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Many faces, many fields: Social work in changing times

As we head towards the general election, we are reminded of the many policies and politics that affect us all as citizens. More than ever, there is a need for us to be careful evaluators of policies that might help or hinder the social justice aims of social work. What policies will decrease poverty? Make housing more affordable and of better quality? Decrease the amount of hospital admissions for preventable childhood illnesses? Deliver funding to health and social services that serve those who need them? Change the demeaning and dehumanising cultures in some of our welfare services? Result in less inequalities? All of these questions are worth considering as we choose who we give our votes to. While we are not here advocating support for any particular party, we like the slogan of one that is "Care. Think. Vote." Social justice and human rights will be at the forefront of your thinking as you enter the polling booth.

Reading academic articles might seem a bit out of touch with urgent practice matters. But it helps us think in new ways about the issues that we care about, and the populations and communities we work with, making our actions as social workers better informed. In this general issue of the journal, there is an array of articles that will hopefully help you "think," covering many diverse topics, as well as a collection of articles focussed on supervision.

Heather Fraser, Nik Taylor and Tania Signal report on a fascinating study into the role of interspecies education in increasing young people's empathy. In their article: "Young people empathising with other animals: Reflections on an Australian RSPCA Humane Education Programme," they show that interspecies education can be a valuable vehicle for promoting empathy

amongst young people. Empathy generally promotes pro-social and cooperative behaviour, and is fundamental to social work practice relationships. It is central to the emotional intelligence needed for social work, and can be healing for both givers and receivers of empathic communication. Extending this towards all creatures was an aim of the programme they reported on. The programme they studied was aimed at refugee and migrant young people in Melbourne, a group that contained some young people with limited experiences of positive interactions with animals. After the young people were exposed to animals of various kinds at the RSPCA, and had care for animals modelled to them, they analysed both images of the young people interacting with the animals, and letters they wrote to the organisation following the programme. Quotes are provided to illustrate the themes found in the letters that show the visits shaped the growth of the young people's empathy with animals. For example, Leo noted the differences between his earlier view and the change that occurred following the programme: "I was asking myself why do people like animals? The only thing I was believe is animals are stupid, ugly and always trying to attack the people ... I personally was hate animals ... After came RSPCA I liked animals step by step." The authors argue that more attention to the possibilities of interspecies education to increase empathy, a cornerstone of social work, should be given.

Sally Raymond, Liz Beddoe and Barbara Staniforth's article entitled "Social workers' experiences with whistleblowing: To speak or not to speak?" explores the experiences of whistleblowing of 10 social workers in Aotearoa NZ. The study found that there had been limited support for whistleblowers

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and often retaliation afterwards from colleagues. They note, with some irony, that social workers are expected to engage in advocacy for their service users, but when it comes to organisational practices, whistleblowing, a form of advocacy, can be punished. As one participant noted: "We should be a lot more active. We do it with our clientele and why can't we [advocate for] our staff?" The managerial contexts of practice can be punitive and not open to criticism. The authors conclude that social workers need better information under the Protected Disclosures Act (2000).

In an article with a strong legal analysis, Richard Fisher and Trudy Hutton-Baas make a strong case for improving the legal standing of grandparents caring for their grandchildren. In "Supporting grandparent/grandchild contact under the Care of Children Act 2004: Assessment and a call for change," they point out that, while the Care of Children Act (COCA) introduced many changes to guardianship status, it did not make any special consideration for grandparents despite the common practice of placing children into their care. This was due to an emphasis at the time on "focusing on the duties, powers, rights and responsibilities of parents as guardians to their children" rather than grandparents; for example, allowing new partners to apply for guardianship but not grandparents. They undertook a policy analysis and an investigation into cases where grandparents litigated in relation to their rights. They conclude there are some helpful measures in the Act and its associated policies, but the fundamental issue of lack of legal standing requires a remedy in order to assure contact can continue. Suggestions are made to adopt legislation more in line with the Canadian model where most provinces have legislation that increases the rights of grandparents relative to other types of family members. There, the issues of grandparents' legal status and human rights legislation are intertwined. As our human rights legislation does not have a "strike down" provision

(that would enable judges to invalidate laws that are not consistent with human rights), there is no such impetus for consideration of this here. Fisher points out this means that: "as a result, while there might be a variety of objections a grandparent might raise under the NZBRA to their lack of standing in New Zealand legislation (e.g., freedom from discrimination), there is no scope for a meaningful result by challenging the law on this basis."

In another issue with relevant currency, Deb Stanfield, Liz Beddoe, Neil Ballantyne, Simon Lowe and Nicole Renata report on a study of social workers' perceptions of Facebook use in a professional capacity. In their article, "Critical conversations: Social workers' perceptions of the use of a closed Facebook group as a participatory professional space," they examine social workers' use of a closed online group set up to encourage professional deliberation and public debate about issues related to society and the profession. People in the group were asked via both a survey and interviews, about their motivations for joining and their experiences as members. They found that the reported benefits were access to rapid resource dissemination, the ability to remain connected with current social issues that would otherwise seem "too big" to keep up with, and lessen professional isolation. Problems were also reported, such as a lack of consensus or knowledge about what is ethical behaviour in the online space. Issues relating to insider research also came to the fore in this study and there is thoughtful coverage of this issue.

Kirk Reed and Brian Field provide a challenge in the context of mental health legislation in their article: "Resituating Aotearoa New Zealand mental health legislation in the context of social and occupational justice". In this article, they align social workers with occupational therapists, arguing that they face similar challenges to maintain a focus on justice for their service users in response to the

dominating “medico-legal worldview.” With a strong focus on the historical development of mental health legislation, they argue that the necessities of maintaining a therapeutic relationship and following professional values and beliefs that support a recovery orientation to practice are in conflict with the medical and legal underpinnings of the legislation. They point out that, although the rhetoric of recovery is central to many mental health policies, specifically in the context of compulsory assessment and treatment orders, that social workers and occupational therapists may conflict with other more dominant professionals who may be more risk-averse. While legal and other changes have led to a reduction in psychiatric beds around the country and a greater focus on community provision, legislation still remains in tension with recovery principles, as it suggests that people are so risky that legislation must address this with compulsory treatment orders. They stress that this has serious rights issues such as the deprivation of liberty.

This issue also contains two viewpoint pieces. In the first, Carole Adamson and Luis Arevalo engage in a critical discussion entitled “What do you mean, I’m ‘resilient?’” They make important points in relation to this much-used, and perhaps misused, concept. Their key point is that people respond to adverse events in unique ways, personal to themselves, that do not always translate directly into the response of the systems that respond to them. They also note that “an uncritical use of the term can result in its use for political agendas contrary to social work values.” They point out that part of that “translation” can result in support of the neoliberal ideals of independence, a resignation to the reduction of community and personal resources, and minimise a focus on social context and the need for social change. Particularly in disaster contexts, people should not be exhorted to pursue some ideal model of resilience but, instead, it is up to them to define for themselves the meaning of their experiences

and what resilience might mean for them. Assumptions about resilience can encourage a hands-off approach by both government and other supportive services, and people’s felt vulnerabilities can be overlooked, particularly when combined with a culture that in some quarters, valorizes “being staunch.” In their concluding comments, they encourage us to “think twice” about the term so readily inserted into lectures or practice, when describing people’s responses to stressful or distressing events—these should be both considered in context and linked to the broader political environment, one that may minimise structural disadvantage.

The second half of this journal issue has a focus on supervision with four full articles and a short viewpoint piece. The collation of these articles at this time suggests that supervision research and innovation is in a healthy state in Aotearoa New Zealand. Each article makes a unique contribution to the already solid body of local supervision literature. Three of the articles are empirical and the other two are reports on supervision-focused development.

First up, Matt Rankine, in “Making the connections: A practice model for reflective supervision,” describes a new model of reflective supervision. This model has developed following a theoretical analysis in a qualitative study of social work supervision in community based child and family services. Rankine argues for an approach to social work supervision that is grounded in a “co-constructed partnership between the supervisor and supervisee.” The four-layered model supports critical thinking in socio-political and cultural contexts and promotes social justice strategies.

Supervision is changing in response to shifts in the organisation of health and social services and an increasing focus on interprofessionality in professional work in multi-disciplinary settings. Allyson Davys, in “Interprofessional supervision: A matter of

difference,” reports findings from a series of semi-structured interviews with participants in interprofessional supervision relationships. Davys begins with a review of the traditions of social work supervision and identifies the professional and regulatory expectations of supervision for social workers in Aotearoa New Zealand. She then discusses the preliminary findings of a cross-professional study of interprofessional supervision finding that it provides an opportunity whereby social workers can enhance their practice through reflection and critique whilst still meeting professional requirements. The participants in this research approached their supervision as an opportunity for professional growth and learning and showed a willingness to “embrace, grapple with, and enjoy, difference.”

Ruth Ford's article, “Implementing staff supervision training in a Corrections environment,” describes a project which involved the implementation of in-house supervision and supervision training for programme facilitators. Practitioners and managers wanting to develop and/or improve supervision in their organisation will find much useful material in this article as Ford outlines essential areas for focus on the delivery of a successful programme. Ford's literature review explores published material on developing training and, while it is not empirical, and much of it is deeply contextual, significant and useful themes emerge about underlying principles, delivery and content.

In a time where evidence of value for money dominates discussion of every budget item in health and social services, an article by Allyson Davys with colleagues Janet May, Beverley Burns and Michael O'Connor

explores the challenging topic of “Evaluating social work supervision.” Davys and colleagues report on a survey of a range of professions in Aotearoa New Zealand. Of 329 survey respondents, 245 were social workers. Most social workers who participated in the survey reported that some kind of review of supervision took place but these used varied methods and were not formal. Almost half offered suggestions for improvement, with more systematic approaches favoured.

Of concern in the findings of this study is a theme of *harmful supervision* where relationship dynamics were detrimental to an effective supervision relationship. The authors ask if this is the tip of an iceberg, and recommend further investigation of social work supervision. In particular, they question the enduring model of line management supervision which is what most social workers access, where there is unequal power and little choice.

Peer supervision models offer much to address problems that are associated with managerial models of supervision. In a final viewpoint piece, “Zooming in: Social work supervisors using online supervision,” Jason Rushton, Jo Hutchings, Karen Shepherd and Jude Douglas describe the development of an online group for supervisors using the Zoom™ application. The technology proved to be effective for this group to connect and share their supervisory experiences and concerns. The group is non-hierarchical with members sharing facilitation and note taking roles in rotation. The authors share their experiences and hope that others will be encouraged to develop similar groups and share their insights to add to social work supervision expertise in Aotearoa New Zealand.

Liz Beddoe and Emily Keddell

Young people empathising with other animals: Reflections on an Australian RSPCA Humane Education Programme

Heather Fraser¹, Nik Taylor¹, Tania Signal²

ABSTRACT

INTRODUCTION: Empathy is associated with engagement, compassion, social support and emotional sensitivity, and it is a hallmark of good social work practice. Empathy rightfully receives much attention in social work practice, however, interspecies empathy has yet to be included. This article has been written to address this gap.

METHODS: Two main research questions guide our conceptual discussion of young people, interspecies empathy and social work: (1) Why is empathy important to social work with young people?; (2) What can an Australian RSPCA Humane Education Programme (HEP) teach social workers about the benefits of interspecies empathy for young people? After our literature review, we examine our illustrative example, which is an HEP offered mostly to newly arrived refugee and migrant young people living in the outer suburbs of Melbourne, whose prior experiences of and/or attitudes towards animals may not have been positive.

FINDINGS: Social workers are wise to prioritise empathy because extensive research has shown that, across a diverse range of fields, modes of practice in and beyond social work, empathic practitioners are more effective, achieving better outcomes with their clients. From the letters the young people sent to the RSPCA Victoria after completing an HEP, we note their self-reported increases in empathy for animals, including those they had previously feared or shunned.

CONCLUSION: There are many potential benefits of recognising, fostering and valuing interspecies empathy through humane education programmes. However, for these to be ethical, care and empathy must be shown towards the wellbeing of the animals involved, not just the human participants.

KEYWORDS: young people; animals; interspecies empathy; refugees; animal cruelty; humane education

Intuitively, many social workers know that children and animals can enjoy each other in profoundly positive ways. Research has consistently found that positive relations with animals can deeply benefit the social, emotional, cognitive and educational growth of children (Arbour, Signal, & Taylor, 2009; Endenburg & van Lith, 2011). In particular, humane education programmes (HEPs) have been shown to have multiple benefits

across different groups of children and young people. The Jane Goodall Institute (2017, para 1) defines *humane education* as, "... a process that promotes compassion and respect for all living things by recognising the inter-dependence of people, animals and eco-systems." From their review of international, short-term humane education initiatives, Aguirre and Orihuela (2014) conclude that such programmes can be

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both effective and sustainable over the long term, and that children undertaking such programmes generalise empathy towards animals to humans. This is supported by research demonstrating that HEPs can positively affect children's development of empathy toward both animals and other humans, particularly for those who have experienced some form of abuse (Taylor, Fraser, Signal, & Prentice, 2016).

Despite the benefits children and young people often derive from relationships with animals, social work has been slow to incorporate *the animal turn* (Walker, Aimers, & Perry, 2015), particularly in Australia. In part, this stems from social work's humanist foundations (Evans & Gray, 2012; Fraser & Taylor, 2017; Ryan, 2011), but may also be due to an uncertainty about how social workers think about, and treat, interspecies relationships (Evans & Gray, 2012; Walker et al., 2015). To quote Evans and Perez-y-Perez (2013, p. 16):

... social workers may be poorly equipped to deal with animal-human relationships within the bounds of their professional practice as there is negligible focus on these relationships within social work education and research ...

Ryan's (2014) edited collection, *Animals in Social Work: Why and How They Matter*, is an exception, providing a range of philosophical and theoretical considerations of animals in social work, before presenting several practical applications, such as the Burke and Iannuzzi chapter on Animal Assisted Therapy for children on the autism spectrum, or the one from Walsh about domestic violence and companion animal welfare (Ryan, 2014). Our article contributes to these discussions through considering the topic of empathic interspecies relationships and the use of humane education programmes. Two main research questions lead our discussion: (1) Why is empathy important to social work with young people?; and (2) What can an RSPCA HEP teach social workers about interspecies empathy?

Methods

Two methods are used to explore interspecies empathy: a literature review and an analysis of an illustrative example. Our literature review is guided by the question: "Why is interspecies empathy important to social work with young people?" Our illustrative example is examined via the question: "What can an RSPCA HEP teach us about the benefits of interspecies empathy for young people?"

Literature review

Colloquially speaking, empathy involves trying to "walk in someone else's shoes"; that is, trying to understand how others are feeling, thinking and reacting to circumstances *through their eyes*. According to de Vignemont and Singer (2006, p. 435):

There is empathy if: (i) one is in an affective state; (ii) this state is isomorphic [similar] to another person's affective state; (iii) this state is elicited by the observation or imagination of another person's affective [feeling] state; (iv) one knows that the other person is the source of one's own affective state.

They note that empathy, "...motivates cooperative and prosocial behavior, as well as helps for effective social communication" (de Vignemont & Singer, 2006, p. 435). Gerdes, Lietz, and Segal (2011, p. 85) share this definition of empathy but they stress, "[t]he conscious decision-making to take empathic action." Empathy assists with conflict resolution and plays an important role in addressing inequality and injustice (King, 2011). The pro-social nature of empathy is often emphasised in the belief that early displays of empathy will auger well for people in the future.

Interspecies empathy refers to empathy shown across species, from people to a wide variety of other animals (Nagasawa, Mogi, & Kikusui, 2009) and in-between species (human and other animal). Interspecies

empathy can serve as a bridge to many people (Serpell, 2000), including difficult-to-reach clients battling the legacy of past abuse, mental health problems, poverty, homelessness and chronic illness. Young or old(er), tough, defensive and angry clients may not be anything like this towards animals (Bathurst & Lunghofer, 2016), including animals they may have rescued from shelters. Reciprocal benefits can accrue to the humans and other animals that *rescue each other*, that is, humans rescuing otherwise unwanted and soon-to-be-euthanised shelter animals and shelter animals rescuing humans from their own reports of isolation, loneliness, anxiety and depression (Fraser & Taylor, 2017).

Extensive research demonstrates links between a lack of empathy and difficulties within inter-human and interspecies relations (Eckardt Erlanger & Tsytsarev, 2012; Eisenberg, Eggum, & Di Giunta, 2010). A lack of empathy has been linked to increased proclivities for violence against both humans and other animals, including domestic violence and child abuse (Becker & French, 2004; Hartman, Hageman, Williams, Mary, & Ascione, 2016; McEwan, Moffitt, & Arseneault, 2014; Walker et al., 2015), as well as being tied more broadly to ethically just behaviour (Gruen, 2015). Gruen's (2015) notion of *entangled empathy* recognises that humans are already entangled in relationships with other animals—often very harmful and exploitative relationships—but that this does not need to be the case. Emotional and cognitive, entangled empathy has transformative potential, involving the respect and elimination of enslavement of (other) animals (Gruen, 2015).

The importance placed on empathy by social workers has a long history and is reflected in social work codes of ethics. For instance, in the International Federation of Social Work (IFSW, 2012, Section 5.4) *Statement of Ethical Principles*, "Social workers should act in relation to the people using their services with compassion, empathy and care." Empathy is expected to cut across fields

and modes of practices, but also theoretical perspectives (see for instance, Fook, 1993; Gerdes et al., 2011; Payne, 2014; Siporin, 1980).

Empathy is described as a core social work value and skill (Stanley & Bhuvanewari, 2016) and a hallmark of good practice (Pinderhughes, 1979). We define good social work practice broadly as interventions that produce useful exchanges, and are not, on balance, experienced by clients and observed by others, as unhelpful, unduly controlling, mean-spirited and/or punitive (also see Fook, 1993; Mooney, 2016). Empathy is so important to social work because it directs us towards caring, congruence, interpersonal sensitivity, perspective taking, an appreciation of diversity and ethically oriented behaviours (see Thompson & Gullone, 2003). It underlies rapport, which is crucial to the sustainability of successful cross- and inter-cultural relationships (see Ramacake, 2010).

Empathy affects how practitioner–client relationships are developed, managed and dissolved. Social workers usually understand that empathy is an intersubjective process that involves trying to understand the plight and contexts of others (Payne, 2014). Contexts matter because they shape the social conventions for empathising with others; they influence the resources dedicated to (or withheld from) those with whom empathy is being expressed; and they mediate whether empathisers are esteemed or denigrated (also see Mooney, 2016). Empathic social workers are aware of the potential empathy has to help others (from managers, workmates, volunteers, clients and social networks) notice, feel and understand aspects of situations that are not always obvious or appreciated. These aspects can be drawn from the (often hidden), back stories (of abuse and neglect, for example), which give context to individual and group experiences. These exploratory processes can occur with clients across age brackets, including young children. Borke (1971) found that children as young as three years

of age can sensitively respond to other people's moods, such as trying to comfort others when they are sad, angry or upset.

Empathic relationships in social work are as much an art as they are a science. Embodied, affective and cognitive, empathy is the cornerstone of emotional intelligence, and is central to the social work tasks of engaging clients/service, making assessments, collaborating on plans and co-operating with others (Morrison, 2007). Social workers practising with young people are usually aware that empathy is not just built on words but develops also through cultural respect and non-verbal behaviour (see Mooney, 2016) as well as play and fun (see Carroll, 2002). Some therapy clients, especially young clients, report that having fun was the best part of the therapeutic process (Carroll, 2002), the acknowledgment of which has led to the design of alternative, child-centred forms of social work, including animal-centred interventions.

As well as being important in forming good social work practices, and in establishing client-worker relationships, empathy has also been shown to have a healing potential. Empathy is health-enhancing through the sense of belonging and support it can induce. Studying health-enhancing qualities of life, Munford and Sanders (2008) contrasted the experiences of young, marginalised women aged between 13-15 years with those of their more advantaged peers. They found that behaviours labelled troubled and disruptive serve other, important and positive functions for the marginalised women (Munford & Sanders, 2008). Without empathy, however, the capacity for social workers to reinterpret these behaviours is limited, if not blocked.

Empathy can act as a balm or release to "empathic distress," which Hoffman (2000, p. 4) defines as the distress felt from "...observing someone in actual distress—and one or more motives derived from empathic distress: sympathetic distress, empathic anger, empathic feeling of injustice, guilt." By acting empathically,

bystanders can help not just others in need, but *themselves* in the process, to avoid feeling locked in intense, negative emotions. Empathising with others' previous and current experiences of hardship not only helps social workers to engage, but it also allows clients the opportunity to openly reflect on their experiences and find ways to regenerate a sense of belonging and control in their lives (see Mooney, 2016). Empathy helps those who have been abused and traumatised reconnect with, and feel close to, others. Jackson, Frederico, Tanti, and Black (2009), reported that feeling close to others was crucial to abused and traumatised children's attempts at recovery, and management of associated symptoms such as anxiety and depression. As we will suggest later, fun, touch and play characterise many human-animal relationships, across age brackets but particularly for children, and can form powerful conduits for abused children to heal.

Empathy allows us to convey our connections to others but cannot be divorced from hard questions about professional power and clients' rights. For example, De Boer and Coady (2007) interviewed six child welfare workers and their clients and found two key, re-emerging themes for the definition of a good, helping relationship: (1) the "soft" and judicious use of professional power, and (2) a non-traditional professional attitude and style of engagement, that is, more flexible and involves a less authoritative and controlling style of interaction, specifically practitioners negotiating their goals and interests with clients. Without empathic understanding, such a negotiation process is likely to be flawed, if not fraught.

Empathy is crucial to practitioners' critical reflexivity, or the processes and practices deliberately used to understand more about the self and interrogate one's motivations, actions and impact on others. Both empathy and critical reflexivity allow us to adjust our *use of self* to the needs, interests and preferred styles of those we serve.

Recognising, working with and regulating emotions (workers and clients) are parts of this process. Children and young people ordinarily understand the importance of the quality of worker–client relationships, which can take time to develop, compared to those that feel robotic and rushed (Ferguson, 2014). Ferguson (2014, p. 8) contrasted this latter style to the social worker who:

...practised in a self-consciously relationship-based manner that was informed by a strength perspective. Her relational style with children and parents was motivational, playful, tactile, yet authoritative and this example typifies how the atmospheres of encounters in such cases were often positive, caring, creative and joyful.

Taking the time to carefully listen to, and be attuned with, clients' perspectives allows practitioners to more accurately understand and empathise with clients, young or old. It also allows for the more dignified appreciation of clients as members of communities that are knowledgeable about their own circumstances (also see Ramacake, 2010). This may be particularly important to those deemed vulnerable, such as children, refugees and asylum seekers.

While there is comprehensive research into the mental and physical wellbeing of adult refugee and asylum seekers (Burnett & Peel, 2001), there is less about child and/or adolescent refugee/asylum seekers (Thomas & Lau, 2002). This is a problem given many young refugees and asylum seekers have spent extended periods in refugee camps and have witnessed and/or experienced violence, bereavement, dislocation and homelessness prior to re-settlement (Pepworth & Nash, 2009). In relation to these experiences, young asylum seekers and refugees report high rates of psychological trauma and stress (Murray, Davidson, & Schweitzer, 2008; Pepworth & Nash, 2009). Among the many possible service responses to this trauma are carefully designed and run HEPs,

which take into consideration the ethics and sensitivities of working with this population (see Elliott, 2015); we now discuss one such programme.

Illustrative example

To ground our conceptual appreciation of interspecies empathy, we examined a local HEP. Our purpose is to illustrate some of the benefits of inducing interspecies empathy in young people rather than a comprehensive, complete or critical evaluation of the programme operations. Ethics approval was achieved through Central Queensland University (approval number H14/08-186) on the condition that all names would be changed to protect the young people's anonymity, permission was granted for us to review/present these letters.

The RSPCA Victoria CARE Program—*Creating Animal Respect and Empathy*—targets new arrivals into Australia who come from English as an Additional Language (EAL) backgrounds, especially refugees and asylum seekers. The programme was developed to both improve animal welfare outcomes and assist students to safely interact with a wide range of animals. The local council region within which the young participants were drawn is considered one of many Australian *hotspots* of animal cruelty (RSPCA Victoria, 2016).

Participants in the 2014 RSPCA Victoria HEP were secondary students who received four sessions totalling six teaching hours. Facilitators adopted friendly, non-authoritarian modes of interacting with participants and developed activities based on safe interactions with temperament-tested education dogs, rabbits and guinea pigs. Respectful and kind animal interactions were modelled by RSPCA Victoria Education staff and encouraged in students. For many students this was the first safe and positive interaction with that species of animal. The final session was an excursion to the RSPCA Victoria Education Centre where they met and interacted with a range of farm animals.

Photographs were taken of the young people interacting with animals. To illustrate more embodied images of the young people but also to maintain anonymity we have described seven images below.

Image 1: A slim young woman with long dark hair, perhaps 14 and originally from the Middle East, stands in a stable beside a chestnut horse smiling happily, casually touching the horse's face. The horse looks on, apparently relaxed.

Image 2: A curly-haired boy, perhaps 13 and from Africa, squats feeding a black-and-white-haired goat. Looking downwards there is a shy pleasure suggested by his smile. Meanwhile a group of other children and adults, all wearing navy fleece jackets and appearing to be visible ethnic minorities, are grouped around the boy, mid-conversation with each other.

Image 3: Two young women, possibly 15, stand beside a large brown-and-white cow in a timber barn. The cow, mid-photograph sticks out her tongue, much to the girls' amusement. The African girl at the front looks as if she is holding her breath and is a metre from the cow. Her thin friend with dyed red hair, perhaps from Eastern Europe, holds her gaze at the cow's tongue. Her posture seems more relaxed, less hesitant.

Image 4: A white miniature pony stands in a stall surrounded by 13 young people, most of whom were focused on the pony, enticing the animal to eat to allow them to touch him/her. The girl with the red hair stands apart from the group and looks slightly bored.

Image 5: This is a group photograph, posed with 14 young people, four adults, and two longhaired dogs. While the black and white collie sits proudly in the middle, the smaller pomeranian dog is being cuddled by a young Asian Australian girl at the front. Her pleasure is obvious.

Image 6: Sitting in a classroom are two young women, an Asian girl wearing hijab and an African girl who are holding large grey and white rats are smiling into the camera. Both look happy, with the African girl patting the animal in her arms and the Asian girl trying to hold onto a rat in her hands. An Asian young man behind them has his eyes fixed on something not in our view.

Image 7: Eight young people are squatting in a circle, hand-feeding five chickens wandering in the centre. It is cold and all the participants are wearing coats and scarves. Coat-clad torsos of the four adults involved in the programme are standing behind the young people. Of the eight, there are three African Australian boys who all seem amused by the task of feeding the chickens. The three girls wearing hijabs seem to be more shyly contemplative, while one Asian Australian girl, with long, straight dark hair hanging a little in her face, squints, looking either bored or concerned that the chicken she is feeding might peck at her.

These snapshots of interaction (above) are intended to make both the young people and the RSPCA Victoria animals more visible and embodied. Below we analyse the spontaneous, unsolicited, feedback from the students through letters they wrote after the completion of the programme to the RSPCA staff.

Findings

For this illustrative example, we reviewed 11 letters that participants sent to the RSPCA Victoria after completing the programme. Two of the authors independently read the letters multiple times noting emerging themes. These were then crosschecked and only those noted by both authors were included as guiding categories for analysis. We noted five main themes in the letters: an appreciation of the role of the RSPCA Victoria; an empathic understanding of

(other) animals; attitudinal changes as result of greater empathy with (other) animals; the importance of touch and interaction for developing interspecies empathy; and the possibility of animals performing the roles of healers, friends and therapists to children and young people.

Appreciating the role of the RSPCA

As Sofia, one of the young participants in the RSPCA Victoria HEP put it, "...animals have rights like human and we have to take care of them and to feed them because they are living creatures too!" Across the programme, participants expressed their appreciation for the work the RSPCA Victoria does. Consider for instance, Abdul who now appreciated the care animals need and wrote: "Thank you RSPCA ... [for] sharing the information with all of us so that we will be aware of the welfare, the laws of animals ... I want to thank them for giving us this beautiful chance."

Developing an empathic understanding of (other) animals

Excursions to the RSPCA Victoria centre offered opportunities to develop, not just new knowledge, but also new feelings about animals. To quote Halima:

When we visited RSPCA care centre, I really enjoyed to see beautiful animals have shelter, their life, vet etc. It was amazing and convince[d] me you are right, like animals are humans and now I love animals.

The young people made it clear that learning about animals, being in their presence, and directly interacting with them, helped to shift negative attitudes towards animals—attitudes not conducive to interspecies empathy. For instance, Wardah wrote:

When I started to learn about animals with the RSPCA, I learned how to have fun with animals and about their behaviour and I started to care more

about them. I started to like cats as well because before I hated cats and now I changed my mind. I learned how to help them, how to protect them and I have begun to understand them. Now my experience is much better than before, it was a big change and an important experience in Melbourne.

This fits with existing research indicating that the presence of animals in children's classrooms can positively affect social integration (Kotrschal & Ortbauer, 2003).

Attitudinal change as result of greater empathy with other animals

The third theme apparent in the analysis was broadly that of change, and more specifically of attitudinal changes, reflecting participants' growing empathy towards animals. This is not surprising given existing studies demonstrating links between empathy for animals and behavioural and/or attitudinal changes, particularly in children (Ascione, 1997; Prokop & Tunnicliffe, 2008). For many of the children, their visits to the RSPCA Victoria and interaction with the humane educators offered a very different way to think about animals, ways that challenged their existing beliefs. For example, "The excursion to RSPCA is very exciting and let me learn a lot on animals. I can't imagine the importance of animal is so significant before" (Mahmud), and "Now I think animal testing is wrong idea because animals have wrights (sic) (Mohammed). These reported experiences were heartening to the RSPCA Victoria who aim to create programmes that enable children to think differently about other animal species, and derive new meanings to specific kinds of animals (such as farm animals).

Lakestani, Aguirre, and Orihuela (2015), in their analysis of the attitudinal changes brought about in children through humane education initiatives focussing specifically on farm animals found that, as children learnt about non-conventional companion species,

their designated favourite animals changed. Prior to the intervention, the children named their favourite animals as evenly spread across dogs, cats, farm animals, and other animals. After the intervention they were more likely to name a farmed animal species as their favourite. Importantly, it seems that changing attitudes towards farmed animal species can lead to changes in attitudes towards, and relationships with, companion animal species (Tardif-Williams & Bosacki, 2015). This suggests that including visits to, and teachings about, farmed animal species, as occurred in the present study, might have particular value to HEPs.

Participants wrote about how they experienced their views of animals changing:

I was asking myself why do people like animals? The only thing I was believe is animals are stupid, ugly and always trying to attack the people ... I personally was hate animals.... After came RSPCA I liked animals step by step." (Leo)

Again, this was often contrasted with things they saw in their country of origin, "[animals] ... deserve a lot of respect and consideration because in many countries in Africa the animals are not taken into consideration" (Rita), and, "[i]t was a really great program which teach us many things about animals. First I learned to take care of animals and take them to the vet which is the opposite to my country" (Maya). Being able to interact with animals freely in Australia was seen as a positive:

I have to mention that I didn't spend time with dogs or cats or even rabbits in Iran but I have spent time with horses. In Iran the government police do not allow you to have dogs or cats as pets in the city and a lot of people pay fines because they have dogs with themselves in the city.... Therefore I believe that people in Australia should be really happy because they are allowed to have fun with their pets and they have this freedom. (Ana)

The importance of touch and interaction for developing interspecies empathy

The tenor of so many of the participants' letters was how uplifting it can be to be part of an empathic, interspecies experience. A common message from the young people was that change could be induced relatively quickly, particularly when experiential opportunities are available to see life through different eyes, for example "Just a few week (sic) with [the] RSPCA's programme, I have a lot of knowledge about animals and they made me realise that animals are our best friend" (Noore). Among some young participants, new-found empathy inspired a longing for new interspecies connections: "Before I was afraid to [sic] dogs. Now I want to have a dog in my house" (Halima).

From the young people's points of view, the programme's success hinged on the opportunities to practise touching animals they had never touched before. Watching adults model engaged and respectful behaviour towards animals showed them how to be with, or approach different species: "I learn how to act with animals.... I love the way you act kindly with your dog" (Maya); and that simply being with other animals makes a difference, "I enjoyed very much meeting the animals" (Leo).

The young participants stressed the importance of being able to meet and touch animals in a safe and protected environment. This first occurred in their own classroom through the help of trained and supervised assistance animals, where RSPCA Victoria facilitators modelled how to approach and touch animals, such as guinea pigs and dogs. They also wrote about how shifting perceptions can open up friendships that were not formerly possible, "I am thankful every [one] who looks after animals and I am strongly saying that animals are friends!!!" (Amir); and again, "Just a few weeks with RSPCA's program, I have had a lot of knowledge about animals and they

made me realize that animals are our best friend" (Noore). The idea of gaining "a lot of knowledge" may well be linked to improved confidence and self-esteem for the children which, in turn, has been shown to increase with the presence of animals in educational settings (Hediger & Beetz, 2015).

The possibility of animals performing the roles of healers, friends and therapists to children and young people

The idea of animals as friends often overlapped with comments about animals as healers and therapists, again, a phenomenon documented in existing research that shows how children often see their companion animals as close friends who they can turn to in difficult times (Kurdek, 2009). As explained by Ana:

When people migrate they have many problems and they are sad because they are starting a new life and learning a new language and it is also a different culture. Therefore it is really good for kids if they just spend time with animals to get rid of the problems and to forget the sadness.

Forgetting (momentarily) about one's sadness through interspecies connections can help young people experience the world around them more positively. It also mirrors research among adult populations that consistently demonstrates companion animals provide social support (McNicholas & Collis, 2006) and can positively affect the perception of both other people and the individual's environment (Hediger & Beetz, 2015).

Some children indicated that through relationships with animals as healers and friends, they were better able to settle in Australia:

I don't have words to explain how happy I was [visiting the RSPCA centre]. I left my horses when I came to Australia, which is really hard and I was crying sometimes because I missed them so

much. I had fun with them back in Iran and I learned horse riding. When I left Iran I lost them and when you like something and you are forced to leave it, it is the hardest thing to do. However now I have Henry who makes me happy again, he makes me smile and he is one of the most important things in my life because I have found a new life. (Ana)

By connecting with others, including other animals, it is possible to discharge feelings of empathic distress, such as fatalism and helplessness. For instance, Sofia contrasted her previous and current responses to animals' distress:

...if I see the poor animals, the only [thing] I can do is ignore them. However, the RSPCA saves them as well as gives them a real home. This let me feel the world is full of love. I will help animals if they need help now ... [the RSPCA] give the world love and let more and more people know the importance of helping animals.

Having fun and experiencing happiness through empathic interspecies relationships is reported across many demographics, including newly arrived migrants. Focusing on British adults who migrated to Dubai, Walsh and Fox (2011) point out that animals can help people feel a sense of belonging. Early research addressing the roles animals may play in the lives of children who settle in new countries suggests they may offer a safe haven following resettlement because spending time with other animals helps foster a sense of belonging (Riggs, Due, & Taylor, 2016). Similarly, research also demonstrates how animals can help individuals manage anxiety (Cole, Gawlinski, Steers, & Kotlerman, 2007), loneliness and depression (Souter & Miller, 2007).

Conclusion

We are not suggesting that letters from 11 young participants who undertook one version of the RSPCA Victoria HEP should be taken as universally representative of the

experiences of all other participants in HEPs. Nor do we wish to imply that there are only benefits to be derived from human–animal interactions. Instead, our use of these letters is simply to illustrate how participants may respond to such programmes, and so happily. Beyond this, our discussion centres on our much broader research question: “Why should social workers care about interspecies empathy?” As we suggest, there are many reasons why the virtual absence of discussion of interspecies empathy in social work, especially Australian social work, is a significant omission. The first relates to the relationship between human and animal abuse.

Beyond social work, there is now a substantial body of research showing connections between violence and abuse directed at both humans and other animals (Arluke, Levin, Luke, & Ascione, 1999; DeGue & DiLillo, 2009). Much of this research suggests empathy—or its lack—plays a pivotal role (Parkes & Signal, 2017; Shapiro, 2009). Often termed *The Link*, research into links between against-human and against-animal violence has grown apace over the last two decades and consistently demonstrates that perpetrators of one of these forms of violence are likely to commit abuse against others (Arluke et al., 1999; Becker & French, 2004), including domestic violence (see DeGue & DiLillo, 2009; Shapiro, 2009). In a review of the evidence for associations between empathy (human and animal directed) violence and animal cruelty, McPhedran (2009, p. 1) states that, “...animal cruelty, broadly defined and independent of context, interferes with empathy development in children, a process that may affect subsequent attitudes and behaviors including the likelihood of committing acts of violence in adulthood.”

Another reason for social workers to focus on interspecies empathy relates to the sheer number of people—including many social work clients—who keep pets and/or express how much happiness they get from

watching and interacting with other beings (see Evans & Perez-y-Perez, 2013), including farmed and free roaming/wild animals, such as birds, cetaceans and kangaroos (Curtin, 2009). An estimated 50%–75% of households in North America, Europe and Australia contain companion animals and of these, around three-quarters view their animals as family members (Taylor, 2013). Reciprocal expressions of empathy help explain why so many people are able to have such close relationships with companion animals (ordinarily dogs, cats, rabbits, birds, reptiles and chickens), and some are able to connect with animals ordinarily kept on farms (for instance cows and sheep) or allowed to free roam (for instance, kangaroos, emus, dolphins and pelicans). This factor alone makes interspecies empathy a worthy study in social work (also see Evans & Perez-y-Perez, 2013).

An interest in interspecies empathy allows social workers to learn more about the potential and diverse range of health and wellbeing benefits that many humans derive from their empathic animal relationships (also see Evans & Perez-y-Perez, 2013). The list of potential benefits humans can derive from, and provide to, these (animal) care providers is extensive and well documented and should not be underestimated or ignored (Fraser & Taylor, 2017). However, there must be empathy for the health and wellbeing of animals involved. Animals should not be used in a purely, or mostly, functional way. Nor should they be roughly handled or treated as objects. They are not tools to use but sentient beings with their own needs and interests. To do otherwise is to model exploitative rather than empathic practices.

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Social workers' experiences with whistleblowing: To speak or not to speak?

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ABSTRACT

INTRODUCTION: Reporting perceived inadequate and/or harmful practice has become known internationally as whistleblowing. Social workers have a responsibility to uphold ethical standards and may blow the whistle when faced with what they perceive as unethical conduct.

METHOD: A small-scale, qualitative study explored the experiences of 10 social workers in Aotearoa New Zealand who, having observed what they believed to be poor or unsafe practice, attempted to have their concerns addressed by reporting to a third party or blowing the whistle.

FINDINGS: The research reveals common experiences of limited support for, and retaliation from colleagues and organisations towards, those who spoke out. Participants experienced both personal and professional consequences.

CONCLUSIONS: The research identifies the need for appropriate processes and support for whistleblowing social workers and their employing agencies. Social workers need to be better informed about their rights and responsibilities under the Protected Disclosures Act (2000).

KEYWORDS: whistleblowing, accountability, social work ethics, professional misconduct

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Whistleblowing in social work has not received a great deal of attention in practice or research and in a search undertaken, no Aotearoa New Zealand research was located. This article reports on a small, exploratory qualitative study of whistleblowing that is a starting point in encouraging dialogue on this important professional concern.

While there are many definitions of whistleblowing, Mansbach and Bachner's (2009) definition is helpful: "whistle blowing is the disclosure by a person working within an organization of acts, omissions, practices, or policies by persons within the organization that wrong or harm a third party" (p. 18). De Maria (1996) states that "the short answer is that whistleblowing is a form of dissent" (p. 15), while Lennane suggests "an alternative, shorter definition is principled organisational dissent"

(1993, p. 249). Another helpful definition is offered by McDonald and Ahern (2002) who identify a whistleblower as someone "... who identifies an incompetent, unethical or illegal situation in the workplace and reports it to someone who has the power to stop the wrong" (p. 305).

Preston-Shoot asserts that "the number of social work whistle blowers remains low" (2010, p. 184). This raises the question: Why do social workers not speak out? Is it because they feel a sense of loyalty to their colleagues or to their organisations? If so, does this loyalty take precedence over adhering to ethical codes? Are they frightened of possible retaliation? Or is it simply that they do not know where to turn? De Maria (1996) notes of social workers who perceive poor practice and face the dilemma of whether or not to act:

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They often struggle not with but against the dilemma by acting on values they believe are higher and more important than agency loyalty and career development. (De Maria 1996, p. 22)

The aims of this study, undertaken as part of a Master of Social Work degree, were to explore: 1) the experiences of social workers who were aware of perceived unethical behaviours or potentially harmful practice; 2) what they chose to do with that knowledge; and 3) determine the consequences of those decisions. The researcher, and her two supervisors hoped to find an answer to the question “to speak or not to speak?” with the hope that this may be able to assist social workers in future who face a similar dilemma about what to do. The focus of this article is on experiences of 10 social workers in Aotearoa New Zealand who blew the whistle on perceived poor practice. The focus was on the *process* of whistleblowing. As such, we do not interrogate in any depth the nature of their reported concerns, but start and finish our exploration with the reported dilemma they faced when encountering what they deemed unsafe or unethical practices.

We acknowledge that terms such as *unethical practice* are loaded with potential ambiguity, due to the highly contextual nature of professional values and ideas about conduct that “are not based on universally valid, abstract principles” (Banks, 2008, p. 1243). When these terms are used in this article they reflect the narratives shared with the interviewer.

Literature

An initial search found literature about whistleblowing but very little specific to social work, thus the search was expanded. The extensive work of Glazer and Glazer (1989) from the USA, was a starting point to explore the phenomenon of whistleblowing. Glazer and Glazer interviewed 64 whistleblowers and recount the experience of a mental health social worker who drew attention to unethical practice.

The cost for this social worker was high, with serious stress-related health outcomes and repercussions in relationships with employers and others. The social worker received limited support and Glazer and Glazer (1989, pp. 253–254) urge professional associations to “provide their members with direct help that goes beyond platitudes ... associations cannot turn their backs if they are to keep their legitimacy as primary spokespersons for professional rights and responsibilities”.

Whistleblowing in social work should perhaps be viewed as a special form of advocacy, as it is often about exposing unethical or other harmful behaviour on behalf of service users. Indeed *advocacy* is a term more commonly used than whistleblowing in the social work profession (Greene & Latting, 2004; Jackson et al., 2010; Kline & Preston-Shoot, 2012). Furthermore, Green and Latting (2004) also advise practitioners who are considering whistleblowing to access expert advice and external emotional support as it is likely that their own judgement and stability will be called into question. The literature review suggests that most whistleblowers did not seek support prior to reporting concerns, which then left them vulnerable to the retaliation they encountered.

For social workers, especially those new to the profession, discovering colleagues they deem to be practising unsafely presents an ethical dilemma in itself and the knowledge of how and where to go to have this addressed is yet another challenge. Reporting their concerns may, at the time, be their main focus and the idea they need support may come later, given the evidence in the literature that retaliation is a consistent consequence of speaking out (De Maria, 1996; Hedin & Mansson, 2011; Hunt, 1998; Jackson et al., 2010; Lennane, 1993; Mansbach & Kaufman, 2009; McAuliffe & Sudbery, 2005; Moore & McAuliffe, 2010).

Mansbach and Bachner (2009) explored the likelihood of social work students blowing

the whistle in different situations. The students were asked to rate three ethical dilemmas on the degree of their seriousness and, if faced with the dilemma, report the likelihood they would blow the whistle. The findings revealed that they would have been most likely to report within their organisation and the likelihood of reporting was greater when harm and injustice were caused to the most vulnerable clients. Noting the paucity of social work literature about whistleblowing, Mansbach and Bachner (2009) argue that it should be introduced in the curriculum of social work education, as an aspect of ethics and advocacy as proposed by Greene and Latting (2004) because: “[i]n doing nothing to stop harmful conduct by colleagues or supervisors, social workers may violate their basic professional commitment to promote and protect the welfare of their clients” (Mansbach & Bachner, 2009, p. 19). It is not known the extent to which this recommendation has been taken up.

The Aotearoa New Zealand Association of Social Work (ANZASW) *Code of Ethics* (2008) Section 5.7 states:

Both the everyday and professional conduct and integrity of members must be beyond reproach. Where a situation is too serious to be resolved in discussion with the colleague concerned, instances of professional misconduct or unethical behaviour by that colleague (particularly where this involves actions that are harmful to clients) must be brought to the attention of the appropriate bodies. (p. 13)

However, the *appropriate bodies* are not identified. Despite the references to the codes of conduct and codes of ethics of the professional associations in much of the literature, Doel et al. (2010) reported that, when faced with boundary issues, the participants favoured agency codes of conduct over professional codes of practice but were even more likely not to draw on either, rather their response relied on “an

implicit personal code” (p. 1875). However, in an analysis of agencies’ policy documents, Doel et al. (2010) noted all policies were concerned with how possible boundary violations would affect the employers’ reputation, whereas the main concerns of the professional bodies were centred on fitness to practice and public confidence in the profession. How boundaries were perceived may reflect two contrasting points of reference. One side was concerned with “... how does this affect the service user?” while the other side’s concern was “... how does this affect the agency?” (p. 1881). Doel et al. (2010) suggest that an important question for consideration is: “the most likely people to be aware of boundary issues are colleagues but what likelihood is there of whistleblowing?” (p. 1883). They conclude by suggesting the best approach for the profession was to provide regular opportunities for engagement with ethical issues in order to inform practice and to “remain ethically alert” (p. 1884).

Organisational responses

Organisational defensiveness is described in the literature as a significant concern, as agency responses are crucial in determining a satisfactory outcome of whistleblower actions. A continuing theme in the literature is that when there are concerns, employees, like the students referred to above, are more likely to report poor practice internally and consider going externally only if not satisfied with the organisation’s response (Greene & Latting, 2004; Hedin & Måansson, 2011; Hunt, 1998; Lennane, 2012; Mansbach et al., 2009). Hunt (1998) asserts that, although social workers who place clients at risk must be held accountable, so must the organisation that hired them and in some cases, kept them in their positions despite concerns being raised.

The consequences of whistleblowing: retribution

The literature consistently reports negative impacts of whistleblowing on those who

report harmful practice. The impacts reported included low-level emotional issues, right through to longer-term, significant psychological and physical impacts, along with personal impacts within the workplace and on whistleblowers' careers. Retribution is one of the consequences of whistleblowing which can be most distressing to the practitioner concerned (De Maria, 1996; Lennane, 2012).

Retribution can come in different forms, official and unofficial, as noted by De Maria (1996) in a report on the findings of the Queensland Whistleblower Study (QWS) (De Maria & Jan, 1994). This study reported on the experiences of 102 public sector workers, which included social workers and other welfare professionals (De Maria, 1996), of whom 96% stated they were socially ostracised or abused at work as a result of blowing the whistle. De Maria (1996) provides two case studies, from the QWS (De Maria, et al., 1994), where social workers had witnessed and reported what was considered to be unsafe practice, and where negative consequences transpired for the whistleblowers. As a consequence of the processes that transpired after reporting their concerns, one social worker reported repeated bouts of depression and at times felt suicidal, while another had no support and received threatening phone calls. One participant was followed at night while in her car and also had the brake hoses on her car cut. De Maria (1996) states, "[o]ur research also suggests that workers in welfare agencies cannot expect reprisal immunity simply because their agency proclaims a spiritual worldview or a secular caring mission or that they work within a social justice framework" (p. 20).

The consequences of whistleblowing: long-term effects

De Maria (1996), Jackson et al. (2010) and Lennane (2012) all identify the retaliation suffered by those who have reported poor or dangerous practice and note that these impacts can also be long term. Long-term

effects were also noted by Lennane (2012) in a detailed survey of 35 Australian whistleblowers from a range of occupations. As this study was reasonably small, the results were compared to a similar survey of 233 US whistleblowers (McMillan, 1990, cited in Lennane, 2012). In both studies, significant numbers of those affected had lost their jobs or were demoted, experienced difficulties with alcohol, and 6% of Australians and 10% of American participants reported an attempted suicide. Anxiety, stress and anger were long-term effects reported. Lennane noted, "[i]t was clear from the survey that the damage done to the whistleblower, and particularly to the family, increases as time goes on" (2012, p. 257). Lennane recommends that those thinking about blowing the whistle, internally or externally, should line up their support before they start and suggests, "[t]he most reliable support will come from outside the organisation—support from within is likely to crumble once a typical employer reaction starts" (2012, p. 256).

Support needs

Social workers are expected to engage in regular professional supervision and support is often identified as a natural part of the supervision process. It is recognised that social workers often work with the most vulnerable members of society, at times deal with challenging situations and risk developing burnout. Supervision is at the core of practice for providing the opportunity for social workers to reflect on their practice, address their concerns, receive the support they need to avoid burnout and encourage safe practice (Beddoe, Davys, & Adamson, 2014).

In an Australian study, which explored who social workers talked to when faced with an ethical dilemma, McAuliffe and Sudbery (2005) state that conflicts between responsibilities to individual clients and responsibilities to colleagues were commonplace. In one such situation, reported by McAuliffe and Sudbery, a

worker in a mental health service advocated on behalf of a client who she believed was being discriminated against and supported the client in making a complaint. This action “effectively destroyed collegial relationships and damaged interprofessional collaboration” (2005, p. 25).

McAuliffe and Sudbery found that supervision, colleagues, and family and friends were the main sources of support. When discussing ethical issues involving colleagues, they note that it was quite difficult for social workers “to openly discuss concerns with others in or outside the workplace” (2005, p. 34). These consistent experiences of negative outcomes of reporting concerns reported in the literature have led to actions on both sides of the Tasman.

The Protected Disclosures Act, which came into force on 1 January 2000, was designed to protect whistleblowers from official reprisals. It provides a source of information and guidance to Aotearoa New Zealand practitioners. Whistleblowers Australia, established in 1991, supports whistleblowers, both before and after exposing incidents of unsafe practice or corruption in the workplace. Their aim “is to help promote a society in which it is possible to speak out without reprisal about corruption, dangers to the public and environment, and other vital social issues, and to help those who speak out” (Whistleblowers Australia). However, as noted by Whistleblowers Australia (and as identified in most of the literature), this type of legislation does not provide whistleblowers any protection from retaliation and abuse coming from others in the workplace.

The review of the literature thus provided a wealth of information about reported consequences of whistleblowing in other jurisdictions but no information about the experiences of social workers in Aotearoa New Zealand who chose to blow the whistle. This small study set out to explore whether social workers here fared any better.

Method

A qualitative narrative design using semi-structured interviews was chosen to provide the opportunity to allow social workers to tell their stories. Hinchman and Hinchman (1997) propose that “narratives (stories) in the human sciences should be defined provisionally as discourses with a clear sequential order that connect events in a meaningful way for a definite audience and thus offer insights about the world and/or people’s experiences of it” (p. 16). A qualitative research approach was thus chosen to enable participants to tell their story and have their voices heard which, as noted by Frank (1995), “values the teller” (p. 18). The research questions were:

- What has been the experience of those social workers who have spoken out about poor or unethical practice?
- From where did they receive the support needed to stand firm and be guided by their code of ethics?
- What is the role of the social work professional association in situations where whistleblowing has occurred?
- Who should provide support to social workers who engage in whistleblowing?

The aim of the project was to inform social workers and professional bodies in Aotearoa New Zealand by creating an awareness of potential consequences that may arise when, adhering to the ANZASW *Code of Ethics*, a decision is made by a practitioner to address the concerns arising from witnessing unsafe practice.

The participants in the study were social workers who were members of ANZASW. This was a pragmatic choice as it was possible to contact over 3000 social workers via email through the organisation’s database. Inclusion criteria were that the participants had to be current members of the ANZASW with direct experience of observing practice they perceived to be

unsafe or unethical. They had thus faced the dilemma of whether or not to speak out and blow the whistle.

Recruitment

A total of 82 initial responses to this advertisement were received, with 23 respondents further returning completed consent forms. Some of the original respondents did not make contact again, while some did, stating reasons for not wanting to proceed. The main reason was time constraint, but also, some potential participants expressed fear of being recognised and suffering further repercussions. A final sample of 10 participants who met the search criteria and were available during the data-collection period were interviewed in the study, in person or by phone.

The interviews were between 60 and 90 minutes long, were digitally recorded and transcribed verbatim. The first author listened to the recordings and read the transcripts many times as recommended by Guest, MacQueen, and Namey (2011) who suggest: "... for an exploratory study, the researcher carefully reads and rereads the data, looking for key words, trends, themes, or ideas in the data that will help outline the analysis *before* any analysis takes place" (pp. 7–8). This approach is also supported by Ryan and Bernard (2003, p. 89) who write: "repetition is one of the easiest ways to identify themes". Recurring ideas and concepts were coded as patterns were identified and a set of five themes developed.

Ethical considerations

This project received approval from the University of Auckland Human Participants Ethics Committee. There were several ethical issues that needed to be considered prior to commencing the study. The research team was concerned about the possible information regarding reportedly unethical or harmful conduct that may have emerged from the interviews, and

how this information would be dealt with. It was decided that such situations would be discussed in supervision and further advice from ethics advisors would be sought if necessary. As participants had potentially experienced distress through their whistleblowing activities, the mental and spiritual health of participants and the primary researcher were also important to consider. Information about support was provided to the participants and the primary researcher received regular clinical and research supervision during the research process.

All names have been changed to protect the confidentiality of participants. It is important to note that information about the incidents that triggered whistleblowing responses was not investigated for validity. Firstly, this is not practicable. Secondly, the authors feel uncomfortable about such hypothetical interrogation of the actions of a third or even fourth party who is *present* in the narratives. These other parties could not consent and we present sparse details of the incidents that led to whistleblowing, only as part of the narrative provided. In reporting the experiences of our participants, we neither support nor refute the veracity of the concerns that poor or harmful practice occurred. Saunders, Kitzinger, and Kitzinger (2015, p. 617) note that research conduct of "confidentiality also includes keeping private what is said by the participants, something only achievable through researchers choosing not to share parts of the data." In this case, some details are left out or obscured in order to protect participants and others. Saunders et al. (2015, p. 620) cite Tolich (2004, p. 101) who refers to confidentiality as "external" where confidentiality relates to the "protection against identification" of those participating and connected others. They note that participants might be identified by some members of the intended audience for the research, as applies in this study, where we aim to inform practitioners. These aspects have been carefully considered in the writing up of the findings.

Findings

Analysis of the data produced many categories for analysis and a final set of five themes was identified. Five major themes were developed from the analysis: *Identifying unsafe practice*; *Addressing the concerns*; *Where do you go for support?*; *Personal impact: social work ... A career or "just employment"?* and *Learning from experience*. Brief examples from the interview data are used to illustrate themes and all participants are referred to by pseudonyms.

Identifying unsafe practice

Social workers interviewed identified a variety of unsafe or negative issues in the workplace ranging in seriousness. Each issue was different and the concerns discussed fell into two separate categories: firstly, those involving unsafe social work practice by colleagues; and secondly, concerns with organisational practice and/or policies that were believed to contribute to unsafe practice. Some of the participants were experienced social workers with the confidence to address their concerns directly. However, those who were either new to social work or to their place of employment were either unsure of policies and procedures, or unwilling to take matters further at that particular time.

Many incidents related to matters of professional roles and boundaries, where participants felt that colleagues were not practising safely. One of the tensions felt by potential whistleblowers reflected the need to manage ongoing professional relationships with peers along with addressing concerns with management.

One participant, Amanda, had worked in statutory organisations throughout her social work career and spoke of two separate occasions when she became concerned about a colleague's practice. The first incident occurred when she became aware of a relationship between a colleague and a close family member of the colleague's client.

A second incident involved a colleague requesting a service-user's bank details. Although the participant believed there was no intent to defraud, this colleague left themselves vulnerable to potential allegations: "I knew that they had some honest reasons for what [they were] doing, but the practice was not safe."

Another participant, Bev, found that her name had been used in a legal document written by a social work colleague. Bev had never worked with the family concerned:

... my name was mentioned several times through the affidavit saying that I had involvement that I had not had and that I had completed assessments that I had not completed ...

Carlos first worked as a residential care worker when he observed a senior colleague physically assaulting a non-verbal resident who had an intellectual disability and therefore could not tell anyone what had happened: "... because I was so young, it took me ages to actually say to the manager what the bruising was on this person's face ... it took me probably two or three weeks."

These issues and concerns reflected different expectations and standards among practitioners and caused conflict in the professional context. Social workers also identified organisational practices and processes that were antithetical to the values and ethics of good social work.

Dorothy was an experienced statutory social worker who encountered what she categorised as unethical organisational work practices. She believed that, in her organisation, when her colleagues were not practising safely it was usually due to pressure they were under due to having unmanageable caseloads. Dorothy was increasingly concerned about time frames between referral and action. The issue of unmanageable caseloads was also mentioned by Frances who had experienced a number of issues in the workplace and had always

spoken out about these situations. Frances said she had increasingly seen changes and a deterioration in the way workplace issues were managed. "We should be a lot more active. We do it with our clientele and why can't we [advocate for] our staff?"

Issues with management and organisations were not exclusive to statutory organisations. Verity worked for a community organisation. On one occasion, Verity faced a challenging issue and went to her manager hoping to obtain some guidance and support. Her manager responded by becoming angry and walking away. Verity followed the manager into their office to get some clarity about what was happening and "[they] physically pushed me, shoved me out and shut the door."

These social workers clearly hoped that that organisations and management had responsibility and a role to play in ensuring that social workers practised safely and ethically in their places of employment. Addressing their concerns, however, was not always made easy.

Addressing the concerns

All of the social workers felt that it was important to address the concerns that they had witnessed or been a part of, and felt, at the time, that they were doing the "right thing" that was consistent with their ethics and values. Some participants felt comfortable speaking directly to the colleague concerned but others felt this depended on the seriousness of the situation, and whether the concerns needed to be escalated directly to management.

Amanda's initial response upon observing concerning practice was to speak directly with the colleague concerned; "I personally don't agree with doing things anonymously, unless there was something I felt very unsafe with." However, she went on to say that, "[t] here might also be times when it is actually so dangerous and, at the point that they have put someone at risk, then it has to go to the next level."

In the first situation recounted by Amanda, she reported that her colleague was grateful for the intervention due to their discomfort with the relationship but had been feeling unable to sort things out. They jointly took the matter to their supervisor and the issue was resolved to the satisfaction of all parties. However, the second incident that Amanda observed, concerning the client's bank details, was less straightforward and when she addressed the potentially serious practice issue, the colleague concerned completely minimised the matter. This increased Amanda's concern and she made the decision to take the issue to a senior colleague and kept following up to ensure the concern was addressed. Amanda compared her two different experiences and commented on the fact that the chain of command differed greatly between the two organisations. The first issue was easier to address directly given that the organisation had social workers in all positions of management, who had clear understanding about practice-related issues. The line manager, was not well informed about social work ethics and therefore, in Amanda's opinion, was quick to put any complaints down to personal issues: "if they don't understand that they are practice issues, then the response is 'well maybe it's just a personal issue'."

Bev reported disappointment with the response of her manager regarding her name being placed on court documents. This person had appeared quite blasé about what had occurred. Bev then took the matter to her supervisor who also did not appear too concerned about what had occurred. "I met with those two people several times, saying 'I'm not happy about this, this is not okay' and they ended up saying 'well you can lay a complaint if you like.'" Bev was anxious about jeopardising workplace relationships by laying a complaint. Making a formal complaint is not a straightforward process. Indeed, the stories that unfolded during the research interviews demonstrated that there are often many things to take into consideration, and that such processes are very complex.

Helpful management responses did occur. Amanda believed the positive outcome achieved from the first incident, where she was able to address her concerns directly with her colleague, was due not only to the fact that her colleague was receptive but also that the supervisor/line manager was a trained social worker who understood safe practice and ethical dilemmas. She believed this ensured the matter was dealt with appropriately. For those who could not have their concerns addressed appropriately by management, the decision was made to escalate them by initiating a formal process via organisational complaints procedures.

Where do you go for support?

Most of the participants recognised the need to receive support throughout the process and sought this through various channels. Supervision was the first place that many of the participants sought support from, with differing results. It was clear that those who received only internal supervision did not feel this was always a safe place to raise their concerns, as noted by Dorothy: "Because supervision that we get in here, a lot of it is around management stuff." Of the 10 participants, only two received external supervision and they all recognised how helpful this was during their whistleblowing experiences.

Amanda received support from a professional supervisor who was external to the organisation. She noted how important this was to her and she was determined to continue receiving external supervision from the outside organisation stating "I get support from her and I am very honest with her about anything that happens here." Of all the participants interviewed, Irene expressed the most satisfaction with the supervision support she received, as this assisted her when she needed to make clear ethical decisions. She stated: "Well I have an external supervisor, yes, and I have internal group supervision."

Neither Verity, Bev nor Dorothy had access to external supervision and all commented that this made the issues they faced more difficult. Dorothy said that she would love external supervision as "it enables you to step past the institutional barriers, that you sometimes don't see, the pressures and you stand outside it." Bev had access only to internal supervision and stated she did not have any supervision support when dealing with her issue and changed supervisors after this experience. While external supervision was identified as preferable to internal, Jan was grateful for the supervision she received from her internal supervisors as she recognised their deep experience—they helped her "through my own personal journey of understanding what a practitioner was."

Many participants in this study often found themselves isolated from peer support. This isolation led to participants feeling vulnerable, unable to move forward and, as Carlos stated, "there is no support and it actually becomes a very lonely and isolated place." When he first became a whistleblower, co-workers acted as though Carlos had "docked a colleague in." Carlos reported "basically I was ostracised ... it was really hard." Irene also experienced a degree of ostracism: "I know some who no longer speak to me, and one in particular if we're in the same room, I know they blame me, when I know I was right with what I did."

Bev believed the reason her colleagues were reluctant to support her was that "everyone just wanted [the issue] to go away, it was a done deal." Verity also had hoped for more collegial support, as she knew others recognised their manager's inability to supervise. Being known as a strong advocate, Verity felt she had "been made a scapegoat, because everybody wanted me to make this complaint, for their own reasons." After she made the complaint, Verity found her colleagues quickly changed their minds and chose to maintain their alliance with management.

Professional bodies can offer support, although no participant in this study approached the Social Workers Registration Board (SWRB) and those who approached ANZASW had varied experiences. The assault on Verity occurred immediately prior to a holiday period when there were limited services available but she did contact the ANZASW who were very helpful, as was the Employment Assistance Programme (EAP). Verity approached EAP and saw a “fabulous man who was a social work consultant ... many years’ experience and he encouraged me to make a complaint. It wasn’t his decision, but he encouraged me to make one.”

Many of the social workers found their unions were not always in a position to offer the support that was needed, because of conflicts of interest. For example, Carlos was a member of the union, however, the person he witnessed assaulting the client was also a member and had already approached and was receiving support from the union. He was unaware that he could have requested an independent person to work with him.

Personal impact: social work ... a career or “just employment”?

Participants reported that they were aware of many different kinds of retaliation that could be experienced. One perceived, yet often unprovable, method was for management to ensure the whistleblowers did not progress in their careers. All participants reported experiencing some form of reprisal and, while some were very clear they had done the right thing and stated they would do the same again, others believed the cost was too great and they would now remain quiet if they were in the same situation again. “Would I ever do it again? Hell no!” (Amanda). Frances was very clear that her inability to progress or be promoted was a direct result of her speaking out. Dorothy also believed that the fact she had often escalated concerns was one of the main reasons she has not progressed within her

organisation “... well I guess I never got those jobs as supervisor ... I might have made a good supervisor.”

Frances believed she may have had opportunities to gain other employment outside of her organisation but had to consider the needs of her family and this meant keeping stable, secure employment. “Yes, it’s about having that security base so that you can get your kids through, which is what I have done.” Verity was concerned about receiving a fair reference from the manager, if she did manage to find other employment, and she realised it would not be ethical for her to sit in an interview and speak of management negatively to try to deflect from a possible bad reference. “... now I am stuck in a bloody job ... My only hope is that she would desperately want to get rid of me and give me a reference. But I don’t believe she is fair enough to.”

Symptoms of stress

Most participants mentioned the stress-related symptoms they linked to the consequences of speaking out. These symptoms could be ongoing long after the whistleblowing and its outcomes occurred. Some participants reported physical symptoms that they related to the stress they were under, while others were affected emotionally. When Frances spoke of her colleague, who she supported in the employment court, she related “... the strain got to her and she ended up on the sickness benefit.” Verity became anxious about how she would return to the workplace. She stated: “I was feeling physically sick.” Irene made reference to the impact this had had “... you have to be fairly strong and fairly clear about what your intentions are and every time I’ve felt sick to my stomach.”

For many of the participants, their emotional state was greatly affected by speaking out. Whilst they were clear about their need to expose issues, they were ill prepared for the emotional impact from the consequences of

their speaking out: “my journey was sad ... that it led to just an utter break down of who I was” (Jan). Some of the incidents related by participants had occurred five or more years ago and they reported how their experiences still impacted on them. For some, the impacts are felt personally and, for others, the impacts directly affect how they see their future prospects in social work.

... I’ve carried it with me all these years because, you know I just cannot believe how stressful that is and I believe it’s made me very sceptical, I guess, about professional practice. (Bev)

Learning from the experience

It was apparent that the participants in this study came forward to tell their stories because their experiences had been profoundly affecting and led to new understandings, many negative. Carlos recounted that he later became a manager and he was instrumental in initiating what they called a whistleblowers’ policy. This policy was a way of putting things in place to make it safer for social workers to report incidents. A group of managers put the policy together and provided a support team of staff from other organisations. He stated that they used peers to support people.

Some participants were asked if they would, on reflection, do things differently. Verity was very clear, she said, “absolutely, I would never have gone through a formal process, because now I’m stuck in [the] bloody job.” Jan felt on reflection that she took the easy way out when she resigned after whistleblowing. If she could do it all over again, she would remain in the position and continue to push for change.

At the end of the interviews, participants were asked what advice they would now give to a colleague who was going through a similar issue to what they had experienced. Jan commented that if a colleague came to her with a similar concern, she would say

“you know, let’s reflect on this, discover and explore; get them to think about how this might affect them, if they were to go the extra mile and speak out.” For Bev it was very clear, she stated “I think the main thing I would say is, ‘whatever you do, don’t let it go. I don’t know where you would go but let’s find a way’.” Both emphasised that support would be offered.

Discussion and recommendations

While there was initially a strong response to the email invitation, due to the project timeframe, only 10 social workers were eventually able to be interviewed. As such, care must be taken not to generalise from the experiences of the small group of participants. The findings do, however, support the need for some action to be taken in future to improve the outcomes for people who report unsafe practice.

Although there were many different issues faced by the participants in this study, common themes support the general consensus in the literature that, although reporting unsafe practice should be encouraged to ensure safety of clients, the reality is often very different and stressful for the whistleblower. Deciding to speak out has had profound consequences for many of those interviewed for this study including retaliation, isolation, stress, emotional and physical impacts and, in some cases, implications for whistleblowers’ careers and even workplace safety. As Ash (2016) notes in her recent book, whistleblowers cannot expect to be “hailed a hero” (p. 166). It is essential that social workers seek to develop solid support networks when they first decide to speak out. This has been highlighted from the participants in this study who all recognised the importance of having support, particularly when there is a higher likelihood of repercussions. External supervision, while not available to all because of costs and employer policy, might be extremely valuable because of the confidentiality, independence and sense of safety it offers (Beddoe, 2011).

This research raises many issues for the social work profession. Tensions are identified for social workers whose loyalties are divided between clients, colleagues, regulatory bodies and the organisation that employs them. It is important to situate these tensions within the wider, risk-averse climate in which intensified regulation leads to complex inter-agency dynamics, with increasing power situated in state regulatory mechanisms. Fairness, safety, transparency and principles of natural justice must prevail when whistleblowers act, but these apply equally to the practitioners accused of misconduct. As the recent study by Worsley, Leigh, and McLaughlin (2017) has noted, the consequences of complaints can be devastating for the accused as well. There is a lack of a clear pathway, beginning when concerns are first identified, and including inadequate reporting systems which deter practitioners from speaking out, or where action is delayed, causing harmful situations to escalate. The authors support the recommendations of Green and Latting (2004) and others that employers need to acknowledge whistleblowing as advocacy in the first instance, and should offer all parties a clear process to address and contain these situations within their organisations.

It is clear that most of the social workers in this study recognised both managerial and organisational failures to address concerns. This theme is also evident in the literature and professional bodies in other countries have tried to address this by including expectations of organisations/agencies into codes of conduct and/or codes of ethics. As professionals, social workers must make their practice more transparent, by not accepting unethical, unprofessional practice in the workplace and by being prepared to speak up about these issues. When they blow the whistle, they should be recognised as ethical practitioners who care about their profession, and should receive support from colleagues, professional bodies and their employing agencies.

Within our context, the two main professional bodies are the ANZASW and the SWRB, the Crown entity charged with the responsibility of administering a non-mandatory system of registration for New Zealand social workers. As noted earlier, the ANZASW *Code of Ethics* (2008) encourages members to report if the concern cannot be resolved by other means. The SWRB *Code of Conduct* states:

... if confronted by a colleague's professional negligence, unethical behaviour or misconduct or behaviour that impacts negatively on their social work practice or their profession, the social worker should address the matter through established organisational or legal channels. (SWRB, 2005, p. 8)

However, neither the professional association nor the regulator are clear about what constitutes an appropriate body or an established organisational or legal channel. It is hoped that this study might lead to the development of greater guidance. We also strongly recommend that professional bodies extend clear advice on the potential of the Protected Disclosures Act to offer protection and guidance to whistleblowers (Office of the Ombudsman, n.d.). A very simple first step would be links to guidance on body websites. The authors have also incorporated teaching on whistleblowing into the social work education curriculum, and would recommend other schools of social work follow suit by supporting students to consider ethical scenarios (see Martin, 2016 for example).

The last words go to Bev who asked where the accountability is in social work. She did not want revenge or anything to happen to the social worker, but she did want acknowledgement of the wrong and believed the social worker should have been held accountable for her actions: "Don't call yourself a social worker if you are not going to practise along the principles [of] the Code of Ethics."

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Supporting grandparent/grandchild contact under the Care of Children Act 2004: Assessment and a call for change

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ABSTRACT

INTRODUCTION: The Care of Children Act 2004 reformed the law of child guardianship in Aotearoa New Zealand. However, it did not result in any special legal standing for grandparents seeking contact with their grandchildren, so as to ensure their continued presence in a grandchild's life following a relationship breakdown, or where contact is resisted.

METHODS: Non-doctrinal policy law research methods were used to analyse policies that were relied upon during the law's promulgation, impacts of the law since its enactment, and associated issues that have arisen in its application by practitioners. Litigation to date involving grandparental rights of contact was studied, using Westlaw New Zealand, including its family law suite of searchable databases.

FINDINGS: The research revealed a number of processes available under the Care of Children Act and associated family law legislation which may be helpful to grandparents who seek contact with grandchildren. However, none of them resolve the central issue of lack of legal standing, which continues to be an important impediment for grandparents who seek assurance of continuing contact with their grandchildren following family breakdown.

CONCLUSIONS: Examples of law changes which have occurred in other jurisdictions, notably Canada, are offered in support of reform of the Care of Children Act, which would bring Aotearoa New Zealand more in line with other, more progressive countries in its treatment of grandparent/grandchild relationships.

KEYWORDS: care of children; grandparent; contact; parenting order

The purpose of the present research is to investigate the options that are available to social work practitioners working with families to support grandparent/grandchild relationships, particularly where family relationships have broken down. It excludes situations where there is a risk of harm to the child, or where there are child protection issues, in order to concentrate on more *garden variety* family disputes, where contact is resisted by one or more of the child's parents or guardians. As a result of substantial family law reform that has occurred since 2004, there has

been a major shift away from the Family Court as an arbiter of such disputes, to self-resolution (Henaghan et al., 2015). As a result, there are now a number of alternatives available to families who wish to resolve disputes about grandparental access, requiring concomitant knowledge of these processes by practitioners. This research critically assesses options that are available under the Care of Children Act 2004 for grandparents who seek contact with their grandchildren, where deficiencies continue to exist, and what might be done to change the situation.

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The present work adopts currently accepted methods for non-doctrinal, policy law research. For clarity, non-doctrinal research is context-directed legal research that considers more than what the law *is*, by expanding the scope of analysis to include policies that might have been relied upon during the law's promulgation, impacts of the law since its enactment, and any associated issues that have arisen in its application by practitioners (Chynoweth, 2008). While such analyses are generally non-quantitative, they may have a strong empirical basis. The originality of the data that underpin non-doctrinal policy research (including the present study) includes providing new contexts for examining existing law, an objective analysis of the law itself and how it applies to the new context, an analysis of any associated secondary information, and, finally, confirmation of current interpretations of the law, relying upon an appropriate case law citator (Dobinson & Johns, 2007). The online citator used in this research was Westlaw New Zealand, including its family law suite of searchable databases.

The traditional role of grandparent as "an orientation of pleasure without responsibility" (Dellman-Jenkins, Blankemeyer, & Olesh, 2002) has altered substantially in Aotearoa New Zealand since enactment of the Care of Children Act. For example, the Families Commission reported in 2009 that there were approximately 700,000 grandparents in New Zealand, of whom 69% looked after one or more grandchildren on a regular basis, with 56% seeing one or more grandchildren at least once a week (Families Commission, 2009). More recent census data show that the number of extended families living together in New Zealand has increased by more than 50% since 2001. Of these, more than 50,000 families consisted of three or more generations. The census also shows that 18% of people aged 65+ years old include, as unpaid activities, looking after children (Statistics New Zealand, 2014).

The total number of grandparents in Aotearoa New Zealand who either have care of, or otherwise regularly see, their grandchildren, is difficult to determine. That is due to a large degree of informal kinship care, particularly among Māori, that may not come to the attention of social agencies which would otherwise record these statistics (Worrall, 2009). Consequently, while grandparental involvement in care continues to increase in Aotearoa New Zealand, the informal nature of its support makes a determination of absolute numbers problematic.

A number of worldwide trends are associated with these increases, including increased life expectancy, decreases in family size, the rise of single-parent families, and increased maternal employment (Duniform, 2013). For example, a childcare survey conducted in 2009 showed that of 44% of parents in Aotearoa New Zealand who rely on informal early childhood care for their pre-schoolers, more than 31% of this care was provided by grandparents (Statistics New Zealand, 2010). The value of grandparents extends beyond their immediate practical value to parents. It has been recognised across a wide spectrum of social activities, including help with homework (Biscoglio & Wanger, 2011), reducing depression and improving self-esteem in grandchildren (Ruiz & Silverstream, 2007), stepping in when parents engage in substance misuse (Templeton, 2012, and transmitting religious and cultural values (Ofahanguae Vakalahi, Taiapa, & Ware, 2013).

Recognition of a grandparent's importance is part of the Whānau Ora (healthy families) Māori health delivery framework (Kara et al., 2011), particularly in the context of guidance from kaumātua (elders). Within Māori, high levels of Whānau (extended family) connectedness have been found to mitigate declines in adolescent mauri ora (individual health) over time. While the concept of Whānau does not always require kinship ties, grandparents related by blood play a key role in the transmission of culture and retention of values that promote connectedness (Stuart & Jose, 2014).

Grandparents also benefit from the relationship. It provides them with the ability to resolve some of the issues associated with psychosocial crises that occur in mid-life, and the ability to achieve what Meyers and Perrin (1993) define as “ego integrity” and “generativity”: confirmation that an older adult’s life has not been lived in vain, and a strong desire to foster relationships with grandchildren to do so. In support of this view, a study of Māori men and women 70+ years in age found that both men and women self-nominated the importance of Whānau and mokopuna (grandchildren) above all other activities in maintaining active, vibrant lives (Wright, Kepa, Keeling, Connolly, & Dyll, 2012). Relationships with grandchildren also allow Māori grandparents to transmit cultural knowledge (Ofahengaue et al., 2013). Intergenerational learning provides key information and attitudes that can be quite distinct from those of parents. For example, the transmission of language in Chinese immigrant families (Ng, He, & Loong, 2004) and Tokelauan people (Pene, Peita, & Howden-Chapman, 2009) living in Aotearoa New Zealand may improve if grandparents are involved, in comparison to more superficial communication that may occur between children and their parents. Aroha (unconditional love) needs space in which to flourish. Blocks to access can be detrimental to grandparental mauri ora, and prevent the passing on of key cultural knowledge of benefit to a child’s wellbeing and survival (Butts, Thang, & Yeo, 2012).

Unfortunately, grandparents may find themselves cut off from their grandchildren, most often where there has been a breakdown in the relationship between the grandchild’s parents or guardians. There is a growing body of research that deals with parental alienation, where members of newly reconstituted families may attempt to shut out other people (including grandparents) from their children’s lives (Giancarlo & Rottmann, 2015). Although it goes beyond the scope of the present research, it is worth noting that this situation may also apply where children at risk have been in the

temporary care of grandparents under the Children, Young Persons and Their Families Act 1989. Grandparents may find themselves cut off by resentful guardians to whom care has been returned.

Unmet, disappointed grandparent expectations can result in distress, pain, and depression (Meyers & Perrin, 1993). Australian research shows profoundly destructive impacts on grandparent health from either limited or total lack of contact (Sims & Rofail, 2014). These authors frame their research in terms of identity theory, finding that grandparents who see themselves as unsuccessful in their roles as both parents and grandparents are likely to suffer from depression, anxiety, relational aggression, and anger, including thoughts of self-harm.

Origins of the Care of Children Act 2004

In summary, there is evidence to demonstrate the benefits of ongoing grandparent/grandchild relationships. However, grandparental value does not necessarily result in grandparental entitlement. Worldwide, the legal recognition of rights to access with grandchildren has been based upon parental obligations, and not upon any legally recognised role for grandparents (Draper, 2013).

The Care of Children Act 2004 replaced the Guardianship Act 1968. Its purpose was to modernise attitudes to children and parenting, by prioritising the welfare and best interests of children, and encouraging parents to make their own arrangements for day-to-day care and contact. The legislation replaced *access* and *custody* with broader and more flexible notions of parental guardianship, recognising the rights of new partners to be involved in parenting, and allowing more opportunities for counselling and other types of dispute resolution.

Parenting orders are the primary means by which contact with children is confirmed under the act. Section 48 applies to

both day-to-day care, and contact (i.e., access). It also specifies the manner of contact that may be allowed, including both face-to-face meetings, and also indirect communication by way of letters, telephone calls, or email.

Unfortunately, the Care of Children Act has perpetuated the uncertainty of grandparental rights by focusing on the duties, powers, rights and responsibilities of parents as guardians to their children (Dyhrberg, 2004). At the time of enactment, the select committee that was in charge of promulgating the bill reported favourably that it would provide wider eligibility for relatives to apply for a parenting order, while at the same time requiring leave of the court to do so. Consequently, while the legislation improved the rights of guardians, including applications as of right for new partners to be made additional guardians, grandparents were not accorded the same legal standing.

The few improvements to grandparents offered by the Care of Children Act 2004 include:

- an acknowledgement in the purpose of the act (section 3) of the role that other family members may have in the care of children;
- principles in section 5 related to a child's welfare and best interests that are to guide decision makers, including continuity of care, preservation of identity and culture, and, perhaps of greatest relevance to grandparents, "that a child's relationship with his or her family group, Whānau, hapū, or iwi should be preserved and strengthened";
- a requirement to take account of the child's expressed views about contact (section 6);
- the right of a grandparent to be considered an "eligible person" when seeking a parenting order under section 47 if their own child has died, or is entitled to have contact, but is making no attempt to do so.

Why did the Care of Children Act 2004 not give grandparents greater legal standing to apply for contact *as of right*, without requiring leave of the Family Court? One possible answer is that the provisions as enacted were considered sufficient to address these rights. To confirm this one way or the other, the following sources of information were reviewed:

- background Ministry of Justice reports;
- the select committee report that accompanied the bill;
- Hansard Parliamentary speeches about the bill during its 1st, 2nd, and 3rd readings.

The select committee report (New Zealand Parliament, 2004a) indicated that the majority of submissions (150/277) were focused on the diversity of family arrangements in the bill, notably its same-sex provisions. Other topics included the bill's provisions concerning biological parentage, and abortion rights. In its only reference to grandparents, the committee report considered that the child's parents and guardians should have primary responsibility for a child's care, development, and upbringing, wherever possible. Consequently, grandparents and other relatives were considered secondary to these responsibilities, becoming an integral part of the context of a child's best interest.

Debate of the Care of Children bill occupied 34 hours of parliamentary time (New Zealand Parliament, 2004b). All of the speeches were reviewed. None of them makes reference to grandparents, other than in the context of general approval of the bill's reference to the importance of a child's wider family relationships.

In contrast, in a critical submission to the bill, Massey University's Centre for Public Policy Evaluation (Birks, 2003) identified earlier Ministry of Justice reports on which the extended family provisions in the bill were based. The submission criticises these as being incomplete, unbalanced, and

Table 1. Summary of Legal Options available for Grandparental (GP) Contact in New Zealand, where there are no Child Protection or Risk of Harm issues

Option	Process	Authority	Advantages	Disadvantages
Agreement for GP contact	Inclusion of GP contact as part of guardians' separation agreement	– none required	– fast – interim – can be incorporated into a future parenting order	– not enforceable – requires agreement
Consent order	By agreement, confirmed by the court	COCA section 40, 41	– can be made without engaging in prior family dispute resolution – can specify GP contact – is enforceable	– requires agreement
Parenting information programme	Voluntarily, as a form of self-resolution, or at the direction of a Family Court judge prior to proceedings	COCA section 46O, 47B(2)	– available primarily to guardians, but useful in emphasising a child's perspective and family importance – Parenting Through Separation (a self-resolution category of PIP) allows GP participation – certificate of completion is a prerequisite prior to a GP seeking leave to apply for a parenting order	– participation is voluntary – does not in itself ensure GP contact
Family dispute resolution	By application of a party prior to any proceedings, or at the direction of a Family Court judge at any time thereafter	FDRA section 12; COCA sections 46E, 46F	– allows for mediation of disputes by court-recognised providers – is available prior to and after proceedings commence	– may require Family Court judge approval to participate and/or completion of a parenting information programme – cannot be attempted more than once per year
Counselling	At the direction of a Family Court judge prior to proceedings	COCA section 46G	– free – confidential – purpose is to encourage compliance with any future court directions/outcomes	– requires prior application for a parenting order – requires Family Court Judge approval to participate – limited number of sessions – participation is voluntary
Settlement conference	Convened by the court	COCA section 46Q	– available up to the point of a hearing; may result in avoidance of a hearing – flexible outcomes which may settle all or some of the outstanding issues and result in a court order	– likely to require lawyer involvement – requires Family Court judge approval – only one conference can be convened
Parenting order (for contact)	As ordered by a Family Court judge, whether by consent or litigated	COCA sections 47, 48, 73	– provides certainty of GP contact – specifies the type and quantity of contact – is enforceable	– almost certain to require lawyer involvement – requires leave of the court to apply unless GP is an "eligible person" – requires prior participation in family dispute resolution

Note: Authorising legislation includes the Care of Children Act 2004 (COCA, including Care of Children (Parenting Information Programme) Regulations 2014), and the Family Dispute Resolution Act 2013 (FDRA).

involving little effective public information or consultation. One of these background reports (Ministry of Justice, 2001) reveals a possible explanation for the lack of special consideration for grandparents during the development of replacement legislation for the Guardianship Act 1968. It states that a number of submitters supported the ability of grandparents to apply for access as of right. However, these supporting submissions appear to have been offset by other submissions that argued that, if the law were to be expanded to consider wider family and Whānau, it should also confirm that parents have greater status than wider family members, so as to avoid bickering among a range of related kin. Thus, it can be argued that the bill's final reference to a situation where "a child's relationship with his or her family group, Whānau, hapū, or iwi should be preserved and strengthened" effectively side-lined a special status for grandparents by virtue of their inclusion as part of a wider family group or Whānau, including siblings, aunts, uncles, and other extended family, where leave of the court should be required for all.

Grandparental contact under the Care of Children Act 2004

The preferred course of action for grandparents who seek contact with grandchildren under the Care of Children Act 2004 will depend on whether contact is being resisted by one or both of the child's guardians (in a two-parent situation), and whether there is an existing parenting order in place. Normally, such orders will specify whether grandparents have contact rights (section 47A). If there is a dispute between parents subject to a parenting order, it is possible for the parent willing to support contact to seek a court direction clarifying that right. Where disputes between guardians occur, the court may make any order it likes that it thinks proper (section 46R).

Are there less confrontational options than a court order available to grandparents seeking contact with their grandchildren?

To answer this question, the Care of Children Act 2004 and corollary family law legislation were reviewed in order to derive options of practical value to practitioners when advising clients about less confrontational methods for contact.

Table 1 outlines the legal options under the Care of Children Act that are available to grandparents in Aotearoa New Zealand who seek contact with their grandchildren. The options are ranked, in relation to increasing Family Court involvement. When attempting to exercise a choice, grandparents must bear in mind that recent reforms created by the Family Dispute Resolution Act 2013 are designed to encourage parties to resolve their own disputes wherever possible. A Family Court hearing is considered a non-preferred, last resort.

Further analysis of Table 1 results in the following conclusions:

Available options will depend on the stage of family breakdown. Most of the options listed in Table 1 are mechanisms to assist parties in resolving disputes, hopefully leading to consent to commit to an agreement that can eventually be made an order of the Family Court, without the necessity of a hearing. The easiest of these is specification of grandparental contact in separation agreements made by guardians the time of breakup, or soon thereafter. As noted, these are not legally enforceable in and of themselves, but are very useful when drafting future consent orders, or during subsequent judicial conferences.

Options are interconnected, and some might be bypassed. For example, the mediation processes available under family dispute resolution normally require that parties in dispute first complete a "Parenting Through Separation" course. However, there may be exemptions from completing either a parenting course or family dispute mediation or both, depending upon the circumstances of the case. Obstacles to

completion may include a party's refusal or inability to attend, inability to participate effectively (e.g., language barriers), or where providers recommend that the option is not suitable. In some cases, parties may be referred to counselling prior to completion of mediation.

The options do not apply if there is a risk of harm to a child, or if contact is being considered under child protection legislation. As noted elsewhere, the present research is directed towards family situations where there is no risk of harm from a grandparent seeking contact with a grandchild. If risk of harm can be demonstrated, both the Care of Children Act and the Children, Young Persons and their Families Act 1989 contain provisions for dealing with the risk. An example under the former legislation could include a parenting order for supervised grandparental contact (section 59).

"Leave of the court" is not explained. An application by a grandparent for a parenting order requires an initial determination about whether they have the legal standing to apply for one. The act specifies who may apply. Those with specified legal standing to apply as of right include parents, guardians, and spouses of parents. However, section 47 of the Care of Children Act also allows applications to be made by "any other person who is a member of the child's family, Whānau, or other culturally recognized family group, and who is granted leave to apply by the court."

Leave of the court is not required for grandparents only where the parent has died, been refused contact, or has a legal entitlement to contact but has made no attempt to exercise it. Grandparents may be surprised to find that, in these circumstances, particularly where their own child has been denied contact, or shows no interest in seeing his/her children, that their legal standing is elevated to one of an "eligible person," where leave of the court to seek a parenting order for contact is not required.

This appears to be a major inconsistency in the legislation.

Otherwise, "leave of the court" is required as a first step when seeking a parenting order. What does leave of the court mean? In practical terms, it means that applicants must complete the eligibility (leave to apply) portion of an application for a parenting order (Ministry of Justice, 2017). The form confirms that the applicant is asking the court to let them apply, on the sole basis that it is in the welfare and best interests of the child(ren). The form includes a space where applicants are to state their role and/or why the court should let them apply, as well as an affidavit (a sworn statement of facts).

The test to be applied when considering an application for leave to apply for a parenting order for contact with a grandchild was considered in *Barker v. Cargill* (2007). In it, Justice Andrews confirmed that the test includes the following criteria:

- "a) the application is not frivolous, vexatious, or vindictive, and
- b) the applicant is shown to have an appropriate and sustainable interest in promoting the welfare and best interests of the child, then
- c) it is sufficient if the applicant can show there is an arguable case."

The issue in *Barker v. Cargill* was whether "an appropriate and sustainable interest" by a grandparent in a child was enough to justify an application for contact made against a parent. While the High Court agreed that no higher threshold should apply, the fact that the matter went to litigation points out the potential for a chilling effect on other prospective applicants for leave.

The Westlaw New Zealand legal database was used to search for subsequent cases that have cited *Barker v. Cargill*. A number were found, allowing for the following broad conclusions about current court interpretations of applications for grandparental leave when seeking a parenting order for contact:

- evidence that a child's parents have refused to participate in counselling, mediation, or other voluntary processes may add weight to a grandparent's application (*S-An v. NLN*, 2012); *Ibbott v. Westcott*, 2016);
- any application which can be shown to be in any way contrary to the best interests of the child is likely to be denied leave (*FJFB v. TW*, 2015);
- although a successful application still requires that the merits of the case are explored in a subsequent hearing, the Family Court may be inclined to give a strong signal of future success or failure during the leave hearing. Examples include a granting of leave accompanied by an order for parties to come to some type of contact arrangement before further proceedings (*S v. S*, 2006), or an accompanying order for counsel-led mediation (*S-An v. NLN*, 2012).

In summary, while the Care of Children Act could be argued as being an improvement upon the Guardianship Act for grandparents who seek contact with their grandchildren, the reality is that litigation about leave applications continues to be an ongoing problem. Resistance tends to follow typical themes, including arguments that the applicant is not really seeking contact, but rather is attempting to control the parent (e.g., *Ibbot v. Westcott*, 2016), or a *floodgates argument*, whereby granting leave will lead to a flood of similar applications by other grandparents, leading to a child's interests being subsumed by *wider family dynamics* (*S v. S*, 2006). These wider family dynamics are also used in arguments that grandparents should be treated the same as any other family member listed in the legislation (*Eberg v. Bohn-Eberg*, 2014) in an attempt to dilute the importance of a grandparent/grandchild relationship. While the Family Court is practised in seeing through hidden agendas, there is little doubt that the requirement to seek leave, and proof of ongoing litigation in this area, continues to produce uncertainty.

Working with grandparents towards a child's "welfare and best interests"

The need to consider grandparental contact in the different contexts of a child, guardian, and grandparent, indicates the importance of social worker assessment skills. Social workers may be required to report on an application for a parenting order (section 132). They have statutory authority under the Care of Children Act to do so, as they do under the Children, Young Persons and Their Families Act (Henaghan et al., 2015). They may also be required to liaise with other professionals preparing cultural, medical, psychiatric or psychological reports.

Whether grandparents are seeking success in contact via the counselling, parenting, mediation, or litigation provisions of the Care of Children Act, they must be made aware of three key factors that will govern contact under the legislation:

- (a) the welfare and best interests of the child are the first and paramount consideration in any decision about grandparental contact;
- (b) the purpose and guiding principles in the legislation that may seem to favour contact with grandparents, however laudable, are subservient to a child's welfare and best interests;
- (c) in making decisions, any views the child expresses must be taken into account.

In summary, contact is only appropriate if it is in the welfare and best interests of a child. This means that contact is a right of the *child*, not of a grandparent. Henaghan et al. (2015) suggest contact might be a right of an adult but, if so, it is still subservient to a child's best interest, so the result is effectively the same. For this reason, none of the joy, happiness, and other values that grandchildren provide to grandparents are likely to have merit, if contact is sought solely for these reasons. They have importance only insofar as they support the paramountcy of a child's welfare and best

interests. As a result, the challenge faced by families is to combine the guiding principles that may apply to a particular family situation (e.g., the principle related to a child's identity) with a child's best interests, so as to show, for example, that preserving and strengthening *this* child's cultural identity in *these* circumstances, with *this* grandparent, will best be served, and will best serve the child's welfare and interests, if there is contact between them.

The most relevant approaches for social workers are likely to be strengths-based (see, e.g., Munford & Sanders, 2005). They offer value in several contexts, including:

- an emphasis on family competencies, rather than deficits;
- a focus on those aspects of relationships that allow a family to grow;
- finding strengths that families can bring to the table to help the relationship.

Practice models also need to be mindful of the paramountcy of a child's welfare and best interests. For this reason, they are likely to be child-focused and family-centred. Miller (2012) has developed a best interests' case practice model for Australian social workers that illustrates key skills. It recognises approaches that are culturally competent, developmentally informed, gender aware, strengths based, and outcomes focused. Miller's model also draws on ecological theories of human development (e.g., Bronfenbrenner, 1975), which recognises the value of positive change through outside, environmental interventions, while emphasising the central position of a child in relationship with his or her family and community.

Conclusions

While family law reform that has occurred in Aotearoa New Zealand since the early 2000s suggests that there are now a variety of mechanisms in place to encourage the preservation of grandparent/grandchild

relationships, the reality is that New Zealand still requires that grandparents have leave of the court before seeking a parenting order for contact with grandchildren, apart from the limited circumstances permitted by the Care of Children Act. In the period 2006–2007, about 15% of all applications to the Family Court in New Zealand for parenting orders were made by grandparents (Carson, 2010). Their current success rate is unknown. However, the figures support the view that an increasing number of grandparents would benefit from clarification of their legal standing prior to making an application.

There are a number of reasons for a lack of incentive to change the law. A major obstacle is the inability of grandparents to rely on infringement of their rights under the New Zealand Bill of Rights Act 1990. In contrast to Aotearoa New Zealand, the majority of provinces in Canada have enacted legislation that has elevated the legal status of grandparents (Adcox, 2016). Changes have come as a result of concern that grandparents could raise a legal challenge under the Canadian Charter of Rights and Freedoms to legislation that does not grant such rights (Department of Justice, 2002). The framework for Aotearoa New Zealand's bill of rights legislation is based in part on Canada's Charter (Joseph, 2001). However, the Aotearoa New Zealand legislation cannot be used to "strike down" legislation that is inconsistent with its provisions. That is because Aotearoa New Zealand backed away from this possibility when enacting the NZBRA. No law in New Zealand is invalid merely by reason of being inconsistent with the NZBRA (see section 4). This contrasts with Canada's situation, where the courts do not hesitate to invalidate laws that are inconsistent with the Charter, requiring either a change to the legislation, or by striking it. As a result, while there might be a variety of objections a grandparent might raise under the NZBRA to their lack of standing in New Zealand legislation (e.g., freedom from discrimination), there is no scope for a meaningful result by challenging the law on this basis.

Legal challenges that rely on the Treaty of Waitangi would also be unlikely to succeed. The Treaty of Waitangi is an agreement between Māori and the Crown that sets out the rights and responsibilities of each, and of all New Zealanders. Articles 1 and 3 of the Treaty provide Māori with the rights of equal citizenship, while Article 2 guarantees rangatiratanga (the right to self-determination), affirming the rights of Māori to live as Māori, and to develop their taonga (culturally prized objects and resources). While a case might be made that visitation with grandchildren is an absolute right afforded by Article 2, a review of case law by Henaghan et al. (2015) shows that New Zealand courts consider that the Treaty is a partnership between the Crown and Māori, and does not directly impact on the rights of citizens in family law disputes. This situation could well be seen as the imposition of western ideologies upon the potential value of living ancestors for Māori.

A final reason for lack of change may be that *grey power* movements in other countries are better organised, with louder voices. For example, recent changes to Ontario's childcare laws were driven in large part by provincial advocacy groups claiming to represent more than 75,000 grandparents estranged from their grandchildren, who have been pushing for improvements to the law for more than a decade (Ricciuto, 2016). Countries which continue to resist a change to legal standing, including the United Kingdom and Australia, are nonetheless willing to acknowledge that grandparents seeking contact should not necessarily be placed in the same legal position as other extended family members (Draper, 2013). The challenge in these countries, as in Aotearoa New Zealand, is ensuring that any statutory change that acknowledges a special relationship with grandparents is not made merely by virtue of a person bearing the title of grandparent. However, the same argument could be applied to the new partners of Aotearoa New Zealand

parents, who do *not* require leave of the court when seeking to be appointed as an additional guardian of a child under the Care of Children Act, notwithstanding a casual relationship with that child that may have lasted no more than a year. Further, the law does not require drug checks or other vetting of a new guardian's *bona fides*, so long as they have not attracted the attention of police (Henaghan et al., 2015).

An example taken from Canadian provincial family law (Nova Scotia Legislature, 2015) shows how straightforward it would be to reform New Zealand law, through a simple change to section 47 of the Care of Children Act ("who may apply for a parenting order") to include (a) a parent *or grandparent* of the child. If this is considered a bridge too far, Nova Scotia legislation offers another exemplar, whereby a new section 47A could be inserted, to specify that "An 'eligible person' applying for a parenting order specifying contact includes a grandparent." This would allow grandparents legal standing to make an application to seek any of the variety of contacts specified in section 48, including visitation, or indirect contact by letters, telephone, or email (including Skype-type technologies). The changes would confirm legal standing only. Each application would need to be judged on its merits. In addition, grandparents would require leave of the court if they wished to apply for a parenting order specifying more substantive, day-to-day care.

In the absence of parliamentary will to change the law, social worker advocates will still need current knowledge about the other options available to grandparents who seek to maintain contact with their grandchildren. As noted in the present research, practitioners will benefit from skills that can be applied to child-centred decision making, while at the same time maintaining the agility to consider wider perspectives when seeking win-win-win solutions for children, guardians, and grandparents.

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Critical conversations: Social workers' perceptions of the use of a closed Facebook group as a participatory professional space

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ABSTRACT

INTRODUCTION: The rise of social media has been associated with rapid growth in different forms of digital networking, debate and activism. Many studies have traced the role of social media in mobilising people to take action on shared issues of concern across the world. Yet, while networked public spaces offer many possibilities for professional engagement and interaction, the technology also shapes social dynamics, raising questions over professional boundaries and the nature of online behaviour.

METHODS: The development of a closed professional group on the social networking site, Facebook, provided an ideal opportunity to explore social workers' perceptions of participatory public space for professional deliberation and debate about public issues. Using a small-scale, case-study approach, group members were invited to complete an online survey and to participate in an interview which explored participants' motivation for joining the group, the frequency and nature of their contributions, how it felt to be a member and what they valued or found problematic about the group.

FINDINGS: Those group members benefitted from the resources, research and professional development opportunities afforded to them and supported the professional potential and promise of social networking sites. They grappled with what constitutes ethical online behaviour and identified the site's limitations and strengths as a place to promote robust professional dialogue on social issues.

IMPLICATIONS: Analysis of social workers' experience within participatory public spaces offers insight into how the profession can develop modern communication strategies and strong communities of practice in line with its professional principles and mandate.

Keywords: social media; professional boundaries; social networking sites; netiquette

The growth of social media has been associated with a rapid development of different forms of digital activism and social networking. Facebook and Twitter have been identified as having the capacity to coordinate large events, to support public debate and to mobilise people into action (boyd, 2011; Levine, 2000; Varnelis & Friedberg, 2008). For example, the Occupy Movement and the Arab Spring of 2011

have been studied for the role social media played in the dissemination of information, and in political and social change (Fuchs, 2014a, 2014b; Valenzuela, 2012).

Social media have been described as opening up networked public spaces, or participatory publics, where people can engage in open, deliberative, democratic

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debate within shared communities of practice (Gerbaudo, 2012, 2015; Joyce, 2010, Tierney, 2013). Yet, whilst the affordances of networked public space offer many possibilities for engagement and interaction, the technology also shapes social dynamics: altering the nature of the public and private expression of political ideas and introducing less desirable possibilities such as blurred boundaries, collapsed contexts, conflict and concerns about surveillance (boyd, 2011). In addition, the commercial nature of most social media (for example, Facebook) has been considered by some commentators to be in direct conflict with the principles of social justice: imposing limits on freedom of expression and exploiting user content (Fuchs, 2014b). From a social work perspective, the profession has been called upon to consider both the impact and potential of social media including: its significant influence on everyday social interaction, its potential for new forms of practice and its prospective power as a tool for advocacy on social justice issues (Simpson, 2017; Stanfield & Beddoe, 2016; Wolf & Goldkind, 2016).

This topic is a new field of study in Aotearoa New Zealand. The project reported in this article is unique in that it captures the views of a group of social workers who voluntarily participate in a professional space in social media. The focus of our inquiry is a Facebook group called Social Work in Aotearoa New Zealand (SWANZ): at the time of the study this was a closed group of over 850 members administered and moderated by a single individual social worker. The group was set up in October 2014 with the administrator establishing the aim as providing “a safe place for social workers in Aotearoa New Zealand to meet and discuss issues relevant to our practice”. This was a closed group, meaning that the sole administrator approved membership and had a role in managing the content of the page. Belonging to a Facebook group is different to having a personal Facebook account in that individual members are

unable to choose who is a member of the group, and will not necessarily know all members personally.

This exploratory case study aimed to explore three questions: what members valued most about their participation in a Facebook group for social workers; what problems they experienced; and what influenced the degree of their participation. The findings may assist in the development of the professional use of social media by social workers and other professional groups. This article presents findings from the analysis of data gathered in semi-structured interviews. These interviews enabled the researchers to explore in greater depth themes which emerged from a survey conducted within the case study (Ballantyne, Lowe, & Beddoe, 2017).

Literature review

This study explores the opinions and experience of social workers as members of a closed professional Facebook group; as such, literature related to shared online meeting places that offer opportunity for professional dialogue are considered within the scope of this review, specifically referred to as social networking sites (SNSs).

Social networking sites and social media

The emergence of social media offers the public new ways to create and maintain relationships, to share information and to collaborate (Graham, Jackson, & Wright, 2015; Sage & Sage, 2016). Social networking sites provide internet-based services that allow people to engage with social media in a unique way: to construct a digital identity and connect socially without barriers of time or space (Fuchs, 2014a; Steinfield, Ellison, & Lampe, 2008).

Social media is a term often used interchangeably with *online social networking* and an important distinction is noted here for

the purpose of this article. A critical understanding of social media as a broad concept is based on analysis of what is meant by the words *social* and *media*, and by understanding the historical context of the phenomenon (Fuchs, 2014b). Some critics promote the collaborative, democratic potential of social media (Jenkins, Clinton, Purushotma, Robison, & Weigel, 2009; Kaplan & Haenlein, 2010) while others are critical of the economic, marketing origins of the major social media platforms and the exploitive impact this has on users (Fuchs, 2014b).

Social networking sites, on the other hand (e.g., Facebook and LinkedIn), provide a framework within which social media is shared. Other ways to do this include blogging (WordPress), microblogging (Twitter), or by sharing specific content—music and film media or photography (YouTube, Instagram). The key features of SNSs as distinct from other platforms are the use of *profiles* and a particular, unique way of connecting with others:

SNSs are web-based platforms that integrate different media, information and communication technologies that allow at least the generation of profiles that display information describing the users, the display of connections (connection list), the establishment of connections between users displayed on their connection lists, and communication between user. (Fuchs, 2014b, p. 254)

The creation of SNSs has led to what has been coined *networked publics* (boyd, 2011) describing the ways in which people use internet technology to gather for personal, professional and political reasons, to seek information and for civic engagement (De Zuniga & Valenzuela, 2011; Graham et al, 2015). Social networking sites share a similar function to real world meeting spaces, for example cafés or workplaces (Varnelis & Friedberg, 2008).

While networked publics share much in common with other types of public places, the ways in which technology structures the environment also shapes interpersonal communication (Varnelis & Friedberg, 2008). New dynamics emerge as a result of the online context, with factors like the absence of non-verbal cues and a lack of vocal tone making it harder for people to decode interpersonal communications (Anderson, Brossard, Scheufele, Xenos, & Ladwig, 2014; Mohan, McGregor, & Strano, 1992). Granovetter (1973) categorised networked connections into *strong* and *weak* ties, and cites relationship quality as influential within social interaction.

The conceptual tools of Bourdieu's field theory have been applied extensively to the use of online communication, including attention to habitus and social capital (Julien, 2015; Lambert, 2016; Willig, Walorp, & Hartley, 2015). Social networking sites provide an opportunity for individuals to develop their social networks and gain social capital, two known factors understood to contribute to psychological wellbeing. Steinfield et al. (2008) broadly describe social capital as the benefits one receives from social relationships. Warren, Sulaiman, and Jaafar (2015) describe users of SNSs with a high number of online *friends* as perceived to have more social capital than a person with fewer friends.

This study focusses on the use of Facebook, currently the most popular social networking site. By the third quarter of 2016 Facebook reported 1.79 billion active monthly users (Statista, 2016). As mentioned, profiles are central to SNSs like Facebook and include demographic information, photos, and newsfeeds which track social interactions. The acquisition of friends is crucial to social networking, and networks can be extended by joining or following groups, events or public figures (Kolek & Saunders, 2008; Longlois, Elmer, Mckelvery, & Devereux, 2009; Valenzuela, 2012). The SWANZ group referred to in this article is an example of one of these groups.

Social media, social networking sites and social work

As noted earlier, there is a paucity of research about how social workers engage with social media generally, or with SNSs specifically. Current social work literature offers insight into the relationship between social media and social work education (Cooner, 2013; Kellsey & Taylor, 2016; Megele, 2014; Westwood, 2014), and guidance to social workers in their ethical use of social media (Boddy & Dominelli, 2016; Dombo, Kays, & Weller, 2014; Kimball & Kim, 2013; Reamer, 2015). Important thinking and research has been put forward about use of social media and internet technology in practice (Ryan & Garrett, 2017; Sage & Sage, 2016; Sitter & Curnew, 2016). There is a call from the literature for an increased focus on, and analysis of, social media by the social work profession and for this to be done critically and quickly (Edwards & Hoeffler, 2010; Wolf & Goldkind, 2016).

Research that explores how social workers perceive, engage with and integrate their personal and professional social media presence will provide new information to support the development of digital policy and the design and use of participatory public spaces as communities of practice. Social media offer multiple practice possibilities, from progressing the collective social justice causes of social work to providing a digital space for discussion, debate and support. The evolution of social media use also presents social justice challenges that require attention. Moving into this important professional space therefore requires support from robust social work research and analysis; this exploratory study makes an initial contribution.

Method

This study was opportunistic given that the emergence of a Facebook group for professional social workers—a new phenomenon in Aotearoa New Zealand—represented a naturally occurring

opportunity to explore the benefits and limitations of social networking for professional purposes. If the researchers had had the freedom to consider any methodological approach to investigate this phenomenon, we would have been inclined towards digital ethnography: a particularly valuable way of exploring what it means for professional social workers to be digitally engaged in a networked public space (Pink et al., 2016). Such an approach would have enabled us to capture actual online interactions between participants as the primary data source, yielding rich empirical data and allowing the researchers to adopt an inductive approach to theory building. However, as discussed in relation to the survey conducted within this case study (Ballantyne et al., 2017), the ethical complexities of seeking informed consent for an ethnographic approach in a pre-existing Facebook group led the researchers to reject that approach.

Instead, we adopted a case-study design frame including survey and interview methods of data collection. As Thomas (2011) argues, a case has to be a case of *something*, that something constituting its *analytical frame*. In this study, the SWANZ Facebook group is the “practical historical unity” (Thomas, 2011, p. 513) that forms the *subject* of analysis, but it is a case of a networked public space used for professional purposes which forms the *object*, or analytical frame of the study. However, it is important to note that, following Thomas (2011), we are not claiming that the subject of our study is representative or typical of the wider analytical frame, merely that it is a local example of the wider object of study. Furthermore, like many case studies, this one adopts an ideographic stance, focussing on the unique features of the case rather than seeking to generalise to other instances. To be more precise, using the typology developed by Thomas (2011), this study is a *local case study*, with *exploratory* purposes taking an *illustrative/descriptive* approach on *retrospective* data in a *single case*.

The SWANZ Facebook group provided an ideal environment to explore the experience of social workers using SNSs. It is a closed group, comprised of professional social workers who had decided to join the group of their own volition and who, by virtue of having a personal Facebook page, showed willingness to engage in social media activity.

This case study utilised an online survey (responses $N = 53$) and 11 semi-structured interviews to explore the following three research questions:

1. What do participants value about their membership of the SWANZ Facebook group?
2. What problems or issues are associated with membership?
3. What factors are associated with active engagement and with reluctance to participate in the SWANZ community?

The low response to the survey was disappointing and possible reasons for this are discussed later under limitations. With consent from the group administrator, an invitation to participate in the survey was placed in the SWANZ Facebook group, and the invitation post was repeated on several occasions. A link to a participant information sheet about the research was provided—it was explicit that participation in the survey indicated informed consent. The questionnaire included mostly quantitative questions designed to collect demographic information, data about the participants' general use of Facebook and their political activism, and their use of, and experiences, in the SWANZ group. Interview participants were drawn from those who completed the survey and indicated interest in further engaging with the research questions. Interviews were conducted soon after the participant made contact and were held while the survey was still open.

Ethical concerns

The project was approved by the ethics committees of two universities, the University of Waikato and the University

of Auckland. No potentially identifying information was required from participants and the survey software was set to anonymise responses by scrubbing technical identifiers. Those completing the survey were asked to leave a name and contact details if they were willing to contribute further via an interview. If participants elected to offer an interview they were sent further information and a consent form by the fifth author, who conducted the interviews. Contact information was separated from the survey data. Interviews were audio-recorded and transcribed.

Findings

The focus of this article is on the findings from the interviews; however, it is useful to briefly outline the survey findings here as they largely support data gathered from the interviews (Ballantyne et al., 2017). Most survey participants valued many aspects of the group, with over 75% reporting that the group helped them feel connected to a wider community of practice and enabled them to share and have access to relevant professional information. Just under 50% of participants felt they were able to use membership of the group to take a stand, or question or challenge the views of government. A majority encouraged other social workers to become involved in the group; however, over a third considered leaving the group at some time for reasons of uncivil behaviour by other members; over 70% of participants were reluctant to express their political views openly (Ballantyne et al., 2017).

Interviews

Eleven semi-structured interviews were conducted by phone or Skype. All but one participant described their ethnicity as NZ European or Pākehā. The age range was 31-40 ($n = 1$); 41-50 ($n = 5$); 51-60 ($n = 5$) and there were nine women and two men. The data generated by this small, exploratory procedure enabled an inductive thematic approach involving completion of descriptive coding levels. Two members

of the research team contributed to the coding of themes. A thorough reading of all transcripts and careful textual coding of the data using NVivo assisted the generation of themes. Our approach reflects Braun and Clarke's approach to organic thematic analysis where researchers:

... routinely generate themes and develop complex analyses from smaller samples. This isn't just because themes in organic TA are *constructed* rather than found. It is because a process of fine-grained coding captures diversity and nuance, and provides a foundation for conceptualising possibly *significant* patterns (for research questions) of shared meaning [emphases in the original]. (2016, p. 742)

The interviews sought to gather more in-depth information in order to explore the three research questions stated above. The interview participants had completed the online survey, and had an opportunity to further consolidate their views prior to the interview thereby offering further/deeper thoughts about the topic. The themes generated from the interviews included those related to professional belonging or connection, access to professional information, the nature and purpose of using the Facebook group, the level and nature of engagement in the group; safety and the ethical issues.

A place to meet

Interview participants acknowledged the SWANZ Facebook page as a good place to make collegial connections, to build a sense of professional community and solidarity. These qualities are referred to both as a reality and as an ideal:

... an excellent way to stay in touch with my professional community and learn what people were up to, hear anecdotes of people's practice and what they were reading and thinking about and ideas about what was happening in the country and how it was affecting their work and what people were changing or seeing.

All of that kind of thing, a way for us to connect with each other. (Participant #1)

These qualities were also those understood to have potential and, at times, reflected the as-yet unrealised expectations of the participants; for example, the desire to connect and develop relationships that are unique to the profession of social work, a certain camaraderie:

Who totally understands that it's going to take an hour to get to your client and they're not going to be there and you're looking for the green house with the red roof. It's all those sorts of things that help that inter-relatedness. I'd love to see that, that would be really exciting. People just sharing with their agencies and their stories and stuff like that. I think that if you promote stuff like that, get people on board then that'll grow. (Participant #2)

Access to professional information

Participants appreciated the capacity of the Facebook group to expose a range of current practice issues including poverty, racism, legislative changes and global events impacting on social work. They were also grateful for being guided towards free, open-access journal articles and other forms of knowledge and research relevant to practice, and noted the generosity of members who did this for them. There was acknowledgement of the group as a unique place to access these resources because they were recommended by respected colleagues, as such the group performing an editorial or curative function:

... a bit of curation that I don't have to do because like most people in practice or in education the amount of new stuff that is being generated all the time is just impossible to keep up with. So if someone's recommending an article or if someone's done a bit of reading and chosen some articles or they're the ten most read articles or something I find that really useful to have that curation

function done for me and then I can have a look at them. (Participant #3)

The lack of time and ability to stay connected with current social issues was a problem noted by many participants. The Facebook group offered not only a forum for information sharing, but also a place to offer analysis of that information from a social work perspective:

... things like the TPP, people just glaze over because there's such a massive ... piece of information, any of these trade agreements are but if you give people the main points and how it affects our sovereignty and takes power away from us and our clients, most social workers will go "you know what, that really sucks". (Participant #4)

On the other hand, participants acknowledged the limitations of some information shared and were, at times, critical of the professional quality offered to the group as uncritical or "flaky". There was also caution expressed about the usefulness of some information shared based on a lack of clarity about who was sharing it and what their motivations might be for doing so:

I think that that's one of the challenges in online forums is that things can get misrepresented because people's passions are tied to what they're presenting or are tied to particular issues and it can go down a whole track that you don't want it to go down and you can be perceived wrong, positioned wrong, misunderstood. All those things happen in life but you're at a disadvantage that online there's no context, there's no context to who you are and what you've done in your history and for people to understand where you're coming from. (Participant #5)

Making sense of participation and dialogue

Participants commented not only on the type of information valuable (or not) to them in the group, but also on how dialogue around

issues was structured, the nuances of online communication, and the success of this as measured with their hopes for the group:

You might say a generalised statement and then someone says a comment to you and you think "oh, I hadn't thought about that, you're right". You peel back the layers and you think I'll look a bit deeper into this. That's why I like the discussion. I don't even mind—there were some people, one or two that I thought were quite—I wouldn't say ignorant but I'd just say fitted in with the dominant discourse and I didn't even mind their comments because it gave others the opportunity to challenge them. And to me it's really nice for me to listen to like-minded people because I have felt a little bit in isolation with my values and passions. (Participant #6)

The excitement and appeal of genuine dialogue as a way of learning and developing communities of practice was countered by worry about the possibility of conflict and the impact that public disagreement on issues could have on the profession:

... you're sort of turning on your allies, people who are close to you and so I really worry that this ongoing thing is actually just polarising our community into not just two but potentially more and more factions and meanwhile ... the right and the massive changes to social work ... just march on almost unopposed because we're too busy scrapping. (Participant #1)

Level of engagement/participation

The sense participants made of how the Facebook group operated is related to the level of engagement they had with others in the group and their overall participation. Decisions made about participation levels were based on a number of factors, including a sense of hierarchy within the profession and perceived value of their contributions.

For example, it was thought that students without practice experience or new practitioners felt less able to contribute than social work academics.

... sometimes I feel like I'm perhaps not qualified enough or academic enough so I don't mind just listening to stuff. A lot of my class belong to it and a lot of them do read the stuff but I don't see them posting anything. Maybe they feel like me, we're still students so we don't really have that experience or the qualifications yet to comment. (Participant #6)

Confidence, or perception of worth may also lead to decisions about actively participating in discussions:

It triggers I think many of us to think we're not worth shit in this world and social work belongs to all those smart people and not to us ... and I'll only ever learn something by reading something someone else has written but I won't ever, I can't ever contribute and form knowledge myself ... it is actually that Black American poet who said "how can I tell you who I am, if you don't believe I'm real" and I think, I think that statement for me really gets me in the gut cause that's a dynamic that I see playing out... (Participant #7)

Many participants expressed a view that the impersonal nature of the social media environment (for example, not personally knowing members or seeing them face to face) contributed to their lack of trust in engaging with the SWANZ group. However, there were other personality or motivational traits linked to levels of participation:

I think some people contribute more because they just do. I guess it depends if people feel really passionate about that and maybe give certain factors or they absolutely want to have a say and I think some people are content just to read and maybe think about what's there, maybe don't feel so strongly ... or maybe put

off because I think sometimes some of the comments and the things that people post can be a bit off-putting if you have a different opinion. (Participant #8)

A question was posed by one participant about the cultural limitations of Facebook as a place to fully engage in genuine dialogue and some tentative thoughts were offered about this:

... if you do express yourself it may be that you feel more inspired to start that through waiata or the use of the reo or looking at ancestral marae and then speaking from there about your own truth so the context is quite important. I'm unsure if Facebook always provides a context that may be broad enough to allow multiple people to speak... (Participant #7)

Most participants described themselves as *observers* rather than active *participants* on the SWANZ group. This finding aligns with the survey results which reported a majority of participants rarely or never started new posts in the SWANZ group, and just over half sometimes or often commented on the posts of others (Ballantyne et al., 2017).

Netiquette

The term *netiquette* in this context encompasses all activities on social networking sites that require attention to behaviour and how we regulate it to ensure safety, conformity, ethical or professional conduct. This particular theme, also described as "online incivility" (Anderson et al., 2014; Papacharissi, 2004), was identified strongly in the qualitative analysis of comments made on the SWANZ group online survey where we noted concerns raised about online incivility and "a pervasive reluctance to express policy or political opinions because of concerns about critical comments by others" (Ballantyne et al., 2017, p. 34). As seen earlier, the desirability of online behaviour was a factor in deciding whether or not to engage with

the group. Interview participants wondered about the place of professional ethics and conduct in providing guidelines for online communities of social work practice and recommended that such guidelines be developed and used; however, they also identified subtler understandings of what online civility means:

I felt that people were being put off engaging because it wasn't a safe space and of course it's sold as a safe space and I think that it's not about not challenging, it's about challenging in a way that actually is a place of respect. I don't feel like that was really in existence for a long time. (Participant #1)

Participants acknowledged their role in de-escalating the dialogue of others, as well as carefully monitoring the nature and tone of their participation by censoring and mindfully composing their contributions:

I manage comment really carefully because one of the things for me that's in this forum, it's really easy to have intended or unintended consequences that affect other people and you don't realise you're doing it so you do need to have a really cool head and be focused on what you're actually saying and why you're saying it and what possible readings of it could be. (Participant #5)

Professional netiquette also encompasses the continual negotiation of personal and professional boundaries and, as in other professional contexts, consideration of what constitutes the personal and professional leads to clear decisions about how to behave in a professional context:

I've seen stuff on that site and go ... I'm not entering into that. That sounds personal, it sounds like you're actually working out your frustration in here and I don't want to enter into that dialogue because I don't want to be hooked into something that's not cool. (Participant #9)

Discussion

The SWANZ Facebook group was used as the subject in this case study to explore and analyse the use of participatory public spaces for professional social work purposes (Thomas, 2011). Interview participants were asked to retrospectively describe their experience as members of the group, and the rich descriptive insights offered showcase social workers grappling with familiar concepts of professional identity, relationship and ethics within the new ecosystem of a social networking site. In attempting to understand what has happened for them in this particular online environment, they have applied principles of social justice, equality, their knowledge of social discourse and, in some cases, used their skills and ethics to manage communication with a diverse range of people in a unique space.

Social workers in the group hoped to support professional homogeneity by creating a unique set of accepted online professional behaviours. This can be understood further by considering participant social capital, the advantages gained by membership of particular networks. In the case of the SWANZ Facebook group, members could employ their capital both to bond with others to create solidarity, and as a bridge to a diversity of perspectives (Ellison, Lampe, Steinfield, & Vitak, 2011). On the other hand, if the benefits of belonging to the group are not realised, or social capital is not gained (for example, members feeling unworthy of contributing because of perceived power differentials), participants experience some reluctance to engage. Social capital usually has exclusionary effects, serving to reproduce structures of power, as indicated by the participants quoted above who felt they did not always have the confidence to post or comment.

In addition, consideration of habitus, for example, offers insight into the impact of professional and cultural influences on participation and the degree to which

these align with the everyday practices of social networking (Willig et al., 2015). Participants expressed perceptions of discords between cultural practice and social media affordances, and between professional ethics and the online behaviour of some members, thereby limiting their willingness to participate. There was a clear recognition, for example, that the medium did not always allow for the nuanced discussion that might occur in a more familiar professional setting.

Participants reflected the idea that we are still learning how to operate in this new kind of professional milieu, as boyd (2011) notes, “as social network sites and other genres of social media become increasingly widespread, the distinction between networked publics and publics will become increasingly blurry” (p. 55). She further suggests that the dynamics mapped out in an online environment will gradually, and inevitably, become part of everyday life. Further analysis of social workers operating in online environments provides opportunity to monitor, develop and more actively shape professional identity.

A focus on netiquette, or ethical online behaviour, has growing academic and professional support for social workers and social work academics (Reamer, 2015; Harbeck-Voshel & Wesala, 2015) and the results of this work are beginning to make their way into organisational codes of conduct. The Social Workers Registration Board (SWRB) in Aotearoa New Zealand, for example, has only recently made reference to professional use of social media in its revised Code of Conduct (SWRB, 2016). The participants in this project raised the issue of online safety and recognised the absence of a code of ethics to guide them in their online communications. The link between professional ethics and online safety, however, is tenuous. The presence of social media challenges us to reconsider our traditional binary understandings of public and private (boyd, 2010; Fuchs, 2014b) with closed groups seemingly offering safety that is perhaps illusory when the group is

large and contains many people unknown to each other. Social workers are challenged to develop an understanding of this particular feature of social media so that they can go beyond a reliance on codes of conduct to best make critical, mature use of it as professionals.

Despite the call for ethical guidelines, social workers interviewed for this study discussed using their professional skills and knowledge to make decisions about how to behave online. By considering the best way to make comments or choose material to post, for example, they disclosed using de-escalation techniques to manage growing conflict; they provided support to those sharing difficult personal experiences; used inclusive language and understanding of social discourse to analyse issues and prevent the perpetuation of harmful narratives. Further analysis of the online behaviour of social workers would support a deep, grassroots understanding of the profession as it is evolving in the 21st century—how it is influencing, and being influenced by, its social media environment.

Facebook provides an architecture that enables the creation of unique groups of people. The SWANZ group has now grown to more than 1200 social workers. Since its inception, this group has had opportunity to define itself, to expand or contract, to develop subgroups with more refined identities, all the while negotiating what it means to be a social worker, what its mandate is as a group of people and generating thoughts about myriad bewildering social issues and events. Although in the following quote Fuchs is referring to the use of social media more widely, there is wisdom in considering how the structure of social networking sites influences our intentions:

One needs unity in diversity in order to struggle for participatory democracy and for maintaining this condition once it is reached. It is preferable and more effective to have a few widely

accessible and widely consumed broad critical media than many small-scale special interest media that support the fragmentation of struggles. (Fuchs, 2014a, p. 64)

The current social work literature identifies the profession as inadequately engaged with the phenomenon of social media and therefore at risk of missing key opportunities to be involved in its critique and development (Edwards & Hoeffler, 2010; Wolf & Goldkind, 2016). One reason given for this reticence is that technology continues to be seen by social workers as “representing an intrusion into the person-centred project of social work” (Steyaert & Gould, 2009, p. 58). This position does not acknowledge the key place social media hold in our environment or in the parallel, historic journey that social work and the media share:

Today blogs are the new pamphlets. Microblogs and online networks are the new coffee houses. Media sharing sites are the new commonplace books. They are all shared, social platforms that enable ideas to travel from one person to another, rippling through networks of people connected by social bonds, rather than having to squeeze through the privileged bottleneck of broadcast media. The rebirth of social media in the internet age represents a profound shift—and return, in many respects, to the way things used to be. (Standage, 2013, p. 250)

These words offer inspiration to those who work with victims of inequality and privilege. The “old” media of printing presses and broadcasters is interpreted by Standage (2013) as a 19th century colonisation of how human beings had communicated for centuries. The role of social work is to be actively involved in this *decolonisation*, and in the creation and critique of new ways of interacting and bringing together activists, service users and professionals in innovative responses to social problems and public issues.

Limitations

Attention to netiquette, including the management of professional boundaries was an important theme drawn from the analysis of these interviews, and this key feature of networked public spaces also played out in the research process. Most of the research team were members of the SWANZ Facebook group at the time of the study therefore our participation in the study was as “insider researchers” (Dwyer & Buckle, 2009). As such, in the development of our research questions and the analysis of the data gathered we cannot be innocent of bias. As Dwyer and Buckle (2009) assert:

We cannot retreat to a distant “researcher” role. Just as our personhood affects the analysis, so, too, the analysis affects our personhood. Within this circle of impact is the space between. The intimacy of qualitative research no longer allows us to remain true outsiders to the experience under study and, because of our role as researchers, it does not qualify us as complete insiders. We now occupy the space between, with the costs and benefits this status affords. (p. 62)

The research team were disappointed with the response to the survey; however, as insider researchers cannot deny the possible impact their membership of the group had on the low rate of participation. The association of some research team members with a conflict occurring within the group at the time may have had a negative effect on willingness to participate; this partially explaining our failure to recruit the 20% we had hoped for. Another limitation could have been the time of year (summer holidays) the survey was run.

We did slightly exceed our goal of recruiting 10 participants for interviews, however, we note that some of both interview and survey participants mentioned the conflict in the group. While this discussion is apposite to the study research questions, it does suggest

the possibility of skewing factors. Potential and actual participants may have been influenced in their decision to participate by their attitudes towards those enmeshed in the conflict in the SWANZ group.

These matters considered, and the small sample with low ethnic and gender diversity means that we should be cautious about generalising from these results. The themes do resonate with the findings reported in other literature (Ballantyne et al., 2017; Boddy & Dominelli, 2016; Kimball & Kim, 2013; Megele, 2014; Reamer, 2015; Ryan & Garrett, 2017; Sage & Sage, 2016; Stanfield & Beddoe, 2016; Westwood, 2014; Wolf & Goldkind, 2016).

Conclusions

Further analysis of the behaviour and experience of social workers using social media, and specifically social networking sites, is crucial to the development of a profession able to respond as effectively as possible to current social challenges. The ability to use social networking sites as professional tools, to understand the “architecture” of social networking sites and their influence on the tasks of social work, democracy and social justice, and to make the most of our professional relationships in this forum relies on developing further knowledge of this ubiquitous form of communication. The small number of participants in this study highlighted both the many challenges and the rewards of engaging in a closed social work Facebook group; they also expressed a fascination with the dynamics of that experience, and some hope about the promise of online social networking.

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Resituating Aotearoa New Zealand mental health legislation in the context of social and occupational justice

Kirk D. Reed¹ and Brian Field²

ABSTRACT

INTRODUCTION: Social work and occupational therapy mental health practitioners face a range of tensions in relation to statutory obligations in the context of maintaining a focus on the ideals of social or occupational justice.

APPROACH: The aim of this article is to highlight some of the complexities for social work and occupational therapy practitioners in an environment dominated by a medico-legal worldview. Those complexities include creating and maintaining a therapeutic relationship, adhering to legal obligations; and staying focused on professional values and beliefs. We have explored notions of social justice and occupational justice and undertaken a descriptive chronological review of Aotearoa New Zealand mental health legislation.

IMPLICATIONS: We have provided an insight in to some of the key factors that have influenced the development of mental health legislation in this country in relation to social and occupational justice. We have considered how the medico-legal worldview influences staying true to the notions of social and occupational justice and have made suggestions for change relative to practice and the legislation.

KEYWORDS: mental health; mental health legislation; Aotearoa New Zealand; social justice; occupational justice

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Social work and occupational therapy practitioners in Aotearoa New Zealand mental health services face a complex practice environment. The practice environment is underpinned by a historical legal framework that is often in conflict with issues of social justice and occupational justice. The aim of this article is to explore the notions of social and occupational justice, provide a descriptive chronological overview of New Zealand's mental health legislation and consider potential social and occupational justice issues in relation to practice. Our position is that social work and occupational therapy practitioners are often faced with the challenge of

advocating for service users/tangata whai ora in the context of a mental health system strongly influenced by dominant medical and legal worldviews. This context often results in a form of social control over the population which is in conflict with a recovery paradigm. The term "recovery" for people with mental health issues is not new. McCranie (2011) highlights notions of recovery can be traced back over 200 years to the work of Phillippe Pinel in the Paris asylums. In more recent times, the recovery paradigm has emerged from within the survivor movement and the work of Patricia Deegan (1988) who wrote an account of her illness and recovery experiences and argued

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that recovery is different from psychosocial/psychiatric rehabilitation. From an academic perspective, William Anthony (1991) from the Boston University Centre for Psychiatric Rehabilitation outlined a vision of recovery that continues to guide service delivery. The work of Rapp and Goscha (2012) in the 1990s who were early advocates of the recovery approach, developed the strengths model. The strengths model is a widely used paradigm of practice that embodies the recovery approach. In Aotearoa New Zealand, the recovery paradigm provides an overarching framework to guide mental health service planning and delivery. The recovery approach in the Aotearoa New Zealand landscape is defined as “creating a meaningful self-directed life regardless of challenges faced, that includes building resilience, having aspirations and the achievement of these” (Te Pou, 2014, p. 5). Notions of recovery are embedded in New Zealand documents such as the “Blueprint II: How Things Need to Be” (Mental Health Commission, 2012) and “Rising to the Challenge: The Mental Health and Addictions Service Development Plan 2012–2017” (Ministry of Health, 2012). Recovery places a premium on self-determination, human rights and empowerment. While the recovery approach appears core to mental health service delivery, there is the potential for disagreement when the hegemony of the legal and medical worldviews and the recovery approach cross paths. This is particularly the case when a person is deemed in need of compulsory assessment and treatment or when the focus of professions such as social work and occupational therapy differ from the dominant worldview.

The notion of occupational justice is relatively new and is focused on fairness, equity and enabling participation in occupation for health and quality of life (Stadnyk, Townsend, & Wilcock, 2010; Wilcock, 2006). From an occupational therapy perspective, occupations are meaningful to the individual and valued by a culture and include “everything people

do to occupy themselves, including looking after themselves (self-care), enjoying life (leisure), and contributing to the social and economic fabric of their communities (productivity)” (Canadian Association of Occupational Therapists, 2007, p. 181). Situations where individuals are confronted with socio-political barriers that impede participation in occupations are considered instances of occupational injustice (Stadnyk et al., 2010). On the other hand, social justice as a notion, has existed in the western world for much longer and can be traced back to ideas from Plato, Aristotle and Socrates; it is seen as one of the key components of classical moral philosophy (Hamed, 2014). Social justice, in its broadest sense, concentrates on the social nature of humans in the context of society and social relationships. Social justice has a major role to play in equity of access to the necessities of life in order for people to be functioning fully: it cannot be separated from human rights (Durocher, Rappolt, & Gibson, 2014). Situations where individuals do not receive equal access to resources and opportunities are considered instances of social injustice. Social justice and occupational justice are seen as complementary and have the concept of equity in common (Wilcock & Townsend, 2000), along with the need for just governance that encompasses “fairness, empowerment and equitable access to resources, and sharing of rights and responsibilities” (Wilcock, 2006, p. 4). A significant point of difference is that occupational justice places “emphasis on the importance of enabling participation in meaningful occupation” (Durocher et al., 2014, p. 421). The ideas of social and occupational justice inform social work and occupational therapy practice respectively, but are likely to be in contrast to dominant medico-legal views. In addition, practitioners are faced with the tension of being “agents of the state” in the sense of likely being employed by a state funded organisation that brings the expectation of operating within legal frameworks. This may contrast with profession-specific views of advocating for, and on behalf of, service users/tangata

whaiora in access to resources, fairness, empowerment and participation in society.

The development of legislation in the mental health arena in Aotearoa New Zealand has been influenced by a range of factors that include: the dominance of western legal viewpoints, national and international socio-political trends, advances in medical treatment, government reforms, financial constraints, professionalisation of the mental health workforce and the rise of the consumer movement. In addition, Te Tiriti o Waitangi¹ has gained wider recognition and acknowledgment in the health sector since 1992 when it was first acknowledged in the health context by the then Minister of Health, Jenny Shipley (Reed, 2006). This has resulted in a significant move toward viewing health as a combination of social, cultural, economic and political factors (Reed, 2006). While it is not possible to explore all of the contributing factors in depth, we have selected those we considered key. We envisage that an exploration of the historical legal context will be helpful in practice, as often knowing what has gone before helps understand the current situation. In the next section, we will present a descriptive chronological overview of successive legislation and the key contributing factors that were pivotal to the establishment of that legislation.

Mental health legislation in Aotearoa New Zealand

In most countries, three forces work together to bring about social change. These comprise public opinion, the activities of voluntary and professional groups and the law. The law depends upon public opinion which, in turn, demands that the law acts in the public's best interest and that the public obey the law (Bilz & Nadler, 2014). Reviewing a country's laws provides an understanding of public opinion when a law was developed: our focus is to highlight the tensions between social and occupational justice and the social control that the legislation attempts to create. As a colony of the British Empire, the laws of Aotearoa New Zealand were

not created in a vacuum, but were firmly entrenched within British law, often at the peril of Te Tiriti's intent and the values and beliefs that underpin Te Ao Māori². Over time, mental health legislation has had a different focus—from protection of the public, dealing with those causing social problems, to an emphasis on consumer rights and services provided in a least restrictive environment. The review of the legislation in this article has been organised into these broad areas of focus.

Focus on the protection of the public and “disposal” of people with a mental illness

Early mental health legislation had a focus on the safe protection of the public from people that were considered to have a mental illness. The Lunatics Ordinance (1846) was the first mental health law enacted in Aotearoa New Zealand. This ordinance was based on societal expectations to provide for the safe custody and prevention of offences by persons who were regarded to be dangerously insane and for the care and maintenance of persons of unsound reasoning (Coleborne & Mackinnon, 2006; Ernst, 1991). This legislative policy was firmly embedded in Georgian and early Victorian English values where religion had a stronghold and people with a mental illness were believed to be tainted by the devil. The Lunatic Ordinance was primarily concerned with the process of detaining dangerous people.

In 1868, new mental health legislation (the Lunatics Act, 1868) was deemed necessary due to the rapid development of regional asylums and the recommendation of the 1858 Select Committee for a revision of so-called lunacy laws (Brunton, 2005). The focus of the 1868 act was to provide legislation about the sites where people who were deemed to have mental health issues were housed and the care they were to receive whilst at these sites. This allowed for the setting up of licensed institutions (often private residences), legislate for medical

management for all asylums; and drew a distinction between lunatics and lunatic patients (the latter referring to people already under care in an asylum). Essentially this act was aimed at greater regulation of what had been the ad hoc provision of care. The focus shifted away from the classification of what was termed “lunacy” towards procedures for confinement in an effort to ensure greater accountability and the more uniform provision of services (Campion, 2012). The changes of 1868 reflected societal demands and expectations and concerns for the plight of those with mental health issues.

Just over a decade later, in 1882, the Lunatics Act of 1882 was passed with the main thrust concentrating on public safety and the removal of dangerous people from the public arena to places of detention. The new act allowed for the detention of people described as “lunatics” based on evidence from family and friends when observation by designated professionals proved to be inconclusive in determining whether detention was indicated (Campion, 2012). The main drive for this act was to continue to make insanity a law and order issue where government had a central role (Campion, 2012). In 1908, the Lunatics Act came into force, which concentrated on the detention of people who were described as “dangerous lunatics.” One significant change in this new legislation was the mention of treatment, implying that a mental health issue could be responsive to medical interventions, but this did not seem to be a legal requirement. This further reinforced Brunton’s (2005) view that what was termed lunacy was seen as a law and order issue, rather than as a health condition that could respond to medical treatment or other interventions.

Focus on those perceived to be causing social problems

In the early 1900s, the Mental Defectives Act was passed and this was the first time the New Zealand Government articulated the difference between mental illness

and mental disability (Ball, 2010). The Mental Defectives Act of 1911 seemed to be in response to pressure from medical and educational authorities who sought legislation to bring people who were described as “subnormal”, under control. This change was influenced by the 1908 British Royal Commission on the Care and Control of the Feeble-minded (Hoult, 2007). The Royal Commission held the belief that people described as subnormal were responsible for many of society’s problems such as alcoholism, prostitution, poverty and crime (Campion, 2012). The 1911 act also included provision for out-of-hospital compulsory care and gave health professionals a greater role in services beyond the hospital gate (O’Brien & Kydd, 2013). There were several amendments to the Mental Defectives Act over the next forty years. In the 1914 Amendment, an alteration included a section about a person managing their own affairs; this acknowledged the societal shift towards the view that some service users were capable and therefore had the capacity to manage their own affairs. The Mental Defectives Amendment Act (1921) gave the Public Trustee the power to: take proceedings on behalf of “mentally defective patients,” dissolve business partnerships of which mental health patients were members, and to administer property of mental health patients (New Zealand Legal Information Institute, 2021). The 1921 amendment assumed diminished capacity based on mental ill health and gave authority to the Public Trustee to make decisions on behalf of the person under the act.

During the period between World War One and World War Two there were changes in the way New Zealand society viewed the mentally unwell. This shift was in part due to the emergence of the eugenics movement. Eugenics was defined by Galton (1907) as “the study of the agencies under social control that may improve or impair racial quality of future generations either physically or mentally” (p. 17n). The eugenics movement influenced psychiatry

where eugenicists argued that “measures such as sterilisation and institutionalisation of the mentally disabled as well as laws restricting immigration and marriage would improve public health” (Dowbiggin, 1997, p. vi). These notions influenced the 1928 amendment to the act where a Eugenics Board was established. The role of this board was to monitor people under the act and manage the resources required to oversee this group. The Eugenics Board also introduced a new category, titled the “social defective,” where a person needed to be mentally deficient and involved in anti-social behaviour to come under the act. The societal view at the time was that the social defective needed supervision for their own and society’s protection (Campion, 2012). In the Mental Defectives Amendment Act 1935, there were three main changes. Children were now included, in that minors could be admitted to institutions in the same manner as adults; secondly, that the Director General of Health could grant limited leave of absence to patients; and finally, that protection was given against civil or criminal liability to persons acting under authority of the act (New Zealand Legal Information Institute, 1935). A further amendment to the act in 1951 increased the power of the state in relation to escaped patients and transfer of patients between institutions (New Zealand Legal Information Institute, 1951). The legislation to this point was largely characterised by ideas of social control, aimed at those who were considered to be “undesirable” or not meeting society’s expectations, and removing them from the public eye into institutions. The idea that those with mental health issues were a risk to public safety underpins the rationale for some of the legislation, emphasising the need for legislation that protected society. The legislation also reinforced society’s view that those with mental health issues were not able to manage their own affairs, and needed to be *taken care of*. The legislation allowed the state to have a significant role in the provision and regulation of that care.

Focus on mental health facilities and service delivery

Between 1954 and 1961 there were five Mental Health Amendment Acts that were, in part, a response to public allegations that the government was neglecting mental health facilities and that mental health staff were abusing patients (Ball, 2010). As a result, amendments were made to the legislation which included the compulsory appointment of a suitably qualified doctor to a Medical Superintendent role in each establishment. In addition, it became compulsory for any establishment that housed over one hundred “mentally defective patients” to have a medical officer living in residence (Prebble, 2007). In 1969 the new Mental Health Act (1969) was introduced. This was during a period of rapid change in mental health care both locally and internationally (O’Brien & Kydd, 2013). The purpose of the 1969 act was to substantially revise existing legislation (Ministry of Health, 1984). These revisions were responses to a Board of Health Committee Inquiry (1957–1960) that had foreseen the deinstitutionalisation of psychiatric hospitals. The Board of Health Committee recommended an increase in psychiatric services provided at general hospitals, an initiative that would reduce the reliance on institutions in the provision of mental health care (Brunton, 2005). The act also relaxed formalities surrounding the admission of informal patients to hospitals so as to align access to mental health services with entry procedures to general hospitals. In addition, provisions were introduced for regular reviews of each committed patient. Significantly, the Mental Health Act of 1969 was the first piece of legislation that had specific sections relating to both custody and treatment, thus making treatment legally binding (Ball, 2010).

Focus on the balance between consumer rights and least restrictive intervention

The New Zealand Bill of Rights Act 1990 was enacted to affirm, protect and promote

human rights and fundamental freedoms in Aotearoa New Zealand. The act also affirmed Aotearoa New Zealand's commitment to the International Convention on Civil and Political Rights. When it was enacted, the Bill of Rights Act did not create any new rights but merely confirmed existing common law rights (New Zealand Ministry of Justice, 2013). However, the act did reiterate the following citizenship rights:

- not to be subjected to torture or cruel treatment (section 9);
- not to be subjected to medical or scientific experimentation (section 10);
- to refuse to undergo medical treatment (section 11);
- to be secure against unreasonable search and seizure (section 21);
- not to be arbitrarily arrested or detained (section 22).

While the Bill of Rights does protect New Zealanders' fundamental rights, it should be noted that these rights could be overturned by the Mental Health Compulsory Assessment and Treatment Act (1992) and the Mental Health (Compulsory Assessment and Treatment) Amendment Act (1999).

The Mental Health (Compulsory Assessment and Treatment) Act 1992 was a watershed piece of legislation as it entrenched the principles of compulsory assessment and treatment in the least restrictive environment (community care), in conjunction with patients' rights (Anderson, 2000). One of the key reasons behind the act was to reduce the association between criminal proceedings and inquiry into the mental state of patients, although it did lead to greater legal involvement in all aspects of the committal process (Bell & Brookbanks, 1998). Legal involvement was aimed at ensuring patient rights including advocacy, and matters of informed consent were dealt with. The 1992 act also sought to elicit a greater range of opinions in making determinations about mental state than had occurred under previous legislation. For example, in section 16 of the act, decision-making is both a judicial and clinical procedure, with clinical opinions

of other health professionals being considered in tandem with doctors who had traditionally been the sole decision makers. The act stipulated an initial period of compulsory assessment and treatment at the end of which a determination was made about whether the person was subject to a compulsory treatment order. During this period of compulsory assessment and treatment, the service user had a right to have his or her condition reviewed by a Family Court judge. Service users/tangata whaiora were permitted to seek this review on two occasions, either during the first period of assessment under section 11 or at a later date under section 13 (Fishwick, Tait, & O'Brien, 2001). The act allowed for more checks and balances and review procedures to be established. These processes were aimed at protecting service users' rights and ensuring that unnecessary incarceration did not take place.

One of the consequences following the passing of the 1992 act, and to some extent facilitated by it, was a reduction in psychiatric hospital beds and the closure of stand-alone psychiatric hospitals. Although there were a number of other factors at play, including the rise of the consumer movement and the increased efficacy of drug treatments, the so-called Gibbs Report (Hospital and Related Services Taskforce, 1988) played a major role. The Gibbs Report advocated for closure of hospitals to reduce costs of government-provided services. In return this meant that options for long-term inpatient care became scarcer, and shorter periods of inpatient admission became more common. For those considered to need a longer period of compulsory care, the Community Treatment Order created the means of providing compulsory care in the community therefore meeting the policy and legislative requirements for care in a least restrictive environment (Bell & Brookbanks, 2005). It is interesting to note that, as hospital numbers reduced, numbers of people under compulsory provisions remained much the same (O'Brien & Kydd, 2013), indicating that the perceived need for compulsory assessment treatment remained static.

The final piece of Aotearoa New Zealand's major mental health legislation which is still current, is the Mental Health (Compulsory Assessment and Treatment) Amendment Act 1999. The new act retained up to three assessment stages to the compulsory treatment order; a preliminary assessment, a five-day assessment and a 14-day assessment. The preliminary assessment is undertaken by a clinician, normally a psychiatrist. If this assessment finds there is reasonable proof of a mental health problem, then there could be further assessment and treatment for up to five days. Before the end of the five-day period the clinician must decide whether a patient has a mental disorder that requires further assessment or treatment. If this is the case, a patient can be held for further assessment and treatment for up to 14 days. By the end of this period the clinician decides whether a patient is well enough to be released (in which case no further compulsory treatment or assessment is given). If not, the clinician must apply for a compulsory treatment order under section 14. During the two initial assessment periods (the first for up to five days and the second for up to 14) patients can apply to have their compulsory assessment status reviewed by a Family Court or District Court judge (Gordon & O'Brien, 2014). It has been argued by Newton-Howes and Ryan (2017) that compulsory treatment orders may be ineffective and force people with serious mental health symptoms to have treatment without consent and, as such, be a breach of their rights.

In the next section we will link the descriptive chronological review of the legislation to issues related to social and occupational justice and make suggestions for change informed by a social and occupational justice perspective.

Discussion

Since inception in 1848, New Zealand mental health legislation appears to have shifted from a focus on the safety and protection of society in general to a focus on service

user rights and care and treatment in a least restrictive environment. We suggest that there is a range of tensions that exist for practitioners and we believe that both social work and occupational therapy have a role in advocating for change to the practice and legislative framework. Ideally, the legal framework should be aligned with the recovery philosophy, which overarches New Zealand mental health service delivery. A recovery philosophy explicitly recognises service users' experiences of adversity, including compulsory detention and treatment. The recovery paradigm also champions mental health services to give greater recognition to the service user voice, even in situations of crisis where compulsory treatment might be considered. We agree with Gordon and O'Brien (2014) that current legislation "is antithetical to recovery because it implicitly suggests that people with mental illness pose such a degree of risk that this risk needs specific legislative recognition" (p. 59).

Statistics from the Office of the Director of Mental Health indicate the total number of people subject to both community and inpatient compulsory treatment is growing (Gordon & O'Brien, 2014). Following an invitation from the New Zealand Government, the United Nations Working Group on Arbitrary Detention conducted a country visit in 2014. In their report, the Working Group highlighted that the Compulsory Assessment and Treatment Act 1992 is not effectively implemented to ensure that arbitrary deprivation of liberty does not occur. In practice, compulsory treatment orders are largely clinical decisions, and it is difficult to challenge such orders even though the Mental Health Act guarantees the right to legal advice for all patients. The Family Court, which makes compulsory treatment orders, does not specialise in mental health therefore relies heavily on medical reports completed by a psychiatrist and other medical professionals (United Nations Human Rights Commission, 2015). It appears that Aotearoa New Zealand's mental health legislation is in conflict with the

philosophical approach taken by the United Nations. As Newton-Howes and Ryan (2017) highlighted, the use of compulsory treatment orders is out of step with current health practices and goes against the principles of recovery-oriented services. Their view is that it is the intervention that people receive rather than the treatment order that is most effective.

The tensions between complying with current statutory obligations, maintaining a therapeutic relationship and acting as an advocate for service users/tangata whaiora creates a difficult and often complex situation for practitioners. The role of the Duly Authorised Officer (DAO), for example, is a statutory role under the legislation and is sometimes performed by some social work and occupational therapy practitioners. The DAO role creates a power imbalance between the practitioner and client where the role under the act has the potential for conflict with a service user/tangata whaiora advocacy role, which is a similar tension faced by social work practitioners in child protection and youth justice contexts. In the current system social work and occupational therapy practitioners may be working with service users/tangata whaiora under community treatment orders. The power dynamics when therapeutically engaging with an individual under such an order in their own home has numerous complexities in building and maintaining an effective relationship. From an occupational justice perspective, further exploration is required on how compulsory assessment and treatment regimens may impact a person's rights to participate in occupations of their choice, maintain their usual routines and habits and experience meaningful occupation. We also suggest that there is a strong need to advocate for different approaches or alternatives to compulsory assessment and treatment that are culturally relevant. This is especially important in the context of the obligations of the Te Tiriti, Te Ao Māori and the over-representation of Māori and Pacific peoples in mental health services. The conflict between statutory obligations and maintaining a therapeutic

relationship with a service user has been explored in social work (Gibbs, Dawson, & Mullen, 2005) and nursing (Clearly, 2003). We were unable to find any literature that explored this issue in relation to occupational therapy.

There is potential for social work and occupational therapy practitioners to advocate for a least restrictive alternative to compulsory assessment and treatment orders that is more in line with recovery principles. This should include recognising the inherent potential in all people impacted by mental health issues and working together with them in all decision-making processes about their recovery journey. This could include promoting and protecting individual's legal, citizenship and human rights and supporting individuals to develop social, recreational, occupational, educational and vocational activities that are meaningful to them. This advocacy role has its challenges when the current framework is weighed heavily towards medico-legal concerns wherein medication and incarceration are the predominant interventions. The potential of recovery-focused social and/or occupational interventions needs to be promoted as being as effective, if not more so than compulsory treatment orders.

From a social work perspective, this would mean greater acknowledgment of social models of care which are focused on strengths, personal growth, quality of life, general well-being, and where the effects of mutual interactions of individuals are key. This would support an emphasis on the person-in-environment perspective (Saleeby, 1992), by focusing on addressing social justice issues related to equity and access to the necessities of life. This could include, as Khoury and Rodriguez del Barrio (2015) suggest, re-connecting the person to valuable resources in the community—friends, family, work, education, hobbies and peer support. This may mean the social work practitioner works with organisations or individuals to alter services to address access and equity of access to services so these

services are more accommodating for those considering engaging in a recovery process with or without access to the mental health system. The social work practitioner could more regularly act as a social connector, encourager, advocate, system navigator, decision maker, support person or family/whānau counsellor.

From an occupational justice perspective, there would be a greater focus on meaningful occupation and the person-occupation-environment perspective (Strong et al., 1999). Being able to engage in activities of choice is a social and occupational justice issue, a key role for occupational therapists and social workers is in identifying barriers (social, financial, attitudinal, etc.) to engagement and then reducing or removing those barriers. This would include, as Synovec (2015) encourages, the occupational therapist teaching and supporting the active use of coping strategies to help manage the effect of symptoms of illness. Creating opportunities for people to engage in activities that promote health and support a wellness lifestyle by addressing barriers and building on existing abilities would increase opportunities to engage in meaningful occupations is also a key role. This could include supporting the identification of personal values, needs, and goals to enable informed, empowered and realistic decision making, such as when considering housing, education and employment options. In concert, this would also involve addressing socio-political barriers that may impede participation in occupations where a person is unable to contribute to their community through education or employment because of factors beyond their control. Another area of focus could be on providing information to increase awareness of community-based resources, such as peer-facilitated groups and other support options. This would likely be a two-way process, working with these services to ensure that they reduce any barriers to increase ease of access for people with mental health issues. Finally, working in partnership with the individual and across agencies to support engagement in long-

term planning related to work, education or housing would support a person to function as fully as possible in their community.

At a systems level, social work and occupational therapy practitioners could campaign for changes to the mental health legislation. This could include discouraging or ceasing the use of compulsory treatment orders and promoting the vital role of social and occupational justice in recovery-oriented services that are more focused on fair treatment of people with mental health issues. Ensuring that a person's human rights are not breached is a key concern for both professions. In relation to service delivery, there is a need to create change in relation to service expectations and reporting requirements. A stronger focus on recovery principles and on social and occupational needs will likely mean that service expectations related to the number of people seen in a day by a practitioner, time spent with an individual or the number of people on a caseload would need to change. This would require a shift from financial or output measures to measures focused on recovery, and social or occupational outcomes rather than broad service level outcomes. For practitioners, this would allow for increased flexibility; allow for an individual's needs to be met and increase professional autonomy to allow practitioners to develop relationships with individuals, family/whānau and communities and, in doing so, use a diversity of intervention approaches that can be co-designed by the service user and practitioner.

These broad –based suggestions, both at a practice and systems level create a challenge for occupational therapy and social work practitioners to see beyond practice as it is currently framed by dominant medico-legal views. Our suggestions call on practitioners to imbed their practice in the ideals of the recovery paradigm while developing their practice to alleviate social and occupational injustices across of the spectrum of mental health service delivery and associated legislation.

Conclusion

The development of mental health legislation in Aotearoa New Zealand appears to have been strongly influenced by an English legal perspective at the expense of the obligations outlined in Te Tiriti or consideration of the principles of Te Ao Māori. Early legislation was focused primarily on ideas of social control with safety and protection of society at the forefront. In more recent years, legislation has focused on service user/tangata whaiora rights and treatment of people in a least restrictive environment, but this legislation is now nearly twenty years old. The dominance of the medico-legal worldview creates tensions for social workers and occupational therapy practitioners who are informed by thinking from social and occupational justice positions respectively. This tension creates a complex practice situation when trying to juggle statutorily obligations alongside developing a therapeutic relationship with a service user while also acting as an advocate and staying true to professional foundations. In providing a descriptive chronological review of New Zealand's mental health legislation, we identified some of the issues for social work and occupational therapy practitioners in the context of social and occupational justice. We call on social work and occupational therapy practitioners to promote change in the legislative and practice context to ensure that the vital role of social and occupational justice is used to challenge the dominance of the medico-legal worldview. Challenging the status quo would ensure that the ideals of recovery and social and occupational justice are embedded in legislation and service delivery while, in turn, ensuring that, care and treatment takes place in the least restrictive environment possible, and where alternatives to current interventions are considered to ensure that social and occupational justice issues are alleviated.

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Notes

¹ Te Tiriti ō Waitangi (Treaty of Waitangi) considered to be the founding document of New Zealand, signed in 1840 by representatives of the British Crown and various Māori (indigenous) chiefs.

² Te Ao Māori is the Māori world and includes language, cultural processes and practices, sites of importance and connections to family and community.

Making the connections: A practice model for reflective supervision

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ABSTRACT

INTRODUCTION: Over several decades, social work in Aotearoa New Zealand has undergone major alterations in service delivery in response to the management of risk and surveillance of practice within the neoliberal government agenda. Working in such an environment, social workers struggle to critically explore their position and professionally develop their practice. To support current professional practice in social work, reflective supervision has become a necessity for analysing and amplifying positive practice outcomes that benefit practitioners and service users.

METHOD: A four-layered practice model of reflective supervision has been developed by the researcher from a theoretical analysis of a study involving key informant and supervisory dyads. The purpose of the reflective supervision model is to support the agenda, task and process in the supervisory relationship towards critical reflection of practice.

FINDINGS: The four-layered practice model highlights the interrelationship between the social worker, the organisation, relationships with others, and the systemic contexts where practice occurs. The supervisee and supervisor have vital roles in order for reflection to occur in each supervision session.

CONCLUSIONS: Reflective supervision is seen as a co-constructed partnership between the supervisor and supervisee and the four-layered practice model assists in providing a structure for the session. The four-layered model supports critical thinking in the socio-political and socio-cultural environment, promotes social justice strategies and has versatility within a number of practice settings.

KEYWORDS: supervision; reflection; social work; social justice

The social work profession is in the midst of a challenging period of welfare austerity (Baines & van den Broek, 2016). Globally, neoliberalism and its accompanying managerialism have altered social work organisations and the way social workers work with service users (Gray & Webb, 2013). The socio-political and socio-cultural environment is now dominated by risk management, organisational accountability and government expectations to meet standards driven by compliance-focused agendas (Beddoe, 2010). The

impact of managerialism in social work has eroded a professional identity that values relationships, social justice and critical reflection. Social workers face a quality-versus-quantity dilemma between providing professional, accountable, ethical processes and an auditing, fiscal surveillance of activities (Beddoe & Maidment, 2009). As a profession moving forward, social work requires critical thinking, clear ethical codes, values and skills in order to change society for the better (Gray & Webb, 2013).

In Aotearoa New Zealand, there is a professional commitment to bi-cultural practice, conduct and ethics related to working with Māori (Aotearoa New Zealand Association of Social Workers (ANZASW), 2008; Social Workers Registration Board (SWRB), 2016). However, within the current realities of dominant Western Pākehā practices and organisational accountabilities to meet service targets, social workers struggle to support such professional obligations. The current environment threatens the values of the profession as it contributes to practitioner disillusionment.

The opportunities for social workers to reflect on their practice development and decision making has become crucial in a neoliberal environment. One such space can be found within supervision. Supervision can contribute to organisational learning and develop innovative processes within agencies (Hawkins & Shoheit, 2012; Karvinen-Niinikoski, 2004). Further, a reflective supervision experience provides the opportunity for the social worker to maintain a level of self-awareness, to examine power relationships within and between agencies, disadvantaged groups and statutory structures promoting the best interests of service users; and to critically develop an understanding of the wider socio-cultural and political factors impacting on practice. Literature relating to social work supervision has tended to focus on tensions in balancing organisational and professional accountabilities but there is a lack of examination of actual supervision practice and what reflective supervision “needs to do” (Beddoe, Karvinen-Niinikoski, Ruch, & Tsui, 2015; O’Donoghue, 2015). In order for supervision to be used as a space for critical thinking and action, supervisors and supervisees need to become more conscious of their own experiences and identify gaps between theoretical concepts and their application in practice (Fook & Gardner, 2007).

Drawing on literature and analysis of key informant and supervisory dyads’ data in a

previous study (Rankine, 2017), a four-layered practice model of reflective supervision has been developed that can be applied in the current practice environment. Systemic and holistic frameworks provide the social work profession with valuable information regarding the relationship individuals have with their environment (Bronfenbrenner, 1992). The four-layered practice model of reflective supervision (see Figure 1 and Table 1) connects the social worker to the structural and wider influences on practice. Fundamental to the model is the importance of critical thinking and, at its centre, professional social work. The model is a multi-layered framework to enable critical exploration and the interrelationship of each layer in supervision and how transformative action can then be transported into practice.

Reflective supervision

Supervision has become essential to social work fulfilling the professional and organisational aspects of practice. Traditionally, the functions of supervision (administrative, educative, supportive) have provided a framework for the session where a balance is sought between each function (Davys & Beddoe, 2010; Hawkins & Shoheit, 2012; Kadushin & Harkness, 2002).

Reflective supervision differs from traditional functions of supervision in that it moves beyond a prescriptive lens and provides a blueprint for how a session between the supervisor and supervisee is constructed (Davys & Beddoe, 2010; Wilkins, Forrester, & Grant, 2016). Being reflective in supervision emphasises the learning process that takes place in the session. Fundamental to understanding this is the process of adult learning. Adult learning has been described as cyclic (Kolb, 1984) and that it requires reflection on an activity, consideration of other alternatives and then how action is taken. Experiential learning and how this process is linked to supervision has been previously described in the Reflective Learning model for supervision (Davys & Beddoe, 2010); this model traverses the

stages of a reflective learning cycle where the supervisor's role is to facilitate learning for the supervisee through different elements of their practice and to promote decision making. Reflective supervision has also been described as a layered process that takes reflective practice towards transformational changes in thinking and behaviour for the practitioner, both personally and professionally (Carroll, 2010). Also, the learning in supervision is not a "one way street" and, equally, the supervisor learns from the reflective exploration of the supervisee's issues in sessions (Weld, 2012).

Over the last few decades, reflective supervision has been increasingly influenced by postmodernism and critical theory. Postmodern thinking considers multiple narratives relating to the construction of knowledge and highlights dominant discourses of knowledge and power (Fook & Gardner, 2007). The exploration of multiple perspectives in supervision assists social workers to explore the value of individual knowledge, culture and language in practice (Hernández & McDowell, 2010). O'Donoghue (2003) has previously argued that dominant discourses have influenced supervision practices and that local knowledge, particularly from indigenous perspectives, needs to be utilised. Reflective supervision adopts social constructionist concepts in exploring how knowledge is constructed by individuals through human interaction within different contexts (Hair & O'Donoghue, 2009). Therefore, multiple cultural identities (such as ethnicity, gender and sexual orientation) and shared meanings between the supervisor and supervisee become pivotal to explore in reflective supervision.

Critical theory identifies the domination and subordination of people that operate at individual and structural levels (Gray & Webb, 2013). Critical approaches recognise the causal impact of social structures on social workers and the importance of understanding wider socio-political and socio-cultural factors when developing social justice informed strategies at a practice level.

Critical theory thus provides an important supervisory lens in which assumptions, contradictions and tensions of practice can be explored in supervision (Johnston, Noble, & Gray, 2016). Within these reflective supervisory approaches, supervisors are required to be transparent about their position and to adopt critical thinking in mutual conversations with supervisees relating to organisational procedures, power, authority and privilege within practice (Hair, 2014). These conversations between the supervisor and supervisee contribute to the development of anti-oppressive, culturally sensitive and strengths-based practice (Baines, 2017; Hair & O'Donoghue, 2009).

In a changing practice environment, there is a need for supervisors to engage supervisees in critically reflective conversations and the many aspects of social justice within social work organisations (Hair, 2015; Karvinen-Niinikoski, 2004). For critical conversations to occur in reflective supervision within different contexts, appropriate frameworks need to be developed in practice. The four-layered practice model of reflective supervision draws on concepts from postmodernism and critical theory to provide supervisory dyads with a structure to critically analyse the different contextual layers of social work practice and develop social justice strategies.

The four-layered practice model of reflective supervision

The four-layered practice model has been developed by the author from findings in a research thesis involving key informants and supervisory dyads working in community-based child welfare social work in Aotearoa New Zealand (Rankine, 2017). While this article does not specifically report on the research, the study was approved by the University of Auckland Human Participants Ethics Committee. A critical analysis of the findings revealed that reflective supervision within community-based child welfare social work needed to develop the social worker's self-awareness; identify their

professional relationships and associated power dynamics; and explore the state's influence and the uncertainty associated with community-based child welfare social work (Rankine, 2017). The findings identified particular themes that support the development of social justice informed strategies by social workers within reflective supervision including: socio-cultural and socio-political influences on practice, power relationships and self-awareness (Rankine, 2017).

In order for reflective supervision to support critical analysis, the agenda, task and process for each supervisory dyad needs clarification; equally, the supervisee and supervisor have essential roles in the session to promote reflection (see Table 1). The supervisee has the primary responsibility for agenda setting and needs to commit to bringing items to supervision

for further discussion and reflection (Beddoe & Davys, 2016). The supervisor has responsibility for facilitating the session, contributing to the agenda setting related to the supervisee's needs and to co-ordinate reflective questioning related to the agenda. Supervisor questioning can assist with highlighting assumptions and promote collaborative exploration of language and meaning (Hair, 2015). Examples of particular questions raised by the supervisor that assist the supervisee's reflection on the agenda item are illustrated in Table 1. The supervisor's curiosity and inquiry are crucial skills in this facilitation. The supervisor's role allows for critical analysis and social justice informed strategies to emerge in the discussion. The supervisor maintains a *helicopter* view in terms of the agenda items and ensures the supervision discussion operates at different levels.

Table 1. The Four-layered Practice Model of Reflective Supervision

Layer	Supervisee's and supervisor's agenda	Supervisor questions
Layer 1: Self and role	Self-care Feelings Cultural identity and reflexivity Role clarity	<ul style="list-style-type: none"> • What self-care strategies need to be implemented? • What feelings does this issue raise for you? Where do these feelings come from? • How do personal experiences and/or triggers connect to this issue? • How do your cultural values, beliefs, assumptions impact on the situation? How do these connect with your role? How could you respond differently? • What are the parameters of your role?
Layer 2: The organisation	Function and purpose Funding Resources Meeting criteria Organisational culture Understanding tensions	<ul style="list-style-type: none"> • What is the purpose and function of the organisation? • What are the parameters of the service? How is the service funded? What other resources are available? Who else may assist? • What are the protocols and policies of the organisation? How do they impact on the issue? • What are the taken for granted meanings/assumptions/ power dynamics within the organisation? How could they be different? • What can you do to contribute towards changes being implemented in the organisation? How can you be the facilitator of change?
Layer 3: Relationships with others	Discussion of supervisory process The use of supervision – internal and external Work with clients Work with professionals Work with colleagues Exploration of power, difference and cross-cultural identities	<ul style="list-style-type: none"> • What accountabilities/responsibilities do we have to the supervision process? What are the parameters/ power issues? How can we build a more effective relationship? • What are the power issues/ assumptions/tensions/successes (in the identified relationship)? How do you think others perceive you? How do you engage with others? • How do your personal experiences/beliefs impact on this relationship? What changes in the relationship could be made?

<p>Layer 4: The socio-political and socio-cultural context</p>	<p>Public perception Power of social worker Socio-political and socio-cultural context Examination of dominant discourses and their impact on wider discourses Bi-culturalism Social justice Human rights</p>	<ul style="list-style-type: none"> • What perspectives are you using when you consider this issue? What other perspectives are missing? How do these perspectives impact on your role? What would you want to change? • What are the social/cultural/political contexts related to this issue? How do these broader contexts impact? • What needs to be considered from an (indigenous) Aotearoa New Zealand/ bi-cultural perspective? • What social work theories/standards/ethics/research/protocols need to be considered? • What is the impact of dominant discourses and structures on this issue? What other discourses need to be considered? How can you support other discourses being heard? • What wider assumptions have been made and by whom? Where do these assumptions come from? What alternative actions can be considered?
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Figure 1: The Four-layered Practice Model of Reflective Supervision

The four-layered practice model of reflective supervision (see Figure 1) provides connection between the social worker, the organisation, relationships with others, and the systemic contexts where practice occurs. The reflective supervision model proposes that each layer is explored sequentially (from layer one) with each layer offering a unique perspective in relation to the supervision issue. To varying degrees, elements identified at each layer also interconnect with the other layers in the

model, for example, the taken-for-granted assumptions operating at each layer of the reflective supervision model. Each layer of the reflective supervision practice model and its significance will now be discussed in more detail.

Layer One: Self and role

The first layer of the reflective supervision model relates to the social worker’s use of self and her/his role within their particular agency. The development of a social worker’s self-awareness is an ongoing reflective process that recognises the personal links with professional practice (Adamovich, Kuwee Kumsa, Rego, Stoddart, & Vito, 2014). The supervisor needs to provide the opportunity within the supervision context to support the supervisee’s self-care, build their resilience and develop strategies that enhance well-being (Beddoe & Davys, 2016). In particular, the strengths of the social worker need to be illuminated as a positive way forward in tackling a demanding practice setting (Engelbrecht, 2010).

The development of strategies to improve coping, manage stress, and maintain positive self-esteem are essential so that the social worker is in a position to effect change and advocate for the vulnerable populations that they work with. As part of this layer of reflective supervision, the supervisee should regularly place their own self-care

on their supervision agenda. The supervisor needs to offer support, be aware of the supervisee's patterns of stress and enquire about self-care strategies that promote resilient ways of working for the supervisee. For some supervisors, safe exploration of the supervisee's self-care may present a tension with other conflicting demands on the supervision space. For example, the internal supervisor has managerial oversight of the supervisee's practice and needs to ensure organisational targets are met. The supervisor's position requires ongoing review and transparency with the supervisee to ensure self-care is a dedicated aspect of the session.

Due to working with disadvantaged populations in society, social workers are often susceptible to trauma and emotions can be triggered by their own personal histories of disadvantage. Feelings of being overwhelmed are prominent and the unpacking of strong emotions assists the social worker to develop capacity and overcome obstacles (Ferguson, 2011). Reflective supervision provides the basis for the safe expression of the social worker's emotions without judgement by the supervisor (Beddoe, Davys, & Adamson, 2014). Both the supervisor and the supervisee have a dual responsibility towards developing an awareness of emotion so they can be explored more closely in the session (Davys & Beddoe, 2010). In a supervision context where emotions are not discussed, the social worker learns to suppress these experiences – such suppression leads to a detachment from experiences within practice (Ferguson, 2011) and eventual burnout. Supervision, as a safe space to reflect upon emotion, is essential to a social worker's longevity in their role (Vito, 2015).

An ongoing awareness of a social worker's knowledge and values and how they impact on practice is crucial. This reflexivity provides information regarding the affective and performative elements for a social worker's development (Elliott, Ryan, & Hollway, 2012). Reflective

supervision provides the supervisee with the opportunity to critically examine aspects of culture and diversity (such as race, sexual orientation, spiritual and political beliefs) in the session and this can pose both challenges and insights. Working to interrogate assumptions and expectations is part of practice and critical for the conversations held in supervision (Beddoe & Davys, 2016). This level of examination is paramount to understanding how attitudes, values and social systems can influence and reproduce oppression and how social justice principles can be developed in the social worker's practice. The supervisee is responsible for developing their own reflexivity and understanding of cultural identity in supervision. The supervisor's task is to assist the supervisee to understand the connection between their cultural identity and their professional role by asking questions such as: How do your cultural values, beliefs, assumptions impact on the situation? How do these connect with your role? How could you act differently?

Layer one of the reflective supervision practice model also addresses the role of the social worker. In order to effectively work with diverse groups, social workers need to have a clear understanding of their professional position. The changes in the operationalisation of social work services (and the social work position) have led to tighter accountabilities associated with assessing risk and meeting specific criteria of service provision for service users. These current realities require social workers to re-think and re-define their professional practices. Recent research has reported that supervision has huge significance in developing and sustaining a social worker's professional identity and their role (Saltiel, 2016). Through reflective supervision, the social worker can develop confidence through critical examination and manage the contradictions and complexity associated with their professional position.

Layer Two: The organisation

The second layer of the four-layered practice model connects the social worker to the organisation where they work. The organisational environment is influential on the social worker's capacity to grow and learn and it governs how professional interactions take place. For supervision to be reflective, learning needs to be embedded within organisational practices (Tsui, 2005). Organisations must foster innovation and a deeper understanding of professional knowledge within reflective supervision (Karvinen-Niinikoski, 2004). Commonplace within social work services are highly bureaucratic systems to measure risk, provide assessment tools and regimented criteria for service provision (Beddoe, 2010). The impact of the organisational structure on professional social work and the practice of supervision requires critical exploration. In order for reflective supervision to occur, the supervisee needs to articulate the function and purpose of the service in the session. The supervisor's role is to assist the supervisee to locate the context of the service, and the criteria and parameters for service provision. Such exploration in supervision assists the social worker to understand his/her position related to the range of services or programmes offered, the practice methods employed, service user and professional interaction and the identification of specific local service needs.

The supervisor also encourages the supervisee to critically consider the policies and protocols of their organisation (Hair, 2015); thus the associated tensions between social work practice and organisational policy can then be identified against other possible solutions. For example: How do organisational protocols impact on the issue? What other resources are available? Who else may assist? Reflective supervision offers the opportunity to consider different perspectives when working with service users and the navigation of complex organisational systems (Karvinen-Niinikoski, 2004).

The culture that exists within an organisation has a major impact on learning and the effectiveness of supervision for social workers in the workplace (Davys & Beddoe, 2010). Reflective supervision provides critical examination of risk-averse cultures that have permeated practice, policy and the supervision of practitioners. For many social workers, supervision has been often used to discuss auditing expectations and meeting targets for service delivery (Beddoe, 2010). This organisational culture does not develop critical skills or the ability to manage complex situations for social work practitioners – instead, an exchange of information occurs in supervision and the social worker is merely “told what to do next” by their supervisor.

Hawkins and Shohet (2012) identify that developing awareness and understanding is the first step to changing an organisation's culture. The supervisee needs to be prepared, in layer two of the reflective supervision practice model, to discuss the organisational culture at their work as a topic for deeper reflection. The supervisor has an important task to identify and explore the impact of organisational culture on learning through the use of questions such as: What are the taken-for-granted assumptions within the organisation?; How could they be different? Related to this, the supervisor's role assists the supervisee in their generative learning from the supervision session (Hawkins & Shohet, 2012) and, as a result, reflective supervision assists the supervisee to develop healthier ways of learning in their organisation.

Discussing the impact of organisational change, lack of funding and loss of resources is necessary in reflective supervision to maintain a strong and resilient level of functioning within the organisation. However, ongoing negative discussions relating to despondency, deficit-based thinking and distance from decision making can be corrosive to practice over time and, in turn, hampers critical thinking in reflective supervision (Beddoe, 2010). Supervision

too, can then replicate an organisation's deficit-based culture that the supervisor and supervisee can unwittingly be co-conspirators in. Strengths based exploration in the session can assist in the removal of barriers to practice (Beddoe & Davys, 2016). A commitment from supervisors to explore solutions related to lack of resourcing and restrictions on organisations provides supervisees with valuable theoretical and ethical ways to practise with others and how to respond best to service user needs. Supervisors and supervisees need to critically explore the tensions inherent in working within social service organisations so that strategies and alternatives in practice can be identified.

Layer Three: Relationships with others

The third layer of the four-layered practice model highlights the relationships that the social worker has with others. Maintaining professional relationships is core to social work and the supervision space reveals contested and competing narratives from the supervisor, supervisee, service users, and other professionals (Saltiel, 2016). An open discussion and exploration of the social worker's professional relationships are central to reflective supervision. Such discussions provide a wider understanding of competing organisational and professional pressures on the practitioner.

A fundamental "building block" for the social worker's relationships with others begins with the supervisory relationship itself. The relationship between the supervisor and supervisee is an important structured and socialising process that determines how the social worker develops other professional working relationships. According to Beddoe and Davys (2016) and Westergaard (2013), the isomorphic nature of supervision needs to parallel how the supervisee builds other relationships with service users and professionals. Reflective supervision needs to therefore promote the importance of culture, values and relationships in social work.

Establishing and maintaining the relationship through trust, honesty and openness is a key requirement of the supervisor. These attributes require the supervisor to possess certain skills built on empathy, unconditional positive regard and congruence (Westergaard, 2013) in order to build a positive and successful relationship with the supervisee. The supervisor requires a range of facilitative skills so that the supervisee feels comfortable in reflecting upon their work (Bond & Holland, 2010); these include: the supervisor's confidence to ask critical questions, a willingness to explore different perspectives and encourage the supervisee to find solutions. In addition, supervisors need to have prior training, to understand the purpose of reflective supervision, to have an awareness of adult learning and maintain appropriate and ethical boundaries with the supervisee. Finally, the supervisor needs to have an awareness of their own social and cultural context and the impact of this on the supervisory relationship. The supervisor's reflexivity (Hawkins & Shohet, 2012) and cultural experiences and knowledge (Hernández & McDowell, 2010) become critical elements for the interaction with the supervisee and the wider systemic influences on the relationship. The negotiation and review of the supervision contract and the importance of feedback are important processes that the supervisor can develop with the supervisee (Davys & Beddoe, 2010).

Power, as part of the supervisory relationship, requires critical exploration. The supervisor's position (as external or internal supervisor) is a determining factor in how the supervisee will utilise the supervisory relationship. The supervisor may unwittingly or purposefully utilise their position and/or expertise to ensure organisational objectives are met (Tsui, 2005) and subsequently, supervisees will be reluctant to engage in reflection. Splitting different aspects of supervision has become useful for addressing the different and, at times, competing, professional and

organisational agendas (Beddoe & Davys, 2016). External supervision has become an important option for many social workers to enhance a professional discourse in their practice. External supervision allows the social worker to choose their supervisor, promotes professional growth, reflect on practice and on relationships outside of their organisation (Beddoe, 2011) whereas, internal supervision has added emphasis on accountabilities to organisation policies. The tendency of internal supervision is to focus on casework and meeting organisational targets (Bradley, Engelbrecht, & Höjer, 2010). Irrespective of the supervisory relationship being internal or external to the organisation, transparency, consistency and ongoing review in the relationship are needed in order for reflective supervision to occur (Beddoe & Davys, 2016). The acknowledgement of power differences in the supervisory relationship and how this influences agenda setting, planning for risk and managing professional work require ongoing conversations. Both the supervisee and supervisor have a responsibility to discuss the parameters of their working relationship, accountabilities, and how a reflective process is maintained.

Social work provides opportunities to work with service users creatively and to promote social justice – an area often overlooked in practice due to other organisational pressures on the practitioner. Reflective supervision offers the opportunity for the social worker to examine a service user's situation more comprehensively and find solutions to their intervention planning. This level of reflection assists the social worker to build stronger networks and positive relationships with service users and their community. Hair and O'Donoghue (2009) reinforce the importance of discovering alternative discourses when working with complexity in supervision. Reflective supervision is the opportunity for the supervisee and supervisor to discover the voice of service users often silenced by more dominant agendas.

The power relationships associated with working alongside other colleagues and professional groups is another important area to consider within supervision in layer three of the four-layered model. The organisational culture (as discussed in layer two) creates power dynamics and hierarchies within the organisation itself. These relational dynamics reproduce dominant discourses that privilege some staff, and disadvantage others, according to their role and position. Liaison with other professionals, understanding of specific responsibilities and balancing discourses also present common challenges. Reflective supervision provides an essential space for raising challenging relationships the social worker might have with other professionals and seeks to validate more collaborative working relationships.

The task of the supervisor is to encourage the supervisee to critically examine power and tensions within their working relationships and develop a deeper understanding of systems that impact on their role. The supervisor might ask critical questions like: What are the power issues and associated tensions (in the identified relationship)?; What changes in the relationship could be made? Areas of diversity and cross-cultural interactions are also key factors that need consideration and the influence these have on relationships. Practice within supervision that addresses cultural competence is becoming more prominent in literature (Tsui, O'Donoghue, & Ng, 2014). Hair and O'Donoghue (2009) suggest that the supervisor adopt a curious and questioning stance with the supervisee —one that does not assume expert knowledge. What becomes important in the supervisory conversation are similarities and differences in power and privilege which, in turn, support greater understandings of equity and justice in social work practice (Hernández & McDowell, 2010).

Layer Four: The socio-cultural and socio-political context

The final layer of the four-layered practice model of reflective supervision is the

socio-cultural and socio-political context of social work practice. Rankine (2017) identified the need for social workers to critically consider the wider structural factors related to their work in reflective supervision. Central social work values relating to social justice appear to be sidelined by neoliberal-agenda-driven structural, political and cultural factors (Hair, 2015). Reflective supervision needs to include a critical analysis of the wider systemic influences on professional social work and integrate this importance to the issues discussed in the session. Moreover, this exploration assists the social worker to develop appropriate strategies for action and change.

The socio-political and socio-cultural context of social work needs to be part of an ongoing discussion by the supervisee and supervisor. Social work as a profession has changed within a neoliberal and managerial environment. It has been long associated with supporting disadvantaged groups in society but also, paradoxically, acting as an agent of the state's policies. It is understandable that many social workers feel uncertain and disillusioned within this current climate (Rankine, 2017). Managerialism has resulted in changes in social work services that focus on managing risk and surveillance (Beddoe, 2010) and social workers operate in a climate of fear and risk-averse interventions with service users. For example, within failed child welfare cases, the media's public shaming of social work services professionals have contributed to negative discourses surrounding the effectiveness of the social work profession (Ferguson, 2004). The supervisor's task is to enable the supervisee to critically reflect on the broader social, cultural and political contexts of practice. A critical examination of these contexts provides the social worker with crucial connections regarding the relationship that people have with their environment as well as how dominant discourses are maintained in society.

Reflective supervision needs to remind social workers of their core values,

knowledge, theories and connection with disadvantaged groups; these values are integral to social work and the principles of social justice, equality and freedom. Within the current neoliberal and managerial environment, critical thinking in social work needs to be prioritised in order to move the profession forward and provide quality services to service users (Gray & Webb, 2013). The supervisor has a vital role in engaging the supervisee with critical conversations related to socio-cultural and structural factors impacting on individuals. Supervisors can facilitate questions such as: What is the impact of dominant discourses and structures on this issue?; What other discourses need to be considered?; How can you support other discourses being heard? These critical conversations are significant in the exploration of embedded and taken-for-granted socio-cultural factors and in how social workers continue to support the interests of marginalised groups.

Layer four of the practice model of reflective supervision provides exploration by the supervisee and supervisor of diverse discourses and cultural narratives. Significant to Aotearoa New Zealand is the importance of bi-culturalism in challenging oppressive structures and dominant discourses (Munford & Walsh-Tapiata, 2006). The relevance of discussing cultural histories and colonising processes in supervision assists in the understanding of privilege and oppression in society (Hernández & McDowell, 2010). Issues relating to Māori, bi-culturalism and all other notions relating to culture should regularly feature as part of the supervision conversations.

Professional social work in Aotearoa New Zealand has a commitment to bi-cultural practice, ethics, and responsibilities towards supporting marginalised groups (ANZASW, 2008; SWRB, 2016). The supervisee has a responsibility to revisit such commitments as part of their supervision agenda. In turn, the supervisor is accountable to ensure

these conversations occur regularly in the session and that the supervisee's competence in these areas is evaluated and developed. For example, the supervisor might ask, related to the issue raised for discussion: What particular social work standards and ethics require further reflection?; What needs to be considered from an indigenous/bi-cultural perspective? Supervisors need to acknowledge indigenous discourses, beliefs and the value of traditional knowledge separate from dominant cultural norms (Beddoe & Davys, 2016). The exploration of culture and diversity within supervision demonstrates culturally sensitive practice and also assists with the identification of alternative strategies in practice.

Discussion and recommendations

Internationally, and within Aotearoa New Zealand, social work practice is buffeted about by economic, social and cultural forces influenced by neoliberalism. Supervision is similarly impacted by such factors and requires adaptation in order to respond to such challenges and maintain learning. Reflective supervision is essential to professional social work and further research is needed regarding the connection supervision has to improving practice and outcomes for service users (Beddoe et al., 2015; Wilkins et al., 2016). The four-layered practice model of reflective supervision enables supervisees and supervisors to critically examine the interrelationship of numerous factors impacting on practice and also supports social work values.

The four-layered practice model is multi-dimensional in that it explicitly connects the social worker with the organisation they work for, relationships with others and the wider systemic context of practice. Each layer of the model offers a unique perspective and critical consideration in relation to the supervision issue. Reflective supervision models offer scope for practitioners to refine skills in the ever-changing context of practice (Davys & Beddoe, 2010). The supervisee is encouraged to participate with the

supervisor in critical analysis and to explore alternatives to practice. Although the four-layered practice model has been developed by the author from a previous study related to community-based child welfare services, the model has potential applicability to a number of other social work fields of practice. The critical exploration of context and the interrelationship each layer has to the supervision discussion are key aspects of the model that provide transformative action to take place in practice. The four-layered practice model also has synergies with other approaches used in supervision by the supervisor (for example, developmental and group approaches). Future research regarding the application of the model in different practice settings (such as health, education and corrections) and its compatibility alongside other models of supervision requires further investigation.

Reflective supervision is an essential part of social work development; one that combats the contradictory structural and neoliberal agendas which indirectly dominate the supervision session. In order to realise the full potential of reflective supervision, supervisees and supervisors need to understand its purpose and their role within the supervision process. Reflective models such as the four-layered practice model recognise the supervisory relationship as a co-constructed endeavour where the supervisor and supervisee have equal responsibilities. Supervisors need to respectfully acknowledge power, their accountabilities to organisational and professional protocols, as well as engage in a mutually dynamic and positive interrelationship with the supervisee (Hair, 2014). For the partnership to be successful, the four-layered practice model highlights the agenda, task and process for supervision—for the supervisee, knowing what they want from their supervision (Davys, 2007) and being responsible for their session agenda. Equally, the role of the supervisor in this model is less of an expert or authority figure, and more responsible for facilitating a reflective

process through critical questioning so that learning can be achieved (Davys & Beddoe, 2010). Reflective models in supervision need to be developed by both parties and be seen as instrumental in a social worker's professional development.

Due to the impact of managerialism and neoliberalism on social work practice, supervision tends to focus on surveillance and risk-averse practices. Rankine (2017) identified the lack of critical conversations in supervision relating to the socio-political and socio-cultural environment of Aotearoa New Zealand. Supervisors are required to exhibit "critical social awareness and cultural humility" (Hernández & McDowell, 2010, p. 29) and foster with the supervisee an exploration of power dynamics, relationships and wider environmental considerations. Reflective supervision provides the foundation for the exploration of indigenous approaches and cultural identities that are fundamental to social work codes of practice. The four-layered practice model of reflective supervision supports critical reflection, innovation and social justice strategies within social work. Further models that are context-specific and stimulate wider exploration of socio-political and socio-cultural factors impacting on service users necessitate amplification in supervision and social work services.

Conclusion

Reflective supervision is recognised as essential for the social worker to explore and professionally develop their practice. The four-layered practice model presented the importance of the supervisor and supervisee navigating the interrelationship between self, organisation, professional relationships and the wider environmental factors affecting practice. Within a neoliberal environment, it is crucial for social workers to develop reflective models in supervision that support critical analysis of practice and the promotion of social justice strategies with service users.

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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	%
<i>Age</i>			
31–40 years		1	11.1
41–50 years		2	22.2
51–60 years		5	55.6
61–70 years		1	11.1
<i>Years of practice</i>			
5–10 years		2	22.2
11–20 years		3	33.3
21–30 years		2	22.2
31–40 years		2	22.2
<i>Years IPS (interprofessional supervision)</i>			
1–5 years		3	33.3
6–10 years		4	44.4
11–15 years		2	22.2
<i>Practice contexts</i>			
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
<i>Professional group</i>			
Psychologist		1	11.1
Nurse		3	33.3
Social Worker		3	33.3
Counsellor		1	11.1
Non-regulated workforce		1	11.1
<i>Supervisor's professional group</i>			
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	
Counselling	Therapy	
Dentistry	Osteopathy	
Health and disability	Police	
Medicine (GP)	Psychology	
Ministry (religion)	Social Work	
Not-for-profit manager	Support worker	
Nursing	Youth Work	

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

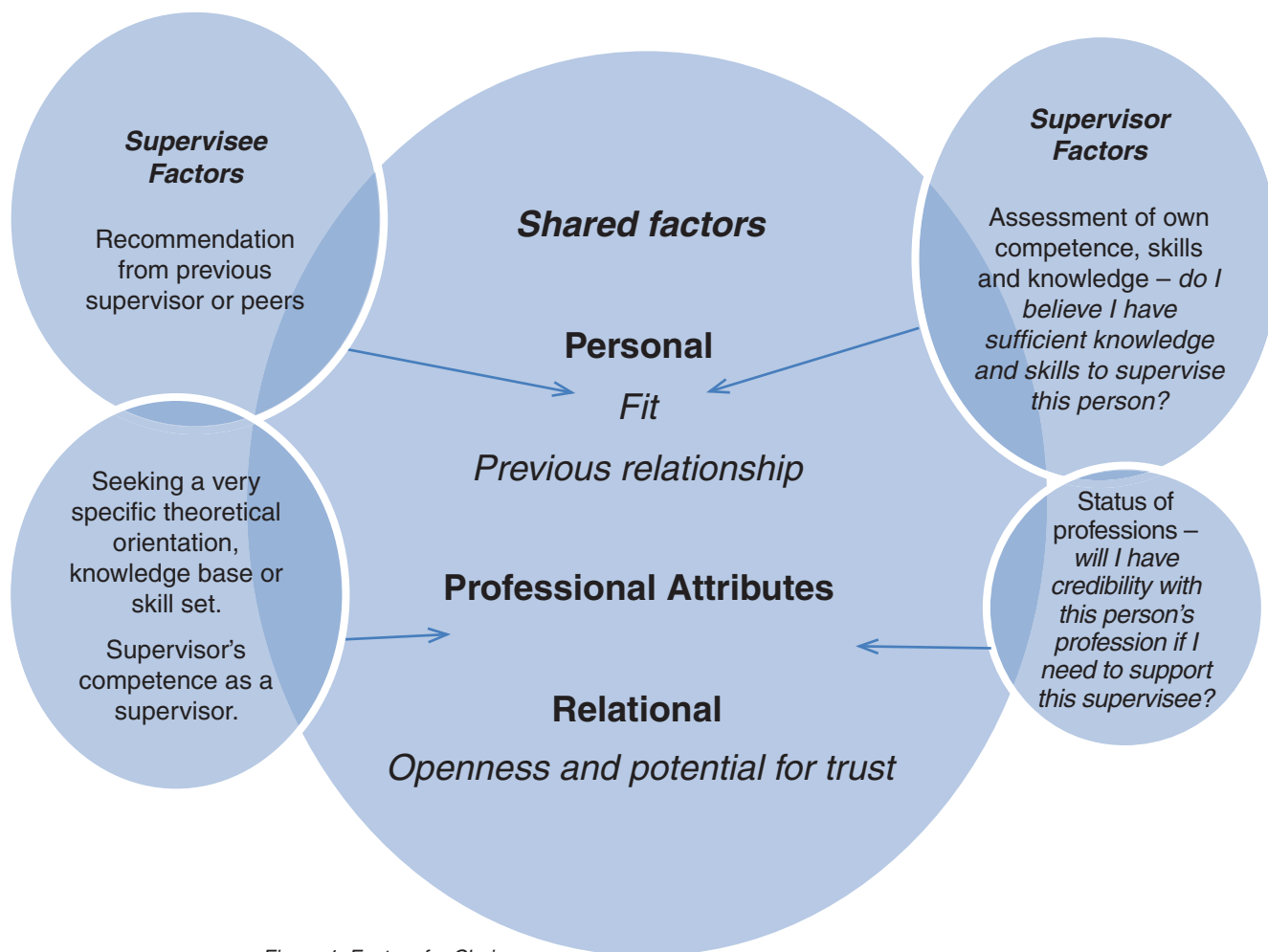


Figure 1. Factors for Choice

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)

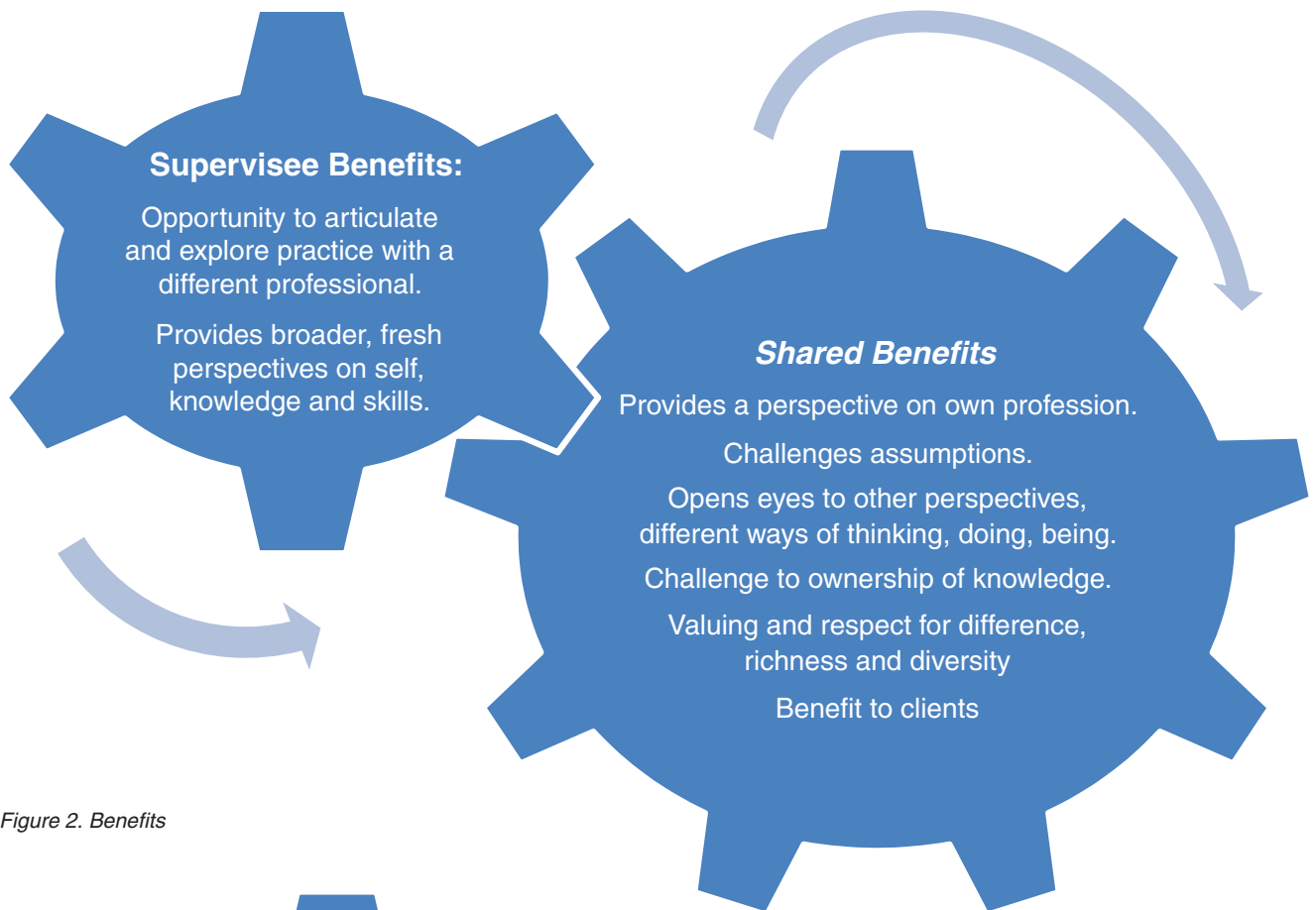


Figure 2. Benefits



Figure 3. Limitations

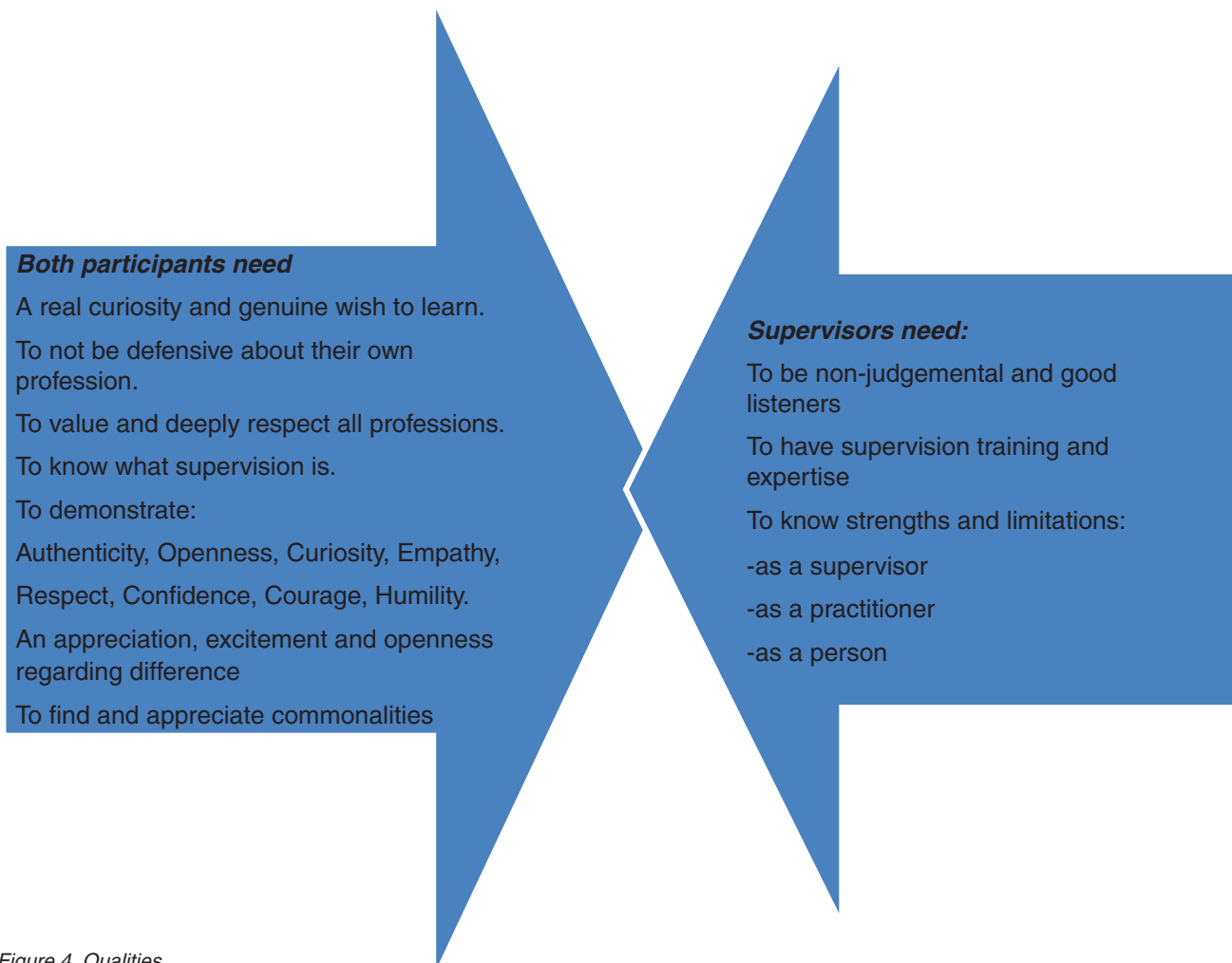


Figure 4. Qualities

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)

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

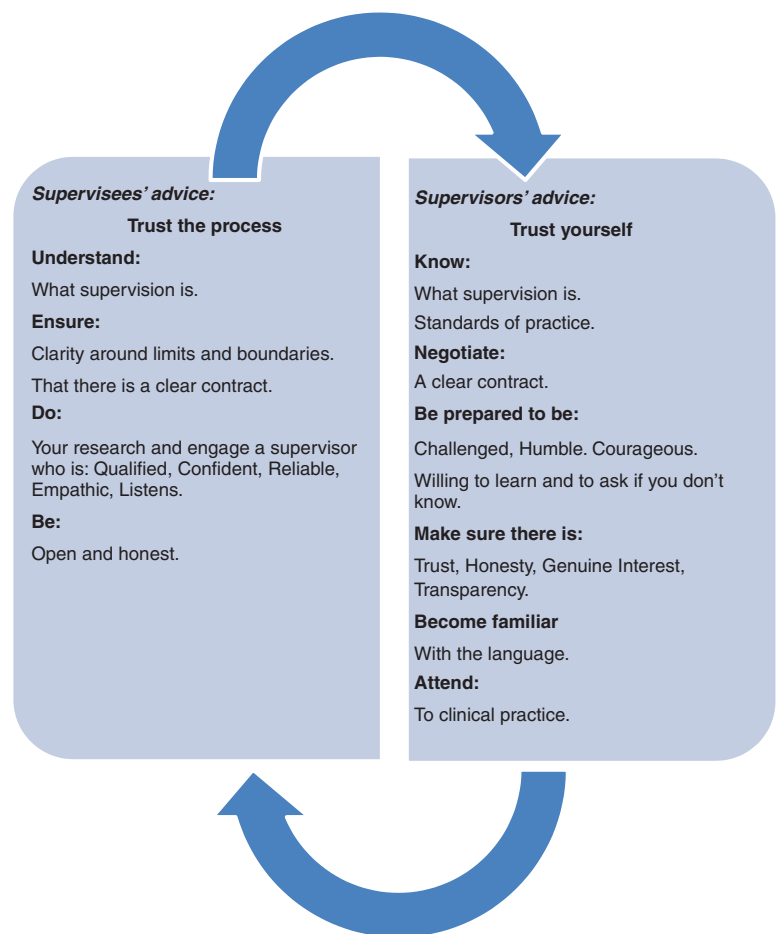


Figure 5. Advice

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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Implementing staff supervision training in a corrections environment

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ABSTRACT

INTRODUCTION: Many human service organisations aim to improve the delivery of supervision to their professional staff. In the Aotearoa New Zealand Department of Corrections, changes led to a project which involved the implementation of in-house supervision and supervision training for programme facilitators. This article describes the project and reports on a subsequent review against a retrospective literature review. The content, methods and evaluations of seven deliveries of the week-long supervision training are then critically reflected on through the lens of the literature, with concluding recommendations.

SEARCH STRATEGY AND DATA: The literature review was defined by the use of key terms to search four databases and a library catalogue, resulting in use of 25 articles. While not set up as a formal research project, data from participant evaluations of eight, week-long supervision training courses were analysed, as were results of a national supervision survey.

FINDINGS: Training content, methods and principles were generally well aligned with what is identified as important in the literature, with a few omissions such as assessment processes of supervisors when in the field. Data from participant evaluations showed strong areas of the training (such as skill development through practices) using the model prescribed. A relatively high level of participant satisfaction was demonstrated in the evaluation material. Specific challenges to staff supervision in the Department of Corrections' context were identified with reference to the literature and are discussed.

CONCLUSIONS: Seven areas of further focus were identified and recommendations are made with reference to the literature.

KEYWORDS: supervision training; supervision; staff supervision; implementation; corrections

Many human service organisations aim to improve the delivery of supervision to their professional staff. In the New Zealand Department of Corrections (DoC), changes led to a reconfiguring of in-house supervision for programme facilitator staff. The article describes this project and reports on a subsequent review and evaluation of the project. A retrospective literature review was completed with a focus on demonstrating a need for supervision training, the identification of existing barriers to supervision and training, and the

perceived benefits. The content, methods and evaluations of eight deliveries of the week-long supervision training are then critically reflected on through the lens of the literature, with concluding recommendations.

Background

Programme facilitators are professional staff members in the Department of Corrections who facilitate motivational and rehabilitative programmes with offenders in correctional facilities (prison) and probation service

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centres (community). The main rehabilitative programmes are based on a variety of psychological and cultural models such as cognitive behavioural therapy, *te whare tapa wha* (Durie, 1998) and others. Since their appointment in 2000, programme facilitators were provided professional supervision by contracted and departmental psychologists. Over the years, the capacity of programmes staff increased and, in July 2013, the supervision training project began, with a rationale of continuing capacity building within the programme delivery team and to create more time for other aspects of psychologists' work.

In late 2013 there were approximately 166 programme facilitators and managers throughout Aotearoa New Zealand within the specific programme delivery team. The comprehensive organisational policy stipulated professional supervision to be between one and two hours per week for a co-facilitator pair, or an individual, with some variation depending on level of challenge and competence as defined by specific practice standards for facilitators. This paper will focus on the supervision training that was developed in July 2013 and the initial rollout of this across the country up to April 2014. The processes and elements of the training will be described and linked to the literature. The literature suggests supervision is dynamic, complex and requires training. Current challenges in multiple countries include an increased focus on business management within the helping professions. The various challenges and perceived benefits of the training will also be identified and discussed in relation to the literature, followed by identification of future focus areas and recommendations as a result of this review.

Supervision training background

The one-week training was developed by two contracted psychologists who had significant experience with the supervision and training of programme facilitators and the therapeutic and motivational

programmes delivered. The author has approximately nine years' experience in the roles of programme facilitator, senior advisor of supervision implementation, supervisor, and line manager for programme facilitators. The seven initial trainers were invited to meet prior to running the courses to go through the training thoroughly with those who created it, in an attempt to promote consistency of approach and implementation. There were an initial five trainings co-facilitated around the country for eligible trainees between August and December 2013.

Eligibility and assessment

Eligibility criteria to be a trainee on the supervision training for supervisors included: (a) having achieved a standard of being fit to practice on two consecutive assessments (this represented between 3.5–4 years of functioning well in the role of programme facilitator); b) having no significant performance issues; c) regional and national approval; and d) that the trainee was interested in becoming a supervisor. This last point is underscored in the literature where being uninterested is identified as a barrier and a risk in relation to unwilling supervisors being more prone to take shortcuts and display behaviours implying a degree of neglect (Giddings, Cleveland, & Smith, 2007).

Assessment of participants was designed to be cumulative throughout the week, starting on day two with skills practices. Trainees were assessed as "ready to supervise" (at beginner level), "further training/development needed" or "not recommended to supervise." The pathway and communication channels post-training for each of the three categories were clarified prior to training commencement. The two trainees assessed as needing further development completed follow-up plans in their regions and became "ready to supervise." One person was assessed as "not recommended to supervise" and the 48 assessed as "ready to supervise"

Table 1. Search Results for Key Terms Used in Literature Review*

Data bases	Key terms used										Total articles used
	professional supervision training	in house supervision training	supervision project	Cognitive Behavioural Supervision	supervision roll out	professional supervision	clinical supervision and roll out	supervision training	professional supervision and facilitator		
Google scholar	49 hits, 4 used	1 hit, 1 used	2030 hits, 1 used	347 hits, 1 book, 1 art used	0 hits	8720 hits, 2 used	567 hits, 1 used	9000 hits	1080 hits, 1 used		12
Taylor & Francis	680 hits	1 hit, used	71 hits, 4 used	25 hits, 2 used	0 hits	1070 hits	0 hits	683 hits	0 hits		7
Social Care online	3921 hits	1 hit	28 hits, 1 used	0 hits	2 hits, 1 used	188 hits, 6 used	2 hits, 1 used	367 hits, 2 used	1417 hits, 2 used (book + article)		12
Oxford Journals online (social services 2000 on)	0 hits	707 hits, 0 used	1977 hits, 2 used	0 hits	0 hits	68 hits, 3 used	0 hits	35 hits, 1 used	8 hits, 0 used		6
Auckland Uni library search	2 hits	0 hits	0 hits	27 hits, 1 used	0 hits	531 hits, 6 used	438 hits, 0 used	267 hits, 5 used	154 hits, 0 used		12
											49

* Some articles were found in multiple sources.

were approximately 30% of the estimated national programmes staff at the time. As the need for supervisors increased, a further four courses were delivered between July 2014 and November 2015, resulting in 33 more trained supervisors, a total of 78 (one person repeated the training after a significant time period).

Search strategy and data

In order to critically review this project and make recommendations for future training programme development, a literature review was retrospectively conducted. Literature specific to the corrections context or implementing supervision training was sparse (five articles from 32 located) so material from other helping professions was used and is referenced in this article. Key terms were used to search four databases and the library catalogue, as outlined in Table 1. Database searches focused on articles from 2000 to the present; however, this was not exclusive when articles or books were deemed particularly relevant. Where the number of hits for a term were 150+ these were sorted by relevance, and the first 20–30 were considered.

Data from participant evaluation forms from eight of the nine, week-long supervision trainings were analysed, as well as results of 73 completed national supervision surveys done approximately six months after the initial implementation began.

Findings

Findings are presented from the participant evaluation data and feedback, and findings from the literature as to the benefits and barriers/challenges to supervision and supervision training, including specific challenges inherent in the DoC context. This evaluation was conducted as an internal process, not as a research study, and the presentation of data here is with the permission of the Department of Corrections.

Quantitative training evaluations

Participants scored trainings on a scale of 1 (most positive) to 5 (least positive) which are displayed in Table 2. The mean and standard deviations for each aspect/statement were calculated over seven trainings. (Note: Evaluations from two training events were either unavailable or were not conducted.)

From these findings, it can be concluded that, overall, stronger aspects of the training from participants' perspectives were: the work done to introduce: practice with and build understanding of the model of supervision; the amount of skills practice and content throughout the training; the perceived effectiveness of the trainers; and the overall perceived usefulness of the training (shown by the readiness to recommend it to others). Areas for further focus within on-going support frameworks are working with ethical dilemmas involved in supervision and the building of feeling of being ready to supervise.

Qualitative participant comments

Within a space provided for written comments, main areas of positive feedback included: appreciation of the supportive and challenging environment; the "in the moment" regular feedback and coaching; the transparency of evaluation processes

and the small group practices (as opposed to practising in front of the whole group); the benefit of line managers and facilitators being able to hear each other's anxieties when on the same training; and appreciation of discussion in the "frequently asked questions" section.

Suggestions for improvements to the training included: more modelling by trainers; more focus on ethical dilemmas; the inclusion of supervising some recorded practice; more focus on the writing of supervision reports and specific models; examples of not-so-good practice and reports; earlier discussion of trainee fears and blocks; pre-written role plays; more small group practice; the common themes in supervision and management of these (e.g., supervisee absenteeism); midway/midweek feedback from trainers; and follow-up training.

Discussion

Benefits of supervision training and supervision

In reviewing the findings of the evaluation of this training programme, it has been useful to go back to the literature to ascertain what has been written and researched about supervision training programmes. Multiple references were made in the literature to a

Table 2. Training Ratings by Trainees

Statement #	Aspects of the training	Mean rating (1-5) and (standard deviation)
1	Trainees believe they are ready to supervise	4.1 (.63)
2	The training content was sufficient	4.5 (.82)
3	There was enough live practice in the training	4.6 (.80)
4	The Seven Eyed Model will be useful	4.8 (.60)
5	I understand the use of the CBT model in supervision	4.5 (.72)
6	The trainers were effective	4.8 (.61)
7	I would recommend the training to others	4.9 (.56)
8	I believe I can act more ethically as a result	4.3 (.84)

Notes: –Two trainees numerical ratings were amended (qualitative comments were incongruent, possibly a misinterpretation of scores).

–Approx. 11% of feedback forms (8 of approx. 70) were absent.

variety of benefits derived from supervision training over a range of occupations including counsellors, mental health nurses, social work field instructors, and in the field of treating trauma. To name a few, benefits included better outcomes from trained practitioners (Bambling, King, Raue, Schweitzer, & Lambert, 2006); for staff, greater job satisfaction, increased knowledge and confidence, reduced feelings of burnout, improved professional solidarity, and other, more personal, development opportunities (Arvidsson, Löfgren, & Fridlund, 2001; Burnard et al., 2003; Edwards et al., 2006; Rice et al., 2007). It is, however, difficult to comment precisely about what specific benefits resulted from the project, due to the fact that it was not initially set up as a research project, so it was without robust methods through which to evaluate the training and subsequent supervision. A national survey was conducted approximately six months after the initial training for new supervisors; however, there are a number of weak areas in relation to this process such as: the survey used was not specific to context, and supervisors and supervisee responses were not differentiated. In addition, variable implementation rates across regions meant that, for some areas, a percentage of supervisees would still be having supervision with existing supervisors (departmental psychologists) whereas other areas would have new supervisors in the role. The survey did not differentiate between these variables, and did not ask participants to identify and explore benefits but, rather, to rate aspects of supervision because the main focus was to find information about how supervision was faring in general across the country.

In spite of these weaknesses, 73 surveys were completed and, from a range of 26 questions, there is some initial insight. Overall the national average score of all questions was 4.22 out of a possible 5 (the scale being 5= best (almost always) and 1= worst (not at all) suggesting that satisfaction levels were generally high.

The five highest-rated responses were topics involving a supervisee being willing to learn; supervision being honest; involving a trusting relationship; being in a mutually agreed setting; and providing support. The range was between 4.63–4.5 out of 5. There is a positive theme of relationship here. The six lowest-rated responses were about having an experienced supervisor; making the most of opportunities; challenging and extending; enabling emotional expression; empowering and energizing; and professional development of the supervisee. The range was between 3.68–3.99 out of 5, suggesting a lack of robust discussion within supervision.

Barriers to supervision training and supervision

Various barriers and challenges to supervision are highlighted in the literature, however, two main themes revolve around the inherent difficulty of empirically measuring effectiveness and results of supervision, and the interplay between supervision and the organisational culture in which supervision is operating (Davys & Beddoe, 2010; O'Donoghue & Tsui, 2013). In the DoC context, the additional challenge of client/offender characteristics is identified.

The challenge of empirical research

Due to the relatively recent and significant increase in supervision practice in human services, international and inter-professional consensus about central aspects of supervision is developing. For example, there is a theme in the literature confirming the need for supervision training and international consensus on this (Milne, Sheikh, Pattison, & Wilkinson 2011; Gognsalvez & Milne, 2010, as cited in Watkins & Wang, 2014). However the complex, dynamic and subjective nature of supervision creates significant challenges in forming a strong empirical evidence base regarding training, the effectiveness of supervision, and outcomes—which is as yet not established. Although there are many examples of research, very few are

methodically robust enough to provide conclusive and causal links around supervision and outcomes (Bennett & Deal, 2012) and there is a lack of reliable, user-friendly tools to measure and research supervision and training (Younge & Campbell, 2013, p. 1).

The organisational cultures

In the helping professions, supervision can be a place where practitioners interface with the organisational culture if supervision is provided internally. As identified by Middleman and Rhodes (1980) “the supervisor-worker relationship is the *key* encounter where the influence of organisational authority and professional identity collide or connect” (p. 52, as cited in Webster, 2006, p. 226). The literature reports the prominence of supervision operating within organisational cultures, symptomatic of the “over-vigilant and bureaucratic” culture with a high focus on tasks, policies and rules, and a low focus on personal relatedness (Hawkins & Shohet, 2012, p. 230). In this type of culture, resourcing can become dependent on efficiencies and performance measures (Egan, 2012) and the complex qualitative processes inherent to supervision can appear time-consuming and unproductive.

Although there were only three articles found specific to staff supervision (probation staff, not programme facilitators) in the DoC context, two recurring topics within the articles are the impact of an organisation’s culture, and the impact of change management upon the work and staff, as seen in supervision. Although articles centred on introducing and engaging probation officers in supervision, there were no articles specific to supervision training. Webster (2006) explored the impact of transactional and transformational leadership styles on organisational culture with regard to DoC. Community Probation underwent significant changes between 1997 and 2002, resulting in a move away from supervision being informed by social

work as a professional base, to being more aligned with practices within the private sector. Within supervision, this creates a range of experiences between engaging with a supervisor who has a transactional style, focused on tasks and policy; or a supervisor with a transformational style, focused on relationship and growth of the individual. This significantly impacts on supervision and, in this context, as Wood and Brown (2014) highlight, the supervisor influences the balance and tension between care and control for individuals, stating that “it is a constant challenge for the organisation to manage anxiety, responsibility and accountability, without becoming controlling, bureaucratic or autocratic” (2014, p. 333).

Specific to the corrections context, Wood and Brown give useful insight into some challenges of working with offenders, whom they describe as a “population who are often severely traumatised, with high levels of childhood adversity, who may have committed acts which have traumatised not just their victims, but also the perpetrators themselves” (2014, p. 330). Given the traits of offender populations and the inherently higher level of organisational attention to risk, the challenge can be further compounded by a risk-averse society. O’Donoghue, Baskerville, and Trlin (1998) explore supervision within the managerial climate of the DoC by analysing interview recordings of 15 probation staff. The inherent need for supervision within the context is highlighted, as well as the existing tension between the focus and value of organisational policies and practices, and the interests of the practitioners directly involved with clients and supervision. Supervision can be a place where the multitude of inherent risks and bonds created can be untangled and better understood to strengthen staff and inform practice.

The vulnerability created by the above challenges and barriers has been eloquently captured by O’Donoghue et al., as they conclude how the foundations of professional

supervision may be compromised when “laid in the shifting sand of expediency and efficiency rather than the sure ground of a service committed to best professional supervision practice” (1998, n.p.).

Core themes from the literature review

The training will now be discussed relative to the information and core themes found in the literature review. It will be divided in to two parts, the first being the content of the training, the second being the ways in which it was designed and delivered. Although most literature discussed is not empirical, and much research is deeply contextual, significant and useful themes emerge from the literature in regard to agreed ways to run supervision training, underlying principles and content topics. Seven topics for further development have then been identified and discussed regarding literature, and four on-going support structures for supervisors have been described.

Content of supervision training

There is consensus by multiple authors in the literature about the importance of topics to include in supervision training (Watkins & Wang (2014, p. 182). Present in the literature and in the training (as can be seen in Figure 1), are the topics of ethics, supervision models, supervisor development, supervisor/supervisee roles and responsibilities, a model of therapist development, diversity, and research in regards to supervision (and programmes). Similarly, practice with agenda and goal setting, time management, assessment of supervisee needs, in situ feedback and prompting were present. Areas identified in the literature, but *not* included in training, were assessment/evaluation in supervision (developed post-training), establishment and maintenance of the supervision alliance, supervisory interventions/strategies, use of recorded practice and modelling by trainers. Whilst working with diversity was discussed, non-oppressive practice was not specifically explored.

The design and delivery of supervision training

There is general agreement in the literature about the way in which supervision training is accomplished: specifically, the importance of congruency between the methodology of the training course, the supervisory process, the aims of supervision, and the underlying principles. This is substantiated by discussion concerning the need for trainers to embody the core values of supervision in the processes of the training (Henderson, 2009, p. 3). Watkins and Wang have called these “supervision convictions”, and advocate for these to be held sacrosanct by trainers and embodied throughout training (2014, p. 177).

The way the training was designed and delivered in the DoC project align well with these aspects of training design and delivery discussed in the literature. Aspects

A brief global history of programmes, criminology, programme integrity and supervision
Implementation FAQs
The functions of supervision
The model of supervision – The Seven Eyed Model (Hawkins & Shohet, 2012)
The Tuakana-Teina concept and the Meihana model (Pitama, Robertson, Cram, Gillies, Huria & Dallas-Katoa, 2007)
Power in supervision
The supervision contract and forms.
The CLEAR model (Hawkins & Shohet, 2012)
Ethical situations and boundaries
Common mistakes
Ongoing support frameworks for supervisors.

Figure 1. Core Training Content

of these will now be described more fully, starting with four areas of intentional parallel process between training and supervision sessions. There is a focus on the four most recent DoC training courses due to the author's higher involvement in co-delivering these.

1. Approach to training. Trainee supervisors were seen as "participants", their skills and experiences were valued as Casemore (2009) promotes, and they were actively encouraged to take responsibility for their learning. Trainers strove to embody the values and spirit of effective supervision by building participant self-efficacy, by giving and receiving feedback, by coaching, and by expressing clear belief in the capacity of participants. Alongside constructive feedback, this expression of belief seemed particularly important due to possible prior deferring to psychologist supervisors and connected feelings of self-doubt, as expressed by participants in some training courses. Exercises such as the competence matrix were used to support self-evaluation and development of the internal supervisor over the week.
2. Transparency and the setting of routines helped create a supportive, yet therapeutically demanding environment. For example: being transparent about the supportive role of the trainers; training evaluation processes; discussing expectations; ensuring regular space for reflections and concerns; daily opening and closing routines; and being responsive to participant needs.
3. Alongside direct teaching of theory, skills practice sessions with pairs or triads were started on day two and continued within each day so as to give participants multiple opportunities to practise skills and build their competence. Equally important, this gave trainers adequate opportunity to observe the participants' practice over the week, to discuss feedback and to "coax expertise" (Waskett, 2009, p. 230). Training by way of ensuring a mix of

experiential learning, alongside theory within trainings is supported by the literature (Casemore, 2009; Hill, 2014, as cited by Milne et al., 2011, p. 63). Explicit timeframes were set for skills practices and focus points identified for feedback from peers.

4. As discussed by Bailey (2009), the design of a training programme and the manner of assessment are inseparable. As described above, skills practices were cumulative, building skills incrementally. As new models were learned, they could be put into practice; as skills and familiarity developed, realistic variables such as co-facilitator supervision were built in and more challenging issues brought to the practice. This had similar benefits to the collaborative and cumulative nature of a "Portfolio approach" (Bailey, 2009) as it allowed a more accurate assessment of a participant, and is congruent with the ongoing nature of the practice and spirit of supervision itself.

Bailey (2009) outlines other elements of training design and implementation that do not readily fit into the structure of a week of full-time training, but are important considerations for future up-skilling. This includes participants providing written feedback to fellow participants after skills practice sessions and written assignments. Elements of this could be implemented in skills development in writing evidence-based feedback in mock supervision reports.

Training was fairly streamlined due to the relative homogeneity of the work of participants and their potential supervisees. For example, all (bar one participant) were highly involved in and/or running, or had been running the DoC therapeutic programmes with offenders. Consequently, there is existing familiarity and use of similar models, theories and practices, as well as (for most) completion of the initial DoC programme facilitator training—all of which created a helpful common ground for supervision training.

Topics for further focus

There are many important topics, and priorities will likely always need to be made due to time and resource constraints. From the literature, feedback, and overall evaluation of the initial week-long courses, seven topics are identified and outlined below which are important for follow-up within future training courses and within the support frameworks discussed further on.

1. **Dual role relationships.** As well as challenges, some studies do suggest benefits of internally provided supervision. Egan (2012), in a study of 675 social workers in managerial settings in Australia found that of the 66% workers who had supervision by their line manager, almost half said that internally provided supervision was the most useful; despite the fact that 50% of workers had had feedback linked to their performance appraisals. This suggests that the potential conflicts inherent in dual role relationships within internal supervision of staff by line managers need not be detrimental to supervision and can have their own strengths. However, multiple dynamic factors are involved which, inherently, create challenges and ethical dilemmas. Power dynamics, strategies, and helpful boundaries were discussed in training, however, throughout the working in the reality of these relationships, ongoing support is vital to maintain competence.
2. **Ethics.** Upholding ethical practice is essential to professional supervision and the dilemmas that arise can be complex and personal. As situations unfold in reality, theoretical understanding is often more challenging to put into practice. Consequently, although ethics was a topic included in the supervision training, it is an area best regularly discussed throughout the working reality of dilemmas that arise so that a grounded competence can be developed.
3. **Anti-oppressive supervision.** Jackson (1988) and Tsui and Ho (1997) outline findings in relation to gender and culture which suggest the "...monocultural Westminster system, within which the Community Probation Service operates, was the dominant organisational context and significantly influenced the participants' understanding of the processes used in professional supervision" (as cited in O'Donoghue et al., 1998, n.p.). This may or may not reflect the current reality several decades later; however, the high level of awareness required to practise in an anti-discriminatory and anti-oppressive manner makes this an important topic to regularly work with.
4. **Using recorded practice.** Using recordings of practice to specifically develop feedback skills, and to gain competence in evaluating future supervisees against measuring frameworks, can build the necessary familiarity and confidence to effectively carry out sensitive supervisory tasks. Likewise, gaining understanding and familiarity of the measurement tool through which supervisors may be assessed. The importance of the use of recorded practice is recognised in a study of supervision amongst Cognitive Behavioural Therapy (CBT) practitioners (Grant, 2009). Weak areas identified included the limited use of recorded practice (5% used these regularly) or live observations (6% used these often).
5. **Organisational challenges.** Three aspects of the organisation feature in consideration of the challenges faced when implementing in-house supervision. These are organisational culture, the client profile and the location of the work in a public service environment.
 - 5.1 *Organisational cultures.* Within the training there was space created to discuss aspects and impacts of

the implementation of in-house supervision. As Clare (2001) identifies, one component of effective supervision is the ability to work through blocks, including potential challenges within the organisation's culture. For example, such challenges can include working through periods of heightened organisational change, or tension between target timeframes and the realities of reflective practice.

5.2 *Client characteristics and management.*

Within the correctional context, the likelihood of increased potential for sub-conscious processes to be triggered and significantly influence the work (the working relationships and the workplace), is recognised by Wood and Brown (2014). By examining the dialogue of probation officers who had taken up the offer of individual supervision, specific areas were identified as being beneficial to discuss, such as how to work through the possible transference and counter-transference processes in play, and how to contain potential harm and still promote client responsibility (Wood & Brown, 2014). Feelings of anxiety stemming from transference and counter-transference and vulnerability around being able to uphold appropriate authority throughout, were amongst those shared in supervision (Wood & Brown, 2014). Logically, other staff working directly with clients in this context are likely to have similar areas to discuss.

5.3 *Public service.* Tension is also created when the organisation is a government department, visible and accountable to the public. Compounding this tension is the emotive aspect of offending, the layperson's understanding of risk, and the media, which all influence perceptions and judgement. Potential impacts to supervision can include a lesser focus on in-depth review of practice and an increased managerial focus (Beddoe, 2010; Davys &

Beddoe, 2010), or a possible unhelpful dependency may be caused by the supervisee's apprehension regarding their role "...being less about the 'right decision' and more about a defensible decision" (Pollack, 2010, p. 1274).

6. **Supervisees.** Integral to effective supervision is a collaborative process which needs two informed and prepared parties rather than one. Morrison (2005) outlines many potential benefits to supervisees, supervisors and therefore to an organisation, of preparing supervisees. Within the project timeframe there were approximately six half-day supervisee courses run around the country. However, clarification of supervisee responsibilities and rights as well as other related topics are important to cover to some degree in initial supervision training, and to regularly re-visit in future supervisor courses, supervisee training and regular on-going support forums.
7. **Supervisor development.** Grant (2009) identifies two systems in the development of cognitive behavioural therapists, relevant to DoC facilitators of CBT-based programmes through the parallels between CBT and Cognitive Behavioural Supervision identified by Kavanagh, Bennett-Levy, and Crow (2002). There is the initial "declarative and procedural systems" which involve knowledge and facts and the novice supervisor mastering cognitive behavioural techniques. Secondly, there is the more advanced "reflective system" where techniques and skills are used sensitively according to the "moment by moment opportunities" involved (Kavanagh et al., 2002, p. 217). Inherent in developing this second system are practice and reflection. A model of supervisor development was discussed in training and is an important area to develop awareness and to actively work through the on-going support structures.

On-going support for supervisors

Research suggests that "...policy and practice statements are directed at how supervision itself can be delivered effectively, rather than addressing the question of how supervisors themselves can be supported and developed" (Milne, 2009, p. 155). Creating a follow-up training attached to the initial training but some time later, is highly recommended. Within the project, various on-going support frameworks were created and implemented to support supervisory practice. These are outlined below and are also forums where the various topics mentioned earlier, can be further explored with the benefit of cumulative experience.

* Monthly Coaching Workshops (three hours each) for all practising supervisors within their region or area. These workshops aim to support ongoing supervisor development and to promote consistency and maintenance of effective supervision. Content naturally varies; however, regular viewing of recorded samples of facilitator (supervisee) practice is intended, to offer the opportunity to compare, discuss and develop consistent and effective supervisory and feedback skills.

* Weekly supervisors' supervision by a psychologist for approximately one hour per week. Within this, the viewing of some recorded practice (of the supervisee's supervisee) is important, to support accurate identification and prioritising of feedback and skill development. This sits alongside encouragement to occasionally bring recordings of supervision sessions to supervisors' supervision to use for learning.

* Supervision champions. This role requires a two- or three-hour commitment per month in each region or area. Tasks include gathering the area's main supervision challenges and achievements and discussing these via a nationally led audiovisual link once a month with other champions, and preparing monthly coaching workshops.

* Bi-annual audits and annual monitoring of supervision (developed post-training).

Basic audits support best practice in terms of keeping any paper work up to date and confidential. Annual monitoring of a random selection of supervision is a window into what happens in supervision and can be used to inform, support and celebrate.

Alongside recommending a second part to the initial training, other beneficial activities recommended are surveying and getting feedback from the regions about how the support structures are working so that any barriers or challenges can be worked through, running regular supervisee training, and creating a structure around the reviewing and updating of the supervision training.

Conclusion

There is significant and repeated recognition in the literature of the complexity and multifaceted nature of skills required of supervisors (Watkins & Wang (2014) which has firmly placed supervisory practice as a profession in its own right. There are substantial developments which identify and validate the complexity of supervision and evidence the need for training. Watkins argues, as cited in Younge and Campbell (2013, p. 2), that "[w]e would never dream of turning untrained therapists loose on needy patients, so why would we turn untrained supervisors loose on untrained therapists who help those needy patients?" (Watkins, 1997, p. 604).

Currently there is a plethora of supervision training offered and numerous benefits have been connected to supervision. Simultaneously there is recognition of the pressures currently placed on supervision connected to a "risk society" where organisations are focused on safety and responses to risk, and where policies encourage regulation, targeted intervention programmes and discourage autonomous decision making (Beddoe, 2010, p. 1280). This "growing dominance of business management approaches in human service organisations" (Hair, 2013, p. 1563) connects to a subsequent demand for supervision to be quantified and measurable. Challenges such as the above, as well those specific to the DoC context, such as

offender characteristics and being in the public service, are significant but also highlight the need for supervision and supervision training.

When viewed through the lens of the literature, the DoC supervision training and implementation for programme facilitators reflects relatively well. Many of the training topics identified in the literature, and the ways in which the training was run, were present and congruent. Overall benefits of the project, as seen by the author, were an increased level of national consistency and familiarity in the approach to supervision, active awareness of the supervision model used, and a strengthened focus on programme integrity. Areas identified as being absent or in need of on-going attention have largely been considered as topics to be supported through the on-going support structures discussed and recommendations made.

However, whilst identification of these areas is initially helpful; following through on maintaining active support structures is another challenge given the multitude of competing organisational demands. This “embedded” nature of supervision means that, as Milne (2009) states, in supervision training it is important to continue to include ways to work through organisational factors that impinge on supervision. Likewise, increased attention to supervisee training is important, especially given that supervision strives to be a co-created trust-filled process; as well as more attention to the supervision of supervisors, this being classified by Milne (2009) as one of the most deficient areas within the profession.

Although the areas for further development within supervision are numerous, interconnected and require time, there is consistent acknowledgement in the literature that supervision is more than the sum of its parts. The creativity of informed yet spontaneous engagement in supervision which is responsive to the multiple nuances of the moment can result in a process where “1+1=3” (Clare, 2001, p. 78) and latent potential is realised, which is a win-win for all involved.

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Evaluating social work supervision

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ABSTRACT

INTRODUCTION: The question of whether the practice of professional supervision is effective, and how its effectiveness can be measured, has been debated by both social work and other professions. This study explored how practitioners, supervisors and managers in Aotearoa New Zealand currently evaluate the supervision they receive, provide and/or resource. The study was interprofessional involving counsellors, mental health nurses, psychologists and social workers. This article focuses on the findings from the social work cohort.

METHODS: Through an on-line Qualtrics survey participants were asked: 1) how they currently evaluated professional/clinical supervision; and 2) how they thought professional/clinical supervision could be evaluated. Data were extracted through the Qualtrics reporting functions and thematic analysis was used to identify themes. A total of 329 participants completed the survey of which 145 (44%) were social workers.

FINDINGS: A majority of the social work participants reported that they evaluated supervision in some form. No culture or policy emerged regarding supervision evaluation, but social workers expressed interest in training and resources to assist evaluation and some saw a supportive and endorsement role for the professional or regulatory bodies. An unexpected finding was reports of unsatisfactory and harmful supervision.

CONCLUSION: Evaluation of supervision is an activity with which social workers engage, but further research is needed to explore how evaluation can be embedded in supervision practice. More critically, a broader audit is required to reconsider the definition and model of social work supervision in Aotearoa New Zealand and the environments within which supervision occurs.

KEYWORDS: supervision; evaluation; safety

A context for supervision and evaluation

Supervision, which has been a key component of social work practice since the early days of the profession (Davys & Beddoe, 2010; Pettes, 1967), has in recent decades become the focus of critique and some concern (O'Donoghue, 2015; Morrison & Wonnacott, 2010). While striving to maintain a practice base of critical analysis, reflection and learning, many social workers, both internationally and in Aotearoa New Zealand, navigate a work environment characterised by efficiencies of staffing and material resources and shaped

by policies of risk management and service targets (Beddoe, 2016; Egan, Maidment, & Connolly, 2015). At this interface of organisational, professional and practice imperatives, it is inevitable that professional supervision would become contested territory as supervisees and supervisors struggle to reconcile supervision as a place of organisational control and/or of reflection and development (Beddoe, 2010; Laming, 2009; O'Donoghue & Tsui, 2013).

Whether supervision is effective per se, has also been a topic for discussion in the supervision literature across many professions (Bernard & Goodyear, 2009;

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Carpenter, Webb, & Bostock, 2013; O'Donoghue & Tsui, 2013; Watkins, 2011; Wheeler & Barkham, 2014). Here scholarly debate wrestles with questions of what should be evaluated in supervision and how that evaluation should take place. The focus of evaluation to date has been largely on the benefits of supervision in three areas: benefits to the supervisees, benefits to the organisation and benefits to the clients. Examining research publications on the effectiveness of supervision of child welfare workers between 2000 and 2012, Carpenter et al. (2013) found benefits to supervisees of "job satisfaction, self-efficacy and [protection against] stress" whilst the organisations benefited through "workload management, case analysis and retention" (p. 1843). Likewise, Watkins (2011) in a review of 30 years of psychotherapy research found that supervisees gained through "enhanced self-awareness, enhanced treatment knowledge, skill acquisition and utilization, enhanced self-efficacy, and strengthening of the supervisee-patient relationship" (p. 236).

Whether supervision is of benefit to clients, however, is more difficult to determine. Carpenter et al. (2013) concluding that: "the evidence for its [supervision's] effects on workers' practice is weak" (p. 1851), whilst Watkins' (2011) earlier review reported that "the drawing of any conclusions about supervision's effects on patient outcome seems premature" (p. 236). Overall, the literature reports a lack of reliable measures by which supervision can be evaluated. The 49 scales and measures identified by Wheeler and Barkham (2014) as designed for this task, are testament to the energy focused on this area, however, the validity of these tools and measures and the research surrounding them has been questioned (Bernard & Goodyear, 2009; Carpenter et al., 2013; O'Donoghue & Tsui, 2013; Watkins, 2011; Wheeler & Barkham, 2014).

More pertinently, it has long been regretted (Grauel, 2002; Milne, 2007) that there is no agreed multi-professional definition of supervision and, as noted above, existing

definitions and practice reflect differing emphases on factors such as risk, compliance, learning, development and support. Falender (2014), a champion of competency based supervision, argues that, before any outcome assessment can take place, preliminary steps need to be taken. "The entire process of supervision is acutely in need of understanding and developing empirical support for its components and impacts" (p. 143). Falender concludes that, "to study outcomes of supervision, the ingredients of effective supervision are essential" (p. 145).

What constitutes effective, or more specifically *inadequate and harmful* supervision, was explored by Ellis et al. (2014). With reference to the required standards for accreditation and licensure and to the "guidelines and standards for clinical supervision" of a number of different professions, Ellis et al. (2014, p. 439) developed a list of "criteria for minimally adequate clinical supervision" across disciplines.

Harmful supervision was considered to include those situations where action, or inaction, on the part of the supervisor was known to cause harm.

In subsequent research, Ellis, Creaner, Hutman, and Timulak (2015) conducted a study of supervisees from a range of professions who worked in either the Republic of Ireland (RI) or the United States (US). In this cross-national study, the professional affiliations of both cohorts, Irish and American, were similar. Three types of supervision were explored inadequate supervision (IS), harmful supervision (HS) and exceptional supervision (ES). These categories were rated by two scores: self-identified (SI) and de facto (DF). SI scores were those reached by the supervisee when considering supervision activity in the light of a definition of IS, HS or ES. DF scores involved a third party, matching aspects of the supervision described against external criteria, some of which derived from professional or legal requirements. An interesting discovery from this research was

that, despite the national differences and the fact that the US group were trainees and the RI group were predominantly post-qualified practitioners, “no differences emerged in the high occurrence rates of IS, HS, and ES between countries” (Ellis et al., 2015, p. 628).

Closer examination of the scores for ES however, revealed a disquieting finding which highlights the subjective and personal elements of evaluation and the complexity of the exercise. Ellis et al. (2015) noted that “more than half of the Republic of Ireland and U.S. supervisees reported receiving [self-identified exceptional supervision] SIES from their current supervisors.” They continue however, observing “that the findings that supervisees reporting SIES were also categorised as currently receiving [de facto inadequate supervision] DFIS (Republic of Ireland: 79%, United States: 70%) and [de facto harmful supervision] DFHS (Republic of Ireland: 40%, United States: 25%) somewhat contradicts this conclusion” (p. 629). These findings, Ellis et al. describe as “substantial discrepancies between supervisees’ perceptions versus more behavioral-based, objective criteria of the inadequate or harmful supervision they received” (2015, p. 629).

The Aotearoa New Zealand study

Whilst there have been studies evaluating supervision in localised settings, for example O’Donoghue (2016) and Rains (2007), to date in Aotearoa New Zealand there have been no comprehensive studies evaluating supervision in any profession. The focus of this present study however, was not to evaluate supervision per se, but rather to explore the ways in which supervision is currently evaluated by those most closely involved: supervisees, supervisors and managers.

The research reported here is an interprofessional study involving four professions: counselling, mental health nursing, psychology and social work. The study was designed to explore and document the current status of supervision evaluation in Aotearoa New Zealand, to

identify issues, concerns and possible gaps and to make appropriate recommendations. Participants were also asked to comment on what they considered to be *ideal* or *best practice*, for the evaluation of supervision.

This article reports and discusses the responses of the social work participants to these questions and considers important issues which were raised.

Methodology

The study employed a sequential design which used a range of methods within a qualitative research methodology. Stage one comprised semi-structured interviews, conducted with 24 experienced practitioners from the four professions, which explored how evaluation of professional supervision was understood and actioned in practice. Following the analysis of the data from these interviews, the findings of which have been reported elsewhere (Davys, O’Connell, May, & Burns, 2017), an online Qualtrics survey was developed (stage two). The design of the survey reflected and incorporated the content and conversations of the stage one interviews. The study has the approval of the Waikato Institute of Technology Human Ethics Committee.

Sample

In November 2015, participants were invited to respond to an online Qualtrics survey regarding their experiences of evaluation of professional/clinical supervision in Aotearoa New Zealand. Invitations were sent electronically through the respective professional network communications and publications. Social workers were alerted to the research through the Aotearoa New Zealand Association of Social Workers (ANZASW) website and e-notices. A total of 329 (N) participants (see Table 1) provided 344 (n) responses, thus indicating that 15 participants were affiliated to more than one of the identified professions. Of this group social workers formed the largest group, comprising 44%.

Table 1. Professions

Profession	N = 329 participants	n=344 listed professional affiliations	
		n	%
Counsellor		51	15.5
Registered Nurse Mental Health		97	29.5
Registered Psychologist		51	15.5
Social Worker registered and non-registered		145	44.1

Data collection and analysis

Data were collected via the Qualtrics online survey where a total of 45 questions were asked. The survey comprised three parts: part one Demographics, part two Current Practice, part three Best Practice (future ideals). Parts one and three were completed by all participants while in part two, managers, supervisees and supervisors answered separate sections according to their role(s).

The results function of the Qualtrics software was used to prepare a report of the responses to all questions in the survey. The data contained in the reports were reviewed independently by the researchers and emergent themes identified. In this thematic analysis (Braun & Clarke, 2006) the themes were compared and agreed by all researchers. Responses were then coded and cross-checked to ensure consistency. Subsequent filters were applied to the data to select the responses specific to each profession. The 145 responses, specific to social work participants, form the basis of this article.

Demographics

In order to understand a range of perspectives, participants were asked to group themselves according to role: supervisee, supervisor and manager. The experience of interviewing the experienced practitioners in phase one had highlighted the fact that many practitioners held more than one role. Participants were accordingly invited to respond to as many roles as were applicable. A total of 145 (N) social work participants provided 206 (n) responses

to this question thus demonstrating that a large number of dual roles were held by the participants. The profile of the social work participants in this research is presented in Table 2.

Table 2. Demographics of Social Work Participants

N = 145		
	N	%
Role		
Manager	14	9.8
Supervisee	120	83.9
Supervisor	72	50.3
Age		
21–30	2	1.4
31–40	16	11.0
41–50	46	31.7
51–60	45	31.0
61–70	33	22.8
70+	3	2.1
Gender		
Female	121	83.4
Male	18	12.4
Not Answered	6	4.1
Ethnicity		
Māori	24	16.7
Pasifika	1	1.7
Asian	4	2.8
Pākehā/New Zealand	98	68.1
Other	25	17.4
Employment area		
Private practice	24	16.6
Primary health	14	9.7
Secondary health	22	15.2
Tertiary health	11	7.6
NGO	39	26.9
Iwi social service	3	2.1
Statutory govt. agency	33	22.8
Education sector	10	6.9
Other	8	5.5

N = 145		
	N	%
Length of time in professional practice		
0–1	2	1.4
2–5	13	9.0
6–10	24	16.6
11–20	48	33.1
21–30	37	25.5
31+	21	14.5
Years of supervision as a supervisee		
1–5	21	14.6
6–10	30	20.8
11–20	46	31.9
21–30	32	22.2
31+	15	10.4
Years of practice as a supervisor		
Adjusted n = 99 (141 – 42)*		
None*	42*	
1–5	35	35.4
6–10	26	26.3
11–20	21	21.2
21–30	13	13.1
31+	4	4.0
Supervision Training and qualification		
Workshop	74	51.8
Formal qualification	61	42.7
None	40	28.0

Findings

The tables and data presented in this section report four sets of social work responses from the survey: supervisors, supervisees, managers (part two) and best practice (part three). *Best practice* responses required participants to indicate what they thought was the ideal practice in relation to the questions asked in part two of the survey. These responses were not separated according to role, and thus reflect an overall social work perspective. Many questions invited participants to select as many responses as applied. With one exception, the organisation of the data in the following tables reflects the order in which the participants were asked to respond in the survey. Table 5, however, which identifies *What is evaluated*, records the responses in descending order according to *best practice* scores.

Type of evaluation

Participants were provided with two definitions of evaluation, outcome and process, and asked what type of evaluation was employed in the supervision with which they were engaged. The following definitions were provided:

Outcome evaluation is concerned with understanding the overall effectiveness or impact of a programme or service.

Process evaluation is concerned with understanding the means or process, by which the programme is being implemented. (Fox, Martin, & Green, 2007, p. 67)

The question allowed five choices of response (see Table 3). The responses of supervisors and managers to this question indicate that evaluation of some sort is occurring in social work supervision, with the supervisors clearly favouring process evaluation, closely followed by a combination of process and outcome. This combination was also reported by 45% of managers and 33% of supervisees. It is interesting that 37.8% of supervisees reported that no evaluation was taking place. The best practice score indicated a clear preference, 92.8%, for combined process and outcome evaluation.

Participants who did not evaluate supervision were asked to comment on why this did not occur. Two managers responded to this question. Neither knew why there was no evaluation, one adding “have not been asked myself.” The 12 responses to this question from the supervisors fell into two categories. A majority of the supervisors, nine, reported that the reason that no evaluation occurred was because there was no expectation or requirement for this from the employer. Some, like the managers, were unsure why this was:

Can't say I know – this has never been discussed with me by my employer and I haven't raised this with my manager.

Table 3. Type of Evaluation

SOCIAL WORK RESPONSES	Supervisors		Supervisees		Manager		Best Practice	
	N =74	n=82	N=127	n=132	N=11	n=11	N=126	n=131
<i>Type of evaluation</i>	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>
Outcome evaluation	4	5.4	5	4.0	0		2	1.6
Process evaluation	29	39.0	33	10.2	2	18.2	8	6.3
Both outcome and process	28	37.8	42	33.0	5	45.5	117	92.8
Other	8	10.8	4	3.1	2	18.2	4	3.2
None	13	17.5	48	37.8	2	18.2	0	

Others saw it as a reflection of the way in which supervision was understood and valued by their organisation:

Because there's no form of measurement or protocols requested by management to monitor effectiveness. Attending supervision is a requirement, whether it works or not doesn't seem to matter.

One supervisor reflected on the difficulty of maintaining confidentiality and managing the power dynamic:

I expect that's because it's considered confidential, and to evaluate my process might require an evaluator to know the content. ... I ask for verbal feedback from supervisees, but because of the inherent power dynamic, it could be difficult for most to say if there's anything that they don't like.

Forty supervisees provided reasons why their supervision was not evaluated. As with the supervisor group, over 50% of supervisees reported that they had never been asked to evaluate supervision; it was not a requirement and/or that they did not know why it was not evaluated. The supervisees also commented on the lack of value placed by some organisations on supervision and a focus on performance indicators:

The organisation appears not to know what clinical supervision is, and to hold little value for [it]. There is a focus on administrative supervision to ensure KPI

achieved, supervisors mostly untrained, do not understand or provide clinical supervision, therefore appear to see no reason to evaluate what they do provide, or its impact on practice.

For others there was a belief that evaluation was pointless as no change would occur:

Sometimes I give verbal feedback about how the process is for me, but most supervisors are fixed in their own patterns, so you just make the most of it really.

And:

I just get told what to do and how to do it and questioned why something hasn't been done. What I think isn't granted any importance.

And:

There is no evaluation because of the culture within our agency. Social workers' reflections about anything in-house are stifled. If shared, the social worker is unpopular and usually doesn't stay long.

Frequency

Evaluation was reported as most commonly occurring annually, and 41% of participants saw this as best practice. A number of supervisors (36.7%) and supervisees (27%) reported evaluating on a session-by-session basis and 27% supervisees also evaluated

supervision at their performance review. Of the managers, 27% did not know how often supervision was evaluated.

Method of evaluation

The responses to the question of how supervision was evaluated suggest that more than one method is used. By far the most common current method of evaluation (see Table 4) was an informal discussion between supervisor and supervisee (74.6% supervisors; 75.6% supervisees; 30.0% managers), followed by evaluation at time of the review of the supervision contract (67.8% supervisors; 43.6% supervisees; 50% managers) while 47.5% of supervisors, 39.7% of supervisees and 10% of managers reported that focused feedback occurred between supervisee and supervisor. Evaluation happening in three-way conversations between the supervisee, the supervisor and the manager were reported by 20% of managers and 18.6% of supervisors but this was the experience of only 6.4% of the supervisees.

Best practice scores indicated preferences for focused feedback between supervisee and supervisor (75.8%), at the time of contract review (71%), informal discussion between supervisor and supervisee (59.4%) and documented review (57.8%). There was some, but less clear, support for more

formal types of evaluation: 46.9% indicating preference for a questionnaire; 39% for a rating scale; and finally 36.7% for a checklist to guide evaluation.

What is evaluated in supervision?

Participants were provided with a list of possible areas for evaluation in supervision and asked to identify what they currently evaluate (see Table 5). A similar list was used to indicate *best practice*. The top best practice score (90%), was in relation to evaluating the impact of supervision on the supervisee's practice. Over current evaluation, supervisors and supervisees were in agreement that *whether reflection is occurring in supervision* was the most frequent focus of evaluation.

Interestingly, cultural considerations were amongst the lowest scores for all groups, including best practice. When later asked *what cultural considerations need to be embedded in any evaluation of supervision*, participants however, had clear recommendations. A majority of the comments focused on the importance of evaluating whether cultural needs, in the broadest sense, were being met. Culture and difference, they noted, should be acknowledged, respected and part of the supervision conversation. Where necessary, it was also important for external resources to be available:

Table 4. Methods of Evaluation

	Supervisor N=59 n=177		Supervisee N=78 n=159		Manager N=10 n=15		Best practice N=128 n=542	
	n	%	n	%	n	%	n	%
Rating scale	8	13.6	4	5.1	0		50	39
Questionnaire	11	18.6	5	6.4	0		60	46.9
Checklist	8	13.6	5	6.4	2	20	47	36.7
Documented review	23	39	12	15.4	0		74	57.8
Focused feedback (sup'or and sup'ee)	28	47.5	31	39.7	1	10	97	75.8
Informal discussion (sup'or and sup'ee)	44	74.6	59	75.6	3	30	76	59.4
Three way conversation (sup'or, sup'ee and manager)	11	18.6	5	6.4	2	20	39	30.5
Contract review	40	67.8	34	43.6	5	50	91	71
Other	4	6.8	4	5.1	2	20	8	6.3

How is difference identified, discussed and addressed within the supervision relationship. Recognition that cross-cultural supervisor relationships may need to be augmented with cultural support/supervision for the practitioner and supervisor.

The supervisees' safety and competence to practice were also important:

The ability of supervision to assist in the development of a supervisee who can effectively work cross-culturally.

Who gets the information?

When asked who had access to the evaluation information in Table 6, 86.4% of supervisors, 83.6% of supervisees and 54% of managers groups said that it was kept within the supervision relationship. Somewhat confusingly however, and in contradiction, 30.5% of supervisors also said that the supervisee's manager had access to this information. The *best practice* score overwhelmingly supported the information being kept in the supervision relationship (92.9%) but again, confusingly,

Table 5. What is Evaluated?

	Supervisor N=59 n=760		Supervisee N=78 n=739		Manager N=11 n=78		Best Practice N=128 n=1898	
	n	%	n	%	n	%	n	%
Impact on supervisee's practice	39	66.1	54	69.2	3	27.3	115	89.8-0
That reflection occurs	53	89.8	57	73.1	4	36.4	114	89.1
Whether supervisee goals are being met	48	81.4	45	57.7	4	36.4	110	85.9
Supervision relationship	46	78.0	46	59.0	5	45.5	109	85.2
Impact on supervisee's professional development	40	67.8	43	55.1	4	36.4	109	85.2
Level of support	46	78.0	46	59.0	4	36.4	106	82.8
Ethical considerations	41	69.5	40	51.3	3	27.3	105	82.0
Level of challenge	40	67.8	38	48.7	3	27.3	102	79.7
How learning is achieved	34	57.6	34	43.6	5	45.5	102	79.7
Supervisor's facilitation of skills	39	66.1	33	42.3	4	36.4	100	78.1
Supervisee's use	43	72.9	49	62.8	5	45.5	99	77.3
Risk management	39	66.1	35	44.9	3	27.3	99	77.3
Whether supervision fulfils professional requirements for supervisees	38	64.4	34	43.6	4	36.4	98	76.6
Supervisee's competence to practice	36	61.0	35	44.9	3	27.3	98	76.6
Supervision process	38	64.4	35	44.9	5	45.5	94	73.4
Cultural considerations of the supervisee's practice	32	54.2	27	34.6	3	27.3	91	71.1
Supervisee's attendance	38	64.4	30	38.5	5	45.5	90	70.3
Themes and content	33	55.9	39	50.0	3	27.3	75	58.6
Cultural identity of the supervisee	31	52.5	14	17.9	3	27.3	74	57.8
Other	5	8.5	3	3.8	2	18.2	7	5.5
None of the above	0	0.0	1	1.3	0	0.0	1	0.8
Don't know	1	1.7	1	1.3	3	27.3	0	0.0

Table 6. Who Gets the Information?

	Supervisor N=59 n=84		Supervisee N=73 n=84		Manager N=11 n=14		Best Practice N=127 n=244	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Supervisor's manager	2	3.4	4	5.5	1	9.1	45	35.4
Supervisee's manager	18	30.5	14	19.2	1	9.1	56	44
Kept in supervision relationship	51	86.4	61	83.6	6	54.5	118	92.9
Other	13	22	5	6.8	4	36.4	25	19.7
Don't know					2	18.2		

the next highest score (44%) suggested the information should also be available to the supervisee's manager. It is, however, possible that an explanation for the confusion noted above is that it refers to situations where the supervisor holds a dual role and so is both the supervisee's supervisor and manager.

Reason for current evaluation

The opportunity to enhance the supervision relationship through mutual giving and receiving of feedback was the primary motivation given for the current practice of evaluation by both supervisees (64%) and managers (80%). Supervisors (88%), on the other hand, said they evaluated supervision because it was good practice to do so and because they wanted feedback on the supervision they provided (83%). Providing feedback to the supervisee was less important to all groups but nevertheless was rated in the top four reasons.

What would help?

When asked what might assist in the evaluation of supervision, 70 social workers responded and there was evident interest in accessing a process and/or structure for evaluation. Over half of the participants indicated that they would, or could, benefit from: training or a guide to an evaluation process; a checklist; rating scale; or a formalised outcome measure or tool. The need for evaluation to be a topic of discussion, embedded in the supervision process and/or addressed

at an organisational policy level, was also identified. Several social workers saw a key role for the ANZASW and/or the Social Worker's Registration Board (SWRB).

It would be good if this were in some form of policy by ANZASW or SWRB with a variety of tools that could be used. This would ensure organisations have to support/enforce this process; highlight the value of clinical supervision as safe and ethical best practice; and ensure that supervision is a valuable process for those engaged in the process. It would help to provide a guideline to measure effectiveness of supervision rather than supervisees experiencing poor supervisory relationships/process and for supervisors having difficulty with engagement from supervisees.

Other comments

At the end of the survey, participants were invited to add any further comments which they wished to make. A range of themes were covered in the 53 responses received. Some expressed appreciation of the research which had prompted a rethinking of evaluation in practice:

A very thought-provoking survey, thank you, I will reconsider my evaluation tools.

Participation in this research has made me aware of the importance of formal evaluation in supervision!!!!

Others affirmed the importance of evaluation as a means for motivating growth and development for supervisors and of ensuring that supervision was meeting supervisee needs.

I think regular evaluation would be a good idea, as it would inspire supervisors to do continuing professional development and make sure that they're meeting the needs of the supervisee, rather than going by rote and collecting a cheque. Also, it could help managers know if there was a mismatch between supervisor and supervisee and supervisees could be encouraged to change supervisors and get someone who better suits their needs. For supervisors, it could be a [challenge] to continually grow and improve.

Suggestions were offered with regard to evaluation:

I wonder if there would be value in having practitioners' supervisors also listed [on publicly available registration lists]. This would empower the public and also help ensure that practitioners maintained supervisory relationships as required via registration.

Of particular concern however were comments which reported bad supervision experiences. Supervisees commented that individual requests and initiatives to meet their needs had been blocked:

I asked for outside clinical supervision at my cost and in my time. My supervisor apparently doesn't feel comfortable with this and said no.

I have tried to address my supervisor's behaviour with management six months ago and felt my concerns were minimised. I was not given an option to change supervisors and have been told that I am not allowed to have an external supervisor (my supervisor is my team leader.)

Supervisees reported that they felt unsafe both within the relationship and within the work environment. In these situations, supervisees said that their fear of the consequences to themselves, and sometimes their supervisor, prevented them from providing honest feedback:

Even if I had the opportunity to evaluate supervision, I would be concerned about how that information would be used by my team leader and/or manager ... many of my colleagues also have similar feelings, however also fear repercussions if they speak out.

As I am required to attend supervision, I have no other choice than to attend once a month, and say as little as possible in order to keep myself safe.

I would like a more supportive work environment within management. I currently do not feel safe to disclose the poor supervision I am receiving.

....the supervisors get hauled over the coals by managers if cases go bad, or time frames are not met. This stressor/pressure to work faster, work efficiently is passed on to the supervisee by their supervisor. When the supervisee is overwhelmed with cases, they may get behind in visits, recording and reporting. The more the supervisee "fails" the more pressure the supervisor places on them. It is a very top down approach.

Of greater concern were reports by supervisees that they had been bullied:

My supervisor regularly bullies me, and I do not know where I stand with her. She is inconsistent in her supervision approach, and I often leave supervision feeling confused and vulnerable.

I attend supervision with my team leader out of requirement, not by choice. I actually dread it. I find it both patronising and sometimes punitive.

Discussion

The findings presented in this article, collected from 145 social work participants, have provided a snapshot of how evaluation of supervision is experienced and practised within the social work profession in Aotearoa New Zealand. Although there was, at times, agreement between the three groups (supervisees, supervisors and managers) about the practice of evaluation, differences were also evident. It is important to note that it is not possible to determine if any of the participants were in supervision partnerships together. All responses have therefore been considered as relating to separate and independent supervision relationships and experiences.

Overall, the findings indicated that social workers do evaluate supervision to some degree but there was no evidence of a culture of evaluation of supervision nor of any organised approach. Only three social work participants named specific evaluation tools for supervision but did not name any developed specifically for social work. Interestingly, although over 80% of supervisors and managers described some form of evaluation, evaluation was reported by only 65% of supervisees. Whilst many social workers appeared content with their current method of evaluation, 70 social workers (48%) contributed suggestions regarding ways in which this could be assisted. These suggestions, which included requests for specific resources and training, also favoured a systematic approach and identified a co-ordinating role from an external body such as the ANZASW or SWRB.

Evaluation of supervision was not on the agenda for some participants and the common reasons given by these 63 social workers was that it was *not required* or *had not been suggested*. It is unclear whether these responses, which convey a degree of passivity, reflect personal views of the status of supervision or a lack of agency and autonomy experienced by the supervision

participants. Participants in this survey not only provided detail about how supervision was evaluated, but also offered an account of their supervision experiences. This unexpected and unsolicited information comprised two types of response. The first recorded expressions of appreciation of existing supervision arrangements, supervision relationships and current modes of evaluation.

Of concern, however, was the second group of responses. Here both supervisors and supervisees described organisational cultures where supervision was not valued nor, at times, understood. Consistent with other reports (Beddoe, 2010; O'Donoghue, 2015) supervision was described as a process for control where compliance with management priorities and work targets shaped supervision agendas and relationships. Participants noted that professional, regulatory and other policy requirements ensured that supervision took place, but the actual quality of supervision was considered irrelevant and supervisees believed that their needs were regarded as unimportant. Sometimes the organisational culture itself was described as toxic and a failure to meet work targets was seen to have negative consequences for both supervisors and supervisees. Threads of cynicism, resignation and distrust were scattered throughout these responses and at least three accounts of bullying were reported. The importance of safety within supervision relationships has been emphasised in other studies (Beddoe, 2010; O'Donoghue, Munford, & Trlin, 2006) and lack of safety is a component of Ellis et al.'s (2014) inadequate and harmful supervision.

Whilst it is important to acknowledge that the participants' comments reflect only one side of the relationship, this does not minimise the distress expressed in these statements. In the workplaces described above, any evaluation can be risky. This is compounded when the supervisor is also the team leader or line manager.

Supervisees reported accessing and paying for external supervision to avoid toxic in-house supervision while others said that they were blocked from this option and choice of supervisor was denied to others.

How to address situations such as those described is difficult. It is evident from these reports that feedback and discussion within the supervision relationship is not an option. Nor does it appear that appeal to higher management would be either productive or safe for many of these supervisees. External independent evaluation is a possibility, but who would oversee it, where would the information go and what authority and status would such evaluation have? Social work's tradition of in-house, line-management supervision where social workers have limited choice of supervisor, further compounds evaluation, at times seeding confusion between *evaluation of supervision* with *evaluation of the supervisee*. For evaluation of supervision to be useful and effective, rather than another process of tick-box compliance, the social work profession needs to address some of the underlying attitudes, practice and organisational cultures which impact on supervision.

In 2005, O'Donoghue, Munford, and Trlin reported the results of the first national survey of social work supervision. While not expressly evaluating supervision, O'Donoghue et al., found that, "on average the participants felt that their supervision was very good" (p. 57). Acknowledging that this was a positive finding, O'Donoghue, et al. however, draw attention to the 22.4% of supervisees and 20.8% of supervisors "for whom the standard of supervision was below average and for whom its place in terms of professional accountability was less than satisfactory" (p. 57). The comments included in this present study suggest that little has changed for some social workers over the past 10 years and raises the question of whether it is time for social work in Aotearoa New Zealand to undertake a further and comprehensive audit of

supervision. From a database of 1,254 full-members of ANZASW, O'Donoghue et al. (2005) distributed 417 questionnaires of which 209 were returned. This present survey gathered the views of 145 social workers, a small percentage (approximately 4.2%) of the estimated 3420 members on the ANZASW database (ANZASW, 2016) who were invited to participate in November 2015. Significant questions nevertheless arise: what are the current patterns of supervision for social workers in Aotearoa New Zealand?; how prevalent are the situations described earlier? and are the working models of social work supervision adequate and effective?

Are we seeing an insubstantial issue or the tip of an iceberg? Whilst the literature would indicate that professional practitioners, including social workers, experience a range of good and bad supervision throughout their professional careers (Beddoe, 2017; Ladany, Mori, & Mehr, 2013), others would suggest that harmful and inadequate supervision "is neither an isolated nor rare incident" (McNamara, Kangos, Corp, Ellis, & Taylor, 2017, p. 124). In a recent special issue of *The Clinical Supervisor* (36(1), 2017), dedicated to inadequate and harmful supervision, the contributors "have endeavored to expose the unacknowledged truth of harmful clinical supervision" (McNamara et al., 2017, p. 124) and express their hope that raised awareness of this issue, both "internationally and across disciplines," will "serve as a starting point for stimulating further conversation, action and change" (p. 124). Ellis (2017), in the same publication provides a helpful framework which details the expected standards for *minimally adequate* supervision and the rights and responsibilities of both parties, supervisor and supervisee. Such a framework is well positioned to be the foundation of *further conversation, action, and change* for the Aotearoa New Zealand context.

O'Donoghue (2015), considering the issues and challenges of social work supervision in

the twenty-first century, also advocates for review. Whilst recommending a mapping of supervision practice and an evaluation of “the effectiveness of supervision in relation to client, worker, agency and professional outcomes,” he proposes a revisiting of “the definition, theory, practice and research evidence pertaining to social work supervision” (p. 146).

Is it time for social work to confront the issue and finally separate the organisational from the professional in supervision? To uncouple managerial from educative and supportive supervision, as suggested by Payne (1994) over 20 years ago, and to explore the long-promoted portfolio model of supervision (Beddoe & Davys, 2016; Garrett & Barretta-Herman, 1995)? This model, as O’Donoghue (2015) notes: “marks a change from supervision occurring solely within an organization by a hierarchical line supervisor, to a mixed provision involving both organizational and professional supervisors” (p. 143).

Limitations

The limitation of this study is that it reports the views and practice of a small sample of social workers in Aotearoa New Zealand and, as such, is merely a glimpse of current supervision practice and evaluation. The views of 95% of social workers who are members of ANZASW have not been heard. The reasons for this lack of response are a matter for conjecture but could include such factors as disinterest in supervision, lack of knowledge about supervision and evaluation, and the all competing pressures from workload and work stress. Further, a majority of the participants, 75%, who completed the survey had some form of supervision training. This, in turn, raises the possibility of sample bias. By reflecting the views of social workers who already have an interest in, and knowledge of, supervision practice, the research may have gathered an informed critique of social work supervision practice but may not have

recorded the views of those less engaged with supervision.

Also, in an attempt to capture a broad understanding of evaluation in supervision from a range of perspectives, managers, supervisors and supervisees were invited to participate. Through appreciation of the possible multiple roles which individuals held, they were encouraged to respond from whichever combination of roles was relevant. Similarly, many questions invited participants to check as many options as were applicable. While this provided rich data, it also possibly obscured clear trends and responses to some questions.

Conclusion

This research has provided a window into the practice of supervision for social workers in Aotearoa New Zealand. The shape of current evaluation of supervision was identified for this group of social workers and a profile of best evaluation practice was described. For many participants the survey raised awareness and provided ideas for change. Education, resourcing and guidelines were identified as useful means by which evaluation could be supported and enhanced. Other responses however, report inadequate and harmful supervision which fails to address the professional needs of those social workers and where social workers struggle within toxic organisational cultures and abusive relationships.

Existing social work models of supervision have been described as outdated (O’Donoghue, 2015) and this article not only calls for further research into the evaluation of social work supervision, but also supports the call for a comprehensive audit and review of supervision practice. To ensure a model which is responsive to the complexities of the social work task, the organisational contexts and the needs of social workers themselves, the boundaries of social work supervision in Aotearoa New Zealand need to be determined and defined.

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What do you mean, I'm "resilient"?

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This viewpoint explores the concept of "resilience" and the divergent uses of this term by those experiencing adversity, and by those observing and responding to the adversity of others.

The following narrative emerged from a Facebook and subsequent email discussion that the authors shared concerning resilience in the face of disasters. Carole has an academic interest in social work's role in disasters while Luis can talk authoritatively from his first-hand experience of the Canterbury earthquakes in Aotearoa New Zealand in 2010–2011. We think our reflections about the use of the concept can be applied equally well to organisational change; to family and community adversity in the face of addiction; to poverty, mental health, and domestic violence; or to forced trans-national relocation. The rationale for joining forces in writing this viewpoint was to add our weight to the debate over what is meant when someone is called "resilient" and, by straddling both academic and personal knowledges, to bridge any perceived gap between the academy and others in the social work use of the resilience concept.

Our shared position is that the resilience experienced by a person experiencing adversity such as the impact and aftermath of a disaster has a personal and unique meaning that inevitably undergoes a process of translation when external systems and structures are engaged, and that an uncritical use of the term can result in its use for political agendas contrary to social work values. This uncritical interpretation of resilience, strengths, vulnerabilities and needs by others runs the risk of contributing, in Paul Michael Garrett's words, to "the solidifying of the neo-liberal hegemonic order" (Garrett, 2016, p. 1912), whereby a

seemingly common-sense set of assumptions about resilience and what people need will prescribe and delineate particular interventions (perhaps individualising need), and may under-emphasise the validity of other strategies that have a wider, social justice focus.

This viewpoint began its life in one of those late-night exchanges on Facebook. We had never met in person (and still have not) but we were both reacting, from our different social work perspectives, to an uncritical application of the resilience term to human experience and to social work activity. Luis' original posting had been that, in his personal experience, calling someone resilient felt like an act of oppression, a focus on personal rather than community adversity and recovery. We started an email discussion about how we as social workers should unpack, challenge and reclaim what we mean by resilience so as to resist its capture by forces that individualise the concept and minimise human rights and the need for social change. We decided to develop our musings further by combining our academic and experiential viewpoints into a critical commentary on the concept of resilience.

We begin with Luis' emailed observation that:

Resilience is such an easy word to say and over-used by people who have never experienced a large earthquake. The moment they strike, your world is never the same. When I hear the media or people say that "Cantabrians are so resilient" or "Kiwis, what a resilient bunch", I just think, thank you for making me feel like a failure because I do not feel resilient, I do not feel I have the ability to bounce back and I do not feel that I have recovered to pre-September

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2010, when the world was “whole”. From the 4th of September 2010 to January 2013 there have been 11,000 tremors in Christchurch, I stopped monitoring the numbers a long time ago. Every earthquake and aftershock chips away at your foundations.

Carole’s initial response was that the concept of resilience is both fluid and evolving: the works of Bottrell (2009), and Ungar (2004, 2008), for instance, chart its evolution from the 1970s’ and 1980s’ individualised personality descriptions of people able to bounce back from adversity, to a more systems-informed, nuanced and post-modern recognition that there are multiple predictors of positive outcome and so many different processes that will shape any recovery (Bonanno, Westphal, & Mancini, 2011; Norris, Tracy, & Galea, 2009). We know from disaster research, for instance, that recovery two days after a major ‘quake looks a whole lot different than it does six years later (Adamson, 2014; Gibbs et al., 2013) and yet, as Luis forcefully reminds us, assessment of someone’s resilience after disaster is not something made visible by models of recovery, but by the unique circumstances and meaning of those engaged in it. The experts here are the people who have experienced the disaster, and who need to retain ownership of how resilient they actually feel:

The moment earthquakes strike, your world is never the same. As a parent my main role is to protect my children, to keep them safe from all harm and give them the best fighting chance to live a long and fruitful life, but when the monster hits – as it has all too frequently—the thought that you can protect your children disappears. There is absolutely nothing you can do to stop the earth shaking and at that point my children and I totally understand that “all bets are off”, I will do my best but there is nothing Dad can do to stop this. I am no longer superman to my children, the role of protector now has caveats. Caveats that expose the reality of what is happening, you are no longer fully in control.

This was a salutary reminder for Carole that, sometimes, things just *are* overwhelming, and that the day-to-day reality of living a resilient life can be turbulent, incredibly nuanced and resistant to any absolute assessment of a person’s level of coping. In a moment of social media serendipity linking earthquakes (the Kaikoura earthquake in Aotearoa New Zealand had just struck) and Trump’s presidential victory in the United States, Aotearoa New Zealand cartoonist Toby Morris highlighted for us, on the same day as our conversation began, both the vulnerabilities, small acts of defiance and life-affirming actions that contribute to our understanding of resilience and vulnerability (<http://www.radionz.co.nz/news/on-the-inside/318251/helplessness-and-hope-in-the-face-of-impossible-forces>). Luis reflected on the expectation that “bouncing back” after disaster is what you do, and that being called resilient somehow prevents acknowledgement of vulnerability:

But don’t ever admit it, you need to stay strong and staunch, do not show any sign of weakness. You quickly learn to build layers between you and the outside world to hide behind, by the end of it you are not quite sure what the original person looked like. No crying and no panic attacks, never mind the constant tension you feel inside. Remember, this is the country that produces the almighty All Blacks.

He then reflected that assumptions of resilience—labelling someone as a survivor—are sometimes constructed by others as explanations for not intervening, for assuming a hands-off non-involvement by the state, for not supporting policies and providing resources that will mitigate the impact of disasters, be they seismological or social. Luis reflected on the long-term impact of the earthquakes:

But if you look closely enough at society you can see the very fabric of it fraying, the relationship breakdowns, the short temperedness, the increase in mental

health cases, the domestic abuse, the alcohol and drug abuse and the increase in children having troubles at school.

He asks:

How then do you make sense of the Government's funding cuts to mental health services? If the Government is cutting funding to the very sector that can help then I must be making it up. "There must be fewer people in Christchurch being affected, there are obviously others who are needier than I am, harden up, be more resilient, do not show any signs of weakness. There are others more deserving of those precious resources."

Our conversation reaffirmed for us (personally and academically) that the experience of resilience is not just about impact and recovery, but that, over time, it becomes about how well we are equipped—or how our communities equip us—with the means of recovery. A challenge to ourselves and our colleagues is, as Diprose (2015) suggests, to be aware of/sensitive to the degree to which an uncritical adoption of the term resilience implies resignation to draining conditions, resignation to disadvantage rather than resistance to inequities. An over-emphasis, assumption of, and reliance on, individual strengths may overshadow the social and structural inequalities that initiate and perpetuate the experience of stress (Bottrell, 2009; Garrett, 2016; Thoits, 2010). Our gut feeling from our own email exchange reinforces current social work perspectives on the resilience concept: that a focus on strengths and resilience by policy makers and funders of services can detach us from an analysis of social inequality and the fundamental causes of those disparities. Garrett (2016) further reminds us, as Luis observed, that notions of resilience can be normative and value-laden, reinforcing (for example) the Aotearoa New Zealand sense of pride in self-sufficiency and number 8 wire whilst de-emphasising the erosion of resilience through poverty and other intersections of health, gender, culture and disability.

So what is our social work comprehension of resilience and how can we turn this into an act of resistance? We know the global definition of social work provides us with a dual mandate to focus on the wellbeing of individuals, whānau and communities with whom we engage, and to address social and economic inequities at systemic and structural levels (International Federation of Social Workers/International Association of Schools of Social Work, 2014). As social workers, we have a commitment to promote prevention and early intervention, to not always be working in crisis mode (Aotearoa New Zealand Association of Social Workers, 2007). We understand, for instance, the social determinants of health, and the challenges to a holistic comprehension of wellbeing from expedient alliances between scientific thinking and political agendas (Beddoe & Joy, 2017; Healy, 2015). Our bi-focal lens enables us to embrace research literature from social work and allied disciplines that re-balance a focus from "just" trauma and individual coping, towards an appreciation of complex, intersecting influences that include the causes of the adversities as well as their impact (Bonanno et al., 2011; Bottrell, 2009; Diprose, 2015).

Aotearoa New Zealand social work research points to resilience formed out of a multiplicity of individual, relational *and* contextual factors that contribute to an outcome not solely dependent on gumption and personal characteristics. From research with experienced social workers and practice learning supervisors (Adamson, Beddoe, & Davys, 2012), a matrix of factors contributing to our own practitioner resilience was identified, reinforcing international research that, in order to define and work with a robust understanding of resilience, it is important to recognise the interaction of factors within our environment: it is as much about power at community and national levels as it is about individual strengths and vulnerabilities. The Canterbury earthquakes also yielded evidence that strengthens arguments for community and cultural

understandings of resilience (Dionesio & Pawson, 2016; Rawson, 2016; Thornley, Ball, Signal, Lawson-Te Aho, & Rawson, 2015).

In our view, therefore, a social work understanding of resilience is underpinned by our professional values and commitment to a just society, informed by both honouring individual narratives and by wise application of academic research. Any working social work definition of resilience requires a dual focus of honouring individual experience and of addressing systemic and structural factors that create and perpetuate vulnerability.

Our viewpoint here concludes with our call to think twice when using resilience to describe the experience of people responding to stressors, be they seismic, political, interpersonal, social or cultural. Resilience, as Luis suggests, is not something to be read entirely from outside of a person's own experience or context. Nor is it, as Garrett (2016) argues, a term that should be used uncritically in political agendas that seek to minimise structural disadvantage. Our acknowledgement here of both personal experience and solid research suggests that it is not a "one size fits all" term, nor a condition that, once achieved, endures for ever. If, as Diprose (2015) suggests, we view resilience as potentially a reactive term which (unlike Luis' voice of personal experience) ignores indignation, frustration and rage, we leave the burden of risk on those experiencing the disadvantage and ignore the opportunity to turn surviving into thriving. Furthermore, using the term unadvisedly can, in our view, perpetuate the agendas of those for whom the word resilience is actually a weapon of silencing and oppression.

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Zooming in: Social work supervisors using online supervision

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A group of geographically dispersed social work practitioners who provide professional supervision responded to an invitation put out through the Aotearoa New Zealand Association of Social Workers (ANZASW) networks to be part of an online group in late 2015. Seven members committed to meeting for one hour every eight weeks using the online meeting platform, Zoom™. This viewpoint provides an opportunity to share our experience of the development and process of this group, with its potential for ensuring a safe reflective space and ongoing professional development.

Beginnings

The impetus for this online peer supervision group for supervisors grew from the enthusiasm of one member who had participated in online groups and the Chief Executive of ANZASW provided the necessary support to explore membership interest. Supervisors with details on the ANZASW supervisors' register were approached by email. This yielded a good response with enough initial interest for two groups and doodle polls were used to establish the best meeting times for each group. Both groups, however, faltered after a few months due to low attendance so a single group of those who had maintained interest was established. This group began meeting in May 2016 and has now met seven times.

Who are we?

This peer group is comprised of social work supervisors in Aotearoa New Zealand who use this mode of supervision, in addition to individual professional supervision, as a means to share and promote supervisory

knowledge, skills and challenges. We are based in Tauranga, Palmerston North and Wellington in *Te Ika a Maui* and Nelson, Mahana and Christchurch in *Te Wai Pounamu*.

Our fields of practice include state sector management, social work education, community probation and private practice. Some of us have completed postgraduate qualifications in supervision, others have a range of experience and learning and we are all members of ANZASW.

The ideology that prompted the peer supervision for supervisors' group was that there is much to share with and learn from colleagues undertaking similar practice roles. The different contexts within which we work and our differing social work practice backgrounds offered alternative contexts and opportunities from within which to maintain and develop our supervision practice competence. Common to all members of this group is that we practise supervision, want to be accountable for the supervision we provide and are motivated to continue developing our supervision practice.

How it works

Once the peer supervision group for supervisors was established, we negotiated an initial supervision contract. Members agreed: the maximum number of participants is eight; sessions would be eight-weekly at a time agreed by all; functions of the supervision are developmental, resourcing and to focus on the quality of the work; professional accountability is to ANZASW and the Social Workers' Registration Board (SWRB); the facilitation of the group is rotated; individual members

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take responsibility for supervision session notes; members prepare appropriately for the supervision; the requirements and limitations of confidentiality; processes to manage potential and actual conflict; and to review the contract after three months. An agenda is set for each online peer supervision session via email prior to meeting. Members can include their ideas, requirements or aspirations for the upcoming session and these are prioritised jointly at the start of each session by the group with the assistance of the facilitator. A reminder to members with the meeting link is emailed a week before each meeting. Members connect via the Zoom™ platform link by audio and video. Any follow-up items are attended to by email communication within the group.

Why peer supervision?

The traditional supervisory dyad of supervisor and supervisee does not always meet all aspects of the supervision needs of experienced practitioners. Peer supervision can therefore be a useful adjunct to meeting the supervisory and learning needs of this group.

Peer supervision is non-hierarchical in nature and, in this group, is based on the assumption that membership is determined by being peers, regardless of work context, or being within or external to a workplace. Power relations between group members are likely to be based on intrinsic factors such as culture, gender and experience and are fluid and responsive depending on each member's experience in relation to the topic under discussion. This raises challenges which include the need for each practitioner to have a strong sense of accountability both to themselves and to professional codes, an openness to be both the recipient and giver of critical feedback and to be able to step backwards and forwards in a power-sharing dance. The effectiveness of the group depends on the knowledge and skills of participants and the ability of group members to act as good supervisors of each other. The role of supervisor/facilitator can

be shared or rotated, however, all members bring their supervisory expertise to the group process.

Peer groups offer rich possibilities for contributing to the respective *kete* of members. As a forum for professional learning and development, this type of group exemplifies both constructivist and connectivist ideas about adult learning where practitioners build their own learning community around them (Wenger, 1998; Siemens, 2014). In order to learn, each person constructs meaning from the discussion and reflection which occurs via the group as each person brings their own supervisory experience and reflection to be further explored. Currently this is happening as a facilitated discussion although the group is open to the possibility of using specific models to frame this process. For example, when models such as Kolb's learning cycle (Kolb, 1984) are used to explore, analyse and synthesise new meanings, new knowledge is created. In our group, there are no crossovers between employers and a variety of practice experience exists. It is possible therefore to step back from content-driven sessions and to keep the focus on the practice of supervision as its own discipline.

Features of an online group

The use of an online mode to host peer supervision sessions was necessary because of the geographic location of members. Several group members had experience using web-based platforms for supervision and technical knowledge of the software which was helpful at the outset of the group. Zoom™ was chosen as it was considered a stable online platform.

Issues of online identity and personal online presence have emerged. If one participant cannot use the video and has to join in using audio or chat only, the inequity is noticed. How we position ourselves in relation to the camera, the light, background noise, visual distractions, and non-verbal factors take on

particular importance. These things can also become the part of building relationships, the vital *whakawhanaungatanga* when we meet as strangers.

Improvements in connectivity and widespread adoption of electronic modes for recording, communication, education and advocacy in social work has meant that most practitioners are familiar with online communication and its value for professional development. There is some evidence that online learning and particularly learning with a reflective component, can be as (and sometimes more) effective than face-to-face modes (Jones, 2015; Oliaro & Trotter, 2010).

Challenges and issues

The challenges and issues associated with this online peer supervision arrangement are similar to those experienced by any group or peer supervision. These may include managing multiple agendas, attending to group dynamics and behaviours, ensuring equity in participation, managing differing overt and covert expectations, challenges associated with building trust and a supervisory alliance relationship (Beddoe & Davys, 2016; Carroll & Gilbert, 2006; McMahon & Patton, 2002).

In addition, technical issues have occurred for at least one member in most sessions so far. Recently, a decision was made to extend the session time by 15 minutes to allow for extra time needed to troubleshoot issues with connectivity, audio and video. The platform itself has proved relatively stable thus far with issues primarily related to individual access.

Potential difficulties for peer groups may include the possibility of engaging in small talk or colluding conversations and not being able to move into the agreed, contracted way of working reliably. Commitment to the group process and attendance as well as participation in administrative or follow-up matters agreed are vital to the

functioning of an effective group. In addition to personal accountability, a shared sense of accountability to the group as well as a shared vision of the purpose of the group is required (McNicoll, 2008).

Online supervision also has specific challenges in how relationship development occurs in a virtual world. *Whanaungatanga* and relationship building in supervision is usually supported by the *wairua* of being in the room together, *kanohi ki te kanohi* time being essential in this process. In face-to-face peer or group supervision, the development of the contract, ground-rules and the relationship and connection between members is aided by the ability to be present with each other, to be able to read the body language and to do the intangible connection that comes from being present to the *wairua* in the room. It was anticipated that the process of growing authentic connection and a working alliance could be made more difficult by the physical distance between us. Militating against this challenge, however, is that some of us had previously met in different circumstances and therefore had some sense of each other. Those who had not met have, to some extent, been supported and assisted by some of the safety already present amongst other group members. At this stage, robust discussions have been held and there is a sense of growing connectedness within the group although all are aware that while the group ethos is still developing, the establishment of a safe working alliance, where parties can be both supportive and provide challenges to each other, continues. It is early days for testing the veracity and authenticity of our contract; however, we have taken a value-led approach of applying social work principles and there is shared awareness of needing to allow time to establish the group *kaupapa*. Membership of ANZASW and the associated shared value base is helpful.

A challenge specific to Aotearoa New Zealand is negotiating *Te Tiriti o Waitangi*-led practice in this online mode. The *Tau iwi* members of

the group need to consider how we maintain bicultural responsiveness and to what extent the learning we take from the peer group into our own supervisory practice develops competency to work with *Tangata Whenua*. As a peer group, we have noted this challenge and agreed to evaluate how we manage this.

Two further challenges for consideration in this peer supervision group relate to our ability to work well with difference and diversity. The group comprises one *tangata whenua* and one male member, requiring us a group to be mindful of assumptions that may emerge from a “white female” perspective, and to ensure creation of safety and space for all voices to be heard. It will be important to integrate evaluative processes to check for bias in respect of culture and gender views. As the relational aspects of our contract are still to be fully established, further depth and more understanding of each other can occur as more “*ko wai au*” discussion occurs. Knowing more of each other assists in checking and watching how well we work with diversity and difference.

While it appears reasonable to suggest that engaging in practice reflection with peers on a regular basis is likely to lead to enhanced worker knowledge and skills, it is not clear whether this translates into better outcomes for service users (Carpenter, Webb, Bostock, & Coomber, 2012, as cited in Beddoe & Davys, 2016).

Group members’ evaluation of their own work with supervisees is a way of tracking progress. However, we rarely hear the voice of the service user in this evaluative conversation and the business of establishing the link between what happens in supervision and the impact on the experience of service users remains a live issue.

The solution for most challenges associated with supervision lies within a robust, honest,

overt and detailed group contract. It is essential to lay down the parameters of the working contract as an overall agreement, as well as negotiating an agenda and process, session by session. This is happening and is an ongoing process, since the ability to bring honest and robust discussion to the contracting process relies heavily on the ability to grow group safety and trust (Beddoe & Davys, 2016; Carroll & Gilbert, 2006; Proctor, 2008).

Benefits of online peer supervision

Benefits of group supervision can include: increased opportunity for reflection and exploration; less potential for collusion; increased accountability to professional standards and codes of ethics; a vehicle for the transmission of new ideas, current trends and professional development; opportunity to practise the skills of facilitating or teaching in a safe, supported space; stronger professional networks; reduction of isolation; and enhancement of practitioner wellbeing (Bailey, Bell, Kalle, & Pawar, 2014; Schreiber & Frank, 1983).

Participation in peer groups of this nature can be considered “countable hours” for CPD purposes for both SWRB and ANZASW, as long as there is evidence of links being drawn between learning and the relevant practice standards and competencies.

At this early stage in the work of our group for supervisors, we have identified some features, benefits and challenges in our use of an online platform for peer supervision. Our reflections are necessarily limited as the group has been in existence for less than a year but we intend to continue to reflect, identify and explore these and other issues, and to document our experience. Finally, we encourage other supervisors in Aotearoa New Zealand to document and share their experiences to grow our unique contribution to the supervision literature.

Dedication

Kei te pirangi mātau ki te tapae i tēnei taonga kia Jane Schaverien mo ngā pūkenga o te matauranga hei whakaara i a mātau mo ngā tau kei mua noa atu.

We would like to dedicate this piece to Jane Schaverien whose clarity, insight and wisdom will continue to inspire us.

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Glossary of Te Reo Māori Terms in Order of Appearance in the Text

Te Ika a Māui – North Island of New Zealand

Te Waipounanu – South Island of New Zealand

Whakawhānau tangata – Process of establishing relationships, relating well to others

Wairua – Soul, spirit of a person which exists beyond death

Kānohi ki te kānohi – Face-to-face, in person

Kaupapa – An approach incorporating the knowledge, skills, attitudes and values of Māori society

Kete – Traditional woven basket

Tangata whenua – Local people, hosts, indigenous people; i.e., people born of the whenua (placenta) and of the land where the people's ancestors have lived and where their placentas are buried

Ko wai au? – Who am I?

Aotearoa – New Zealand

Te Tiriti o Waitangi – The Treaty of Waitangi, New Zealand's founding document, signed between Māori and representatives of the British crown in 1840

Tau iwi – Person coming from afar, non-Māori

Critical supervision for the human services: A social model to promote learning and value-based practice

Carolyn Noble, Mel Grey and Lou Johnston
Jessica Kingsley Press, 2016
ISBN 978-1-84905-589, pp. 285, paperback, NZD54

Noble, Grey, and Johnston have produced a well written and well researched text which explores professional supervision from a critical perspective. The elements of critical supervision, as summarised by the authors, are: transformative, pursu[ing] a social justice agenda, anti-oppressive, culturally relevant, built-on resistance, built-on critical pedagogy, relational and work[ing] best within a learning organisation (p. 144).

The book takes the reader on journey. Chapter One sets the scene with an overview of contemporary approaches to conventional supervision and leads the way to the authors' description and understanding of supervision from a critical perspective. Applying critical theory to supervision, they argue, moves supervision "to a transformative orientation informed by social justice and human rights" (p. 36). The following three chapters place human service practice (and supervision) in broad perspective and consider the impact of contemporary contexts. Beginning with the influence of the *global context*, chapter two explores, among other things, neoliberalism, welfare austerity and service user participation. The contextual theme is continued in the following two chapters where *organisational and workplace context* and the *professional practice context* are examined.

The core concepts of a critical perspective is the focus of Chapter Five and the authors present a very useful description of the five central concepts of a critical perspective. Identifying

these as critical reflection, critical thinking, critical analysis, critical theory and critical perspectives, the authors consider each in turn and provide helpful critique which identifies both the similarities and the important differences between these concepts. Chapter Six completes this group of theoretical chapters by presenting critical pedagogy as the appropriate framework through which to develop a critical perspective which, in turn, enables critical supervision to support the development of transformative learning and critical practitioners.

The final chapters of the book are dedicated to supervision practice. Beginning with "foundational principles" the authors link the discussion from preceding chapters to their critical approach to supervision. Chapter Eight provides a guide to establishing critical supervision and is both practical and informative. Of particular note in this chapter is discussion which concerns the supervision relationship, supervision conversations and power. The tool box of critical supervision, chapter nine, presents useful prompts to shape and develop the sorts of "difficult and challenging questions" which are necessary to "pose and answer" (p. 182). The narrative toolbox is introduced where narrative (oral or written) is recognised as a source for analysis and meaning-making. The authors make the point however, that it is not the tools which determine their criticality but rather the way in which they are used. Chapter Ten draws from the preceding chapters and presents a four-step "critical process."

What is significant here is that the authors present the critical process as one which can be applied outside of the supervision arrangement. It is, they say, applicable to “other practice, service planning and organisational learning activities” (p. 198) and informal conversations outside of supervision. The final chapter of the book presents five scenarios from practice to demonstrate the process in action.

Whilst it is not until Chapter Seven that the book settles to focus specifically on critical supervision and what that looks like in practice, great care has been taken to assist the reader to engage with, follow and make sense of the content. Each chapter has an introduction and a conclusion which both summarise the key ideas and argument from that chapter, and link those ideas to the chapter ahead or, where relevant, those preceding. These connections are also peppered throughout the text. The book is liberally illustrated by figures (9) and tables (25) which are also referred to throughout the book, making connections back and forth. Not only are suggestions made for how these tables and figures may assist readers’ comprehension, but suggestions

are also given for how they may be used practically to inform and shape practice. Finally, the relevance of each chapter to supervision, which is the central focus of the book, is maintained through a series of questions interspersed throughout the text. These questions serve to guide and redirect the readers’ thoughts to actual supervision arrangements and experiences. The authors explain this as being congruent with the topic in hand “questions, questions, questions ... this is what a critical perspective is about” (p. 105). The book concludes with a comprehensive, 10-page glossary of terms.

Having noted a gap, Noble et al. have, in my opinion, successfully filled it with this addition to the supervision literature. This book challenges all human service practitioners to really consider what it means to claim social justice and human rights as basic tenets of practice, but more importantly, it provides a critical framework to shape and develop that transformative practice. The book is intended for a broad audience being presented as relevant to those who are involved in a wide range of human services, who occupy diverse roles and who represent a range of professions.

Reviewed by **Allyson Davys** University of Auckland

Supporting struggling students on placement: A practical guide

Jo Finch, 2017

Policy Press, Bristol, UK

ISBN 978-1447328735, pp. 140, paperback, NZD20.00

This book, as its title suggests, is focused, first and foremost, on assisting staff whose job it is to support, teach, coach, mentor and assess students in professional field practice settings. It is informed by Jo Finch's 2003 PhD thesis which explored experiences of practice educators working with failing or struggling students, drawing from international and allied professions. The book is also influenced by a number of Finch's professional experiences as a social work practitioner and practice educator, a social work lecturer and programme leader of an MA in social work programme and currently a module leader for the UK Stage Two Practice Educators Professional Standards.

Although the terminology used is drawn from the English social work education setting, it was not at all difficult to recognise and relate the content and issues to the current experiences we share in the context of social work qualifying programmes in Aotearoa New Zealand. We are more likely to use the terms *field educator* or *field supervisor* than *practice educator*, however, all the discussions and exploration of issues, theory and strategies presented were, I felt, both relevant and useful for our own field educators in NGO and statutory social work service delivery settings. Schools of social work practicum co-ordinators, tutors and academic staff working with all students on their field placements will, I believe, find this book very useful in supporting their work.

The style of this book is informal and it is presented in five topical chapters

of approximately 20 pages each and a conclusion. Finch offers a variety of reflective exercises, case vignettes, a learning check and further recommended reading in each chapter, all of which are of practical use to the reader. Her chapters, as listed below, can stand alone and offer excellent topics for peer exploration and further discussion:

1. The context of practice learning and assessment across professions.
2. How do we know when a student is failing to achieve the required standards?
3. The emotional impact of working with a struggling student.
4. Assessment and strategies for working effectively with struggling students.
5. Working constructively with key stakeholders in social work education.

Key issues that we share are explored, such as "quantity and quality of placements" and "reluctance of practice educators to fail students". Jo also highlights a perception in England of low failure rates on student field placements, an issue which has recently been raised by one of our ministers here as an area of concern.

The dilemma of labelling students who are experiencing difficulty on placement or struggling to meet professional requirements (or both) is explored in Chapter Three. This includes the emotional challenges of the practice educator role in relation to our social work professions' values and belief in people's capacity to change and how that impacts our work with students. Another key theme throughout the book

explores why practice educators may sometimes “miss seeing” or “see but are unable to address” student issues that are professionally problematic.

In Chapter Two (on p. 39) is a useful list of what we might take notice of to identify a student at risk of failing a placement—the areas that students were not well engaged in, or were unable to begin to demonstrate progress in—that could be cause for further exploration and attention. The issues around disproportionate fails and the relatively slow progression in certain student groups are raised. Finch states that this “...highlights ongoing structural oppression and discrimination as well as individual racist practices that serve only to let down both students and the profession” (p. 44).

Chapter Three invites us to recognise the emotional toll that working with a potentially failing student (and failing, or failing to fail) a student has on field/practice educators. Psychodynamic theory is explored and applied in order to assist understanding our responses in learning and teaching situations. I found this to be a very powerful chapter that I will return to for more reflection and self-discovery;

Reviewed by **Cherie Appleton** University of Auckland

I can envisage further collegial and team discussions arising from this work.

Chapter Four has good discussion and suggestions on teaching and learning tools for practice educators to use with their students. In relation to a student assessment report, suggestions are made regarding the content and format that reinforce a transparent, fair and balanced account of the placement and final recommendation.

I was particularly drawn to the Chapter Five discussion and exploration of power and reflective exercises on understanding power and authority. This chapter also offered identification of 10 essential building blocks for constructive working relationships between all parties that are involved in the student field education experience.

I would recommend this book to all who are involved in field education with students. It offers relevant research, directed reflection and explorations of how to best be aware of, take care of and support all parties vested in student learning. It encourages and presents a thoughtful and challenging framework to undertaking and assessing students' placement in the field in a “safe, fair, transparent and confident manner” (p. 7).

Community justice in Australia: Developing knowledge, skills and values for working with offenders in the community

Brian Stout

Allen & Unwin, Crows Nest, NSW, 2017

ISBN 978-1-74331-888-1, pp. 302, paperback, NZD55.00

Community Justice in Australia is an excellent and accessible book that provides a helpful description of community justice in Australia as well as covering research, theory and practice skills relating to community justice more generally. This seems essential reading for those involved in criminal justice in Australia, particularly those working to address offending behaviour. It has wider relevance, as the Australian context will be of interest to an international audience, particularly in relation to innovations and topics concerning the indigenous population. However, its relevance goes beyond this, as the book includes a number of sections that engage with contemporary research and theory on criminal and community justice which will be of interest to academics, practitioners and policy makers around the world.

The book opens with a helpful overview of definitions of *community justice*. In my view, *community* is a term that is often used to make certain policies or interventions seem more positive, friendly or palatable. In the Scottish context in which I am based, this is exemplified by Community Payback Orders replacing most forms of community sentences, and by the recent Community Justice (Scotland) Act 2016. My take is that references to community justice often really mean *criminal justice in the community* where *community* is shorthand for *not in prison*.

As Stout explains, community justice is much more than simply those activities that occur outside of prisons, and involves real engagement with community dimensions,

community engagement in the development and operation of responses to crime, as well as broadening into notions of social justice.

The book touches on many issues that are interesting, inspiring and, at times, scary. I was interested in the various definitions of imprisonment given in legislation in New South Wales, which included forms of restriction in the community (p. 34). In my mind, these stretched the notion of prison in ways that could be particularly misleading to the public. The Koori Courts constitute an indigenous version of a justice response that was particularly interesting (p. 43), involving less formal settings and including indigenous elders, making the process more culturally appropriate and demonstrating more successful outcomes. The Collingwood Neighbourhood Justice Centre in Melbourne was also a vision of justice that could be replicated in other jurisdictions (p. 44). It seems to take a holistic approach to responding to crime, aiming to be proactive, involving citizens and aiming to focus on community dimensions related to crime. I was shocked to see that boot camps were used relatively recently and endorsed by the Australian Government, given that the evidence is that these are generally ineffective at addressing offending behaviour and can even increase offending rates (Latessa & Lowenkamp, 2005).

A key issue that came up throughout the book related to the situation for Aboriginal and Torres Strait Islanders. This raised concerns about the criminal justice response,

particularly due to the over-representation of people from these backgrounds who are drawn into the criminal justice system or imprisoned. It was helpful to view this from a community justice standpoint, including how responses could consider indigenous concerns and perspectives. The critique of restorative justice was particularly interesting, as this is often seen as a way of bringing back indigenous responses to crime, or responding to offending in culturally appropriate ways, yet this is not necessarily the case. Moreover, the evidence presented by Stout suggested that the restorative justice responses tended not to reduce re-offending, which departs from evidence in some other jurisdictions and meta-analyses (e.g., Strang, Sherman, Mayo-Wilson, Woods, & Ariel, 2013).

The book includes a great, critical discussion regarding notions of risk and risk assessment, which would be of interest to criminal justice practitioners anywhere. The discussion on *pro-social management* was particularly interesting to me, and involved the argument that the management of community justice services ought to mirror some of the ways in which such services engage with service users, treating colleagues with respect and working constructively towards resolutions. The final chapter on practice skills is particularly

good, illustrated with a case study and bringing together evidence and theory on effective practice skills. Again, this chapter will have relevance to community justice practitioners in any jurisdiction.

I would have liked the book to move beyond current practice, and to have developed a vision for what community justice *could* be. This would be more than good quality criminal justice in the community, but rather co-produced community justice that embodies a high level of engagement and partnership, and that engages with the issues of risk aversion, indigenous rights, and equality that are touched on at various points throughout the book.

Overall, this is an excellent and comprehensive book, clearly essential reading for community justice practitioners in Australia, but with relevance to those working in the field in any jurisdiction around the world.

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