Interprofessional supervision: A matter of difference

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ABSTRACT

INTRODUCTION: With its origins grounded in the apprenticeship tradition it is perhaps not surprising that social work adheres to a model of supervision where both supervisor and supervisee are social workers and where it is common for social workers to be supervised by their line manager. Interprofessional supervision, where the participants do not share the same profession, and which is frequently external to the social worker's organisation, therefore presents a challenge to traditional social work supervision practice.

METHODS: Expert stakeholders were interviewed to explore their experiences of interprofessional supervision. Data were collected through semi-structured interviews and top-down analysis employed to identify themes. The views of nine supervisees and nine supervisors are reported.

FINDINGS: The participants represented a range of professions but the data collected revealed common themes. Participants highlighted the importance of being able to choose a supervision partner and to establish a contract where lines of accountability were explicit. Knowledge about supervision was considered vital and supervision competence was expected of the supervisor. The key benefits were a greater understanding of one's own profession and an appreciation and respect for difference. Lack of clinical accountability was considered a limitation but not an obstacle.

CONCLUSION: The reports of these participants indicate a shift from supervision as an in-house process to one which is chosen, negotiated and collaborative. Through their awareness of the need for professional development and accountability, the participants demonstrated a depth of professional responsibility and an ability to stand alongside their profession in the presence of 'other'.

KEYWORDS: interprofessional supervision; choice; process; benefits; limitations; social work

It is a tradition of many professions that professional supervision occurs between two people from the same discipline or profession (Davys & Beddoe, 2015). Interprofessional supervision, which can be described as supervision which occurs between a supervisor and a supervisee who do not share the same professional training or practice, is a break from that tradition (Davys & Beddoe, 2015). A number of terms have been used in the literature to describe this form of supervision: "multi-disciplinary" (Gillig & Barr, 1999); "multi professional" (Mullarkey, Keeley, & Playle, 2001); "cross disciplinary" (Hair, 2013; Hutchings, Cooper, & O'Donoghue, 2014; O'Donoghue, 2004; Simmons, Moroney, Mace, & Shepard, 2007); and "interprofessional" (Beddoe & Howard, 2012; Bogo, Paterson, Tufford, & King,

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2011; Townend, 2005). In keeping with Clark (2006), who sees the interprofessional encounter as an opportunity for bringing together different resources and, in line with previous personal publication (Davys & Beddoe, 2008, 2010), the latter term, interprofessional, has been chosen to describe this type of supervision.

The aim of this article is to briefly review the traditions of social work supervision, to identify the professional and regulatory expectations of supervision for social workers in Aotearoa New Zealand, and to present the preliminary findings of a cross-professional study of interprofessional supervision. Interprofessional supervision, it is proposed, provides an opportunity whereby social workers can broaden and enhance their practice through reflection and critique whilst still meeting professional and regulatory expectations.

Social work supervision

The location of supervision as an agency-specific process, commonly linked to line management roles, has long been a feature of social work supervision (Bogo & McKnight, 2006; Hair, 2014). O'Donoghue and Tsui (2012) argue that, at the end of the 1980s, with the rise of managerialism, this link to management further increased an organisations' influence on social work supervision. This was, they believe, to the detriment rather than the benefit of social work practitioners. They note that, rather than identifying with their profession, social workers began to identify with their employing bodies and there was "a marked shift in emphasis from educational and professional development to conformance with organizational performance management and accountability systems" (O'Donoghue & Tsui, 2012, p. 10). The function of supervision for social workers thus became primarily managerial, or "put more crassly, workers are hired by an agency to do a job and supervisors oversee that the job is done well" (Bogo & McKnight, 2006, p. 50).

This focus on organisational accountability in supervision however has not gone without challenge. In Britain, Payne (1994) made an early call for a separation of the managerial from the educative and supportive functions in social work supervision whilst, in Aotearoa New Zealand, the need for "in-depth, critical, personally focussed supervision" (Beddoe & Davys, 1994, p. 20) was recognised. Nearly twenty years later however, Morrison and Wonnacott's (2010) urgings that practice audit be removed from social work supervision and for supervision to primarily concern exploration and critical analysis of practice, suggests that little has changed. And, whilst the Australian Association of Social Workers (AASW) adopted a definition of professional supervision in social work which explicitly names supervision as "a forum for reflection and learning" (AASW, 2014), the gap between the rhetoric and practice is evidenced in continuing reports from social workers of supervision agendas which deal primarily with targets and outcomes (Egan, Maidment, & Connolly, 2015; Manthorpe, Moriarty, Hussein, Stevens, & Sharpe, 2013).

At the same time, particularly in areas of practice such as health where restructuring and an enduring search for efficiencies has created competition for resources, traditional boundaries of practice have been challenged. Generic management and multidisciplinary teams offer opportunities for collaborative practice but, when supervision has been provided by a supervisor who is not a social worker, professional identity (Strong et al., 2004) and professional competence (Berger & Mizrahi, 2001) have been considered under threat.

Nevertheless, as social workers struggle with these issues, traditions are being challenged. Social work practitioners are choosing to be supervised by a supervisor who is not their manager, who is located outside of their organisation, and often that supervisor is from another profession.

Social work and interprofessional supervision in Aotearoa New Zealand

For social workers in Aotearoa New Zealand, the mandate and expectations of supervision are shaped largely by two bodies, the Social Workers Registration Board (SWRB) and the Aotearoa New Zealand Association of Social Workers (ANZASW). Both of these bodies have detailed policies on supervision to guide social work practitioners and their supervisors but, within the detail of these policies, it is easy for practitioners to become confused, particularly when searching for exceptions to expectations and requirements. One such confusion surrounds the question of who can supervise social workers. It is a belief held by many social workers that their supervisor must also be a social worker. However, whilst not readily encouraging of this form of supervision, neither the SWRB nor the ANZASW proscribe interprofessional supervision.

Examination of the SWRB (SWRB, 2013) and ANZASW (ANZASW, 2015) policies reveals that it is possible to be a registered social worker and/or to be a member of ANZASW and to be in a supervision relationship with a supervisor from another profession. Both bodies strongly favour a social work supervisor, the SWRB (clause 6) stating that: "The board *prefers* [emphasis added] that persons providing social work supervision will be registered social workers," whilst ANZASW policy (clause 10) notes:

> (10.5) Unless there is very good reason not to it is *expected* [emphasis added], that supervisors will:
> 10.5.1 Be currently receiving supervision from a social worker;
> 10.5.2 Have at least two years of supervised practice as a social worker;
> 10.5.3 Be a full member of ANZASW with a current competency certificate;

Exceptions are, however, permitted. The SWRB "recognises that some senior and experienced or specialist practitioners may not have a supervisory relationship with another social work practitioner" (SWRB, 2013, p.3), and places onus on the supervisor to demonstrate that the supervision provided meets the board's professional expectations:

> … in such cases the board's requirement is that the supervisor is able to evidence they provide supervision consistent with the Code of Conduct of the Board and also the generally accepted standards reflected in the Profession's Code of Ethics. (SWRB, 2013, clause 6)

ANZASW, on the other hand, while stating that "when the supervisor is not a social worker but is a member of a regulated profession they must hold a current APC [practising certificate]", also places specific requirements onto the ANZASW member:

> 11.1. When supervision is received from a professional other than a social worker the member will:
> 11.1.1. Describe the very good reason for accessing non-social work supervision and
> 11.1.2. Demonstrate how they maintain their:
> 11.1.2.1. Professional identity as a social worker and
> 11.1.2.2. Links with the social work community. (ANZASW, 2015, p. 4)

Interprofessional supervision

Given social work's strong preference for same-profession supervision, it is interesting to note that most of the studies conducted on interprofessional supervision have either focused on social workers (Berger & Mizrahi, 2001; Globerman, White, & McDonald, 2002; Hair, 2013; Hutchings et al., 2014; O'Donoghue, Munford, & Trlin, 2005) or included social workers (Beddoe & Howard, 2012; Bogo et al., 2011; Crocket et al., 2009; Rains, 2007; Strong et al., 2004; Townend, 2005). Further, notwithstanding the professional and registration body preferences identified above, studies report that social workers in Aotearoa New Zealand

have been engaged in interprofessional supervision for some years (Beddoe & Howard, 2012; Cooper & Anglem, 2003; Hutchings et al., 2014; O'Donoghue et al., 2005). Here social workers have variously reported that "overall they were very satisfied with the supervision they received" (Beddoe & Howard, 2012, p. 186) and more cautiously, "that on average they were satisfied with the supervision they received" (Hutchings et al., 2014).

Supervision is a professional activity mandated within many professions, but the absence of a common definition (Milne, 2007; Rich, 1993) highlights differences of understanding and implementation. The social work professional body in Aotearoa New Zealand, ANZASW, provides the following definition of supervision:

> Supervision is a process in which the supervisor; enables, guides and facilitates the social worker(s) in meeting certain organisational, professional and personal objectives. These objectives are: professional competence, accountable & safe practice, continuing professional development, education and support. (ANZASW, 2015, p. 1)

A pertinent question is whether, or how, supervision from a supervisor of another profession can assist the social worker to meet those objectives. Equally pertinent is the question posed by O'Donoghue (2015) as to whether, in a recent critique of social work supervision, all of these objectives can be, or should be, met within one supervision relationship.

This article, which considers some of the preliminary findings of a doctoral study, suggests how interprofessional supervision may open new possibilities for social work practitioners. Participants in the study came from a range of professions but the responses of the six participants who held a social work qualification have been selected wherever possible to illustrate the findings. The study examines how supervisors and supervisees work together and engage in supervision practice and what they consider to be the benefits and limitations of interprofessional supervision.

Methodology

The overall purpose of the study is to explore interprofessional supervision as a separate and distinct mode of supervision practice and to understand how the participants of interprofessional supervision construct and manage the supervision processes and relationships. The research sits within a social constructionist paradigm and employs qualitative methodology.

The study has four phases. In phase one, semi-structured interviews were conducted with representatives of four different regulatory and professional bodies in order to identify the broad professional context of supervision in Aotearoa New Zealand. Phase two, the preliminary findings of which form the basis of this article, explores *the experiences, attitudes and values of expert stakeholders and the skills and processes which are used in their practice of interprofessional supervision*. Phase three examines the process of the practice of interprofessional supervision through direct observation of interprofessional supervision in action. Finally, phase four will present the preliminary findings from phases two and three to focus group(s), where participants will be invited to collaborate in the co-creation of a map for interprofessional supervision practice which is based on current practice.

The research received ethical approval from the University of Auckland Human Participants Ethics Committee.

Sample

The research is located in Aotearoa New Zealand where, in phase two, semi-structured interviews were conducted with "expert stakeholders." Initially criteria

for inclusion required participants to be graduates of one of two specified graduate or postgraduate professional supervision programmes and to be currently engaged in interprofessional supervision. In order to extend and deepen the data, these criteria were subsequently broadened to include participants who held any graduate or postgraduate supervision qualification.

Participants were first recruited through existing professional networks and advertisements were lodged in The University of Auckland and Waikato Institute of Technology newsletters and communications. Subsequent recruitment came from snowballing, or word of mouth. The responses of 18 participants, including six (33%) who hold a social work qualification, are presented here. Of those six participants, four identify as social workers, while the remaining two (who hold additional qualifications) also regard themselves as counsellors.

Data collection and analysis

Data were collected through interviews which were conducted face to face or via Skype, and took between 60 and 90 minutes. An interview schedule was used as a broad guide to the conversations and each participant was provided with these questions in advance of the interview. The interviews were digitally recorded and then transcribed. The preliminary analysis, the focus of this article, examined the interviews of the 18 participants using top-down thematic analysis. That is, specific interview questions were used to guide the extraction of data.

Demographics

The interview responses of nine supervisors and nine supervisees were analysed. The matched number of supervisors and supervisees was coincidental and there were no supervision partners in this sample.

Supervisees

A majority of supervisees were in the age bracket of 41–60 and their practice experience was spread between 5–40 years. Involvement with interprofessional supervision however, was more recent, with approximately 77% of supervisees having 10 or less years of interprofessional supervision. Professionally, the supervisees identified with four professions and one participant represented the non-professionally aligned and non-regulated workforce. Six (66.6%) of the people who supervised this group of supervisees were identified by the supervisees as having a counselling background, but four of them also brought other professional perspectives. These multiple professional affiliations were specifically mentioned by the supervisees and, for most, influenced the choice of supervisor. Table 1 presents the demographics of the supervisees.

Seven of the nine supervisees met for supervision once a month, one met six-weekly and the other, fortnightly. The supervision was external to the organisation for seven of the supervisees, and two accessed internal supervision. Whilst one supervisee described a limited choice, all other supervisees were able to choose their supervisor. Five of the supervisees reported that the interprofessional supervision was the only supervision they engaged in. The remaining four supervisees said they were also engaged in, what they named as, peer supervision, cultural supervision, line management, internal supervision or external professional supervision. Sometimes they accessed a combination of these additional forms of supervision and sometimes, but not always, this was supervision with someone from their own profession. Two of the supervisees (social workers) accessed same-profession supervision, as well as interprofessional supervision, because of what they believed to be the requirements of professional/registration bodies. Five of the supervisees were also supervisors: two engaged in

Table 1. Supervisee Demographics

N = 9	n	%
Age		
31–40 years	1	11.1
41–50 years	2	22.2
51–60 years	5	55.6
61–70 years	1	11.1
Years of practice		
5–10 years	2	22.2
11–20 years	3	33.3
21–30 years	2	22.2
31–40 years	2	22.2
Years IPS (interprofessional supervision)		
1–5 years	3	33.3
6–10 years	4	44.4
11–15 years	2	22.2
Practice contexts		
NGO	3	33.3
Health	2	22.2
Health & Private Practice	1	11.1
Tertiary Education	2	22.2
Tertiary Education & Private Practice	1	11.1
Professional group		
Psychologist	1	11.1
Nurse	3	33.3
Social Worker	3	33.3
Counsellor	1	11.1
Non-regulated workforce	1	11.1
Supervisor's professional group		
Counselling × 2		
Counselling/corporate management		
Counselling/ministry (religion)		
Counselling/nursing		
Counselling/psychotherapy/nursing		
Educational psychology		
Nursing		
Psychotherapy		

supervision with practitioners from other professions and three provided supervision to practitioners from their own profession. All of the supervisees described an interprofessional aspect to their employment context.

Supervisors

As a group, the supervisors were older than the supervisees, 78% being in the 51–70 age bracket, with 67% having been in practice from between 11 and 30 years. The supervisors' involvement with interprofessional supervision, where 67% had 10 or less years of engagement, was similar to that of the supervisees. Overall as a group however, they had longer experience, 22.2% having between 16 and 20 years' interprofessional supervision experience. The supervisors' professions included a community psychologist, a nurse

and a social worker and, consistent with the profile identified by the supervisees, of the six supervisors who identified a counselling background, four also included affiliations with other professions. Most supervisors were in more than one interprofessional supervision relationship and those they supervised also included a number of non-regulated, non-professionally aligned practitioners. Table 2 presents the demographics of the supervisors.

Table 2. Supervisors' Demographics

N = 9		
Age	n	%
41–50 years	2	22.2
51–60 years	4	44.4
61–70 years	3	33.3
Years of practice		
11–20 years	5	55.5
21–30 years	1	11.1
31–40 years	3	33.3
Years of IPS		
1–5 years	3	33.3
6–10 years	3	33.3
11–15 years	1	11.1
16–20	2	22.2
Practice Contexts		
Private practice	9	100
Health & Private Practice	*2*	*22.2*
Tertiary Ed & Private Practice	*6*	*66.6*
Only Private Practice	*1*	*11.1*
Supervisor Professional group		
Community psychologist		
Counsellor × 2		
Counsellor/social worker		
Counsellor/social worker/teacher/supervisor		
Counsellor/supervisor		
Nurse		
Nurse/counsellor		
Social worker		
Professional groups of supervisees		
Community work	Occupational Therapy	
Counselling	Osteopathy	
Dentistry	Police	
Health and disability	Psychology	
Medicine (GP)	Social Work	
Ministry (religion)	Support worker	
Not-for-profit manager	Youth Work	
Nursing		

All the supervisors operated a private practice from which they offered supervision. Of the nine supervisors, however, all but one were also in other employment, either in health or in tertiary education. In general, they had monthly contact with their supervisees and, with one exception, the supervision provided was external to the supervisee's organisation. Seven supervisors reported that their supervisees were also engaged in other supervision and that this supervision involved internal administrative or line management supervision, peer supervision, cultural supervision, professional supervision and group supervision or a combination of two or more. Two supervisors said their supervisees did not have any other supervision.

Findings

The interviews with these expert stakeholders demonstrated a breadth of experience and a depth of understanding and reflection about their supervision with someone from another profession. The ability to choose their supervision partner was, for many, the start of a supervision process where accountability was defined and explicit in a clear contract and where difference was navigated through discussion and with respect. The participants identified both the benefits and limitations of interprofessional supervision and the particular qualities or attributes they considered important in these relationships. Finally, they shared the advice that they would give to anyone contemplating an interprofessional supervision relationship.

Choice

With one exception, the participants all reported that they had choice of supervision partner. Supervisees were able to choose who they wished to have as a supervisor and the supervisors had the ability to decline any request for supervision. The exception, described by the supervisee as a limited choice,

involved an employing organisation whose supervision policy required all practitioners to be supervised by a psychologist. Practitioners were at liberty to choose which psychologist.

When exercising choice, three factors operated for both groups (supervisees and supervisors): personal factors, professional attributes of the *other* and relational factors. Prior knowledge often led to initial contact between supervisor and supervisee but the choice was confirmed following the initial conversation. Whilst there was considerable overlap, each group also considered specific factors (see Figure 1).

> Well I was looking at a specific skill set. ... Plus I had known her many years ago and knew her to be very supportive and caring. (Supervisee – non-regulated)

> So that, I guess I deliberately did choose her because she wasn't a nurse. I wasn't really looking for nursing. I wasn't looking for that clinical side. I'm fine with the clinical side of nursing and I think a lot of nurses get off track a bit and get really quite focused on clinical. (Supervisee – nurse)

Supervision process

When describing the process of interprofessional supervision, the accounts of both groups were very similar. Both agreed that the initial conversation

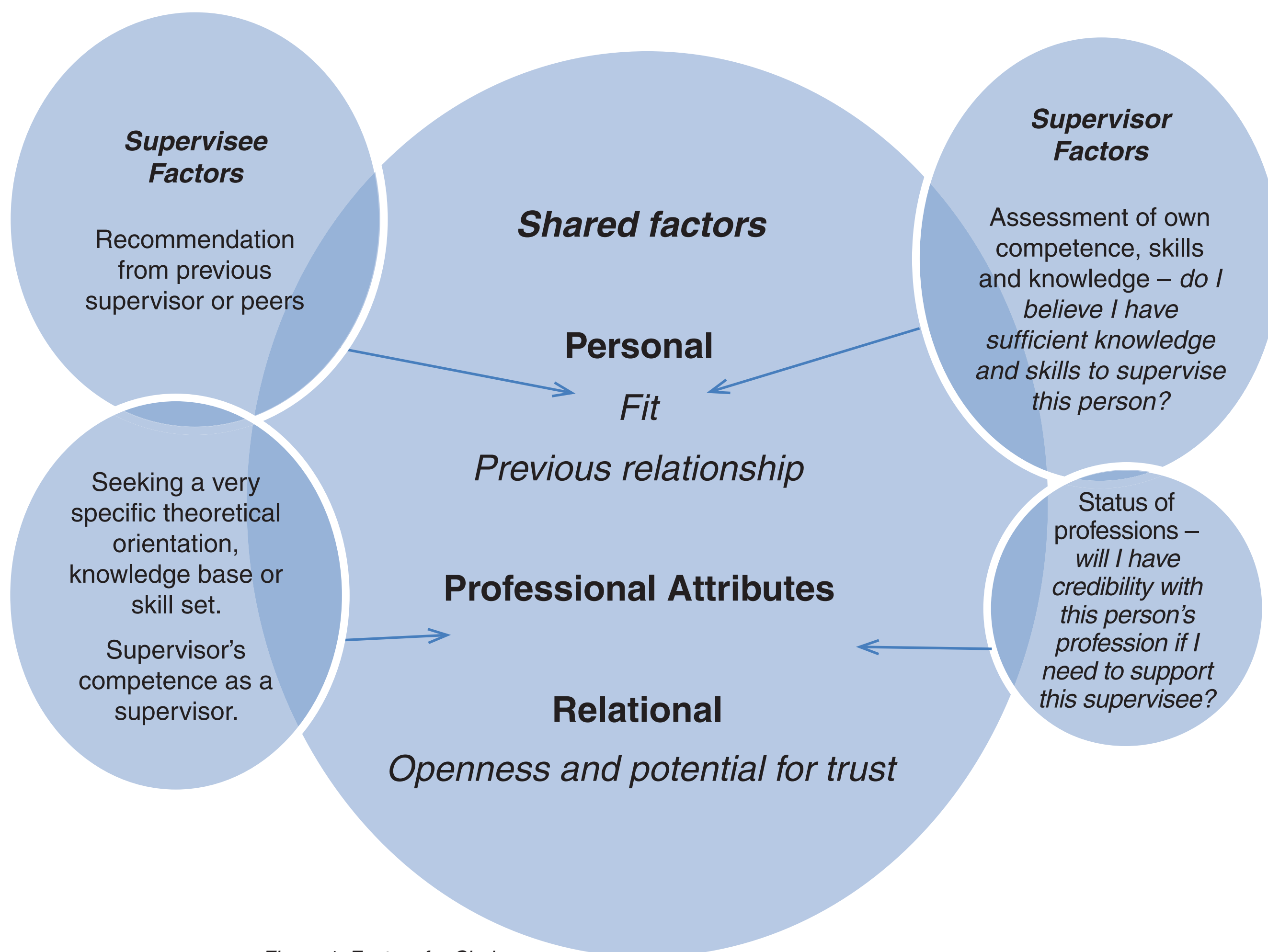

Figure 1. Factors for Choice

regarding *fit* was extremely important and, as mentioned earlier, was a central factor for choice. Fit was variously described by participants:

> So when it comes to the fit of the person to person there's the need to feel trust in both directions. I can trust that person and they can trust me would be number one. (Supervisor – counsellor)
> That's what I liked from her initial negotiations … she was willing to be responsive to me rather than one size fits all. (Supervisee – sw)

Likewise the contracting process which followed this initial conversation was highlighted, though the groups approached this is slightly different ways. The supervisors described a formal process which sought clarity about understanding of supervision, expectations, limitations, boundaries, clinical responsibility and accountability.

> So I had a supervision contract … that outlined the ethical principles that I work under which cover both counselling and I am also a member of … I guess the discussion we had was around the fact that I was not a clinical case management supervisor for her. (Supervisor – counsellor)

The supervisees saw the formal document as part of ongoing informal conversation:

> We had a big conversation about that … it's an ongoing conversation regarding those boundaries I suppose. (Supervisee – sw)

The initial conversations and contracting were also the place where the parameters of difference and how it would be addressed, were established.

> I have a very strong view about things being different and not right and wrong and so we had that discussion quite early that we might hold those different views and it is one of exploring the difference and the meaning of it and different perspectives. (Supervisor – nurse)

However, these conversations about difference were ongoing and evolving. The exchange around difference within the sessions is well illustrated by the following excerpt from a supervisee:

> That's really interesting because I think what happens is we educate each other around that and we negotiate those differences and talk about them. So she may say to me 'the way that I would approach that from this perspective might be this way, but I'm interested in how [your profession] would' … and she may have some assumptions about how my profession may approach that, but she doesn't make those—she puts it out there. "So how does [your profession] do that?" (Supervisee – sw)

The participants described a strong sense of professional identity but it was suggested that this was something that had developed over time.

> It is about an identity thing, once you feel established and you have a good sense of who you are as a practitioner, then you can venture out. (Supervisee – sw)

Both groups agreed that appreciative enquiry and reflective listening were the predominant skills used by the supervisors in these interprofessional supervision sessions.

When reflecting on the process of interprofessional supervision the supervisees reiterated how important it was to have confidence in the supervisor's skills and ability to supervise.

> I don't see there to be any limitations as long as you've got that core understanding of what supervision is. (Supervisee – sw)

By and large, they saw little difference between the process of interprofessional

supervision and same-profession supervision save that the "nitty gritty details of some of the techniques" were often not included and that, at other times, assumptions could not be made and thus situations were explained with more attention to detail. In comparing interprofessional supervision to same-profession peer supervision however, one participant commented on an understanding between the peers that they had shared professional responsibility.

> We are seeing things happening and so does that mean we now have a collective responsibility to respond to that? And that is not going to happen I don't think as much in an interprofessional relationship. (Supervisee – sw)

For their part, the supervisors believed that they made fewer assumptions (which they saw as a benefit) and that, as a consequence they brought a new openness to hearing what the supervisees were saying:

> Sometimes when it is the same profession you make assumptions that you both understand something or that you've got the same baseline knowledge and it is not good to do that. So with someone from a different profession there is not that almost automatic assumption that "I know about this." (Supervisor – nurse)

Benefits and limitations

When considering the benefits and limitations of interprofessional supervision both groups of participants once again constructed similar lists (see Figure 2 and Figure 3). Concerning benefits, two themes were central. First, the perspectives gained on self and one's own profession through supervision conversations with someone from a different profession and, as mentioned earlier, the consequent need to expose and explore assumptions:

> The learning from other ways of doing things, just the learning that you can gain from somebody else's professional perspectives. So it's articulating your own [perspective], but also learning about others and being able to use and adopt other ways of doing things. I think it gives a whole lot more opportunity and scope just for people. (Supervisee – sw)

Second, a valuing and respect for difference and an appreciation for the opportunities difference brings:

> I'm not into "you're this and I'm that." I'm into "we share common ground and if we don't, you know, how exciting is that—let's explore." (Supervisee – sw)

I think that is a better way of actually having more of a level playing field with the supervisee and having that sense of not knowing. (Supervisor – sw)

Both groups believed that clients benefited from the richness of perspective, knowledge and the interprofessional understanding which developed through interprofessional supervision.

Accountability for clinical practice was at the top of both the supervisors' and supervisees' lists of limitations of interprofessional supervision. There was general consensus that interprofessional supervision needed to be complemented by someone who has the "practice wisdom and … professional wisdom" for the supervisee's profession and that it needs to be "really clearly written in the contract the limits of our relationship." One supervisor warned "that interprofessional supervision should not be a substitute for clinical supervision":

> I don't have any issues. In fact I think interprofessional supervision can be extremely valuable because it can add a different perspective and take you outside your clinical expertise and I think that if there is a need for clinical knowledge that person should be seeking that knowledge from a clinical practitioner of their profession. (Supervisor – counsellor)

Supervisee Benefits:

Opportunity to articulate and explore practice with a different professional.

Provides broader, fresh perspectives on self, knowledge and skills.

Shared Benefits

Provides a perspective on own profession.

Challenges assumptions.

Opens eyes to other perspectives, different ways of thinking, doing, being.

Challenge to ownership of knowledge.

Valuing and respect for difference, richness and diversity

Benefit to clients

Figure 2. Benefits

Figure 3. Limitations

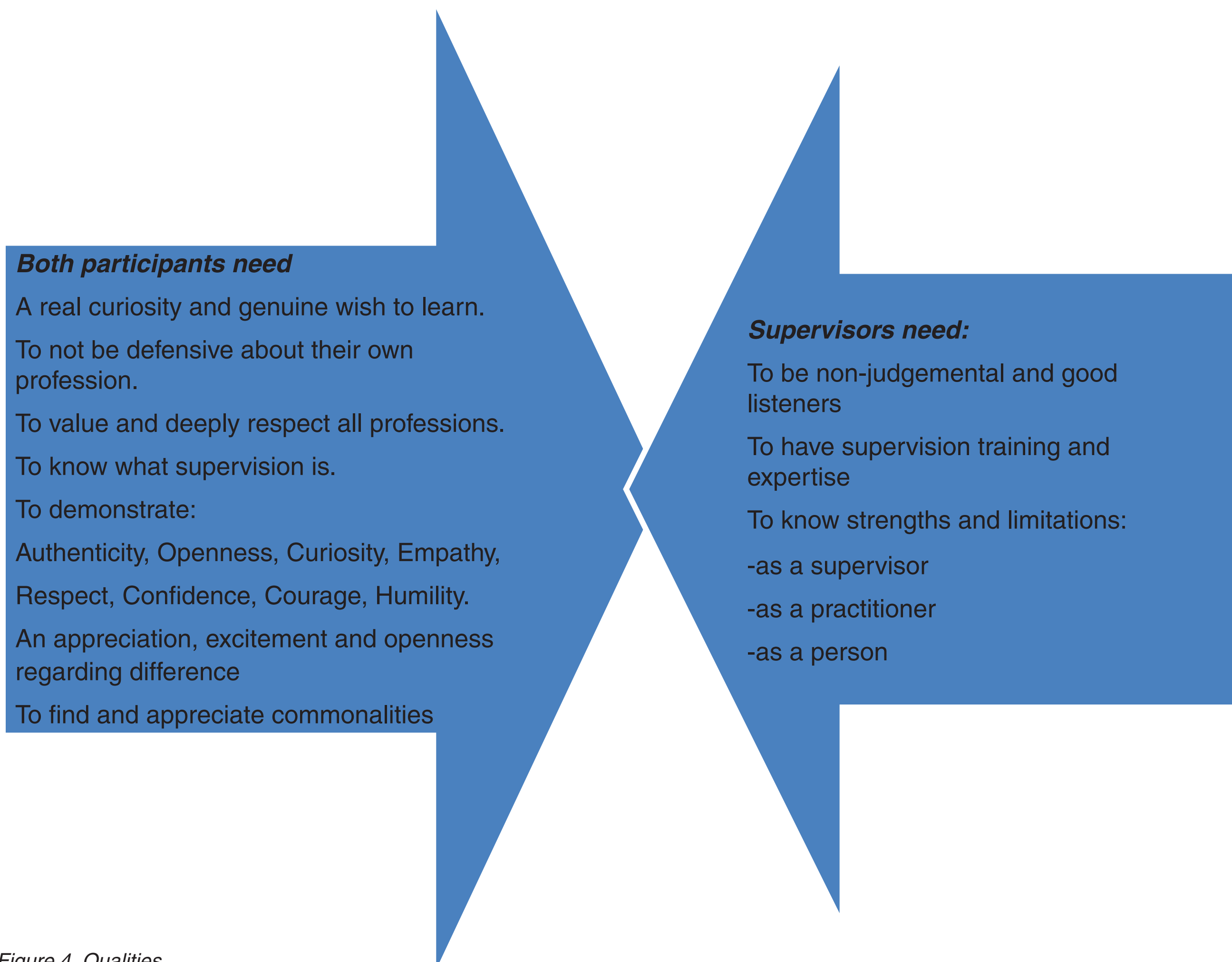

Figure 4. Qualities

Likewise, both groups noted that the range of definitions and expectations of supervision, held by different professions and by organisations, had the potential to create considerable misunderstanding.

> It is regarded as internal supervision it is … line management … if I said to them what is line management they would say it is internal supervision. (Supervisee – sw)

Qualities

The participants were asked to identify the particular attributes or qualities they thought necessary for successful interprofessional supervision. Authenticity, respect, openness, an appreciation for difference and the ability to sit with " not knowing" were dominant in these lists.

> If people have a really good understanding of each other then they will feel less defensive and more able to communicate with each other and call on other people's expertise and recognise it is really important not to know everything. (Supervisee – nurse)

Interestingly many of the same qualities were considered necessary for both parties but the importance of supervisor competence both in supervision and in practice were highlighted (see Figure 4).

Advice

Finally, the participants were asked what advice they would give to anyone contemplating interprofessional supervision. This is presented in Figure 5. A key message from the supervisees was "to trust the process" whilst the supervisors' advice was to "trust yourself." The importance of supervision knowledge, expertise and training was a theme woven throughout the interviews with the participants. It was a necessary quality and a central piece of advice. Many participants believed that the supervisor's ability to supervise transcended any differences of profession:

> I'm firmly of the opinion that if you can supervise it doesn't matter what the person's profession is especially if you're using [a] reflective learning model type thing. It is more about the way you facilitate because you are not being directive and you don't need to know everything about that profession. That's my opinion anyway. (Supervisee – sw)

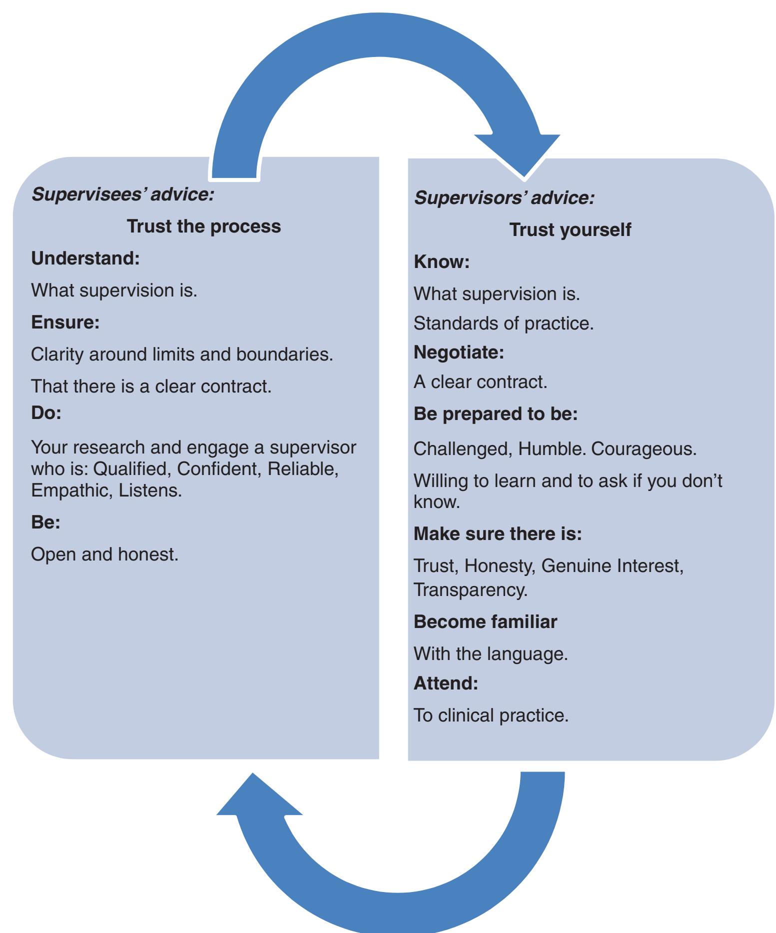

Figure 5. Advice

Discussion

In Aotearoa New Zealand, previous research has explored the incidence of interprofessional supervision and the satisfactions and opinions of the social workers involved (Beddoe & Howard, 2012; Hutchings et al., 2014; O'Donoghue et al., 2005). This present study, which has included the views of a range of professionals, has broadened that focus to include the structure and processes of interprofessional supervision. Rich detail was shared through these 18 accounts of the participants' experiences of interprofessional exchange. A central strength of this form of supervision identified by these participants was the ultimate benefit for clients. Acknowledging professional differences in supervision not only increased knowledge and deepened learning but also affirmed professional roles. At the same time, a shared understanding of those different roles, knowledge and skills, the participants reported, created opportunities for greater and more effective collaboration in the practice environment.

Choice of supervision partner and attention to the supervision relationship, both of which are identified as components of good supervision (O'Donoghue et al., 2005), were key elements of the interprofessional supervision described. The supervisees were thoughtful about their professional needs and took responsibility for choosing a supervisor who could enhance their professional development. Likewise, the supervisors actively considered whether they could meet supervisee expectations. Initial negotiations for supervision thus involved mutual assessment and clarification.

Clinical and organisational accountability, highlighted as concerns in other interprofessional supervision studies (Beddoe & Howard, 2012; Crocket et al., 2009; Hutchings et al., 2014; Townend, 2005) were also identified by this group of supervisees and supervisors as limitations of interprofessional supervision. Notwithstanding these limitations, the participants did not consider them to be an obstacle. It is interesting to note that, it is this accountability which (as discussed earlier can escalate into management oversight and organisational control), has been identified as a limitation of traditional social work models of supervision. In this research, interprofessional supervision was presented as an adjunct to other forms of supervision (and accountability). Those other forms were most frequently labelled *same-profession clinical supervision* or *line-supervision* and sometimes simply *clinical management*. The language used to describe these *supervision-type* events thus varied, highlighting different understandings and definitions both across professions and within organisations and the importance of ongoing clarification. Contract negotiations at the beginning of the supervision relationships addressed clinical accountability by ensuring that appropriate and readily accessible people were available to resource, support, and guide and/or mentor those supervisees with a clinical component to their work. Likewise lines of organisational accountability were ensured through identifying internal organisational relationships.

One of the ongoing challenges for social workers, as identified earlier, is to claim or reclaim the critical, reflective and analytical components of supervision from a supervision agenda dominated by management concerns. Interprofessional supervision may be one way in which this could be achieved. The participants in this research approached supervision as an opportunity for professional growth and learning and with a willingness to embrace, grapple with, and enjoy, difference. Significantly, they noted that interprofessional supervision highlighted the assumptions that can occur in same-profession conversations and this awareness cleared the way for fresh and critical ways of considering practice. They were prepared to put aside certainty to look for possibility and were open to contemplating a broad vision of professional practice. As such, participants described supervision as a collaboration where learning occurred for both parties, a description which reflects Clarke's (2006) proposition that interprofessional working is a bringing together of different resources. Strikingly, these participants conveyed a strong sense of professional identity and, in their different roles, each could stand outside of their profession and, through focussed conversation with another professional, consider assumptions, new perspectives, skills and knowledge.

Limitations

Participants in this study were required to hold a supervision qualification. This criterion, designed to ensure participants were knowledgeable about supervision and to deepen discussion, may have inadvertently excluded a range of opinions. It is possible that those who complete supervision qualifications are at a particular stage of professional development and bring a confidence to their practice which may not be representative of all practitioners. It is also noted that the sample is small, comprising 18 participants, and as such, the findings provide only a snapshot of the experiences of interprofessional supervision through the views of this cohort. Further exploration is needed to establish the views of a larger and broader range of practitioners.

Conclusion

The accounts of the participants in this study were provided with energy, passion and with a clear *professional* focus. Differences were present in the detail of supervision practice but the similarities were evident in the intent, processes and attitudes of

these professionals. The supervisees were articulate about their professions, about themselves as practitioners, and the choices they made in seeking to develop greater understanding and competence. Supervisors had clarity about their roles, strove to be honest in their appraisal of their competence and knowledge and were attentive to clinical boundaries. All participants demonstrated the openness, respect and curiosity identified as necessary for this form of supervision.

In the present climate of review, change and efficiencies in Aotearoa New Zealand, social workers in many fields of practice are being required to stretch and respond to new situations and new relationships. Traditional ways of practice, and particularly traditional ways of supervision, may no longer be as appropriate they once were. There is a general call for more reflective and less siloed practice and for greater collaboration between health and social service professionals. For social workers and other professionals, there is an opportunity to include interprofessional supervision in a portfolio of professional relationships as one way of adapting to these new times.

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