^2 = .127$). This difference, despite the small sample for private practice, is not surprising since external supervision is usually the main form of supervision a private practitioner offers (O'Donoghue, 2010). The difference between health and statutory was surprising and perhaps is due to some supervisors from hospital-based services providing supervision to social workers in primary health organisations (PHOs). The significant mean differences for ethnicity concerned cultural supervision ($F(4, 120) = 15.786, p < .001$) with Māori ($M = 3.3, SD = 1.625, n = 20$) having a higher mean than 'other' ($M = 1.69, SD = 1.109, n = 13$) and NZ European/Pākehā ($M = 1.48, SD = .838, n = 81$). Pacific Peoples ($M = 3.5, SD = 1.414, n = 8$) also had higher mean than NZ European/Pākehā. The effect size of these differences was large ($\eta^2 = .345$). These differences were expected and reflect the development of cultural supervision as specific form of supervision provided by Māori and Pasifika supervisors to support the cultural safety and development of Māori and Pasifika practitioners, as well as to assist Pākehā and Palagi colleagues working with Māori and Pasifika clients (Autagavaia, 2001; Eketone, 2012; Murray, 2017; O'Donoghue, 2010; Su'a Hawkins & Mafile'o, 2004).

There were two significant mean differences concerning experience as a social worker. The first concerned managerial/administrative supervision ($F(6, 115) = 4.906, p < .001$) where supervisors with 26–30 years' experience ($M = 4.06, SD = 1.259, n = 18$) had a higher mean than 16–20 years ($M = 2.34, SD = 1.446, n = 29$) and 1–5 years ($M = 1.63, SD = 1.408, n = 8$). The effect

Table 4. Forms of Supervision

Form of supervision	N	Mean	Std. Deviation	% participated (i.e. 2-5)	% high participation (i.e. 5)
Individual	125	4.25	1.175	92.0	82.4
Clinical/ Professional	131	3.76	1.329	87.8	66.4
Internal	125	3.66	1.597	78.4	66.4
Student or Field Work placement	127	3.13	1.638	70.1	47.2
Peer	130	3.11	1.469	75.4	45.3
Managerial/ Administrative	122	2.91	1.532	69.7	42.7
Team	125	2.36	1.510	53.6	29.6
External	122	2.34	1.694	41.8	30.3
Group	122	2.19	1.445	47.5	22.2
Cultural	125	1.94	1.318	43.2	16.8
Cross-disciplinary	119	1.82	1.338	33.6	17.7
Other	3	2.33	2.309	33.3	33.3

*Level of participation ranged from 1 (*none*) to 5 (*high*).

size of this mean difference was large ($\eta^2 = .204$). This result indicates that those with 26–30 years provide more management supervision than their less experienced colleagues and raises the question of whether there is relationship between seniority in terms of experience and line management supervision. The other difference concerned the provision of external supervision ($F(6, 115) = 2.328, p < .05$) with supervisors with greater than 31 years' social work experience ($M = 3.57, SD = 1.453, n = 14$) having a significantly higher mean than those with 1–5 years' experience ($M = 1.44, SD = 1.333, n = 9$). The effect size was medium ($\eta^2 = .108$). This difference was expected and indicates that on average social workers with greater than 31 years are more likely to provide external supervision than those starting their careers.

Logistics involved

The supervisors responded to questions about the number of supervisees, the

average number of supervision sessions provided over a month and the type of agreement or contracts they had in place. The number of supervisees ($n = 137$) ranged from one to up to 20. Over two-thirds (70.1%, $n = 96$) supervised between one and five supervisees. The three highest percentages were for supervising one (19.7%, $n = 27$), five (16.8%, $n = 23$) and four (16.1%, $n = 22$). The median number of supervisees was four. The average number of sessions ranged from one to five through to over 20 per month. Over half of 135 supervisors (51.1%, $n = 69$) reported that, on average, they had between one and five supervision sessions a month. Close to a third (31.1%, $n = 42$) had between six and 10 sessions while a tenth (10.4%, $n = 14$) had between 11 and 15 sessions. The remaining 7.4% ($n = 10$) consisted of 5.2% ($n = 7$) that had between 16 and 20 sessions, and those who reported other (2.2%, $n = 3$) reported more than 20 sessions. There were differences across areas of practices with regard to distribution of the average number of sessions, with 70.5% of 51 health supervisors having an average of 1–5 sessions per month, compared with 48.5% of 33 supervisors in NGOs and 30.2% of 43 supervisors in the statutory area. The provision of 6–10 sessions per month, was 23.5% health, 36.5% NGO and 37.2% statutory. While, the distribution of

those who provided 11 sessions or more per month was 6% health, 15.1% NGO, and 32.5% statutory. Overall, a larger proportion of supervisors in statutory social work provided more supervision sessions in a month than their colleagues. Most supervisors (96.3% of 135 supervisors) had agreements, 85.9% ($n = 116$) had written supervision agreements, 7.4% ($n = 10$) had oral agreements and four supervisors did not have agreements. Four other supervisors indicated they had a mix of both oral and written agreements with their supervisees while another reported having a mix of no agreements and written agreements across their supervisees. The four supervisors who did not have agreements included two from NGOs, one from health and the other from the statutory area. The supervisors who had either oral or no agreements had arguably contributed to a potentially problematic situation for their supervisees in which their ability to produce evidence of a supervision contract when renewing their practising certificate, was somewhat compromised (SWRB, 2016).

Types of supervision contact

The supervisors indicated on a 5-point scale (where 1 = *not at all* and 5 = *almost always*) their provision of a range of types of supervision contact. The means ranged from 4.24 for checking in concerning work plans and activity to 2.2 for formal group sessions (see Table 5). The five highest means were all reflective of an individual clinical or professional approach to supervision. The responses to 'other' mainly concerned supervision in specific settings and phone consultations.

Significant mean differences were identified for areas of practice, the first of these was for checking in concerning work plans and activity ($F(4, 130) = 3.556, p = .009$), with private practice ($M = 5, SD = 0, n = 2$) having a higher mean than NGO ($M = 4.42, SD = .663, n = 33$), statutory ($M = 4.3, SD = .832, n = 43$) and health ($M = 4.16, SD = .857, n = 51$). The effect size was medium ($\eta^2 = .099$). The next was formal group sessions ($F(4, 123) = 3.407, p = .011$), where education

Table 5. Types of Supervision Contact: Frequency of Experience*

Types of supervision contact	N	Mean	Std. Deviation
Checking in concerning work plans and activity	135	4.24	.857
Case consultations	134	4.16	.894
Formal individual meetings or sessions	131	4.16	.975
Reviews/ debriefings of specific work or situations	133	3.97	.953
Ad hoc informal open door consultations	131	3.76	1.408
Co-working	134	2.66	1.403
Observations (either live or recorded)	131	2.42	1.324
Formal team sessions	130	2.24	1.397
Formal Group sessions	128	2.20	1.422
Other	5	4.20	.837

*Frequency ranged from 1 (*not at all*) to 5 (*almost always*)

and training ($M = 4$, $SD = 1.095$, $n = 6$), NGO ($M = 2.39$, $SD = 1.585$, $n = 31$), statutory ($M = 2.07$, $SD = 1.191$, $n = 41$), and health ($M = 2.02$, $SD = 1.407$, $n = 48$), had significantly higher means than private practice ($M = 1$, $SD = 0$, $n = 2$). The effect size was also medium ($\eta^2 = .1$). Formal team sessions ($F(4, 125) = 2.666$, $p = .035$), was similar with NGO ($M = 2.67$, $SD = 1.594$, $n = 33$), statutory ($M = 2.41$, $SD = 1.264$, $n = 41$), and health ($M = 1.82$, $SD = 1.236$, $n = 49$) having higher means than private practice ($M = 1$, $SD = 0$, $n = 2$). The effect size was medium ($\eta^2 = .079$). These differences may be due to the small sample size for private practice. That said, this finding raises questions for further research concerning whether supervisors in private practice provide different types of contact in supervision to their colleagues in other areas of practice. The mean difference for ad hoc, informal, open-door consultations ($F(4, 126) = 4.070$, $p = .004$) was that statutory ($M = 4.38$, $SD = 1.118$, $n = 42$) had a significantly higher mean than health ($M = 3.24$, $SD = 1.347$, $n = 49$). The effect size was medium ($\eta^2 = .114$). This difference was not expected and indicates a difference in practice across the sectors, which requires further research.

In summary, the area of practice differences suggests that, on average, private practice supervisors do more checking in concerning work plans and activity than supervisors in statutory, health and NGO settings. Whereas supervisors in education and training, NGO, statutory, and health engage in more formal group sessions than those in private practice and those in NGOs, statutory, and health engage in more formal team sessions than the supervisors in private practice. The mean differences for ad hoc, informal, open-door consultations show that statutory supervisors engage in more of these consultations than their colleagues in health.

Use of ideas from supervision approaches and models

The supervisors rated on a five-point scale (where 1 = *not at all* and 5 = *almost always*)

their use of aspects or ideas from a range of supervision models/approaches. The means for the use of aspects or ideas from the selected models ranged from 4.43 for “strength-based” to 1.53 for “Pasifika-based approaches.” Table 6 shows that ideas from clinical models and approaches (namely, strength-based, reflective, solution focused, task centred, eclectic, adult learning and narrative) were used more than approaches concerned with addressing diversity, oppression and colonisation (i.e., cultural, feminist, kaupapa Māori, and Pasifika-based). The items specified under ‘other’ included practice-based approaches such as motivational interviewing, cognitive behavioural therapy, person-centred, systems theory, action/reflection and Heron’s model, as well as supervision and personal approaches, for example, Tapes, creative/art and the pounamu model.

There were significant mean differences among supervisors in relation to ethnicity,

Table 6. Use* of Aspects/ideas from Supervision Approaches and Models

Approaches/Models	N	Mean	% Used to some extent (i.e., 2-5)	% A/A (i.e. 5)
<i>Strength-based</i>	136	4.43	99.3	52.2
<i>Reflective</i>	137	4.39	100	50.4
<i>Solution-Focused</i>	133	4.25	100	42.9
<i>Task-Centred</i>	134	3.93	97	30.6
<i>Eclectic</i>	127	3.68	92.1	26.8
<i>Adult learning</i>	129	3.60	89.1	25.6
<i>Narrative</i>	132	3.42	87.9	24.2
<i>Cultural</i>	131	2.75	79.4	9.2
<i>Feminist</i>	128	2.53	70.3	7.8
<i>Kaupapa Māori</i>	128	2.16	54.7	8.6
<i>Pasifika-based</i>	122	1.53	31.1	1.6
<i>Other</i>	5	3.80	100	0

* Use ranged from 1 (*not at all*) to 5 (*almost always*).

recognised qualification and experience as a supervisor. The differences according to ethnicity concerned the use of a cultural approach or model ($F(4, 126) = 6.975, p < .001$) and a narrative approach ($F(4, 127) = 4.891, p = .001$). In both cases Māori ($M = 3.86, SD = 1.037, n = 22$; $M = 4.41, SD = .908, n = 22$) had significantly higher means than NZ European/Pākehā ($M = 2.47, SD = 1.185, n = 86$; $M = 3.28, SD = 1.24, n = 85$) and those from other ethnic groups ($M = 2.46, SD = 1.127, n = 13$; $M = 2.79, SD = 1.626, n = 14$). The effect size for cultural was large ($\eta^2 = .181$), whereas the effect size for narrative was medium ($\eta^2 = .133$). The differences indicate that Māori supervisors are more likely to use a cultural approach or model and a narrative approach in their supervision than non-Māori supervisors. The result for the cultural approach was expected and aligns with the qualitative findings in O'Donoghue (2010, p. 265), who found that Māori supervisors supervised from a Māori worldview. Whereas, the finding in regard to the use of a narrative approach was unexpected and indicates an area of further research regarding the use of a narrative approach amongst Māori supervisors.

The differences for recognised qualifications also concerned the narrative approach ($F(5, 126) = 3.490, p = .005$), with those who held diplomas ($M = 3.53, SD = 1.224, n = 30$), bachelor's degrees, ($M = 3.74, SD = 1.152, n = 54$) postgraduate diplomas ($M = 2.71, SD = 1.437, n = 14$), and Master's degrees ($M = 3.31, SD = 1.408, n = 26$) having a significantly higher mean than 'other' ($M = 1, SD = 0, n = 2$). The effect size was medium ($\eta^2 = .122$). The most likely explanation for this difference is the small number of those with other qualifications.

For experience as a supervisor, the mean difference was for the use of a solution focused approach ($F(6, 126) = 2.420, p = .03$). Here, supervisors with 26–30 years ($M = 5, SD = 0, n = 4$) experience had a higher mean than supervisors who had 1–5 ($M = 4.31, SD = .781, n = 52$) 6–10 ($M = 4.3, SD = .585, n = 33$) and 11–15 years experience

($M = 3.76, SD = .944, n = 21$). The effect size for this difference was medium ($\eta^2 = .103$). This difference may also be due to the small number within the 26–30 year group.

Aspects of supervision sessions

Using a five-point scale (where 1 = *not at all* and 5 = *almost always*), the respondents indicated the extent to which a range of aspects (Table 7) occurred in their supervision sessions. The means ranged from 4.40 for discussion to 1.66 for karakia (prayer).

There were significant differences for areas of practice, ethnicity, social work experience and supervisory experience and supervisory training. The area of practice differences were for karakia, discussion, summarisation, and closure. For karakia ($F(4, 126) = 5.200, p = .001$), NGO ($M = 2.27, SD = 1.257, n = 33$) had a higher mean than health ($M = 1.44, SD = 1.013, n = 50$) and statutory ($M = 1.34, SD = .794, n = 41$). The effect size was large ($\eta^2 = .142$). For discussion ($F(4, 131) = 2.672, p = .035$), private practice ($M = 5, SD = 0, n = 2$) had a higher mean than NGO ($M = 4.64, SD = .549, n = 33$), health ($M = 4.42, SD = .667, n = 52$), and statutory ($M = 4.19, SD = .699, n = 43$) and NGO had higher a mean than statutory. The effect size was medium ($\eta^2 = .075$). The differences for summarisation ($F(4, 130) = 5.384, p < .001$) were that NGO ($M = 4.27, SD = .801, n = 33$) and health ($M = 4.08, SD = .837, n = 52$) had higher means than statutory ($M = 3.44, SD = .959, n = 43$) with a large effect size ($\eta^2 = .142$). For closure ($F(4, 126) = 3.503, p = .01$) NGO ($M = 4, SD = 1.107, n = 32$) had a higher mean than statutory ($M = 3.07, SD = 1.473, n = 41$) with a medium effect size ($\eta^2 = .1$). These differences indicate a higher occurrence of karakia in NGO supervisors' sessions, which may due to more Māori supervisors in NGOs ($n = 10$) than statutory ($n = 7$) and health ($n = 2$). For discussion, the differences show a higher occurrence of discussion amongst the sessions provide by private practice supervisors than the other areas listed. This finding may be due to the

small number of private practice supervisors. The finding regarding supervisors in NGOs having a greater occurrence of discussion, summarisation and closure in their supervision sessions than statutory reflects differences in the supervisory practices amongst the supervisors in the two respective sectors. Likewise, the previously identified differences concerning ad hoc and informal consultations which occurred more amongst statutory supervisors is another clear supervisory practice difference.

The ethnicity differences were for karakia ($F(4, 126) = 15.388, p < .001$) with Māori ($M = 3, SD = 1.414, n = 22$) having significantly higher means than 'other' ($M = 1.5, SD = .941, n = 14$), NZ European/Pākehā ($M = 1.33, SD = .697, n = 85$) and Indian ($M = 1, SD = 0, n = 2$). The effect size of this difference was large ($\eta^2 = .328$). This difference aligns with the greater use of cultural approaches or models by Māori supervisors. It is also similar to the finding in the 2004 survey (O'Donoghue, 2010). The difference identified for social work experience concerned prioritisation ($F(6, 127) = 2.322, p = .037$) with those with >31 years' experience ($M = 4.4, SD = .737, n = 15$) having higher means than 16–20 years ($M = 3.38, SD = 1.321, n = 29$). The effect size was medium ($\eta^2 = .099$). This difference was unexpected and raises questions for further research regard whether there are differences in the occurrence of prioritisation within supervision sessions due to the supervisor's social work experience.

The supervisory experience mean differences were for discussion, decision-making and action planning. The differences for discussion ($F(6, 129) = 2.790, p = .014$) were that 26–30 years ($M = 5, SD = 0, n = 4$) and >31 had higher means ($M = 5, SD = 0, n = 2$) than those with 1–5 ($M = 4.44, SD = .574, n = 52$), 6–10 ($M = 4.43, SD = .655, n = 35$) and 11–15 ($M = 3.95, SD = .921, n = 21$) years. The effect size was medium ($\eta^2 = .115$). For decision-making ($F(6, 128) = 3.297, p = .005$) 26–30 years' supervisory experience

Table 7. Occurrence of Aspects of Sessions

Aspect of sessions	N	Mean	Std. Deviation
Discussion of item(s)	136	4.40	.671
Checking- in	135	4.33	.845
Action Planning	135	4.11	.823
Decision-making	135	4.07	.794
Agenda setting	135	4.04	1.003
Summarisation and review	135	3.93	.924
Prioritisation of items	134	3.86	1.012
Preparation	136	3.78	.964
Closure	131	3.63	1.278
Evaluation	135	3.41	1.122
Karakia	131	1.66	1.087

*Occurrence ranged from 1 (*not at all*) to 5 (*almost always*).

($M = 5, SD = 0, n = 4$) had higher means than 1–5 ($M = 3.92, SD = .837, n = 52$), 6–10 ($M = 4.34, SD = .539, n = 35$) and 11–15 years ($M = 3.67, SD = .966, n = 21$). The effect size was medium ($\eta^2 = .134$). For action planning ($F(6, 129) = 2.404, p = .031$) 26–30 years ($M = 5, SD = 0, n = 4$) had a higher mean than those who had 1–5 ($M = 4, SD = .907, n = 52$), 6–10 ($M = 4.29, SD = .572, n = 35$), 11–15 ($M = 3.71, SD = 1.007, n = 21$) and 16–20 years ($M = 4.21, SD = .579, n = 14$). The effect size of this difference was also medium ($\eta^2 = .101$). Taken as a whole, these mean variations indicate that supervisors with 26–30 years' experience were likely to have a greater occurrence of discussion, decision-making and action planning within their sessions than those with less supervisory experience. Due to the small number within the 26–30 year group, this difference may be related to sample size. Nonetheless, the finding indicates a need for further research regarding the influence supervisory experience has on the occurrence of these aspects within the supervision session. The supervisory training difference was for karakia ($F(6, 124) = 2.965, p = .01$) with those who undertook a paper or module ($M = 2.45, SD = 1.395, n = 20$) having a higher mean

than those who completed a short course ($M = 1.26$, $SD = .595$, $n = 39$). The effect size of this difference was medium ($\eta^2 = .125$). This finding was unexpected and appears to reflect the differences in percentages of Māori who had completed supervision training ($n = 22$) with 38.1% ($n = 8$) completing a paper or module and only 2.1% ($n = 1$) completing a short course. That said, the finding does raise questions concerning the extent to which supervision education and training contributes to occurrence of cultural practices, such as karakia, within supervision.

Overall satisfaction and overall evaluation

The supervisors rated their overall satisfaction with the supervision they provided on a scale where 1 = *not at all* and 5 = *completely satisfied*. Amongst 137 respondents, the mean was 3.66 ($SD = 0.647$). Those who were very satisfied or completely satisfied (4 and 5 on the scale) were 62.1% ($n = 85$). Those who were less than satisfied (2 on the scale) were 2.9% ($n = 4$) and 35% ($n = 48$) of the respondents were satisfied (3 on the scale). The supervisors also provided an overall evaluation of the supervision they provided by rating this on a scale where 1 = *poor* and 5 = *excellent*. The mean was 3.66 ($SD = 0.633$, $n = 137$) with 60.6% ($n = 83$) rating their supervision as excellent or close to excellent (4 and 5 on the scale). Only 1.5% ($n = 2$) rated their supervision as close to poor (2 on the scale), while 38% ($n = 52$) rated it as good (3 on the scale). The overall supervisor evaluation result for excellent or close to excellent was lower by 18.6% than the 2004 survey of ANZASW members. Possible reasons for this difference may be the differences between the samples of ANZASW members and Registered Social Workers with the ANZASW sample having a lower percentage of respondents from the statutory sector than the current survey (cf. 7.7% than 31.2%). Alternatively, the differences may be due to different expectations of supervisors by the present-day respondents in comparison

to those who responded in the previous survey.

Summary and discussion

The survey has revealed that the supervisors were from a cross-section of areas of practice, mostly female, and older in age than their colleagues. They were predominately NZ European/Pākehā and heterosexual. There was a lower proportion of Māori, Pacific peoples, Indian and Other ethnicities than amongst all respondents of the survey. The supervisors had a higher percentage of degrees in social work, and more were registered under section 13 than the wider sample. They were also more experienced as social workers, and their supervisory experience, whilst varied, showed that the majority had less than 10 years' experience with only 10% being very experienced in that they had more than 20 years' experience. Most had completed some education and training in supervision. This profile raises questions regarding the future supervisory workforce development, in particular, how can the supervisory workforce be developed to be more aligned with: a) the demographics of registered social workers; and b) the client demographics. Allied to this is the challenge to increase Māori and Pacific supervisory capacity in the profession and in each area of practice. This is an important professional issue, particularly given that the survey demographics indicate that there is a NZ European/Pākehā predominance amongst supervisors. Another challenge for the profession concerns supervisory education and training whilst most completed some form of education and training it is noted that 12.3% ($n = 17$) had no supervision training or qualifications and do not meet the preference expressed by SWRB (2015) regarding professional supervision training. These results show a need for the SWRB to collect information about supervisors and their training and qualifications in supervision, so that the Board can examine the question of whether the preference within its policy is realistic or realised and to plan for the development of the

supervisory workforce as part of a post-qualifying framework for registered social workers. The collection of this information by the SWRB could also contribute to the revision of the SWRB's supervision policy. This work is important as social work in Aotearoa New Zealand heads towards a scope of practice model of registration with the future possibility that a specific scope for supervisory practice could be on the horizon.

Turning to the supervisors' supervision practice, the results show that the supervisors provided a range of forms of supervision over the 12 months prior to the survey, with individual, clinical/professional, internal, student/fieldwork placement and peer being the most common forms. They had a median number of four supervisees and the average number of sessions provided ranging from one to five through to over 20 a month. Most supervisors provided between 1 and 10 sessions a month. It was notable that the provision of supervision sessions differed across areas of practice with a larger proportion of supervisors in the statutory area providing more supervision sessions in a month than their colleagues in other areas of practice. Most of the supervisors had supervision agreements with their supervisees. The four who did not have agreements and the 10 who had oral agreements do not comply with the spirit of SWRB (2016) guidelines and, arguably, have not met their duty of care to their supervisees who are then at possible risk should the SWRB request their supervision contract when they are due to renew their practising certificate. The types of supervision contact most frequently provided were indicative of individual clinical or professional supervision approach. There was a prevalence of difference types of contact across areas of practice with the most notable of these being the greater use of ad hoc informal open-door consultations by statutory social work supervisors. The supervisors' used ideas from clinical models and approaches, primarily, strength-based,

reflective, solution-focused practice, more than approaches and models that responded to diversity, oppression and colonisation. This raises questions for further research regarding how supervisors are responsive to social and cultural differences in both their supervisees and clients. Moreover, it also raises questions concerning how supervisors ensure that their supervision meets the SWRB (2016) Code of Conduct requirements that supervision is culturally relevant where the supervisee is Māori and culturally relevant, safe and responsive to Māori clients. These questions are also supported by the finding that karakia occurred least in supervision sessions with nearly two-thirds (65, 6%, $n = 86$) of 131 supervisors recording *not at all* and most of this group (94.2%, $n = 81$) being non-Māori. The aspects of the supervisors' sessions that occurred most were discussion of items, checking in, action planning and decision-making. Evaluation within sessions occurred to a slightly lesser extent and this was not surprising since this paralleled the 2004 survey findings (O'Donoghue, 2010). When analysed by frequency, evaluation occurred within their sessions to some extent for 96.2 % of 135 supervisors, and it occurred a lot, or almost always, for 52.6%. This differed from that of Davys et al. (2017) who noted that 36.7% of the supervisors in their study reported evaluating on a session-by-session basis. The reasons for this difference may be due to the differences in the samples and how the questions were framed. Nonetheless, the results highlight that the questions regarding how evaluation occurs, what it involves, and the accuracy and appropriateness of the evaluation require further research (Sewell, 2018). Overall, the majority of supervisors were satisfied with their supervision and evaluated it positively. It is of concern that the percentage of those who evaluated their provision of supervision as excellent and close to excellent (4 and 5 on the scale) was 18.6 % lower than in the 2004 survey. Whether the reason for this was due to the differences in the sample or time periods is unknown. This finding also reinforces the importance of further research in regard to evaluating supervision.

Significant mean differences in relation to area of practice, ethnic identity, social work experience, supervisory experience, recognised qualifications and supervisory education and training were also identified. These differences are summarised in relation to the respective independent variable in Table 8. The most differences were for areas of practice. These differences, when considered as group, indicate that across

areas of practice there are differences in the forms of supervision, types of supervisory contact, and occurrence of aspects within the supervision session. These differences are evidence of diverse supervisory practices. In addition, they also indicate that the supervision provide by private practitioners, NGOs, health and statutory supervisors is influenced by their practice setting. The differences show that there are many

Table 8. Significant Mean Differences Summary by Variables

Variables	ANOVA	Mean Differences <i>p</i> <.05	SD	Effect size <i>Eta squared</i>
Area of Practice <ul style="list-style-type: none"> External supervision 	F (4, 117) = 4.270, <i>p</i> <.01	Private Practice 5 Health 2.6 NGO 2.5 Statutory 1.59	Private Practice 0 Health 1.821 NGO 1.689 Statutory 1.229	Medium .127
<ul style="list-style-type: none"> Checking in concerning work plans and activity 	F(4, 130) = 3.556, <i>p</i> = .009	Private Practice 5 NGO 4.42 Statutory 4.3 Health 4.16	Private Practice 0 NGO .663 Statutory .832 Health .857	Medium .099
<ul style="list-style-type: none"> Formal team sessions 	F (4, 123) = 3.407, <i>p</i> = .011	Education & Training 4 NGO 2.39 Statutory 2.07 Health 2.02 Private Practice 1	Education & Training 1.095 NGO 1.585 Statutory 1.191 Health 1.407 Private Practice 0	Medium .1
<ul style="list-style-type: none"> Formal team sessions 	F (4, 125) = 2.666, <i>p</i> = .035	NGO 2.67 Statutory 2.41 Health 1.82 Private Practice 1	NGO 1.594 Statutory 1.264 Health 1.236 Private Practice 0	Medium .079
<ul style="list-style-type: none"> Adhoc informal open door consultations 	F (4, 126) = 4.070, <i>p</i> = .004	Statutory 4.38 Health 3.24	Statutory 1.118 Health 1.347	Medium .114

• Karakia	F (4, 126) = 5.200, p = .001	NGO 2.27 Health 1.44 Statutory 1.34	NGO 1.257 Health 1.013 Statutory .794	Large .142
• Discussion of items	F (4, 131) = 2.672, p = .035	Private Practice 5 NGO 4.64 Health 4.42 Statutory 4.19	Private Practice 0 NGO .549 Health .667 Statutory .699	Medium .075
	F (4, 131) = 2.672, p = .035	NGO 4.64 Statutory 4.19	NGO .549 Statutory .699	
Variables	ANOVA	Mean Differences p<.05	SD	Effect size Eta squared
<i>Area of Practice</i> • Summarisation	F (4, 130) = 5.384, p<.001	NGO 4.27 Health 4.08 Statutory 3.44	NGO .801 Health .837 Statutory .959	Large .142
• Closure	F (4, 126) = 3.503, p = .01	NGO 4 Statutory 3.07	NGO 1.107 Statutory 1.473	Medium .1
<i>Ethnic Origin</i> • Cultural supervision	F (4, 120) = 15.786, p<.001	Māori 3.3 Other ethnicities 1.69 NZ European/Pakeha 1.48	Māori 1.625 Other ethnicities 1.109 NZ European/Pakeha .838	Large .345
		Pacific Peoples 3.5 NZ European/Pakeha 1.48	Pacific Peoples 1.414 NZ European/Pakeha .838	
• Cultural approach or model	F (4, 126) = 6.975, p<.001	Māori 3.86 NZ European/Pakeha 2.47 Other ethnicities 2.46	Māori 1.037 NZ European/Pakeha 1.185 Other ethnicities 1.127	Large .181
• Narrative approach or model	F (4, 127) = 4.891, p = .001	Māori 4.41 NZ European/Pakeha 3.28 Other ethnicities 2.79	Māori .908 NZ European/Pakeha 1.24 Other ethnicities 1.626	Medium .133

ORIGINAL RESEARCH

QUANTITATIVE RESEARCH

<ul style="list-style-type: none"> Karakia 	F (4, 126) = 15.388, p<.001	Māori 3 Other ethnicity 1.5 NZ European/Pakeha 1.33 Indian 1	Māori 1.414 Other ethnicity .941 NZ European/Pakeha .697 Indian 0	Large .328
<i>Experience as a social worker</i> <ul style="list-style-type: none"> Managerial/administrative supervision 	F (6, 115) = 4.906, p<.001	26-30 years 4.06 16-20 years 2.34 1-5 years 1.63	26-30 years 1.259 16-20 years 1.446 1-5 years 1.408	Large .204
<ul style="list-style-type: none"> External supervision 	F (6, 115) = 2.328, p<.05	>31 years 3.57 1-5 years 1.44	>31 years 1.453 1-5 years 1.333	Medium .108
<ul style="list-style-type: none"> Prioritisation of items 	F (6, 127) = 2.322, p = .037	>31 years 4.4 16-20 years 3.38	>31 years .737 16-20 years 1.321	Medium .099
Variables	ANOVA	Mean Differences p<.05	SD	Effect size Eta squared
<i>Experience as a supervisor</i> <ul style="list-style-type: none"> Solution focused approach or model 	F (6, 126) = 2.420, p = .03	26-30 years 5 1-5 years 4.31 6-10 years 4.3 11-15 years 3.76	26-30 years 0 1-5 years .781 6-10 years .585 11-15 years .944	Medium .103
<ul style="list-style-type: none"> Discussion 	F (6, 129) = 2.790, p = .014	26-30 years 5 >31 years 5 1-5 years 4.44 6-10 years 4.43 11-15 years 3.95	26-30 years 0 31 years 0 1-5 years .574 6-10 years .655 11-15 years .921	Medium .115
<ul style="list-style-type: none"> Decision-making 	F (6, 128) = 3.297, p = .005	26-30 years 5 1-5 years 3.92 6-10 years 4.34 11-15 years 3.67	26-30 years 0 1-5 years .837 6-10 years .539 11-15 years .966	Medium .134

<ul style="list-style-type: none"> Action planning 	F (6, 129) = 2.404, p = .031	26-30 years 5 1-5 years 4 6-10 years 4.29 11-15 years 3.71 16-20 years 4.21	26-30 years 0 1-5 years .907 6-10 years .572 11-15 years 1.007 16-20 years .579	Medium .101
Recognised qualifications <ul style="list-style-type: none"> Narrative approach or model 	F (5, 126) = 3.490, p = .005	Diploma 3.53 Bachelors 3.74 PG Diploma 2.71 Masters 3.31 Other Qualifications 1	Diploma 1.224 Bachelors 1.152 PG Diploma 1.437 Masters 1.408 Other Qualifications 0	Medium .122
Supervisory Education & Training <ul style="list-style-type: none"> Karakia 	F (6, 124) = 2.965, p = .01	Paper or module 2.45 Short Course 1.26	Paper or module 1.395 Short Course .595	Medium .125

practices of supervision, rather than a unified social work supervision practice (Beddoe, 2015). They also indicate an area for further research in relation to the similarities and differences of social work supervision across the fields of practice. The differences related to ethnicity reinforce the points raised regarding the predominance of non-Māori amongst the supervisors, the need to build Māori and Pasifika supervisory capacity and raise questions concerning how supervisors met the SWRB Code of Conduct (2016) expectations of being culturally relevant to Māori supervisees and culturally safe and relevant for Māori clients. The differences identified concerning experience as a social worker, or as a supervisor, recognised qualifications and supervisory education and training raise questions for further research pertaining to the extent that these differences influence supervisory practice.

Conclusion

This article has established a baseline regarding registered social workers who

are supervisors as well as exploring the alignment between their provision of supervision and the SWRB policy and guidelines (SWRB, 2015, 2016).

The results revealed that, as far as could be ascertained, the supervisors' provision of supervision relative to forms, types of contact, use of ideas from supervision approaches and models and occurrence of aspects of the supervision sessions, displayed the hallmarks of individual clinical or professional supervision. Most supervisors met the SWRB requirements regarding written supervision agreements and the regular provision of sessions. A majority of supervisors were satisfied and evaluated their provision of supervision positively.

Nonetheless, questions remain related to the extent that the supervision provided is culturally relevant for Māori supervisees as well as culturally safe and responsive to Māori clients. A related concern is the predominance of non-Māori supervisors and the need to increase the diversity of

the supervisory workforce by increasing the percentage of Māori and Pasifika supervisors. There was no available information from the SWRB concerning supervisors' characteristics and there seems to be little evidence available against which to test or review the provisions pertaining to supervisors in the Code of Conduct or Board's policy (SWRB, 2015, 2016). The Board has no basis upon which to assess whether the expectations, preferences and requirements contained in its policy and Code related to supervisors are being met. It is hoped that this article provides evidence for the SWRB to engage with the matters raised about the supervisory workforce and in relation to its expectations regarding supervisors as the profession heads towards a scope of practice model of registration and the possible development of a post-qualifying framework for registered social workers.

Finally, the article has identified variances in the provision of supervision related to area of practice, ethnicity, experience as a social worker and supervisor, qualifications and supervisory education and training. These differences provide areas for further research and it is hoped that they will be pursued both within Aotearoa New Zealand and internationally.

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