THE PREVALENCE, NATURE AND VIEWS OF CROSS-DISCIPLINARY SUPERVISION AMONGST SOCIAL WORKERS IN AOTEAROA NEW ZEALAND

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ABSTRACT

This thesis studied cross-disciplinary supervision practice amongst social workers in Aotearoa New Zealand. In particular, the research explored the prevalence and nature of and views about cross-disciplinary supervision amongst a group of Aotearoa New Zealand Association of Social Work (ANZASW) members.

The thesis was a cross-sectional research which consisted of a web-based internet survey questionnaire that was distributed to a convenience sample of ANZASW social workers. Pragmatism informed the methodological approach to the collection of the data which was required for this research.

The key findings from the study were: a) cross-disciplinary supervision is occurring amongst ANZASW social workers on a regular and planned basis, although the extent of this is unknown; b) there was no clear understanding of what constitutes cross-disciplinary supervision although it appeared to be similar in nature to supervision within their own discipline; and c) this group of ANZASW social workers generally viewed cross-disciplinary supervision positively although the potential for issues was acknowledged and there was general agreement about the need for guidelines.

The implications and recommendations which arose from the research results concerned: a) understanding the cross-disciplinary supervision that occurs amongst Aotearoa New Zealand social workers; and b) promoting competence and accountability in cross-disciplinary supervision practice amongst ANZASW social workers. The recommendations related to the need for further research regarding the prevalence and nature of cross-disciplinary supervision, guidelines and policy in relation to the practice of cross-disciplinary supervision, and the need to educate social workers and develop knowledge about those factors that impact on cross-disciplinary supervision practice.

ACKNOWLEDGEMENTS

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CHAPTER ONE

INTRODUCTION

Cross-disciplinary supervision is a practice that is occurring amongst members of the Aotearoa New Zealand Association of Social Workers (ANZASW) although the current extent of this is relatively unknown. In addition to this there appears to be no clear understanding or picture of what this supervision practice is comprised of or what its parameters are. Furthermore, there is apparently very limited research regarding social workers' views about the strengths and limitations of cross-disciplinary supervision or attempts to understand what might improve social workers' experience of this practice. It is from this position of having a limited understanding of this practice and as a social worker in Aotearoa New Zealand that this study of cross-disciplinary supervision amongst social workers in Aotearoa New Zealand has unfolded.

Research aims and objectives

The aim of this research is to explore the prevalence and nature of and views about cross-disciplinary supervision amongst ANZASW social workers.

The primary objectives of this research are therefore to:

1. Describe the prevalence of cross-disciplinary supervision amongst ANZASW social workers.
2. Explain the nature of cross-disciplinary supervision that is engaged in by ANZASW social workers.
3. Examine social workers' views about cross-disciplinary supervision.

The rationale for engaging in this research

My involvement in cross-disciplinary supervision practice started in my role as a professional supervisor within a District Health Board mental health service 15 years ago. Cross-disciplinary supervision has continued to be an aspect of my supervision practice in the subsequent private practice and child protection roles that I have engaged in. Throughout my involvement in cross-disciplinary supervision practice I have participated at the level of providing it and to a much lesser extent, receiving it.

As cross-disciplinary supervision began to emerge as an aspect of my private practice and through undertaking the Post Graduate Diploma in Social Service Supervision, my interest in this topic developed. This was particularly around O'Donoghue's (2004:6) notion that cross disciplinary supervision was an area that was in need of guidelines. My awareness regarding some of the inherent requirements that may be necessary if good supervision practice were to be achieved and maintained in relation to cross-disciplinary supervision was significantly raised.

In addition to this I became increasingly aware of situations where social workers were:

- no longer being provided with access to own-disciplinary supervision by employing agencies;
- expected to provide supervision to professionals from other disciplines; and
- providing supervision to non and/or paraprofessionals.

All of these situations appear to have implications in terms of meeting professional requirements, regulatory considerations and ultimately maintaining ethical practice. These situations are not presented as an exhaustive list here, but as an attempt to highlight what I think might be some of the more salient considerations in the practice of cross-disciplinary supervision in the current Aotearoa New Zealand social work context. It was from this basis and a review of the literature that I formed the following research hypotheses:

1. That the prevalence of cross-disciplinary supervision practice is increasing across the ANZASW social worker population as is the frequency it occurs amongst those who are engaging in it.
2. Cross-disciplinary supervision is both different and similar to own-disciplinary supervision in terms of its nature.
3. ANZASW social workers will have positive views about the effectiveness of cross-disciplinary supervision and the extent that it enhances practice. They will also consider guidelines for it to be important.

Key terms and concepts

Discipline

In this thesis discipline refers to a particular area of academic study ("discipline," 2001, p 212). At the basic level discipline is concerned with the generation of knowledge.

Profession

Profession for the purpose of this thesis concerns a type of work that requires special training and the group of people that implement that work ("profession," 2001, p 615). A profession applies the knowledge generated by a discipline in response to specific situations.

Cross-Disciplinary Supervision

O'Donoghue (2004:2) defines the concept of cross-disciplinary supervision as a supervision practice 'in which practitioners from differing professional and disciplinary backgrounds participate in clinical supervision with each other'. Other terms used to refer to this supervision practice which are apparent in the literature include 'interprofessional supervision', 'interdisciplinary supervision', 'multidisciplinary supervision' and 'non-social work supervision' (Berger & Mizrahi, 2001; Bogo, Paterson, Tufford & King, 2011; Mullarkey, Keeley & Playle, 2001; Spence, Wilson, Kavanagh, Strong, & Worrall, 2001).

The term cross-disciplinary supervision was chosen in preference to the other terms listed above as it appeared to appropriately capture the essence of the topic being studied. This was primarily in terms of it being concerned with the sharing of knowledge across discipline areas rather than with the application of that knowledge in supervision practice. In addition to this the term cross-disciplinary supervision was defined in the literature and appeared inclusive in nature which potentially improves its applicability, scope and therefore potential to achieve survey responses.

For the purpose of this thesis the term cross-disciplinary supervision encompasses all of the above listed terms which refer to this practice, and when these terms are used by other authors they are synonymous with the definition

of cross-disciplinary supervision used in this thesis.

Prevalence

The term 'prevalence' in this research is concerned with the extent that cross-disciplinary supervision is occurring amongst ANZASW social workers. More specifically it includes the number of ANZASW social workers engaging in this practice, the nature of this engagement, the level of their engagement, the frequency at which it occurs and whether there has been any change in the incidence of cross-disciplinary supervision over time.

Nature

This research uses the term 'nature' to refer to what the cross-disciplinary supervision that ANZASW social workers are engaging in looks like. Variables included in exploring the nature of cross-disciplinary supervision include: type and mode; if planned; reason/s for it occurring; choice; internal or external status; authorised; profession/disciplines involved; supervisor training; awareness about codes of ethics/complaints process/standards for practice; clinical responsibility; supervision contracting; functions of the supervision; discussion of similarities and differences; and own-disciplinary supervision.

Views

'Views', as a term used in this study, refers to ANZASW social workers opinions about the practice described as cross-disciplinary supervision. Opinions about cross-disciplinary supervision were measured in terms of level of satisfaction with the functions, extent that certain features of it enhance practice, extent that other features of it hinder practice, level of agreement with criteria for its effectiveness, level of importance attributed to potential guideline related statements for it, overall extent practice is enhanced by it, and overall level of effectiveness experienced with it.

Thesis structure

The structure of this thesis is as follows:

Chapter two reviews the major themes related to the research questions

that exist within the national and international supervision and cross-disciplinary supervision literature. This includes a discussion of the emergence of cross-disciplinary supervision, an exploration of the contexts within which it occurs and other factors which potentially impact on the practice of it. Prevalence, nature and views regarding cross-disciplinary supervision which are apparent in both the international and national literature and research are outlined and the recommendations that have emerged are presented.

Chapter three outlines and discusses the research methodology that was utilised in this study. Pragmatism is discussed as the philosophical worldview informing the research. The rationale for choosing a cross-sectional survey design and the procedures used in the study are outlined along with the limitations of the methodology.

Chapter four reports the results from the online survey about the prevalence and nature of and views about cross-disciplinary supervision amongst social workers in Aotearoa New Zealand.

Chapter five discusses the key findings of this study as they relate to the research objectives and hypotheses. It also considers the implications of these findings for the practice of cross-disciplinary supervision amongst social workers within the Aotearoa New Zealand context.

Chapter six reviews the thesis, outlines the implications arising from the study and makes recommendations in relation to the practice of cross-disciplinary supervision by ANZASW social workers. A personal reflection on the research process and a conclusion completes the thesis.

CHAPTER TWO

CROSS-DISCIPLINARY SUPERVISION AND SOCIAL WORK

The aim of this chapter is to discuss the major themes related to the research questions that exist within the supervision and cross-disciplinary supervision literature. The chapter consists of five sections and the first explores the nature of social work supervision and establishes the context within which cross-disciplinary supervision occurs for social workers. The second section briefly discusses the emergence of cross-disciplinary supervision. The prevalence of cross-disciplinary supervision within the research literature is the topic of the third section. The fourth section explores the nature of the cross-disciplinary supervision within the research literature and the potential impact of the Aotearoa New Zealand social work environment on the nature of cross-disciplinary supervision. The views held about cross-disciplinary supervision presented within the literature are examined in the fifth section. The chapter concludes with a summary of the key points and an exploration of the implications of these for this study.

The literature search undertaken included both databases and the bibliographies of key journal articles on cross-disciplinary supervision. The particular databases searched were Academic Search Premiere, Google Scholar, Scopus, JSTOR, ERIC, PsychINFO and MEDLINE. The bibliographies searched included: Berger & Mizrahi (2001); Hyrkas, Appelqvist-Schmidlechner, & Paunonen-Ilmonen (2002); Kavanagh, Spence, Strong, Wilson, Sturk & Crow (2003); Mullarkey et al. (2001); O'Donoghue (2004); and Spence et al. (2001).

The other key source materials drawn from were theses, conference proceedings, reports, government publications and professional association publications. The terms used in the literature search included history, social work, supervision, cross-disciplinary, inter-disciplinary, multi-disciplinary, trans-disciplinary, cross-professional, inter-professional, multi-professional and trans-professional.

The nature of social work supervision

This section explores the concept of social work supervision, including definition, purpose and functions, and the context that this provides for the practice of cross-disciplinary supervision.

Social work and supervision originated together from the Charitable Organisation Societies and Settlement House Movements of the 19th and early 20th centuries (Kadushin & Harkness, 2002; Tsui, 2005). The primary function of supervision during this early stage in social work history was a form of administrative supervision (Tsui, 2005). As social work education emerged in the early 20th century, the educative and supportive functions of supervision developed as supervision mirrored social casework practice (Tsui, 2005). Like casework the prominent mode of supervision was the individual supervisory relationship and this has prevailed to the present day (O'Donoghue, 2010). Over time supervision has become an integral part of a process that socialised workers in to their profession and starts from the student's first practicum and continues into employment and throughout their career (Kadushin & Harkness, 2002; Kane, 2001; Munson, 2002; O'Donoghue, 2007; O'Donoghue & Tsui, 2011; Tsui, 2007).

Within Aotearoa New Zealand social work supervision is defined by the ANZASW (2009a) as:

> 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.

Generally supervision is considered to be an integral aspect of competent and professional social work practice. Ideally it is an accessible forum which provides for the monitoring, maintaining and development of professional competence throughout the professional social worker's lifespan. In terms of these objectives supervision is applicable to all social work practice environments regardless of their specific nature or context (Kadushin & Harkness, 2002; Munson, 2002; O'Donoghue, 2003; Tsui, 2005).

At a more specific level supervision has been identified as contributing to

organisations achieving best outcomes for clients, improved staff confidence, increased job satisfaction and increased staff retention (Kadushin & Harkness, 2002; Munson, 2002; Spence et al., 2001).

Traditionally the key functions of social work supervision have been described as administrative, educational and supportive (Kadushin & Harkness, 2002; Kane, 2001; Munson, 2002; O'Donoghue, 2007; Tsui, 2007). The relative importance of these functions has differed over time according to the influence of the dual forces of managerial and professional interests (O'Donoghue, 2007). These functions have been reconceptualised by Hawkins & Shohet (2006) as developmental, resourcing and qualitative and this is perhaps more appropriate in the early 21st century due to the increasing professionalisation of social work supervision as well as current market forces (O'Donoghue, 2004).

The developmental function relates to developing supervisee practice skills, understandings and capacities and is comparable to the educational function of supervision. The resourcing function is concerned with addressing and managing supervisee emotional responses to their practice situations and is similar in nature to the supportive function. The qualitative function is concerned with quality control as it relates to supervisee practice. While there are similarities between the qualitative and administrative functions in terms of quality control, they differ in terms of the latter including a managerial aspect. Tasks frequently associated with the managerial component include staff recruitment and orientation, performance monitoring and appraisal and the delegation of tasks within the organisation (Hawkins & Shohet, 2006; Kadushin & Harkness, 2002; Tsui, 2005).

The factors that make social work supervision unique are highlighted by O'Donoghue (2003) as those that differentiate social work from other professions and disciplines. More specifically, it is the multi-faceted conceptual base of social work together with the person in their environment paradigm and the commitment of the profession to principles of social justice, equity and well-being that creates the uniqueness of social work supervision.

Social work supervision, as it is conceptualised in this section, provides the context within which cross-disciplinary supervision occurs amongst ANZASW social workers.

The emergence of cross-disciplinary supervision

Cross-disciplinary supervision has emerged in both the Aotearoa New Zealand and international contexts over the past two decades as a growing practice between practitioners from differing professional/disciplinary backgrounds (O'Donoghue, 2004). Over the past twenty years its development has been influenced by a number of forces including: managerialism; cost cutting or rationalisation of services; the growth of the private practice industry; the development of integrative and collaborative approaches to social service provision; and supervision becoming a feature of practice for professionals, paraprofessionals and non professionals where previously it was not (Berger & Mizrahi, 2001; Bogo et al., 2011; Cooper, 2006; Lin, Goodale, Villanueva & Spitz, 2007; Mullarkey et al., 2001; O'Donoghue, 2004; Simmons, Moroney, Mace & Shepherd, 2007).

Managerialism, for example, has seen the restructuring of health and social services from profession based to service or programme based departments. This has resulted in situations where management supervision will often occur with someone from a different professional background (Berger & Mizrahi, 2001; Bogo et. al., 2011; O'Donoghue, 2004; Simmons et al., 2007).

Cost cutting and rationalisation of services has also resulted in decreased availability of profession specific supervision in many services. This has lead to professionals having to seek supervision from outside of their own profession and perhaps external to their agency (Berger & Mizrahi, 2001; Bogo et. al., 2011; O'Donoghue, 2004).

The growth in private practice supervision has perhaps been a response to professionals and agencies seeking external supervision. It has also, however, contributed to the growth in the availability of cross-disciplinary supervision options or possibilities (O'Donoghue, 2004; Simmons et al., 2007).

Integrative and collaborative approaches to health and social service provision that have emerged throughout this period have seen the development of multidisciplinary working. Supervision in this environment is often based on a shared philosophy of care which promotes multidisciplinary working and cross-disciplinary supervision in achieving coordinated and optimal outcomes for

service users (Hyrkas et al., 2002; Mullarkey et al., 2001; Simmons et al., 2007).

A lack of availability of professional staff in some areas has contributed to the need for paraprofessionals or non professionals to undertake roles, under the supervision of a professional, which would normally be undertaken by professionals. There is perhaps also a trend emerging for supervision to occur for people in complex and demanding employment situations, possibly sourced from practitioners with experience in supervision (Lin et al., 2007; Simmons et al., 2007)

Associated with the emergence of cross-disciplinary supervision has been a debate regarding supervisor training. Advocates for a generic model of supervision are increasingly pursuing the development of a universal supervision practice, as opposed to discipline/profession specific models of supervision, for the health and social service sectors. This has the potential to both promote and increase the practice of cross-disciplinary supervision (Crocket, Cahill, Flanagan, Franklin, McGill, Stewart, Whalan, & Mulcahy, 2009; Davys & Beddoe, 2008; Morrell, 2003; O'Donoghue & Tsui, 2011; Rains, 2007).

The practice of cross-disciplinary supervision within Aotearoa New Zealand is also evident in the research literature. For example, Cooper & Anglem (2003), O'Donoghue, Munford & Trlin (2005), Crocket et al. (2009), Howard, Beddoe and Mowjood (2010) and Rains (2007) clearly identify that cross-disciplinary supervision is occurring amongst social workers.

Likewise, the international research literature also demonstrates that cross-disciplinary supervision is occurring amongst social workers. The research undertaken by Berger & Mizrahi (2001), Bogo et al. (2011), Hyrkas et al. (2002), Kavanagh et al. (2003) and Townend (2005) clearly identifying the presence of it.

In summary cross-disciplinary supervision has been emerging over the past 20 years and this has been in response to market forces and collaborative practice approaches. An associated interest in generic supervisor training appears to have developed in response to the emergence of cross-disciplinary supervision.

The prevalence of cross-disciplinary supervision

As noted previously, the literature clearly shows that cross-disciplinary supervision is occurring both in Aotearoa New Zealand and internationally. This section explores the research literature regarding the prevalence of this practice.

In their Aotearoa New Zealand based study of clinical supervision within a mental health service, Cooper & Anglem (2003:22) identified that 6 (15.4%) of 41 social workers were providing cross-disciplinary supervision and 3 (7.7%) of 39 social workers were receiving cross-disciplinary supervision. In a later study O'Donoghue et al. (2005:49) found that 79 (51.6%) of 153 ANZASW social work respondents reported they were participating to some extent in cross-disciplinary supervision. A third unpublished study (Howard et al. 2010:14) investigated the frequency that cross-disciplinary supervision occurs amongst social workers and psychologists. They found that almost two-thirds of their respondents (N = unknown) reported receiving cross-disciplinary supervision at least monthly.

Clearly the results of these three studies are inconclusive and show different levels of prevalence for cross-disciplinary supervision and raise questions concerning whether cross-disciplinary supervision is increasing amongst social workers. It also raise questions about whether the prevalence of cross-disciplinary supervision is specific to particular fields of practice and/or particular locations across Aotearoa New Zealand.

Internationally the prevalence of cross-disciplinary supervision appears to be increasing. One example of this is a study undertaken by Berger & Mizrahi (2001:15 - 16) in the United States of America (USA). Changes in the supervisory practices of social workers were followed up over three 12 month periods, between 1992 and 1996, during which time hospital social work management positions declined. While the majority of social workers were found to be receiving supervision from a social worker, non-social work supervision had increased overall by 7%. During the first 12 month period 12% (N = 40) of 340 respondents participated in cross-disciplinary supervision. This increased to 16% (N = 54) of 340 in the next 12 month period and 19% (N = 56) of 311 in the final 12 month period.

Overall, while there is very limited research literature regarding the prevalence of cross-disciplinary supervision, it is a practice that does occur, perhaps on a regular basis, and perhaps appears to be increasing.

The nature of cross-disciplinary supervision

This section reviews the nature of cross-disciplinary supervision and also considers the Aotearoa New Zealand social work environment for potential impact on the nature of cross-disciplinary supervision.

Nature from the perspective of the research literature

There is very little literature that specifically addresses the nature of cross-disciplinary supervision. From the literature searched, Howard et al. (2010:16 & 17) identified a number of primary reasons for engaging in cross-disciplinary supervision. The first of these was in relation to there being a lack of an appropriate own profession or discipline supervisor available. Another was due to the supervisor having the appropriate skills and knowledge to provide the supervision. Cultural supervision was also identified as a reason for engaging in cross-disciplinary supervision, as was having a previous positive relationship with a supervisor. The remaining reasons involved cross-disciplinary supervision being a role requirement and the supervisor having an understanding of the supervisee work context.

These reasons for engaging in cross-disciplinary supervision were consistent with the developmental, resourcing and qualitative functions being identified as aspects of cross-disciplinary supervision (Bogo, et al., 2011; Howard, et al., 2010). The resourcing function was reported to a slightly lesser extent, however, than the developmental and qualitative functions in one of these studies (Howard et al., 2010).

Having supervisor training of more than one day's duration was apparent for the majority of cross-disciplinary supervisors in Howard et al's. (2010:15) study. A postgraduate certificate or diploma was indicated by 16% of participants while 50% reported no official qualification.

In relation to the profession or discipline of cross-disciplinary supervisors, Cooper & Anglem (2003) noted that social workers used nurses and a

psychologist. In contrast, the social work supervisors' cross-disciplinary supervisees were nurses, an occupational therapist, a Maori health worker and a doctor.

Cross-disciplinary supervision being the only form of supervision accessed was reported by 47.8% of the social work supervisees in Howard et al's. (2010:14) study. It could be assumed therefore that just over half of the social workers who participated in the study considered cross-disciplinary supervision to be an adjunct to social work supervision while just under a half considered it to be an alternative to it. This was interesting in light of the findings of Bogo et al. (2011:133) which indicated that profession specific work did not tend to get discussed in cross-disciplinary supervision.

It appeared that most supervisors did not take clinical responsibility for cross-disciplinary supervisee practice. Of the social workers and psychologists who indicated they provide cross-disciplinary supervision, only 21.0% indicated they did (Howard et al., 2010:15).

Overall, there appears to be limited information pertaining to the nature of cross-disciplinary supervision in either the international or Aotearoa New Zealand literature and research. It was apparent that in terms of functions cross-disciplinary supervision appeared to be similar in nature to own-disciplinary supervision. Supervisors tended to have some supervisor training and cross-disciplinary supervision mostly occurred with professionals from allied or similar fields of practice with clinical responsibility not being a key feature of it. Cross-disciplinary supervision was considered as an adjunct to own-disciplinary supervision in some cases and as a replacement for it in others. The current lack of information about the nature of cross-disciplinary supervision in an environment where it has the potential to increase is suggestive of the need for further research.

The impact of the Aotearoa New Zealand social work environment on the nature of cross-disciplinary supervision

All supervision occurs within an environmental context and is influenced by social, political and cultural factors (O'Donoghue, 2003). In Aotearoa New Zealand there has been an increasing recognition of the importance of

supervision by the state, professional bodies, registration boards and providers of social services. This has seen the emergence of specific supervision related considerations, conditions and polices which impact on supervision practice (Hutchings, 2008; O'Donoghue, 2004; Simmons et al., 2007). This section briefly explores aspects of the ANZASW, regulatory, professional and service provider as well as non-social work practice contexts for potential impact on the nature of cross-disciplinary supervision.

ANZASW context

The ANZASW is the professional body for social workers in Aotearoa New Zealand. The Association initially emerged in 1964 and had the establishment of social work as a profession and educating social workers through supervision as its focus (O'Donoghue & Tsui, 2011). Through its membership base the ANZASW has been instrumental in the development and operationalisation of supervision practice standards, principles and policy. It has very clear guidelines in place for social work supervision and endeavours to ensure that these are maintained by its members through the competency and recertification processes (ANZASW, 2004; ANZASW, 2008b; ANZASW, 2009a; ANZASW 2009b; Beddoe & Davys, 1994; O'Donoghue, 2010).

The ANZASW principles of supervision are based on the general social work principles. Social workers are required to participate in regular and negotiated supervision that promotes competent, accountable and empowered practice and which is mandated by agency policy. It is essentially concerned with supporting and reviewing social work practice in terms of accountability, ethics, professional development and accessing resources (ANZASW, 2009a; ANZASW, 2009b).

All ANZASW members are required to receive core social work supervision with a supervisor who is a full member of the ANZASW and who meets ANZASW supervisor practice standards. There is an explicit expectation, however, that any non social work supervision, including cross-disciplinary supervision, needs to be in addition to social work supervision (ANZASW, 2009b:2).

What becomes apparent from exploring the policy relating to social work supervision is that it does impact on cross-disciplinary supervision. ANZASW social workers are required to meet principles, purposes, policy, expectations and practice standards for social work supervision in terms of achieving competent and accountable practice. This could not be achieved where cross-disciplinary supervision is the only supervision occurring.

Regulatory context

Aspects of the Social Workers Registration Act (2003) and the Health Practitioners Competence Assurance Act (2003) are identified as requiring consideration in relation to cross-disciplinary supervision practice in Aotearoa New Zealand. This legislation has emerged in response to identified practice issues and to protect the public from incompetent practice.

The Social Workers Registration Board (SWRB) was established in 2003, under the SWRA (2003), as the Crown Entity responsible for implementing the Act. The stated key tasks of the SWRB include the registration of social workers, consideration of complaints about registered social workers, promoting the benefits of registration of social workers, and enhancing the professionalism of social workers (SWRB Statement of Intent 2006; SWRB Statement of Intent 2007).

Supervision is considered by the SWRB to be fundamental in the provision of competent and professional social work services and that all employers must therefore provide supervision. The SWRB policy statement on supervision specifies the expectation that all registered social workers access regular professional social work supervision. The implication of this is that all cross-disciplinary supervision would be required to be in addition to social work supervision (SWRB, 2008; SWRB, 2009).

The HPCAA (2003) also contains provisions that apply to supervision practice and, as noted in section 3, was implemented to 'protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practice their professions'. Supervision provides one such mechanism to achieve this and this is defined by section 5 of the HPCAA (2003) as 'the monitoring of, and reporting on, the

performance of a health practitioner by a professional peer'.

Social work was not included in the HPCAA (2003) and cannot therefore claim health practitioner status. O'Donoghue (2004) aptly points out that this potentially has implications for social workers who are providing supervision to health practitioners. One potential implication is in relation to the ANZASW (2004) supervisor practice standard that 'social work supervisors only practice where systems of accountability are in place'. For a system of accountability to be in place the health practitioner would have to be engaging in supervision with a 'professional peer' in addition to cross-disciplinary supervision with a social work practitioner.

The SWRA (2003) and the HPCCA (2003) clearly have implications for the practice of cross-disciplinary supervision. In particular these relate to the requirement for own-disciplinary supervision for social workers and for systems of accountability to exist in relation to cross-disciplinary supervision.

Professional and service provider context

In addition to ANZASW policy impacting on the practice of cross-disciplinary supervision there are other organisations within the Aotearoa New Zealand context whose policy require consideration for the practice of cross-disciplinary supervision. The supervision policy of three different organisations that social workers are involved with are briefly examined. These organisations were included because they had supervision policy available and which was accessible online.

The New Zealand Association of Counsellors (NZAC) has as its membership base counselling practitioners who are from a variety of different professional backgrounds including social work. Supervisors are expected to be experienced practitioners with supervision training (NZAC, 2008). In relation to supervisor discipline or profession, NZAC requires that counsellors seeking provisional member status and those renewing their membership receive supervision from either a current full member of NZAC or a similar professional body with a code of ethics and which requires supervision of their members. Implicit here is that cross-disciplinary supervision would be acceptable for these types of members within the stated parameters. Counsellors seeking member

status are required to have a supervisor who is a current full Member of NZAC and this implies limits to cross-disciplinary supervision practice also.

Child, Youth and Family (CYF) is a major employer of social workers in Aotearoa New Zealand with the ANZASW (2011) identifying 1129 of its members as currently employed by this organisation. CYF policy regarding professional supervision does not appear to specify the profession/discipline requirements for supervisors although there is an expectation and a commitment by the organisation for social workers to become registered (CYF, 2011). As previously noted in this chapter registered social workers are expected to access regular professional social work supervision, requiring cross-disciplinary supervision to be in addition to this. Implicit in CYF supervision policy therefore is a requirement for own-disciplinary supervision (ANZASW, 2011a; McKinley, 2006).

Social workers in private practice can be impacted by the supervision policy of organisations they hold provider or registration status with. Accident Compensation Corporation (ACC) (2005) for example, requires that a supervisor be a member of an appropriate professional association, is expected to have undertaken formal supervision training, have at least three years supervised experience in their field of clinical expertise, and to maintain their own individual supervision. From an ANZASW social worker context this would require that cross-disciplinary supervision be an adjunct to core social work supervision. Similarly, those professionals defined as health practitioners under the HPCAA (2003) would be required to receive supervision from a professional with an appropriate scope of practice.

Clearly some organisations and agencies have policies in place that impact on the practice of cross-disciplinary supervision. However, these policies may not always reflect consideration for regulatory, legislative or professional membership requirements and conflict may exist. Congruency and compatibility amongst these factors is required for competent and accountable cross-disciplinary supervision practice to occur.

Non-social work practice context

The differing histories and understanding of supervision amongst professional groups has potential to impact on cross-disciplinary supervision practice. As noted previously in this chapter suggestions have been made that there are more similarities than differences in supervision amongst different professional groups. Grauel (2004:3) however, appropriately cautions against this 'uniformity myth', highlighting that it has enabled the neglect of supervision histories and created casualties of difference.

From the perspective of psychology for example Bernard & Goodyear (2004: 8) present the following definition of supervision:

> An intervention provided by a more senior member of a profession to more junior member or members of that same profession. This relationship is evaluative, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the more junior person(s), monitoring the quality of professional services offered to the client, she, he or they see, and serving as a gatekeeper of those who are to enter the particular profession.

Implicit in this definition is that supervision is considered a developmental process that will occur within the psychologist's own professional group.

The view of the New Zealand Psychologists Board also implies that supervision for psychologists will occur within the professional group. Supervision from a person who is not a psychologist is only considered to be appropriate in certain situations where, for example, geographical location presents as a barrier to own profession supervision or where the development of specialist knowledge or skills is required. Social workers providing cross-disciplinary supervision to psychologists would need to be aware of both regulatory and/or professional association factors that impact on supervision requirements. This would be required in terms of meeting the supervisor practice standard relating to systems of accountability being in place for the supervisory relationship (ANZASW, 2004; New Zealand Psychologists Board, 2010).

Bond & Holland (1998:12) present a popular definition of supervision within the field of nursing as:

> Clinical supervision is regular, protected time for facilitated, in-depth reflection on clinical practice. It aims to enable the supervisee to achieve, sustain and creatively develop a high quality of practice through the means of focused support and development.

This definition of supervision implies an adult learning model which continues throughout one's nursing career and has similarity with the ANZASW definition.

The literature relating to supervision from a nursing perspective indicates that previously the supervision that did occur within nursing was typically own-disciplinary/profession supervision. More recent literature, however, discusses supervision by nurses and for nurses as occurring across disciplines/professions. Key tasks of supervision within the nursing profession have included mentoring, preceptoring and role modelling with reflection on practice being a more recent occurrence (Cutliffe & Hyrkas, 2006; Spence, Cantrell, Christie & Samet, 2002; Yegdich, 2004).

This change in approach to supervision within the nursing profession appears to be related to enhancing collaboration and interdisciplinary approaches which facilitate improved healthcare outcomes. While these changes are generally viewed as positive the need remains for consideration of those uniquely nursing aspects of practice in terms of cross-disciplinary supervision practice involving nurses. Social workers providing cross-disciplinary supervision to nurses would need to be aware of this, along with regulatory considerations, in terms of meeting supervisor practice standards relating to systems of accountability and safety (ANZASW, 2004; Cutliffe & Hyrkas, 2006; Spence et al., 2002).

The Occupational Therapy Board of New Zealand (OTBNZ) defines supervision as:

> A structured intentional relationship within which a practitioner reflects critically on her/his work, and receives feedback and guidance from a supervisor, in order to deliver the best possible service to consumers. Professional supervision may incorporate any aspect of a professional role e.g., clinical, managerial, or cultural, and be one to one, one to group, or take the form of peer review.

This view of supervision is also consistent with that of an adult learning model and in this regard has similarities with the ANZASW definition (OTBNZ, 2010).

In terms of cross-disciplinary supervision the OTBNZ (2010) specifies that occupational therapy supervisors do not necessarily have to be occupational therapists unless there are conditions placed. More important is that supervision is appropriate to practitioner circumstances. The exception to this, however, is where there is a condition on the scope of practice that requires supervision from an occupational therapist. As is the case with providing cross-disciplinary supervision to nurses and psychologists, consideration by social workers for regulatory factors is required in terms of meeting the supervisor practice standard relating to systems of accountability and safety (ANZASW, 2004).

Clearly cross-disciplinary supervision with professionals from these groups will require some specific considerations as there are both similarities and differences that have the potential to impact on the supervisory process. These are evident in terms of practice focus, supervision history, and in terms of regulatory and professional membership requirements.

Views about cross-disciplinary supervision

A range of views about cross-disciplinary supervision practice were evident in the international and national literature and research.

International literature and research

From the literature search only two international articles about cross-disciplinary supervision which also included reference to social work were found. In the first of these Mullarkey et al. (2001:205) explored whether supervision across professional boundaries might be 'desirable, possible and/or justifiable'. This was in response to policy initiatives in the United Kingdom which involved integration of care as well as health sector budget cuts. The development of a common philosophy for clinical supervision, based on multi-professional working, was advocated in terms of promoting collaboration and cooperation rather than reinforcing difference. It was concluded that the quality of the supervision and the supervisory relationship was more crucial than the

professional background of those involved. Acknowledgement is made, however, of the need for trainees and recent graduates to engage in own-disciplinary supervision for discipline specific learning.

In the second article Spence et al. (2001) reviewed theoretical and empirical literature relating to allied mental health practitioner supervision. They found the literature was suggestive of supervisors engaging in similar practices regardless of their professional discipline. It appeared that interdisciplinary supervision was considered less likely to be effective in the supervision of those professional activities that require the in depth education and training of a specific discipline. The feasibility of cross-disciplinary supervision for generic practice and own-disciplinary supervision for discipline specific practice was proposed. The authors concluded, however, that the effectiveness of inter-disciplinary supervision needs to be evaluated.

Overall there were five main points from these two articles and the first was an identified need for a common philosophy for clinical supervision. The second was the importance of the role of quality in supervision and supervisory relationships. The perceived need for beginning practitioners to engage in supervision within their own profession was the next point. The fourth was the need for own-disciplinary supervision for discipline specific tasks, and the last point was the need for the effectiveness of cross-disciplinary supervision to be evaluated.

Five international research articles were also identified in the literature search. Not all of these studies specifically researched cross-disciplinary supervision amongst social workers, although those that did not still have applicability as social workers, along with other professionals, participated in the research.

The first of these was the study undertaken by Berger & Mizrahi (2001) which was previously discussed in the prevalence of cross-disciplinary supervision section of this chapter. It was recommended that trends relating to the eroding of traditional models of supervision and the increase in non-social work models of supervision be monitored. Berger & Mizrahi (2001:15 - 16) also recommended exploration of the efficacy of non-social work models of supervision and the suggested questions for achieving this included:

- What are the qualifications of the individuals performing supervision;
- Where does the supervisor sit in the organisational hierarchy;
- What is their supervisory philosophy and method;
- What is their understanding of (the) social work profession, including training and roles;
- If used in combination with other models, what percentage the social workers time is spent with the non-social worker;
- What is the content of their supervisory session;
- Do social workers supervised by non-social workers perceive clinical supervision to be a problem;
- Do they seek clinical supervision from social workers outside of the system, or informally from colleagues within.

The second was a qualitative study undertaken by Hyrkas et al. (2002) in a Finnish hospital. They explored factors that both promoted and inhibited multi-professional team supervision. Hierarchical relationships between team members challenged the multi-professional team supervision process while working in supervisor pairs promoted it. It was also identified that relationships and communication within teams together with the development of multi-professional practice were promoted and that professional identity improved.

The next was a review of a large Australian mental health service by Kavanagh et al. (2003). A perceived need to retain a discipline specific focus in supervision was identified in this study, as well as finding that a notable percentage of respondents in the study, both supervisors and supervisees, identified that discipline specific competencies were a primary focus for supervision. In addition to this it was reported that the frequency of contact with same discipline supervisor was linked to perceived impact on practice while contact with cross-disciplinary supervisors was not.

The fourth was a survey undertaken by Townend (2005:586) to describe interprofessional supervision amongst a sample of 170 cognitive behavioural psychotherapists (CBP's). The participants were based in the United Kingdom and included CBP's from various professional groups, including social work. Of Townend's (2005:585) respondents, 59% considered that their supervisor being from a different professional group never gets in the way of the supervisory

process, 26% said that it rarely gets in the way and 15% indicated that it sometimes or often gets in the way. The analysis that was undertaken indicated themes which were considered helpful to effective supervision as 'different perspectives', 'increased creativity', 'wider knowledge', 'prevents becoming complacent' and 'critical thinking'. Themes that were considered as a hindrance to effective supervision were indicated as 'professional role and training differences and misunderstandings', 'difference in training level', 'absence of shared theories and language', 'absence of empathy for organisational issues' and 'fear of revealing weaknesses' (Townend, 2005:585).

In response to the themes that were presented as a hindrance to cross-disciplinary supervision, Townend (2005:587) made the following recommendations:

1. Supervisors and supervisees ensure that they are familiar with each other's professional role, codes of professional conduct and values.

2. Supervisors and supervisees ensure that they have enough knowledge about each other's background and training to recognize how previous training experiences are likely to be playing a role in forming assessment, conceptualization and treatment decisions.

3. Supervisors and supervisees acknowledge any difference in status and incorporate in their supervision agreement how these will be addressed in supervision.

4. Supervisors and supervisees agree to work on a common theoretical or practice model within supervision or if not, at least discuss and be aware of both the similarities and differences in preferred ways of working.

The fifth study was undertaken amidst concerns regarding the impact of inter-disciplinary supervision on professional standards, professional identity and quality of service provision. In this Canadian based study Bogo et al. (2011) explored the perceptions of a group of clinicians, which included social workers, about their interprofessional supervision. The study found that participants valued their interprofessional supervision whilst also expressing a need to experience own profession supervision in order to address profession-specific work, issues and trends.

Overall the international research literature suggests that cross-disciplinary supervision can be both valuable and problematic. A number of

factors that either hinder or promote the effectiveness of cross-disciplinary supervision were identified and these are generally related to professional difference. There were a number of recommendations and strategies which emerged and the first of these primarily related to addressing themes that present as a hindrance to cross-disciplinary supervision. The next highlighted the need for own-disciplinary supervision for discipline specific practice while the third was in relation to the need for trends in traditional and non-social work models of supervision to be monitored. The final recommendation concerned the need for the efficacy of cross-disciplinary supervision to be evaluated.

Aotearoa New Zealand Literature and Research

Five local articles were found which discussed cross-disciplinary supervision and included reference to social work.

O'Donoghue (2004:2) noted that 'social workers are engaging in cross-disciplinary supervision without a research, theory and knowledge base pertaining to cross-disciplinary supervision competence'. In response to this O'Donoghue (2004:6) proposed the following guidelines for social workers engaging in cross-disciplinary supervision practice:

- it is in addition to professional supervision with a social worker;
- similarity and differences between each profession's supervision traditions and the individual's experience of supervision are discussed;
- the nature, purpose and structures of the cross-disciplinary supervision are explicitly contracted;
- it is authorised by the organisation;
- both parties are informed about each other's ethical codes and complaint processes;
- the status of the supervision in relation to the regulatory, professional membership, and organisational requirements is clear and explicit;
- the scope of the supervision is clearly established; and
- it is provided only on the condition that when it concerns a health practitioner or a practitioner from a profession with an established supervision culture and policy, that it is additional to their professionally mandated supervision.

Following a review of workshop participant views, relevant literature and political, ethical, and regulatory considerations Simmons et al. (2007:84) suggested that 'cross-disciplinary supervision has many potential challenges and requires clear contracting in order to manage differences in perspective in a safe and ethical manner'. They presented a number of conclusions about cross-disciplinary supervision and the first of these was that where it does occur the purpose should be clearly contracted and this should include planning for potential challenges. The next was in relation to the need for awareness of each other's code of ethics and professional standards. In addition to this cross-disciplinary supervision was not recommended for new graduates and practitioners, and the legal requirement for health practitioners to have own-disciplinary supervision was highlighted. The last was in relation to the need for further research to contribute to the development of guidelines for cross-disciplinary supervision.

In terms of developing an organisational culture that values supervision Rains (2007) discussed the inter-disciplinary supervisor development strategy used to achieve this within a community health service. She highlights that issues experienced by supervisors are particular to the supervision process and not necessarily discipline specific. The multi-disciplinary supervisor development groups were seen to enhance both teamwork and communication within inter-professional teams and facilitate consistency in supervision practice across the service.

From the perspective of educating for cross–disciplinary supervision, Davys and Beddoe (2008) present the view that supervision has become a profession in its own right and as such consider that learning to become a supervisor is a generic rather than profession-specific process. They highlight that all supervision must sit within professional practice guidelines and ethics as well as within agency policies and protocols. It is argued, however, that when the development of professional insights, learning and responsive practice are considered as the primary functions of supervision, this focus allows it to transcend professional boundaries.

In developing national professional supervision guidelines Te Pou (2009), a mental health and addictions workforce development centre, made some observations about cross-disciplinary professional supervision. These

included that it is regarded as a potentially useful option for experienced practitioners and in situations where further specialist knowledge is required. While this publication was predominantly focussed on supervision for nurses it was argued that cross-disciplinary supervision supports the multi-disciplinary approach demonstrated by many mental health and addiction services.

In summary, the Aotearoa New Zealand literature identified that there was a lack of a research, theory or knowledge base for cross-disciplinary supervision and the need for this to be addressed. There is a need for cross-disciplinary supervision practice to sit within agency, policy and practice guidelines. The potential of cross-disciplinary supervision to support a multi-disciplinary approach in work settings was a further theme. The notion that supervision is a profession and supervisor training should be generic was similar to the theme of developing a common supervision philosophy that was apparent in the international literature. Another theme was the potential of inter-disciplinary supervisor development groups to facilitate and promote consistency in supervision practice. The final theme related to the usefulness of cross-disciplinary supervision for experienced practitioners and for developing specialist knowledge.

To date there appears to be only two previous studies that have specifically researched cross-disciplinary supervision in the Aotearoa New Zealand context that involved social workers and these are presented below.

The first was undertaken by Crocket et al. (2009) and was a small qualitative study, involving six supervisors from a range of disciplines including social work, which explored the limitations and possibilities of cross-disciplinary supervision. They too highlight that supervision is coming to be understood as a discipline in its own right although note the competing direction of professional registration and membership requiring practitioners to engage in own-disciplinary supervision. Both mandate and accountability are identified as key issues for consideration in cross-disciplinary supervision and at individual, professional and organisational levels. They suggest that clear context specific negotiation and review of the focus of the supervision work could address these issues. The researchers concluded that a noteworthy potential contribution of cross-disciplinary supervision is its view from 'outside' the discipline.

The second Aotearoa New Zealand study, undertaken by Howard et al. (2010), was to investigate the extent and nature of the practice of interprofessional supervision in the social work and psychology disciplines. Potential advantages of interprofessional supervision were identified and these included 'usefulness of different approach', 'increases my knowledge', 'facilitates creative thinking', 'enhances understanding of other prof. (sic) groups', 'enhances own discipline skills', 'helps me question my institutional approach', and 'positive effect on teamwork'.

There were a number of recommendations for interprofessional supervisors made by Howard et al. (2010). They highlight that supervision contracts need to clearly define the purpose, goals, process, parameters and parties. Ongoing clarification in relation to session focus, competencies, skills, knowledge, values and language to avoid misunderstandings was also recommended. Identification of the supervision limitations and strategies to address this was a further recommendation, as was the development of appropriate understanding of supervisee work context and agency requirements, code of ethics and practice standards. The remaining recommendations were in relation to undertaking regular evaluation of supervision relationships and for supervisors to develop appropriate knowledge and skills regarding cross-disciplinary supervision.

The points of note from both of these studies were that professional and organisational mandate and accountability are major issues for consideration in relation to cross-disciplinary supervision. In particular there is a need for cross-disciplinary supervision to sit within legislative, regulatory, professional and agency guidelines. It should also to reflect contracting that attends to the nature, purpose, scope and structure of the supervision. Addressing professional differences and the need for regular review of the supervisory relationship were highlighted. Additionally, education about cross-disciplinary supervision was recommended and it was not a practice advised for beginning practitioners. Factors considered helpful to effective supervision were identified. The studies undertaken by Crocket et al. (2009) and Howard et al. (2010) both identified themes considered helpful to effective supervision and supported the findings of Townend's (2005) research.

Conclusion

This chapter has discussed the major themes related to the research questions that were apparent within the cross-disciplinary supervision literature. The nature of social work supervision was outlined in the first section as this sets the context in which cross-disciplinary supervision is both understood and occurs for ANZASW social workers.

In the second section the emergence of cross-disciplinary supervision was briefly outlined as a response to market forces and collaborative practice approaches and highlighted an associated developing interest in generic supervisor training.

The next section demonstrated that while there is very limited research literature regarding the prevalence of cross-disciplinary supervision, it is a practice that does occur, perhaps on a regular basis, and perhaps appears to be increasing.

The fourth section highlighted that there is limited information regarding the nature of cross-disciplinary supervision although what does exist indicated some similarity with own-disciplinary supervision and that it was considered both as an adjunct to it and as a replacement for it. Also examined were the ANZASW, regulatory, professional and service provider, and non-social work practice contexts as all impact to varying degrees on the nature of cross-disciplinary supervision.

In the final section the key themes which emerged from the cross-disciplinary supervision literature and research included: a) cross-disciplinary supervision can be both valuable and problematic; b) the importance of the role of quality, contracting and review in supervision and supervisory relationships; c) the perceived need for beginning practitioners to engage in own-disciplinary supervision; d) the need for own-disciplinary supervision for discipline specific tasks; e) the usefulness of cross-disciplinary supervision for developing specialist knowledge; f) the need for the effectiveness of cross-disciplinary supervision to be evaluated; g) the need to address factors that hinder cross-disciplinary supervision; h) the lack of a research, theory or knowledge base for cross-disciplinary supervision; i) the need for cross-disciplinary supervision practice to sit within agency, policy, regulatory and professional practice

guidelines; j) the potential of cross-disciplinary supervision to support a multi-disciplinary approach in work settings; k) the potential of inter-disciplinary supervisor development groups to facilitate and promote consistency in supervision practice; and l) an identified need for a common philosophy for clinical supervision or generic supervisor training.

In summary this chapter has identified that while ANZASW social workers are participating in cross-disciplinary supervision practice very little is known about its prevalence amongst this group. Moreover, little is known about the nature of the cross-disciplinary supervision that ANZASW social workers are participating in. Furthermore, ANZASW social workers views regarding the effectiveness of cross-disciplinary supervision are relatively unknown. Despite this there have increasingly been suggestions that there is evidence demonstrating far more similarities than differences in the aims, processes and methods of supervision amongst different professional groups and a growing pursuit for a universal supervision practice. The implications of these factors for this thesis are the need to better understand the practice of cross-disciplinary supervision amongst ANZASW social workers and the contexts within which it occurs. In terms of the research design, the lack of previous quantitative studies in this area will require the development of a specific questionnaire which can draw on suggestions evident in the existent literature. This is the topic of the following chapter, which discusses the research methodology and design.

CHAPTER THREE

METHODOLOGY

This chapter discusses the research methodology that was utilised in this study. Pragmatism is discussed as the philosophical worldview informing the research. The rationale for choosing a cross-sectional survey design and the procedures used in the study will be outlined together with the limitations of the methodology.

Philosophical Underpinnings of the Research

Pragmatism is the philosophical worldview that has informed this research. Sleeper (1986, cited in Tashakkori & Teddlie, 2003:54) defined pragmatism as 'a philosophy rooted in common sense and dedicated to the transformation of culture'. More specifically pragmatism advocates an empirical basis in determining efficacy. It is action focused and offers a practical and outcome oriented research approach that assists researchers to problem solve and to better answer research questions (Johnson & Onwuegbuzie, 2004:17).

This research project has unfolded from the recognition that social workers are engaging in cross-disciplinary supervision without a theory or knowledge base regarding its practice. As discussed in chapter two, cross-disciplinary supervision is a form of supervision that has emerged in the Aotearoa New Zealand social work context over the past few decades. This has been in response to changes in social, political and economic environments which have, to varying degrees, impacted on social work supervision (Cooper, 2006; O'Donoghue, 2004; Wepa, 2007).

Participation in cross-disciplinary supervision can be viewed as a pragmatic response by the social work profession to address those particular challenges for social work supervision that have emerged as a result of the social, political and economic changes that have occurred. What has emerged alongside of this is the need for the prevalence, nature and views about cross-disciplinary supervision to be empirically determined.

Eclecticism and pluralism are endorsed within pragmatism as it is considered that a range of various practice theories and methods may have applicability and/or the potential to contribute to goals or outcomes. Reductionism, however, is generally rejected as it does not by its nature contribute to understanding the complexity of the research problem. The rationale for the choice of the theories and methods utilised in research is based on workability, practicality and problem solving potential. What is considered appropriate and adequate in one situation may not be for another (Johnson & Onwuegbuzie, 2004).

Pragmatism considers that research can never be an entirely objective process. The acknowledgement of the macro and micro socio-cultural values that exist within the research or practice context, and which contribute to the collective experience of participants, is fundamental to pragmatism (Johnson & Onwuegbuzie, 2004).

Knowledge is viewed as being constructed and based on people's real world experience. The influence that this knowledge has on action or 'human inquiry' is a central consideration of pragmatism in terms of research and theory development. Thinking is conceptualised as an infinite loop which 'follows a dynamic homeostatic process of belief, doubt, inquiry, modified belief, new doubt, new inquiry' (Johnson & Onwuegbuzie, 2004:18). People are considered to continuously adapt to, accommodate and develop new understandings about the situational and environmental changes that occur within their worlds on an ongoing basis. People then apply their ideas from new understandings to see if they work in what can be considered an ongoing process (Johnson & Onwuegbuzie, 2004).

From this perspective truth, meaning, and knowledge change over time and are therefore always 'tentative'. It is argued then that research findings and outcomes should only ever be considered as 'instrumental and provisional truths', where this is justifiably warranted, and that all research conclusions are subject to 'fallibilism' (Johnson & Onwuegbuzie, 2004:18).

It was anticipated that baseline data regarding the prevalence, nature and views about cross-disciplinary supervision amongst ANZASW social workers in this study would be collected from a reasonably large number of participants. A pragmatist approach was used in terms of the methodology

selected in that it was based on the most effective means for collection of the amount and type of data that was required for this research.

A pragmatist approach was also chosen due to its consistency with a social work approach which understands theory to be a) socially constructed and occurring within the context of the person and their environment and b) reflexive in that it is constantly developing and changing in response to participants, time, place and context (Nash, Munford & O'Donoghue, 2005).

Maxcy (2003:81) highlights that pragmatism is not only considered as 'a method of inquiry' in research, it is also 'a method for selecting inquiry methods'. With regard to the selection of the best method or mix of methods, the criterion for choice is based on that which 'produces the most effectiveness'.

The criterion for choice of methodology in this study was also pragmatist in nature as it was based on the most effective means for collecting data in terms of the availability of resources. At the time of data collection the researcher was based in Australia and in addition to this, experienced the time and other resource constraints that exist within the role of student.

Research Design

A survey research design was chosen as the best method for this study. De Vaus (2001) identifies that survey research can be exploratory, descriptive, or explanatory. This study is an exploratory and descriptive one in which the objectives, as noted in chapter one, were to:

1. Describe the prevalence of cross-disciplinary supervision amongst ANZASW social workers,

2. Explain the nature of cross-disciplinary supervision that is engaged in by ANZASW social workers, and

3. Examine ANZASW social workers views about cross-disciplinary supervision.

Essentially a survey research design was chosen for this study on the basis that it was the best approach to practically explore and describe social workers' participation in and their views about cross-disciplinary supervision. Due to the time limited nature of the study, i.e. being that it was for a Masters thesis, a cross-sectional design with data collection through a self administered web-

based internet survey questionnaire was chosen as the most effective way of accessing the descriptive data required on a national basis (Babbie, 2007; De Vaus, 2002).

Web-based internet surveys are generally considered to be a less expensive and faster way to collect research data than other survey designs. In addition to this research has indicated that web-based internet surveys have the potential to improve the quality of the data as respondent errors were reduced, completeness of responses was increased, item non-response rates were lower and there were a lower proportion of 'don't know' responses (Bech & Kristensen, 2009; Umbach, 2004; Zhang, 1999).

A number of significant disadvantages relating to web-based internet surveys are also apparent in the literature. The first of these relates to the low response rates that web-based internet surveys typically experience and which undermines the representativeness of the results. It has been suggested that the use of an additional data collection method could assist to address this issue. As previously noted this was not an option for the current research due to researcher location and time restraints (De Vaus, 2002; Umbach, 2004).

The second issue relates to sample bias in that only respondents with internet access can participate. A further issue relates to the potential for measurement error to be introduced, for example, by different computer operating systems altering the appearance of the questionnaire. Additional issues that have been identified as having the potential to introduce bias in web-based survey completion are technical factors such as slow internet connections, inadequate web browser and the technical ability of the respondent (Bech & Kristensen, 2009; Bethlehem, 2010; Umbach, 2004; Zhang, 1999).

Umbach (2004:29 & 30), following a review of relevant literature, has recommended some strategies to address the inherent issues in web-based internet surveys such as:

- ensure survey is readable and easy to navigate with clear instructions;
- use conventional survey formats;
- include a progress timer;
- divide longer surveys in to appropriate sections;

- pilot survey on different computer systems to ensure compatibility with various browsers and operating systems;

- not requiring question answers for respondent to continue;

- avoid the use of drop-down boxes; and

- allow respondents to scroll from question to question where possible.

The design of the survey questionnaire initially included a review of survey questionnaires that have been used previously in research on supervision and in particular research that was related to cross-disciplinary supervision (e.g. Howard et al, 2010; Berger & Mizrahi, 2001; Kavanagh et al, 2003). Although the previously developed survey questionnaires used in these studies were useful in terms of the ideas they provided, none actually fitted the purpose of exploring the prevalence and nature of and views about cross-disciplinary supervision amongst social workers in Aotearoa New Zealand. A specifically designed questionnaire was therefore required for this research.

The design process involved identifying variables concerning respondents' general characteristics, the prevalence of cross-disciplinary supervision amongst respondents, the nature of cross-disciplinary supervision that is engaged in by respondents and finally respondent views about cross-disciplinary supervision. Drafts of the questionnaire were refined via discussion with my research supervisors and through peer testing. There were a number of key concerns in relation to the survey design and the first was concerned with collecting adequate and appropriate information. The second involved keeping the questionnaire as brief as possible to encourage participation and completion. The final concern was ensuring that the questionnaire was suitable for an online survey as the researcher was conducting the Aotearoa New Zealand based research from Australia.

It was initially intended for the online survey questionnaire to be constructed by Massey Information Technology Services (MITS). The financial cost and time involved in the setting up of the design in an online format associated with this option, however, precluded it so other options were explored with regard to the web-hosting of the questionnaire. Available options were canvassed in relation to cost, user friendliness and timelines. The survey questionnaire was eventually constructed using the online survey tool known as

SurveyMonkey which enables users to create their own web based surveys (www.surveymonkey.com).

The questionnaire consisted of four separate sections with the first being a general section gathering demographic data from all respondents. The second section was for those respondents who received cross-disciplinary supervision and the third was for those who provided cross-disciplinary supervision. Respondents who both received and provided cross-disciplinary supervision were asked to complete both the second and third sections. Section four was for those participants who had never participated in cross-disciplinary supervision. The results from this section, however, were not included in the results as it became apparent from the data analysis that the data collected from these participants was not actually reliable or valid. This was because these participants had no experience of cross-disciplinary supervision and it was therefore considered that their views about it did not have any direct connection to the practice of it.

In total there were 75 closed questions and 3 open questions in the questionnaire (Appendix A). These 78 questions collected data on 107 variables which were concerned with:

a) general characteristics which comprised of variables pertaining to information about gender, ethnicity, age, social work experience, field of social work practice, level of social work practice, current employment setting/s, geographical location of social work practice, full or part time employment status, highest qualification, whether further training is currently being undertaken, identification with any other profession/discipline and membership with any other professional association;

b) the prevalence of cross-disciplinary supervision which as a construct comprised of variables pertaining to their participation, the level of their participation and the frequency of their participation in cross-disciplinary supervision;

c) the nature of the cross-disciplinary supervision engaged in which as a construct comprised of variables pertaining to the type, nature and mode of the cross-disciplinary supervision they engaged in, whether it was planned, reasons for engaging in it, whether they had influence, if it was internal/external, whether it was authorised, profession/discipline of cross-disciplinary

supervisor/supervisee, supervisor training, awareness about codes of ethics/complaints process/standards for practice, supervisors clinical responsibility, whether there is a supervision contract/whether it is written/items included, the functions of the supervision, the extent that similarities and differences are discussed and whether the supervisee engages in own discipline supervision and the mode and frequency of this; and

d) views about cross-disciplinary supervision which as a construct comprised of variables pertaining to the extent five listed features enhance practice, the extent that six listed features hinder practice, the overall extent their practice is enhanced by cross-disciplinary supervision, the level of agreement with six listed effectiveness criteria, the importance of eight listed statements and the overall effectiveness experienced with cross disciplinary supervision.

Of the 75 closed questions, 24 were binary choice and 30 were multi choice. The binary choice questions were designed to elicit only yes or no responses where this was all that was required in terms of collecting relevant data. The multi choice questions were used where there were more than two response categories identified, where the potential for respondents to choose multiple options was identified and where a range band response was required.

The remaining 21 of the 75 closed questions used 5-point semantic differential scales. The semantic continua for these differential rating scales included: 'strongly agree' (1) to 'strongly disagree' (5); 'not at all' (1) to 'almost always' (5); 'not important' (1) to 'very important' (5); and 'extremely ineffective' (1) to 'extremely effective' (5).

The internal reliability of the scales for 11 of the 21 questions were tested using Cronbach's Alpha Coefficient, with the test only being applied to questions with more than one item. Table 3.1 shows that all scores indicated an adequate level of internal consistency (i.e. >0.5) with 10 of these achieving a level greater than 0.7 which is generally accepted as a good indication of scale reliability (De Vaus, 2002).

Table 3.1 Reliability of Scales

Question	Cronbach's Alpha Coefficient
16	0.722*
37	0.926*
42	0.912*
43	0.908*
45	0.597*
46	0.841*
65	0.946*
68	0.901*
69	0.942*
71	0.903*
72	0.786*

* Indicates internal reliability

Seven of the questions that were not tested for internal reliability had only one item scale and were unidimensional in that respondents were asked to provide an overall evaluative rating of their experience of cross-disciplinary supervision. The data collected for these questions was used regardless because the content coverage was meaningful and unidimensionality was reasonable (Schmitt, 1996). The remaining two questions were not tested for internal reliability as the results from those questions were not used due to respondents having no experience with cross-disciplinary supervision.

Overall the survey questionnaire appeared to have face validity in terms of constructs that adequately reflect and measure the prevalence, nature and experience of cross-disciplinary supervision amongst ANZASW social workers. The exception to this was section four which sought opinions from respondents who had no actual experience with cross-disciplinary supervision (Babbie, 2007; De Vaus, 2002).

Ethics

On completion of the research design an application for ethics approval was made to Massey University Human Ethics Committee in July 2010 (Appendix B). The project, recorded as Southern B Application 10/48, received provisional approval from the MUHEC in August 2010 and full approval in September 2010 (Appendix C). The MUHEC approval process provided

assistance in regard to the 'user friendliness' of the participant information sheet in terms of using "I/you" phrasing, setting a realistic timeframe for participants to complete the questionnaire by increasing this from 20 minutes to 20 – 25 minutes and formalising the letter requesting ANZASW assistance.

An information sheet fronted the online survey questionnaire (Appendix A) which introduced the research to all participants and included the purpose and details of the research project, participant rights should they choose to opt in to the research and where the results of the research could be accessed. Participant consent was implied by completion of the online survey questionnaire. The survey was completely anonymous as it did not collect any identifying data.

The use of SurveyMonkey instead of MITS for constructing the online survey questionnaire required an application of variance to the MUHEC and this was granted on the 05/10/2010 (Appendix D). A second variation was granted to include convenience sampling in the collection of survey data and this was granted on the 19/11/2010 (Appendix E).

The sample

The survey population for this research was ANZASW members. This population was chosen due to their presumed identification as social workers, adherence to ANZASW supervision policy and their accessibility through the ANZASW. It was originally envisaged that the survey link be distributed by an employee of the ANZASW to a systematic one in ten sample of members from the 4198 membership base reported by the ANZASW in October 2010. The link to the survey questionnaire was, however, only distributed to 267 ANZASW members and this was due to the fact that ANZASW only had email contact details for 2767 of its members. The intended sample was therefore reduced significantly from that which had been anticipated (ANZASW, 2010).

The first email, which distributed the survey link to the systematic sample of ANZASW members, was sent out in November 2010 after having being delayed by the first Canterbury earthquake. The response rate was very low with only 23 responses received. This represented a response rate of only 8.6%. As a measure to address the low response rate a second email was

scheduled to be sent out in late November 2010 as a reminder to the sample who had received the first email invitation to participate in the research. The reminder email, however, was not sent out until early January 2011.

In consultation with my supervisor and after attaining a variation to the ethical approval of the project (Appendix E), a decision to include convenience sampling was also made in November 2011. This was undertaken through an invitation to all ANZASW members to participate in the survey. This invitation was distributed along with the survey link via the December 2010 Social Work Kete, an online weekly newsletter published and distributed by the ANZASW to all those ANZASW members who had an email address listed with the ANZASW. The overall response rate increased in number to 41 as a result of the second email out and the advertisement placed in Social Work Kete.

As this was still a very low overall response rate it was decided in January 2011 to send an email to the ANZASW branch coordinators across Aotearoa New Zealand. This email was designed to draw the coordinators attention to the research advert and survey link placed in the December 2010 edition of Social Work Kete, and requested they in turn draw it to the attention of their branch members. As a result the response rate increased to 87 completed survey questionnaires, of which 54 were useable in terms of the respondents having participated in cross-disciplinary supervision.

Data analysis

This section outlines the way in which the online survey data was organised and then analysed using PASW Statistics 18 (predictive analytics software) (http://www.spss.com).

The initial part of the data analysis process involved developing a code book in the form of the variables sheet within PASW. This consisted of the 107 identified variables, which were organised in to three sections, and the ascribing of values. The data from the 54 useable questionnaires was then entered in to PASW. Cross checks were undertaken at regular intervals during the data entry process and again on completion to ensure accuracy in data entry.

The second part of the data analysis process involved a univariate descriptive analysis being undertaken for each question. The analysis for the

nominal and ordinal variables included frequency and percentage measures while the analysis for scale item variables included mean and standard deviation measures.

Bivariate cross-tabulations were also undertaken on a number of variables to explore whether a range of respondents general characteristics had any association with participation in cross-disciplinary supervision. Significance testing in relation to the bivariate analyses was not undertaken due to the low response rate and because of the non-probability and convenience nature of the sampling process.

Limitations of the methodology

This research undertaken through an internet survey was designed to take a 'snapshot' view of cross-disciplinary supervision of a probability sample of ANZASW social workers that would be generalisable across the population of ANZASW social workers. The lower than expected response rate that occurred meant that the results cannot be generalised beyond the respondents and is therefore a key limitation of the research. This appears to have occurred in part because approximately one third of the ANZASW membership did not appear to have an email contact address. Access to the internet survey was increased with the introduction of convenience sampling and this did serve to increase the response rate. This change from a probability to a convenience sample together with the low response rate meant that significance tests could not be applied to test the null hypothesis and this represents a further limitation. It appears also that there may have been some difficulty identifying the link to the internet survey as the researcher received notification of this on one occasion.

Despite these limitations, however, the data collected does provide a portrait of the prevalence and nature of and views about cross-disciplinary supervision among a group of 54 ANZASW workers. It therefore provides a basis for comparison in further studies of this topic (Babbie, 2007; De Vaus, 2002).

Conclusion

This chapter has discussed the research methodology that was utilised in this quantitative study about cross-disciplinary supervision. Pragmatism as the philosophical worldview which informed the research design was outlined along with the rationale for the use of this approach. The methodology, a cross-sectional design using an internet based survey, was discussed in terms of the rationale for its choice, ethical considerations, sample, data analysis procedures and methodological limitations. There were two key strengths of the methodology and the first of these was that it was a necessarily inexpensive and faster way of collecting the exploratory and descriptive data required for the study. The second was that the data collected provides a basis for comparison in future research. The results from the internet based survey are the topic of the next chapter.

Chapter 4

Cross-disciplinary Supervision: The Aotearoa New Zealand Social Work Context

This chapter reports the results from the online survey. The results are reported in three sections: the first concerns the prevalence of cross-disciplinary supervision; the second relates to the nature of cross-disciplinary supervision; and the third discusses the social workers' views about the effectiveness of cross-disciplinary supervision.

The Prevalence of Cross-disciplinary Supervision amongst ANZASW Social Workers

The respondents provided information about their level of participation in cross-disciplinary supervision. This section also explored whether a range of the respondents general characteristics had any association with participation in cross-disciplinary supervision.

Participation in cross-disciplinary supervision

Amongst the 54 survey participants involved in cross-disciplinary supervision 14 (25.9%) received cross-disciplinary supervision, 16 (29.6%) provided cross-disciplinary supervision and 24 (44.5%) both provided and received cross-disciplinary supervision.

The gender distribution of respondents was 77.8 % (N = 42) female and 22.2 % (N = 12) male. This is relatively close to the 81% female and 19% male composition of respondents reported by Howard et al. (2010), and the 80% female and 20% male composition reported by O'Donoghue et al. (2005). When compared to the gender distribution of the ANZASW membership in 2011 which was 86.6% female (N = 3358) and 17.4% (N = 707) males it shows females under-represented by almost nine percent and males over-represented by nearly five percent (ANZASW, 2011).

In terms of ethnic origin 68.5% (N = 37) of respondents self identified as New Zealand European or Pakeha, 11.1% (N = 6) as other European, 5.6% (N = 3) as Maori, 7.4% (N = 4) as New Zealand European and Maori, 3.7% (N = 2) as Other, 1.9% (N = 1) as New Zealand European and Pacific Peoples, and

1.9% (N = 1) as Asian. Respondents who identified their ethnic origin in the 'other' category were Indian, American and Canadian. The ethnic distribution in this research is similar to that reported by Howard et al. (2010) where 69% of their respondents identified as European, 19% as Maori, 4% as Pacific People, 3% as Asian and 13% as other. There did not appear to be any noticeable difference reported by respondents in terms of participation in cross-disciplinary supervision and ethnicity.

The results which related to age range revealed that no one under 26 years of age completed the survey and that the majority of respondents were over 50 years of age (59.3%). This appears to align with the current ANZASW membership age range where 46.4% of members are over 50 years of age (ANZASW, 2011). It is also similar to the research findings of Howard et al. (2010) where just over 60% of their sample was 45 years of age and over.

In relation to age group and participation in cross-disciplinary supervision, there did appear to be some variance between respondents and this data is summarised in Table 4.1. More than half of all participants were in the >50 years age band and just over a third were between 36 – 50 years of age. All but one participant in the >50 years age band identified as being at a senior or leadership level of practice so it is not surprising that the prevalence of cross-disciplinary is higher in this group.

Table 4.1 Participation in Cross-disciplinary Supervision by Age Group

Age Group	Participation in Cross-Disciplinary Supervision	
	N	%
26 - 30 yrs	2	3.7
31 – 35 yrs	2	3.7
36 – 40 yrs	6	11.1
41 – 45 yrs	7	12.9
46 – 50 yrs	5	9.3
>50 yrs	32	59.3
Total	54	100.0

Over half of the participants reported having more than 10 years of social work experience. Howard et al. (2010) also reported that over half of their respondents indicated having more than 10 years practice experience. The

number of years of social work experience reported by participants appears to have an impact on the prevalence of cross-disciplinary supervision amongst respondents and this is illustrated in Table 4.2. Almost half of the respondents indicated more than 20 years of social work experience and these participants were also more likely to be in senior or leadership positions that have supervisory responsibility. Although respondents in the 11 – 15 years of social work experience group indicated a lower level of prevalence it was still notable and this could be a reflection of increased participation in specialist training during this career stage. It could also be related to the field of practice that this group were involved in and specified as mental health and education.

Table 4.2 Years of Social Work Experience*Participation in Cross-disciplinary Supervision

Years of Social Work Experience	Participation in Cross-Disciplinary Supervision	
	N	%
1 - 2 yrs	1	1.9
3 – 4 yrs	2	3.8
5 – 10 yrs	6	11.3
11 – 15 yrs	13	24.5
16 – 20 yrs	5	9.4
> 20 yrs	26	49.1
Total	53	100.0

Table 4.3 summarises the data collected for the fields of social work practice together with participation in cross-disciplinary supervision. Almost a third (N = 17) indicated primary field of social work practice as other. Respondents included 'supervision', 'training', 'counselling', 'consultancy', 'indigenous practice', and 'community development/research' in the 'other' category. These could represent less traditional fields of social work practice and may therefore have less access to social work supervision or increased opportunity to supervise non-social workers than the more traditional social work fields. Two other fields with a higher percentage participation in cross-disciplinary supervision were mental health and welfare and these fields are likely to have increased opportunity for this to occur.

Table 4.3 Primary Field of Social Work Practice*Participation in
Cross-disciplinary Supervision

Primary Field of Social Work Practice	Participation in Cross-Disciplinary Supervision	
	N	%
Mental Health	10	18.5
Physical Health	5	9.3
Addictions	2	3.7
Disability	4	7.4
Welfare	11	20.4
Justice	1	1.8
Education	3	5.6
Academic	1	1.8
Other	17	31.5

Most participants (N = 52) indicated their level of social work practice to be at the advanced or above level while only two indicated this as basic grade. This may be reflective of a lower number of beginning practitioners being involved in further training which requires supervision from a practitioner with specialised knowledge and/or skills. Participants who identified at the 'basic grade' social work level engaged only in receiving cross-disciplinary supervision while those who identified at above 'basic grade' were involved in both providing and receiving it. The percentage rates for participation in cross-disciplinary supervision for all levels of social work practice are summarised in Table 4.4.

Table 4.4 Level of Social Work Practice*Participation in Cross-
disciplinary supervision

Level of Social Work Practice	Participation in Cross-Disciplinary Supervision	
	N	%
Basic Grade	2	3.7
Advanced or Senior	22	40.7
Supervisor	13	24.1
Practice Manager	5	9.2
Professional Advisor	6	11.1
Academic	3	5.6
Other	3	5.6

The participants (N = 54) worked in a range of employment settings with 18 (33.3%) indicating hospital or health setting, 13 (24.1%) community agency or non-governmental organisation (NGO), 14 (25.9%) private practice, 7 (12.9%) government department, 3 (5.5%) tertiary training institutes, 2 (3.7%) other and 1 (1.8%) schools. The employment settings specified in the 'other' option were child residential, iwi development organisation, family court counsellor, church, and supervised contact. These results align with the wider ANZASW membership where government departments, health, community agency or NGO and private practice being the largest employment settings (ANZASW, 2011). Additionally these employment settings may be more likely to have the potential for people from a variety of disciplines to work together and therefore increase the possibilities for engaging in cross-disciplinary supervision.

Table 4.5 summarises the data collected in relation to geographical location of social work practice and participation in cross-disciplinary supervision. Participation in cross-disciplinary supervision was lower where social work practice was undertaken in rural areas. One possible explanation for this could be the nationally experienced difficulty of attracting professionals to rural areas and therefore a limited pool of cross-disciplinary supervisors in rural areas.

Table 4.5 Geographical Location of Social Work Practice*Participation in Cross-disciplinary Supervision

Geographical Location of Social Work Practice	Participation in Cross-Disciplinary Supervision	
	N	%
Major City	22	41.5
Provincial City	17	32.1
Provincial Town	13	24.5
Rural Town	1	1.9

In relation to hours of employment three quarters (N = 39) of participants indicated they practiced social work on a full time basis (more than 30 hours per week) while the remaining quarter (N = 13) indicated they practiced social work on a part time basis (less than 30 hours per week). These figures are similar to

the Household Labour Force Survey (2010) statistics where 77.8% of the New Zealand workforce is employed on a full time basis and 22.2% on a part time basis. This suggests that social workers who participated in this survey are similar to those within the wider Aotearoa New Zealand labour force with regard to full time and part time hours of employment. Hours of employment appeared to have no impact on respondents' participation in cross-disciplinary supervision. Just over 60.0% of both full time (N = 39) and part time (N = 13) respondents participated in cross-disciplinary supervision.

Fourteen (25.9%) respondents who participated in cross-disciplinary supervision indicated they were currently undertaking further training. This is in contrast to Beddoe and Henrickson's (2005) research findings where 65.3% of the ANZASW social workers that completed their survey reported currently undertaking some kind of continuing professional education. The reduction in the number of social workers undertaking further training over the period 2005 to 2010 is particularly interesting when consideration is given to both ANZASW (2008) and SWRB (2010) requirements that social workers demonstrate continuing professional development. It would have been expected that the number of social workers engaged in further training would have increased over this period. It is possible though that the apparently lower number of social workers engaging in further training in this study could be a result of sample size, sample composition, or differing interpretations of what constitutes further training.

Eleven participants identified that they belonged to another discipline in addition to social work. Their participation in cross-disciplinary supervision may be due to the other discipline they identified with, requiring supervision to occur from within that discipline also.

Fifteen of the 54 participants (28%) who participated in cross-disciplinary supervision identified they held membership with a professional association in addition to the ANZASW. In their case, it seems plausible to deduce that their participation in cross-disciplinary supervision is likely to be in order to meet the requirements within the additional non-social work professional organisation.

Level of participation in cross-disciplinary supervision

Table 4.6 concerns level of participation in cross-disciplinary supervision over the last 12 months which was rated on a 5 point scale (where 1 = 'none' and 5 = 'high'). It illustrates that the majority of respondents indicated their level of participation in cross-disciplinary supervision was on a regular or more frequent basis. By comparison O'Donoghue et al. (2005) found that 79 (51.6%) of 153 ANZASW social workers participated in cross-disciplinary supervision. Of these 18 (11.8%) indicated a high level of participation and the mean participation level reported was 2.22 (S.D 1.42). While these findings are suggestive of an increased rating or level of participation in cross-disciplinary supervision by social workers since 2005, the apparent increase could also be a reflection of the current research being specifically focused on cross-disciplinary supervision and/or that those opting into the current study had participated in cross-disciplinary supervision.

Table 4.6 Level of Participation in Cross-disciplinary Supervision

Level of Participation	N	Mean participation level	Std Deviation	% of those indicating participation (i.e. 2 – 5)	% of those indicating high participation (i.e. 5)
None (1) – High (5)	52	3.6	1.192	96.2	30.8

Participants who provided cross-disciplinary supervision were asked to indicate the number of cross-disciplinary supervisees they are currently supervising. Table 4.7 shows three quarters of the respondents indicated between one and five supervisees while the remaining quarter indicated more than five. This is comparable to that reported by Howard et al. (2010) who found that 75.0% of the supervisors in their study had between one and five supervisees and 24.0% had more than five. Participants who indicated greater than five cross-disciplinary supervisees were based in hospital or health service, community agency or private practice employment settings. This is not surprising given the prominence of these employment settings within the ANZASW membership and the increased opportunity that is likely to exist for

the occurrence of cross-disciplinary supervision within these employment settings (ANZASW, 2011; Wepa, 2007).

Table 4.7 Number of Cross-disciplinary Supervisees

Number	N	%
1	9	26.5
2 – 4	11	32.4
5	6	17.6
>5	8	23.5
Total	34	100.0

Table 4.8 shows that most respondents engaged in cross-disciplinary supervision at least monthly. The frequency cross-disciplinary supervision was received is lower than that reported by Howard et al. (2010) where supervision was received by 84.5% of the supervisees in their study once a month. Cross tabulation of the frequency that cross-disciplinary supervision is received and whether supervision is also received from an ANZASW social worker revealed that 65.8% (N = 25) of 38 participants also received supervision from an ANZASW social worker. Receiving social work supervision in addition to cross-disciplinary supervision may partially explain the lower frequency that cross-disciplinary supervision is received in the current study. Participants specified 'ad hoc', 'as needed', 'every six weeks', 'irregularly', and 'three weekly' in the 'other' option.

Table 4.8 Frequency of Cross-disciplinary Supervision

Frequency of Supervision	Received cross-disciplinary supervision		Provided cross-disciplinary supervision	
	N	%	N	%
Weekly	2	5.3	1	2.9
Fortnightly	3	7.9	6	17.1
Monthly	22	57.9	25	71.4
Bi-monthly	4	10.5	1	2.9
>Bi-monthly	2	5.3	1	2.9
Other	5	13.2	1	2.8
Total	38	100.0	35	100.0

The Nature of the Cross-disciplinary Supervision Engaged in by ANZASW Social Workers

The findings concerning the nature of engagement in cross-disciplinary supervision are presented in five parts. The first reports information about the types of cross-disciplinary supervision participated in over the twelve months prior to the research, the modes of cross-disciplinary supervision experienced and the reason/s for engaging in cross-disciplinary supervision. The second relates to choice about supervision partner/s, internal or external status of the supervisory relationship and whether the cross-disciplinary supervision is authorised. The third is about supervisor training, profession/discipline of supervisors and supervisees and the extent of discussion about professional or disciplinary similarities and differences. The fourth concerns participant awareness of ethics, complaints process, standards for practice and core supervision. The final part provides results about contracts, professional responsibility and functions in cross-disciplinary supervision.

Type and mode of participation, and reasons for engaging in cross-disciplinary supervision

The respondents rated on a 5-point scale (where 1 = 'not at all' and 5 = 'almost always') the number that best described their experience of a range of types of cross-disciplinary supervision (see Table 4.9). Formally contracted individual supervisory relationship was the most frequently experienced type of cross-disciplinary supervision by the greater percentage of participants. This is not surprising given that this would be the most frequently preferred or traditional type of supervision amongst social workers (O'Donoghue et al., 2005; O'Donoghue, 2010).

Participants also identified that adhoc consultations, ongoing informal case consultations and multidisciplinary team meetings were experienced on a relatively regular basis. In terms of the way this question was structured it is not clear, however, whether participants considered these to be consultation as opposed to supervision. This raises the question about the extent to which supervision and consultation might be considered as related and to perhaps

overlap. The two participants who identified their cross-disciplinary supervision type as 'other' specified this as peer and kaupapa Maori.

Table 4.9 Rating* for Experience of each Type of Cross-disciplinary Supervision

Types of cross-Disciplinary Supervision	N	Mean experience level	Std Deviation	% of those responding who experienced each type (i.e. 2 – 5)	% of those responding who indicated they almost always experience this type (i.e. 5)
Formally contracted individual supervisory relationship	53	4.19	.992	98.1	48.1
Adhoc consultations	47	3.42	1.262	89.7	18.9
Ongoing informal case consultations	40	2.84	1.267	80.0	6.0
Multi-disciplinary team meetings	37	3.08	1.550	74.0	26.0
Formally contracted group supervision	18	1.90	1.388	36.7	8.2
Formally contracted team supervision	17	1.77	1.259	35.4	6.3
Other	2	1.36	.929	14.3	0.0

*Rating of experience ranged from 1 ('not at all') to 5 ('almost always')

In relation to the mode of cross-disciplinary supervision the majority of participants (N = 31; 81.6%) received 'one on one' supervision. Similarly, among those who provided cross-disciplinary supervision the majority (N = 31; 81.6%) provided 'one on one' supervision.   There was little difference reported between 'group', 'team' and 'peer' modes of supervision and the overall data for mode of cross-disciplinary supervision received and provided is summarised in Table 4.10. These results are not surprising given the tradition of 'one on one' supervision being the predominant mode within social work (Kadushin & Harkness, 2002; O'Donoghue et al., 2005; O'Donoghue, 2010; Tsui, 2005).

Table 4.10 Mode of Cross-Disciplinary Supervision

Mode of Supervision	Received cross-disciplinary supervision		Provided cross-disciplinary supervision	
	N	%	N	%
One on One	31	81.6	31	81.6
Peer	5	13.2	4	10.5
Group	4	10.5	2	5.3
Team	3	7.9	1	2.6

Thirty (81.1%) respondents who received and 33 (94.3%) who provided cross-disciplinary supervision indicated that it occurs on a planned basis. When this was taken together with the high number of participants who indicated their cross-disciplinary supervision is formally contracted, these results perhaps indicate that supervision provided by social work supervisors occurs on a more structured basis than that provided by non-social work supervisors.

From a list of statements in the survey questionnaire participants were asked to indicate the reason/s they engaged in receiving cross-disciplinary supervision. Table 4.11 shows that 'the supervisor is knowledgeable about my work context' and 'I require a supervisor from another profession or discipline to develop specific skills and/or knowledge' as the predominant explanations. In addition to the reasons for engaging in cross-disciplinary supervision listed in the survey questionnaire 'other' themes that emerged included 'existing relationship', 'nature of the management structure', and 'meets my goals and needs for supervision and values fit with supervisor'.

There are some similarities to the findings reported by Howard et al. (2010) where 42.9% of respondents chose a supervisor from outside their own profession because the 'supervisor understands the work context', and 18.1% because it is 'cultural'. The differences in the findings relate to the notably higher number of participants in their study who engage in cross-disciplinary supervision because 'the supervisor possesses skills and knowledge I would like to develop', 52.4%, and 'lack of appropriate supervisor available in my profession', 34.3%.

Table 4.11 Reason/s Participants Received Cross-disciplinary Supervision

Reason	N	%
Supervisor knowledgeable about work context	18	47.4
Supervisor from another profession/discipline required to develop specific skills and/or knowledge	13	34.2
Cultural supervision	7	18.4
No appropriate supervisor from own discipline/profession available	4	10.5
Agency/Management Decision	3	7.9
Other	3	7.9
Cost Related Factors	1	2.6

Participants who provided cross-disciplinary supervision were also asked to indicate from a list of statements in the survey questionnaire the reasons why they provide cross-disciplinary supervision. The results presented in Table 4.12 were similar to those of participants who received cross-disciplinary supervision with the statements 'the supervisor is knowledgeable about my work context' and 'I require a supervisor from another profession or discipline to develop specific skills and/or knowledge' being predominant explanations. 'No appropriate supervisor from the supervisee's profession was available' was the next most common and more participants in this group explained their engagement in cross-disciplinary supervision as 'this was/is an agency management decision' or 'other'. 'Other' was specified as 'consultation process and service wide decision', 'supervision is not common in supervisee's own profession or discipline', 'pastoral/ministry', 'supervisee knew me or I was recommended', 'bi-cultural academic cross-disciplinary supervision', 'values and styles fit', and 'supervisee chose me'.

A higher percentage of participants who received cross-disciplinary supervision indentified the reason for this as 'cultural supervision' than those participants who provided it. This may indicate limited availability of supervisors who are able to provide cultural supervision within the ANZASW membership or it could be due to sampling bias. There was only one participant who identified as Maori and specified 'cultural supervision' as the reason for providing cross-

disciplinary supervision. The other notable difference was the higher percentage of those who provided cross-disciplinary supervision who identified the reason for this as 'agency/management decision'. This could indicate that participants who received cross-disciplinary supervision have more choice in terms of their engagement in cross-disciplinary supervision than those participants who provided it.

Table 4.12 Reason/s Participants Provided Cross-disciplinary Supervision

Reason	N	%
I am knowledgeable about the supervisee's work context	22	55.0
Supervisee required supervision from me to develop specific skills and/or knowledge	15	37.5
No appropriate supervisor from the supervisee's discipline/profession was available	14	35.0
Agency/Management Decision	9	22.5
Other	9	22.5
Cultural Supervision	2	5.0
Cost Related Factors	1	2.5

Choice, relationships and authority in cross-disciplinary supervision

Of the respondents who receive cross-disciplinary supervision 34 (91.9%) indicated they had influence over who provided their cross-disciplinary supervision. This may suggest that in most cases participants choose their supervisors. Participants who provided cross-disciplinary supervision had less influence over who they provide supervision to with 26 (76.5%) indicating they did. Overall, however, the majority of participants did have influence in relation to who cross-disciplinary supervision is received from and/or provided to and Davys's (2002) research was suggestive of 'good' social work supervision involving such choice.

Cross-disciplinary supervision can be internal or external to an employing agency. Of the 38 participants who received cross-disciplinary supervision 73.7% (N = 28) reported this relationship as external while 26.3% of (N = 10) reported it as internal. These results were very similar to those reported by

participants who provided cross-disciplinary supervision where 76.5% (N = 26) reported this relationship as external while 23.5% (N = 8) reported it as internal.

Of note is the same distribution of 26 (76.5%) for participants who provided cross-disciplinary supervision in relation to a) the external relationship to the employing agency of the cross-disciplinary supervisor variable and b) the cross-disciplinary supervisor having influence over who they provided supervision to. This could indicate that external cross-disciplinary supervision is associated with having more influence over who provides or receives the supervision.

Of the 28 participants who identified the cross-disciplinary supervision they received is external 10 (35.7%) practiced in a community agency, 9 (32.1%) in private practice, 6 (21.4%) in a hospital or health service and 3 (10.8%) across the child welfare, justice and school settings. Eight of the 10 participants who received internal cross-disciplinary supervision worked in a hospital or health service, one in a community agency and another in a tertiary training institute.

Fourteen (53.8%) of the 26 participants who provided external cross-disciplinary supervision worked in private practice, 7 (26.9%) in a hospital or health service, and 8 (19.3%) across the remaining fields of practice. Of the 8 participants who identified the cross-disciplinary supervision they provide is internal 3 (37.5 %) worked in a hospital or health service, 3 (37.5%) in child welfare and 2 (25.0%) in a community agency.

Cross-disciplinary supervision was mostly authorised by the agency management structures with 83.8% (N = 31) of those who received cross-disciplinary supervision and 94.1% (N = 32) who provided it indicating that this was so. This would indicate that participation in cross-disciplinary supervision is mostly sanctioned by the agency management structures involved. This is similar to the findings of Cooper's (2006) clinical supervision research, undertaken in an Aotearoa New Zealand context, where it was concluded that supervision arrangements, while largely private, were sanctioned by the organisation involved.

***Supervisor training, profession/discipline of participants and discussion
of profession/discipline similarities and differences***

Participants (N = 38) indicated that their cross-disciplinary supervisor had undertaken supervisor training. Three respondents indicated 'short course', three indicated 'certificate course', six indicated 'diploma', and six indicated 'other'. 'Other' was specified as: 'qualified counsellor'; 'runs training herself'; 'social work supervisor training'; 'degree in psychotherapy'; 'PhD'; 'Masters'; and 'Te Ao Maori'. The remaining participants who received cross-disciplinary supervision either did not know the answer (N = 16) or chose not to respond (N = 4) to this question. Participants who were not aware of their supervisors training and not additionally receiving supervision from a social work supervisor may not be aware of both the ANZASW (2009a) and SWRB (2009) expectation that supervisors complete social work supervision training.

Responses from participants who provided cross-disciplinary supervision about the supervision training they had undertaken showed that 27.5% (N = 11) completed a short course, 27.5% (N = 11) had a certificate qualification, 25.0% (N = 10) attended a workshop, 22.5% (N = 9) had a diploma qualification and 15.0% (N = 6) indicated 'other'. Those respondents who indicated 'other' specified: 'incomplete certificate'; 'own experience of supervision'; 'out of my social work training'; 'Welltech'; 'NZQA Standards'; and 'specific supervision training in the UK'.

By comparison O'Donoghue et al. (2005) reported that the most significant supervision training for 33.0% of social work supervisors in their study was short courses or on the job training/in-service training, certificate qualification for 21.0%, supervision experience for 20.0%, fieldwork experience for 15.0%, diploma qualification for 4.0% and 'other' for 7.0%. Results from the present study are suggestive that the number of social work supervisors undertaking diploma level study in supervision has increased over the past 6 years. This may reflect the increase in the number of supervision diploma qualifications that have emerged over the past few years. Te Wananga O Aotearoa, the University of Auckland and Waikato Institute of Technology for example all offer courses at a diploma qualification level where they previously offered courses at a certificate level qualification (O'Donoghue, 2010).

In contrast to the supervisor training participants in the current research reported having undertaken, Howard et al. (2010) found that 90.0% of the supervisors in their study had undertaken a course of more than one day duration, 50.0% had no official qualification and 16% had a post-graduate certificate or diploma. These differences may be a reflection of sample composition and/or size.

The profession/discipline that participants' cross-disciplinary supervisor identifies with is summarised with percentages in Table 4.13. Those professions/disciplines that were specified in the 'other' category included: Maori social worker (no degree); management; Maori mental health; medicine; community worker; and social worker. This differs from Cooper & Anglem (2003) where cross-disciplinary supervisors where identified by the social workers in their research as nurses and a psychologist.

Table 4.13 Profession/Discipline Cross-disciplinary Supervisor Identifies With

Profession/Discipline	N	%
Counselling	12	29.3
Psychotherapy	10	24.4
Other	7	17.1
Psychology	6	14.6
Nursing	4	9.8
Family Therapy	1	2.4
Alcohol & Drug Work	1	2.4
Total	41	100.0

Table 4.14 summarises the profession/discipline that cross-disciplinary supervisee/s identify with. There were an equal number of participants (12), from both the 'provided' and 'received' cross-disciplinary supervision groups, that indicated their supervisee or supervisor identified with the counselling profession/discipline. This could be due to similarities in the supervision traditions and histories of the two professional groups and/or a reflection of social works' involvement with counselling generally (Staniforth, 2010).

There were more nurses who received supervision from a social worker (N = 15) than provided supervision to a social work participant (N = 4). This may be due to social works' experience, history and tradition of commitment to supervision and may also explain similar results found across many of the

profession/discipline groups listed. The majority of these participants (N = 20) were employed in private practice (N = 8), hospital/health (N = 7) or community agency (N = 3) settings. In relation to psychology and psychotherapy, social work participants were more likely to receive cross-disciplinary supervision from these professions/disciplines than provide it.   This could be due to the specialist skills and knowledge available within psychology and psychotherapy. These respondents (N = 23) were also predominantly employed in private practice (N = 7), hospital/health (N = 7) or community agency settings (N = 7) (McMahon & Patton, 2004; O'Donoghue, 2004).

Professions/disciplines that were specified by participants in the 'other' category included: none; administrative; art therapist; chaplains; cultural development; massage therapist; medical; occupational therapy; physiotherapy; recreational therapist; speech therapy; support workers; management; and volunteers. This differs from Cooper & Anglem's (2003) research where cross-disciplinary supervisees were identified by the social workers as nurses, occupational therapist, Maori health worker and a doctor. With the exception of nursing and counselling, many of the other professions/disciplines that social workers are providing cross-disciplinary supervision to do not have a history or tradition of supervision.

Table 4.14 Profession/Discipline Cross-Disciplinary Supervisee/s Identify With

Profession/Discipline	N	%
Other	24	30.0
Nursing	15	18.5
Counselling	12	15.0
Alcohol & Drug Work	9	11.3
Youth Work	7	8.8
Teaching	7	8.8
Psychotherapy	3	3.8
Psychology	2	2.5
Family Therapy	1	1.3
Total	80	100.0

Overall the majority of respondents who participated in cross-disciplinary supervision appeared to discuss the similarities and differences in supervision traditions and experiences with their supervisor or supervisee. Thirty three (89.2%) of 37 respondents who received cross-disciplinary supervision

indicated that they undertook this and 31 (96.8%) of 32 participants who provided cross-disciplinary supervision also indicated they did this.

Knowledge about ethics, complaints process, standards for practice and core supervision in cross-disciplinary supervision practice

Of the 38 respondents who received cross-disciplinary supervision 25 (65.8%) indicated they were aware of their cross-disciplinary supervisor's code of ethics. Thirty-one (83.8%) of these participants also indicated that their cross-disciplinary supervisor was aware of the ANZASW code of ethics. Accountable and competent social work practice is to a large extent concerned with adherence to the ANZASW code of ethics. Ensuring and promoting this is a key task of supervision and where cross-disciplinary supervision is concerned this clearly requires awareness of the different code of ethics involved in the supervisory relationship.

Twenty six (72.2%) of the 36 participants who received cross-disciplinary supervision were aware of their supervisor's complaints process. Cross-disciplinary supervisor being aware of the ANZASW standards for practice was indicated by 26 (70.3%) of 37 participants. A cross tabulation of cross-disciplinary supervisors awareness of ANZASW standards for practice and also receiving supervision from a social work supervisor showed that of those participants (N = 11) who received cross-disciplinary supervision and did not know if their cross-disciplinary supervisor was aware of ANZASW standards for practice, 4 were not receiving supervision from a social work supervisor. This has implications in terms of SWRB (2009) and ANZASW (2009a) supervision policies, as they relate to both social worker registration and competency, as these respondents may not be receiving supervision from a supervisor who is in position to provide attestation around competency.

Supervision being received from an ANZASW social worker in addition to cross-disciplinary supervision was indicated by 25 participants (65.8%). This raises the question of how those participants (N = 13) who were not receiving core and professional social work supervision as detailed by the ANZASW (2009a) and SWRB (2009) are meeting their competency and/or registration requirements. Participants (N = 25) who also received supervision from an

ANZASW social worker were asked to indicate the mode of that supervision. Eighteen (72.0%) reported this as 'one on one', 5 (20.0%) as 'peer', 1 (4.0%) as 'group', and 1 (4.0%) as 'other'. The 'other' was specified as 'informal with team and manager'.

Table 4.15 summarises the frequency that supervision was received from an ANZASW social worker with 'monthly' the most frequently reported. This would be expected given the ANZASW (2009a) requirement that all practicing members engage in core social work supervision for at least one hour per month. What was not expected, however, was the higher number of respondents (N = 27) that received cross-disciplinary supervision at a frequency of at least monthly than the number of respondents (N = 20) who accessed social work supervision at least monthly. Clearly those members who are accessing core social work supervision less than monthly are not adhering to the ANZASW supervision policy. The 'other' frequency was specified as 'consult on an as needed basis'.

Table 4.15 Frequency of Supervision Received from ANZASW Social Worker

Frequency of Supervision	N	%
Monthly	14	51.9
>Bi-monthly	5	18.5
Fortnightly	4	14.8
Weekly	2	7.4
Bi-monthly	1	3.7
Other	1	3.7
Total	27	100.0

Twenty-nine (90.6%) of 32 respondents who provided cross-disciplinary supervision indicated that they were aware of their cross-disciplinary supervisee/s participation in supervision with someone from their own professional group.

Contracting, professional responsibility and functions of cross-disciplinary supervision

Of the 38 respondents who received cross-disciplinary supervision, 30 (78.9%) had a supervision contract in place and for 25 (65.8%) of them, it was a written contract. Seven of the eight respondents who did not have a contract for their cross-disciplinary supervision also received supervision from an ANZASW social worker. Only one respondent did not have a supervision contract in place and did not received supervision from a social worker so was not meeting either ANZASW (2009a) or SWRB (2009) supervision requirements.

In comparison, 31 (93.9%) of 33 participants who provided cross-disciplinary supervision had a contract in place and all (100.0%) indicated this contract was written. While the percentage for having a supervision contract in place was higher for this group of respondents, social work supervisors are required by both the ANZASW (2009a) and SWRB (2009) to have a contract in place for the supervision they provide and these results indicate that some social work supervisors may not be aware of this requirement.

The contract items that were most frequently indicated by participants who received cross-disciplinary supervision included 'confidentiality' and 'frequency' followed closely by 'functions'. These three contract items were also the most frequently included by the participants in Cooper & Anglem's (2003) research. It would appear that these three contract items continue to be considered important by social workers in the supervision process. Almost all of the contract items were frequently indicated by participants who provided cross-disciplinary supervision. It would appear therefore, that social work supervisors generally aim for comprehensive and inclusive supervision contracts. Cost/payment was the least frequently indicated and this is most likely due to it not being relevant for a significant number of participants.

The range of contract items along with the frequency and percent of inclusion by participants who received and provided cross-disciplinary supervision is summarised in Table 4.16. The 'other' contract items specified by participants were generally sub-categories from the range of options presented with the addition of venue.

Table 4.16 Items Included in Cross-disciplinary Supervision Contract/s

Contract Items	Participants who received cross-disciplinary supervision		Participants who provided cross-disciplinary supervision	
	N	%	N	%
Confidentiality	30	78.9	32	80.0
Review	18	47.4	32	80.0
Participants/Parties	26	68.4	31	77.5
Frequency	30	78.9	31	77.5
Accountabilities	26	68.4	30	75.0
Duration	21	55.3	30	75.0
Function/s	29	76.2	29	72.5
Recording	18	47.4	29	72.5
Preparation	18	47.4	28	70.0
Conflict Management	20	52.6	26	65.0
Cost/Payment etc	21	55.2	22	55.0
Other	4	10.5	10	25.0

Seven (20.6%) of 34 respondents who received cross-disciplinary supervision indicated that their supervisor has clinical and/or professional responsibility for their social work practice. This is similar to the findings of Howard et al. (2010) who reported that 21.0% of interprofessional supervisors in their sample assumed clinical responsibility for their supervisees. In contrast, of those participants (N = 33) who provided cross-disciplinary supervision 13 (39.4%) indicated they had clinical and/or professional responsibility for their cross-disciplinary supervisee's practice. The higher number of cross-disciplinary social work supervisors who report having clinical and/or professional responsibility for their supervisee/s is likely to be explained by the more frequent 'other' profession/discipline categorisation nominated for supervisees. Many of those in the 'other' category do not specify who should hold clinical and/or professional responsibility or have a supervision history or tradition that specifies this.

Table 4.17 shows that for participants who received cross-disciplinary supervision the developmental function of supervision was included by a higher percentage of participants and this would be expected given that just over a third (34.2%) of participants who received cross-disciplinary supervision indicated the reason they engage in cross-disciplinary supervision is to develop

specific skills and/or knowledge. The developmental function of supervision was also included by a higher percentage of participants who provided cross-disciplinary supervision. That the qualitative function of supervision is lower than the other two functions for those who provided and those who received cross-disciplinary supervision possibly reflects that this function is being addressed in supervisee's own discipline supervision where this is occurring in addition to cross-disciplinary supervision.

Table 4.17 Functions Included in Cross-disciplinary Supervision

Supervision Function	Received cross-disciplinary supervision		Provided cross-disciplinary supervision	
	N	%	N	%
Developmental	34	89.5	31	77.5
Resourcing	29	76.3	29	72.5
Qualitative	24	63.2	23	57.5

ANZASW Social Workers Views about Cross-disciplinary Supervision

This section focused on how participants viewed the cross-disciplinary supervision they engaged in. In particular participants rated their satisfaction with the functions of cross-disciplinary supervision, the extent that features enhanced and hindered cross-disciplinary supervision, the importance of a number of statements in relation to cross-disciplinary supervision and the criteria for and overall effectiveness they experienced with cross-disciplinary supervision.

Satisfaction with functions of cross-disciplinary supervision

Respondents rated the extent to which they agreed with comments about level of satisfaction with the developmental, resourcing and qualitative functions of the cross-disciplinary supervision they received and/or provided on a 5-point scale (where 1 = 'strongly agree' and 5 = 'strongly disagree'). Table 4.18 indicates that both groups of participants neither agreed nor disagreed they were very satisfied with all three functions of cross-disciplinary supervision.

Table 4.18 Level of Agreement* with Statement about Satisfaction Experienced

for Each Function of Cross-disciplinary Supervision

Cross-disciplinary supervision function satisfaction statement	Participants who received cross-disciplinary supervision			Participants who provided cross-disciplinary supervision		
	N	Mean satisfaction level	Std Dev.	N	Mean satisfaction level	Std Dev.
I am very satisfied with the developmental function	37	3.00	1.563	19	3.32	1.565
I am very satisfied with the resourcing function	35	3.17	1.618	19	3.16	1.573
I am very satisfied with the qualitative function	37	3.10	1.513	19	3.05	1.649

*Level of agreement ranged from 1 ('strongly agree) to 5 ('strongly disagree')

Extent cross-disciplinary supervision features enhanced practice

Participants who received and/or provided cross-disciplinary supervision rated on a 5-point scale (where 1 = 'not at all' and 5 = 'almost always') the extent to which they believe selected features enhanced practice. Table 4.19 presents the extent each selected feature enhanced practice for participants who received cross-disciplinary supervision and the means ranged from 4.06 to 4.32, which generally falls in the 'frequently agree' level of agreement. Encouragement of creativity had the lowest mean enhance rating, the lowest percentage of those responding who indicated practice was enhanced by this feature and the lowest percentage of those responding who indicated practice was almost always enhanced by this feature. The overall difference between 'encouragement of creativity' and the other listed features is slight, however, and on the whole respondents who received cross-disciplinary supervision appeared to believe practice is enhanced by all five of the cross-disciplinary supervision features listed.

Table 4.19 Extent* that Cross-disciplinary Supervision Features Enhance Practice

Cross-Disciplinary Supervision Feature	N	Mean enhance rating	Std Deviation	% of those responding who indicated their practice was enhanced (i.e. 2 – 5)	% of those responding who indicated practice was almost always enhanced (i.e. 5)
Experience of different theories and perspectives	37	4.32	.884	97.3	51.4
Increased understanding of other professional approaches	36	4.28	.882	100.0	50.0
Encouragement of critical thinking	36	4.17	1.028	97.2	50.0
Increased ability to work collaboratively	35	4.14	1.115	100.0	57.1
Encouragement of creativity	36	4.06	1.120	94.4	44.4

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

For participants that provided cross-disciplinary supervision Table 4.20 presents the extent that selected features enhanced practice. The means ranged from 4.44 to 4.63, which falls between the 'frequently' and 'almost always' level of agreement. 'Increased understanding of other professional approaches' had the lowest mean enhance rating and the lowest percentage of those responding who indicated practice was 'almost always' enhanced by this feature. The percentage of those responding who indicated their practice was enhanced by 'experience of different theories and perspectives' was 96.9% whereas it was 100.0% for all other listed features. The overall difference between the features is slight, however, and on the whole respondents who provided cross-disciplinary supervision appear to believe all five of the cross-disciplinary supervision features listed enhanced cross-disciplinary supervisee practice.

Table 4.20 Extent* that Cross-disciplinary Supervision Features Enhance Supervisee Practice

Cross-Disciplinary Supervision Feature	N	Mean enhance rating	Std Dev.	% of those responding who indicated supervisee practice was enhanced (i.e. 2 – 5)	% of those responding who indicated supervisee practice was almost always enhanced (i.e. 5)
Encouragement of critical thinking	32	4.63	.660	100.0	68.8
Increased ability to work collaboratively	32	4.59	.756	100.0	71.9
Encouragement of creativity	32	4.56	.669	100.0	65.6
Experience of different theories and perspectives	32	4.47	.879	96.0	62.5
Increased understanding of other professional approaches	32	4.44	.801	100.0	59.4

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

Participants who received cross-disciplinary supervision reported slightly lower mean enhance ratings for all features than those who provided cross-disciplinary supervision. There was a notable difference between the two groups in terms of which features were rated higher or lower and this could be a reflection of the role difference that exists. 'Encouragement of creativity' received the lowest mean enhance ratings and 'experience of different theories and perspectives' received the highest mean enhance ratings from participants who received cross-disciplinary supervision. Whereas 'increased understanding of other professional approaches' received the lowest mean enhance ratings and 'encouragement of critical thinking' received the highest mean enhance ratings by participants who provided cross-disciplinary supervision. Table 4.21 summarises the comparison data between the two participant groups for ranking of these features.

In addition to having generally higher mean enhance ratings for features overall, participants who provided cross-disciplinary supervision tended to have a higher percentage of respondents indicating supervisee practice was enhanced and supervisee practice was 'almost always' enhanced than those

respondents who were reporting on their own experience of receiving cross-disciplinary supervision.

Table 4.21 Ranked Rating of Features that Enhance Practice by Participant Groups

Features that Enhance Practice	Received Cross-Disciplinary Supervision	Provided Cross-Disciplinary Supervision
Experience of different theories and perspectives	1	4
Increased understanding of other professional approaches	2	5
Encouragement of critical thinking	3	1
Increased ability to work collaboratively	4	2
Encouragement of creativity	5	3

Extent cross-disciplinary supervision features hindered practice

Participants rated on a 5-point scale (where 1 = 'not at all' and 5 = 'almost always') the extent to which they believed selected features hinder practice. Table 4.22 presents the extent that each selected feature hindered practice for participants that received cross-disciplinary supervision and the means ranged from 1.37 to 1.63, which basically indicates there was only 'very occasional' agreement that each feature hindered practice.

Interestingly the features 'absence of shared theories and/or language' and 'professional difference and misunderstanding' had an equally and notably higher percentage of participants indicating that these features occasionally hinder practice. This is not surprising when consideration is given to the importance within the social work profession of identifying and relating theories and models to social work practice and that this is an accepted and mandated purpose of supervision. Overall, however, there does appear to be general agreement that all of the features listed hinder practice at least 'occasionally' and only a very small percentage indicated this as 'almost always' (ANZASW, 2009a; SWRB, 2009).

Table 4.22 Extent* that Cross-disciplinary Supervision Features Hinder Practice

Cross-Disciplinary Supervision Features	N	Mean hinder extent	Std Dev.	% of those responding who indicated their practice was hindered (i.e. 2 – 5)	% of those responding who indicated practice was almost always hindered (i.e. 5)
Absence of shared theories/language	38	1.63	.913	42.1	2.6
Professional difference and misunderstanding	38	1.61	.887	42.1	2.6
Different understanding of supervision	37	1.54	1.016	29.7	2.7
Inability to address professional role issues	38	1.50	.952	28.9	2.6
Fear of revealing area/s for professional growth/development	38	1.39	.790	26.3	0.0
Professional status issues	38	1.37	.714	26.3	2.6

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

Table 4.23 summarises the hinder rating for the selected features by participants that provided cross-disciplinary supervision. The means ranged from 1.88 to 2.50 which indicated there was only 'occasional' agreement that each feature hindered supervisee practice.   The features 'professional difference and misunderstanding', 'absence of shared theories and/or language' and 'inability to address professional role issues' had a slightly higher percentage of respondents indicating supervisee practice was hindered at least occasionally. A small percentage of respondents indicated their practice was 'almost always' hindered by the selected features and the percentages were slightly higher for 'inability to address professional role issues' and 'fear of revealing areas for professional growth/development'. A higher percentage of supervisors that had no influence over who they provided cross-disciplinary supervision to, indicated that the listed features 'almost always' hinder supervisee practice.

Table 4.23 Extent* that Cross-disciplinary Supervision Features Hinder Supervisee Practice

Cross-Disciplinary Supervision Features	N	Mean hinder extent	Std Dev.	% of those responding who indicated supervisee practice was hindered (i.e. 2 – 5)	% of those responding who indicated supervisee practice was almost always hindered (i.e. 5)
Inability to address professional role issues	32	2.50	1.437	62.5	12.5
Absence of shared theories/language	32	2.38	1.289	62.6	6.3
Different understanding of supervision	32	2.25	1.391	56.2	9.4
Professional difference and misunderstanding	32	2.19	1.176	65.6	6.3
Fear of revealing area/s for professional growth/development	32	2.13	1.431	50.0	12.5
Professional status issues	32	1.88	1.100	50.0	3.1

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

In relation to rating the extent that features hinder practice, those participants who provided cross-disciplinary supervision tended to report slightly higher mean hinder ratings for all features than those respondents that received cross-disciplinary supervision.

There was similarity and difference between the two groups in terms of features being rated higher or lower. 'Professional status issues' received the lowest mean hinder rating from both participants that received and provided cross-disciplinary supervision. The highest mean hinder rating for participants that provided cross-disciplinary supervision was 'inability to address role issues' and for participants that received cross-disciplinary supervision it was 'absence of shared theories and language'.

In addition to having higher mean hinder ratings, participants who provided cross-disciplinary supervision tended to have a higher percentage of respondents indicating both supervisee practice was hindered and supervisee practice was 'almost always' hindered than those respondents who were reporting on their own experience of receiving cross-disciplinary supervision.

The comparison data between the two participant groups for ranking of these features that hinder practice is summarised in Table 4.24.

Table 4.24 Ranked Rating of Features that Hinder Practice by Participant Groups

Features that Hinder Practice	Received Cross-Disciplinary Supervision	Provided Cross-Disciplinary Supervision
Inability to address professional role issues	4	1
Absence of shared theories/language	1	2
Different understanding of supervision	3	3
Professional difference and misunderstanding	2	4
Fear of revealing area/s for professional growth/development	5	5
Professional status issues	6	6

Level of agreement with criteria for effectiveness in cross-disciplinary supervision

In relation to what makes cross-disciplinary supervision effective, participants were asked to indicate on a 5-point scale (where 1 = 'strongly disagree' and 5 = 'strongly agree') their level of agreement with a list of criteria presented in the survey questionnaire.

Table 4.25 shows the ratings of participants who received cross-disciplinary supervision and indicate that all participants in this group at least 'agreed' with the selected criteria. The agreement level was generally higher for participants who also received supervision from a social work supervisor. Interestingly, six participants who did not also receive supervision from a social work supervisor 'strongly disagreed' with the criteria that 'it is in addition to social work supervision', which effectively lowered the mean level of agreement for this criteria. This again raises the question of how these ANZASW members are in fact meeting ANZASW (2009a) supervision policy, and if they are registered social workers, how they are meeting SWRB (2009) supervision expectations.

Table 4.25 Criteria for Effectiveness in Receiving Cross-disciplinary
Supervision: Levels of Agreement*

Criteria	N	Mean agreement level	Std Dev.
It facilitates reflective practice	38	4.63	.751
Professional assumptions are challenged	38	4.53	.687
It facilitates practice development	38	4.50	.762
The supervisor is an expert	37	3.97	1.258
It occurs regularly	37	3.92	1.233
It is in addition to own profession/discipline supervision	37	3.68	1.396

*Level of agreement ranged from 1 ('strongly disagree') to 5 ('strongly agree')

The ratings by participants who provided cross-disciplinary supervision are presented in Table 4.26 and shows that all participants in this group also at least 'agreed' with each of the selected criteria.

Table 4.26 Criteria for Effectiveness in Providing Cross-disciplinary
Supervision: Levels of Agreement*

Criteria	N	Mean agreement level	Std Dev.
The supervisor is an expert	31	3.65	1.253
It is in addition to own profession/discipline supervision	31	3.42	1.385
Professional assumptions are challenged	31	3.29	1.736
It occurs regularly	31	3.23	1.839
It facilitates reflective practice	30	3.19	1.939
It facilitates practice development	31	3.13	1.925

*Level of agreement ranged from 1 ('strongly disagree) to 5 ('strongly agree')

Respondents who provided cross-disciplinary supervision indicated a mean agreement level ranging from 3.13 – 3.65 and those that received cross-disciplinary supervision indicated a mean agreement level ranging from 3.68 - 4.63. Participants that provided cross-disciplinary supervision rated 'the supervisor is an expert' with the highest mean agreement level. This is not surprising when consideration is given to the high percentages of respondents in this group who indicated the reasons they engage in cross-disciplinary

supervision as development, training and knowledge about work context, requiring therefore that the supervisor does have some expertise.

Table 4.27 summarises the comparison data between the two participant groups for ranking of criteria for effectiveness in cross-disciplinary supervision. The notable difference between the participant groups in their ranking may be accounted for to some extent by differing developmental requirements of social work supervisees compared with, for example, non social work supervisees, many of who were non or paraprofessionals. The difference may also be a reflection of different understandings about supervision between social work supervisors and social work supervisees.

Table 4.27 Ranked Rating of Criteria for Effectiveness by Participant Groups

Criteria for Effectiveness	Received Cross-Disciplinary Supervision	Provided Cross-Disciplinary Supervision
The supervisor is an expert	1	4
It occurs regularly	4	5
It facilitates reflective practice	5	1
It facilitates practice development	6	3
Professional assumptions are challenged	3	2
It is in addition to own profession/discipline supervision	2	6

Importance of statements relating to cross-disciplinary supervision guidelines

All participants were asked to rate on a 5-point scale (where 1 = 'not important' and 5 = 'very important') how important they considered each of eight statements listed in the survey questionnaire to be in relation to cross-disciplinary supervision. Participants who received cross-disciplinary supervision all indicated a level of importance for each statement. Table 4.28 details the number of responses, mean, standard deviation, and percentage of respondents in this group who indicated the statement was 'important' as well as those who reported 'high importance'.

Surprisingly there were two statements that had a notably lower percentage of respondents indicating they were at least 'important' and these

were 'it is provided only on the condition that when it concerns a health practitioner or a practitioner from a profession with an established supervision culture and policy, that it is additional to their professionally mandated supervision' and 'it is authorised by the organisation'. In reality these statements are essentially based in ethical considerations and practice standards and as such have significant importance in terms of the ANZASW Code of Ethics (2008a), the ANZASW Standards of Practice (2008b) and ultimately safe and competent practice.

Eight respondents who indicated that they did not have supervision from within their own profession rated the following statement about cross-disciplinary supervision, 'it is provided only on the condition that when it concerns a health practitioner or a practitioner from a profession with an established supervision culture and policy, that it is additional to their professionally mandated supervision', as having some level of importance. This potentially highlights some incongruence between the beliefs and actions of these ANZASW members or could indicate that is an area that has not previously been given consideration.

Respondents who provided cross-disciplinary supervision indicated a level of importance for each statement also. Table 4.29 details the number of responses, mean, standard deviation, and percentage of respondents in this group who indicated the statement was 'important' as well as those who reported 'high importance'.

Interestingly the statement 'it is provided only on the condition that when it concerns a health practitioner or a practitioner from a profession with an established supervision culture and policy, that it is additional to their professionally mandated supervision' had the lowest mean level of importance, the lowest percentage of participants indicating that it is at least important, and a much lower percentage of participants who indicated high importance. This is surprising given that social work is a profession with an established supervision culture and policy and would therefore be expected to reflect a greater consideration to this. A factor to be considered in terms of understanding social works apparent lowered sense of importance being attributed to own profession/discipline supervision for their cross-disciplinary supervisees, is that some of the cross-disciplinary supervisees in this study may belong to

disciplines that do not have an established supervision culture or policy, or may not even be associated with a discipline as such. While the ANZASW (2009a) and SWRB (2009) have clear policy statements in relation to supervision for social work practitioners, cross-disciplinary supervision is not mentioned.

Table 4.28 Level of Importance* Indicated for Each Statement by Participants who Received Cross-disciplinary Supervision

Statements	N	Mean importance rating	Std Dev.	% of those responding who indicated this statement was important (i.e. 2 – 5)	% of those responding who indicated high importance (i.e. 5)
The scope of the supervision is clearly established	38	4.53	.647	100.0	60.5
All parties are informed about each other's ethical codes and complaints processes	38	4.26	.860	100.0	50.0
There is an explicit contract covering the nature, purpose and structure of the supervision	38	4.13	1.044	100.0	52.6
The status of the supervision in relation to regulatory, professional membership and organisational requirements is clear and explicit	38	4.13	1.044	97.4	47.4
The similarity and differences between each profession's supervision traditions are discussed	36	4.03	1.082	97.2	41.7
Experiences of supervision are discussed by the individuals involved	37	3.95	1.104	97.3	40.5
It is authorised by the organisation	38	3.34	1.512	78.9	28.9
It is provided only on the condition that when it concerns a health practitioner or a practitioner from a profession with an established supervision culture and policy, that it is additional to their professionally mandated supervision	38	3.32	1.435	84.2	31.6

*Importance ranged from 1 ('not important') to 5 ('very important')

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**Table 4.29 Level of Importance* Indicated for Each Statement by Participants
who Provided Cross-disciplinary Supervision**

Statements	N	Mean importance rating	Std Dev.	% of those responding who indicated this statement was important (i.e. 2 – 5)	% of those responding who indicated high importance (i.e. 5)
The scope of the supervision is clearly established	31	4.71	.588	100.0	77.4
There is an explicit contract covering the nature, purpose and structure of the supervision	31	4.68	.791	96.8	77.4
All parties are informed about each other's ethical codes and complaints processes	31	4.58	.807	100.0	71.0
The status of the supervision in relation to regulatory, professional membership and organisational requirements is clear and explicit	31	4.55	.850	96.8	74.2
Experiences of supervision are discussed by the individuals involved	31	4.45	.961	100.0	71.0
The similarity and differences between each profession's supervision traditions are discussed	31	4.39	.989	96.8	64.5
It is authorised by the organisation	31	4.32	1.045	96.8	77.4
It is provided only on the condition that when it concerns a health practitioner or a practitioner from a profession with an established supervision culture and policy, that it is additional to their professionally mandated supervision	31	3.35	1.380	87.1	32.3

*Importance ranged from 1 ('not important') to 5 ('very important')

The importance rating of the statements for both groups of participants was similar with the overall range of mean being 3.32 – 4.71, which indicates that all eight items were considered to be at least important. While the participant groups indicated slight differences in range of mean agreement level

there did appear to be similarities in terms of the importance rating order of the statements when these were ranked as presented in Table 4.30. The statement with the highest mean agreement level for both participant groups was 'the scope of the supervision is clearly established' while 'it is provided only on the condition that when it concerns a health practitioner from a profession with an established supervision culture and policy, that it is additional to their professionally mandated supervision' had the lowest mean agreement level. It was apparent that participants who provided cross-disciplinary supervision had a higher percentage responding who indicated high importance for each of the eight statements than participants who received cross-disciplinary supervision.

Table 4.30 Ranked Rating of Statements by Participant Groups

Statements	Received Cross-Disciplinary Supervision	Provided Cross-Disciplinary Supervision
The scope of the supervision is clearly established	1	1
There is an explicit contract covering the nature, purpose and structure of the supervision	3	2
All parties are informed about each other's ethical codes and complaints processes	2	3
The status of the supervision in relation to regulatory, professional membership and organisational requirements is clear and explicit	4	4
The similarity and differences between each profession's supervision traditions are discussed	5	6
Experiences of supervision are discussed by the individuals involved	6	5
It is authorised by the organisation	7	7
It is provided only on the condition that when it concerns a health practitioner or a practitioner from a profession with an established supervision culture and policy, that it is additional to their professionally mandated supervision	8	8

Overall extent practice was enhanced and overall effectiveness experienced with cross-disciplinary supervision

Respondents (N = 36) who received cross-disciplinary supervision rated on a 5-point scale (where 1 = 'not at all' and 5 = 'almost always') the overall extent their practice was enhanced by having a supervisor from a different profession/discipline at a mean of 4.25 (S.D .937). Overall, 35 (97.2%) indicated their practice was enhanced and 18 (50.0%) indicated this was almost always. Receiving supervision from a social work supervisor in addition to having a cross-disciplinary supervisor was associated with a higher rating for the extent that practice is enhanced by having a supervisor from a different professional discipline. This would be expected when consideration is given to the notion that core social work supervision is essential for competent and accountable practice, that social workers belong to the ANZASW for accountability and competency reasons, and that the participants in this study were ANZASW members.

Participants (N = 30) who provided cross-disciplinary supervision rated on a 5-point scale (where 1 = 'not at all' and 5 = 'almost always') the overall extent their supervisee's practice was enhanced by having a supervisor from a different profession/discipline at a mean of 4.17 (S.D .699). All participants indicated that supervisee practice was enhanced and 10 (33.3%) indicated this was almost always. A greater awareness about cross-disciplinary supervisee/s receiving supervision from someone within their own professional group was associated with a higher rating for the extent ANZASW members' rate supervisee/s practice being enhanced by having a supervisor from a different professional discipline.

The results for participants who provided and/or received cross-disciplinary supervision were similar in terms of mean extent level, which ranged between 'frequently' and 'almost always', and in terms of the high percentage of participants responding that practice was enhanced. There was a notable difference, however, in relation to participants indicating 'high enhancement' with those who received cross-disciplinary supervision having a 16.7% higher percentage of participants indicating this. It would appear from these results that participants generally agree that practice is enhanced by

having a supervisor from a different professional discipline.

Respondents (N = 37) that received cross-disciplinary supervision rated on a 5–point scale (where 1 = 'extremely ineffective' and 5 = 'extremely effective') the overall level of effectiveness they experienced with cross-disciplinary supervision as 4.49 (S.D .607). Receiving supervision from a social work supervisor in addition to having cross-disciplinary supervision appeared to be associated with a higher rating for the overall level of effectiveness experienced with cross-disciplinary supervision. This would be expected when consideration is given to the fact that participants who are receiving both social work and cross-disciplinary supervision are more likely to be achieving ANZASW (2009a) and/or SWRB (2009) accountability and competency requirements.

Receiving cross-disciplinary supervision from a supervisor who identifies with the profession/discipline of psychotherapy or nursing also appeared to be associated with a higher rating for the overall effectiveness experienced with cross-disciplinary supervision. This may be due to similarities in the supervision histories and traditions of these professions/disciplines with social work.

Participants (N = 31) that provided cross-disciplinary supervision also rated on a 5–point scale (where 1 = 'extremely ineffective' and 5 = 'extremely effective') the overall level of effectiveness they experienced with cross-disciplinary supervision as 4.42 (S.D .564).   A higher awareness of their cross-disciplinary supervisee/s receiving own discipline supervision appeared to be associated with a higher rating for the overall effectiveness experienced with cross-disciplinary supervision.

Conclusion

This chapter has presented the results about the prevalence and nature of and views about cross-disciplinary supervision amongst social workers in Aotearoa New Zealand.

The demographic data collected indicates that the respondents in this research appear to be a representative sample of the wider ANZASW membership in terms of gender and age. More generally participants appear to be reasonably well qualified, experienced and professionalised, from a wide

range of practice fields and concentrated in the major and provincial Aotearoa New Zealand cities.

In relation to the prevalence of cross-disciplinary supervision amongst the 54 respondents, slightly more indicated providing cross-disciplinary supervision than receiving it, and most indicated that it occurred on a regular basis. The majority of ANZASW social workers who participated in cross-disciplinary supervision were female and in the over 50 years of age band. More years of social work experience, higher level of social work practice, further training being currently undertaken, geographical location of social work practice and working in health, community agency or private practice employment settings were all demographic factors that tended to impact on the prevalence of cross-disciplinary supervision amongst this group of ANZASW social workers.

In terms of the nature of cross-disciplinary supervision, participants indicated this tended to be formally contracted individual supervisory relationships with planned supervision sessions. The majority of participants identified 'supervisor knowledge about supervisee work context' and 'supervision being required from another professional discipline to develop specific skills and/or knowledge' as the predominant reasons for participation in cross-disciplinary supervision. In addition to this the majority of participants indicated they had influence over their cross-disciplinary supervision, it was external to their employing agency and it was authorised by the management structures involved. Most social work cross-disciplinary supervisors had undertaken some form of supervisor training. Social workers engaged in cross-disciplinary supervision with a variety of professions/disciplines and the majority indicated that discussion about supervision similarities and differences occurred. Two thirds of participants that received cross-disciplinary supervision also received core social work supervision and this was predominantly one on one and occurred at least monthly. Most participants knew their cross-disciplinary supervisor/supervisees' code of ethics, complaints processes and standards for practice. The majority of respondents had supervision contracts in place, although the percentage for this as well as the contract being written and more inclusive was higher for those who provided cross-disciplinary supervision as was the percentage who assumed clinical responsibility for supervisee/s.

The developmental, resourcing and qualitative functions of supervision were experienced in cross-disciplinary supervision by the majority of participants.

Participants generally agreed that practice was enhanced by having a supervisor from a different professional discipline and those that received cross-disciplinary supervision tended to be more positive than those that provided it. ANZASW social workers' views about the overall effectiveness of cross-disciplinary supervision were positive with the mean overall level of effectiveness reported by participants who received and/or provided cross-disciplinary supervision ranging between effective and extremely effective. Participants agreed that there were cross-disciplinary supervision features that both enhanced and, to a considerably lower extent, hindered practice and this highlights the need for specific considerations in the area of cross-disciplinary supervision. They also agreed that it is effective where certain criteria are in place. A list of eight statements that were reflective of potential guidelines for cross-disciplinary supervision found general agreement by all participants.

Overall this chapter aimed to provide an overview of the prevalence and nature of cross-disciplinary supervision amongst ANZASW social workers and their views about this practice. What became apparent from the results was that cross-disciplinary supervision is occurring amongst ANZASW social workers, although the extent of this is unknown. Amongst this group of participants it was regular, planned and impacted by demographic factors. While there was no clear understanding of what constituted cross-disciplinary supervision, it appeared to be predominantly one on one, external, authorised and involved choice of supervisor or supervisee. It occurred primarily for developmental and educative reasons and was largely in addition to own-disciplinary supervision. While this group of ANZASW social workers generally viewed cross-disciplinary supervision positively, the potential for issues was acknowledged and general agreement with guideline statements was indicated. These results will be analysed and discussed further in terms of their implications for cross-disciplinary supervision practice amongst ANZASW social workers in the following chapter.

CHAPTER 5

DISCUSSION

This chapter discusses the implications of the key findings of this study for the practice of cross-disciplinary supervision amongst social workers within the Aotearoa New Zealand context. It also examines the conclusions that can be drawn in relation to the hypotheses outlined at the beginning of this study which were:

1. That the prevalence of cross-disciplinary supervision practice is increasing across the ANZASW social worker population as is the frequency it occurs amongst those who are engaging in it.

2. Cross-disciplinary supervision is both different and similar to own-discipline supervision in terms of its nature.

3. ANZASW social workers will have positive views about the effectiveness of cross-disciplinary supervision and the extent that it enhances practice. They will also consider guidelines for it to be important.

The Prevalence of Cross-disciplinary Supervision amongst ANZASW Social Workers

The key findings concerning the prevalence of cross-disciplinary supervision were: 1) that 54 ANZASW social workers were participating in cross-disciplinary supervision and both provide and receive it; 2) among them it occurred on a regular basis and the frequency it occurred appears to have increased; and 3) the level of participation in cross-disciplinary supervision appeared to be influenced by demographic factors.

The finding of 54 ANZASW social workers participating in cross-disciplinary supervision suggests that it is not prevalent amongst this group. This finding was not consistent with the results of O'Donoghue et al. (2005:49) who found 50% (N = 153) of ANZASW social workers participated in cross-disciplinary supervision. One reason for this inconsistency could be due to the issues reported in chapter 3, regarding the recruitment and selection of the sample. Nonetheless, clearly the question of the prevalence of cross-

disciplinary supervision across the social work population is one that requires further research.

The involvement of the respondents in both providing (N = 40) and receiving (N = 38) cross-disciplinary supervision supports the findings of Cooper & Anglem (2003:22). It also indicates that both difference and similarity exists in terms of the roles that ANZASW social workers have in the practice of cross-disciplinary supervision.

Providing supervision is a different role and has different responsibilities than receiving supervision and as such requires different knowledge, skills and guidelines (Morrell, 2005). This is the case also for cross-disciplinary supervision and highlights the need to understand the various roles that social workers engage in and the potential differences that exist for supervisors and supervisees in the practice of cross-disciplinary supervision. In particular this relates to training requirements and the development of policy and guidelines for each role. The need for qualitative research about social workers experiences of the practice of cross-disciplinary supervision is therefore required.

In terms of similarity, some social workers (N = 24) both receive and provide cross-disciplinary supervision. This cross-over could be due to environmental factors or previous experience in cross-disciplinary supervision. Further in depth qualitative research is required to better understand similarity and the reasons for this.

The majority of respondents reported that participation in cross-disciplinary supervision occurred on a regular or more frequent basis and that it occurred at least monthly. Comparison with the results of O'Donoghue et al. (2005) suggests the frequency that cross-disciplinary supervision occurs has increased for ANZASW social workers. It is possible the apparent increase is due to a research related factor such as this research being specifically focussed on cross-disciplinary supervision. This raises the question, however, of how change in the prevalence of cross-disciplinary supervision could more adequately and accurately be monitored, and therefore contribute to a constructive understanding of cross-disciplinary supervision.

Cross-disciplinary supervision was more prevalent in hospital or health services, community agency or private practice employment settings and this is

possibly due to these services being more interdisciplinary or multidisciplinary in their practice. It relation to private practice it could also be related to a need to develop a supervision work load external to social work although more in-depth research is required to explore this further.

It also appeared that cross-disciplinary supervision was more prevalent amongst practitioners at advanced levels of practice, with more years of social work experience, undertaking further training or working in major or provincial cities or towns. Further research amongst the wider social work population is required to explore the impact of these demographic factors further and could be achieved through researching registered social workers.

In addition to the above, identification with another discipline in addition to social work and belonging to another professional membership organisation in addition to ANZASW were associated with a higher prevalence of cross-disciplinary supervision. This is not surprising given the potential of the other discipline, professional membership organisation or associated regulations to require own-disciplinary supervision. Seven ANZASW social workers, however, did not receive own-disciplinary supervision at least monthly. This highlights the need for awareness and accountability regarding supervision requirements.

Overall there were a number of implications emerging from the key findings of this research. The first of these relates to the requirement for further research across the social worker population to address the question relating to the prevalence of cross-disciplinary supervision. The second implication relates to the need for future research to further explore the differences that exist between supervisors and supervisees in the practice of cross-disciplinary supervision. The third is in relation to the requirement for further research to better understand the impact of demographic factors on the prevalence of cross-disciplinary supervision. The final implication is in relation to the need for clarification regarding supervision requirements for social workers.

The Nature of Cross-disciplinary Supervision

The key findings concerning the nature of cross-disciplinary supervision were: 1) there was no clear understanding of what constitutes cross-disciplinary supervision; 2) the mode was predominantly one on one; 3) it occurred primarily

for developmental and educational reasons; 4) the majority of participants had influence over who it was received from or provided to; 5) it was mostly external to employing agencies and authorised by agency management structures; 6) supervision similarities and differences were discussed; 7) to a large extent it was in addition to own-disciplinary supervision; 8) in some aspects it was different to social work supervision and 9) further information is required regarding the impact of existent policy and guidelines.

There appeared to be no clear understanding of what constitutes cross-disciplinary supervision with participants indicating a range of possibilities including: formally contracted individual supervision; adhoc consultation; ongoing informal case consultations; multi-disciplinary team meetings; formally contracted group supervision; and formally contracted team supervision. This indicates that cross-disciplinary supervision is viewed as including a range of informal activities which would be understood in the literature as consultation (Bogo & McKnight, 2005; Kadushin & Harkness, 2002).

From the perspective of ANZASW (2009a) consultation is an aspect of supervision although for it to be part of a social worker's supervision portfolio it would be required to occur within the context of a negotiated and contracted supervision relationship and process. This raises questions about what constitutes supervision conversations and relationships, the difference between formal and informal consultations and why respondents may link informal consultation with supervision. The changing nature of supervision has seen the separation of administrative and professional forms of supervision along with an increase in peer and external supervision arrangements. This has perhaps increased the potential for any practice related discussion or meeting to be described as supervision (O'Donoghue, 2010).

A number of participants noted they were providing supervision to paraprofessionals or non professionals. This suggests the nature of cross-disciplinary supervision is inclusive of roles that would not be considered disciplines or professions. This raises the question about the definition of cross-disciplinary supervision and what is included in this practice.

The mode of cross-disciplinary supervision identified by the majority of participants was one on one. Peer, group and team modes occurred to a much lesser extent. This finding is consistent with the individual mode of supervision

traditionally being the most common amongst social workers (Kadushin & Harkness, 2002; O'Donoghue et al., 2005; O'Donoghue, 2010; Tsui, 2005). It is perhaps not surprising when consideration is given to the influence that traditional social work supervision has had on the development of supervision models within other professions and disciplines (Grauel, 2004). While similarity regarding supervision exists between professions it remains important to understand difference and the implications of this for cross-disciplinary supervision.

The predominant reasons identified for engaging in cross-disciplinary supervision were developmental and educative. This was consistent with the results concerning the functions of cross-disciplinary supervision, where greater use of the developmental function was indicated. It also mirrored Howard et al. (2010) who suggested that cross-disciplinary supervision largely occurred for developmental and educational purposes. That said it was somewhat surprising that most respondents were not engaged in further training, particularly in light of both the ANZASW and the SWRB requirement for social workers to undertake continuing professional education to maintain competency and registration (ANZASW, 2011c; SWRB, 2010). One possible reason for this is that participants did not consider their cross-disciplinary supervision to qualify as further training. This perhaps suggests the need for clarification about what constitutes continuing professional education and more specifically whether cross-disciplinary supervision has a role in this.

A predominant feature of cross-disciplinary supervision was that most respondents had influence over who their cross-disciplinary supervision was received from and/or provided to. This would indicate that most ANZASW social workers in this study had some ability to ensure that cross-disciplinary supervision provided and/or received was consistent with scope of practice and/or practice guidelines. Achievement of this, however, is contingent on individual practitioners having adequate and appropriate knowledge of policies, regulations and guidelines that impact on supervision. The collection of more specific information from social workers relating to their awareness of such factors could have highlighted potential gaps in this area.

The cross-disciplinary supervision that most ANZASW social workers participated in was external to their employing agency and in most cases

sanctioned by agency management structures. When consideration is given to mandate and accountability as key issues in cross-disciplinary supervision, the need for social workers to have adequate and appropriate knowledge of policies, regulations and guidelines is further highlighted (Crocket et al., 2009). Additionally, ANZASW policy and supervisor practice standards require that systems of accountability are in place regarding supervision practice (ANZASW, 2009a). That a small number of ANZASW social workers did not demonstrate awareness of mandate and accountability factors in relation to cross-disciplinary supervision indicates this as an area for development amongst some members.

Generally it appeared that cross-disciplinary supervision was part of a portfolio of supervision with most respondents using it as an adjunct to social work supervision. There were, however, a number of respondents accessing core social work supervision less than monthly and a third who did not access it at all. Without receiving core and professional social work supervision at least monthly it is not possible for ANZASW social workers to meet the ANZASW practice standards, and therefore achieve competency or registration requirements, and some ANZASW social workers appeared to be unaware of this (ANZASW 2009a). This perhaps suggests there is a need for further education amongst ANZASW social workers, registered social workers and perhaps social work students about core social work supervision requirements.

The above finding was also of interest in relation to the literature and research regarding cross-disciplinary supervision where it was valued as an adjunct to own-discipline supervision. Bogo et al. (2011), for example, reported their participants expressed a need to experience own profession supervision in addition to cross-disciplinary supervision. Similarly, Kavanagh et al. (2003) identified discipline specific competencies as a primary focus for supervision and that frequency of contact with own discipline supervisor was linked to a perceived impact on practice. In reviewing related literature Spence et al. (2001) found it suggestive of interdisciplinary supervision being less likely to be effective in the supervision of professional activities that require the in-depth education and training of a specific discipline. It was somewhat surprising therefore that a third of respondents receiving cross-disciplinary supervision appeared to use it as a replacement for own-disciplinary supervision, rather

than as an adjunct to it. This raises questions concerning whether the potential of social work supervision is being effectively realised.

Discussion regarding the similarities and differences in supervision traditions and experiences appeared to be another feature of cross-disciplinary supervision. This was positive given the identified potential for professional difference and misunderstanding about supervision to hinder cross-disciplinary supervision (Townend, 2005). Consideration for context and difference between supervisor and supervisee is integral in establishing an appropriate and purposeful working relationship and this is a practice standard required for the achievement of competent social work practice (ANZASW, 2009a).

Despite this, however, there was an apparent lack of awareness about cross-disciplinary supervisor's training in supervision. Both the ANZASW and SWRB have explicit expectations that supervisors complete social work supervision training (ANZASW, 2009a; SWRB, 2009). This requirement may become increasingly problematic, both for social work and other disciplinary groups with similar policy, as the argument for and emergence of generic supervision training programmes increases (Davys & Beddoe, 2008; Rains, 2007; Te Pou, 2009). This raises the question of whether there is a need for further education amongst ANZASW social workers, registered social workers and perhaps social work students about the requirements to supervise social workers.

There were a number of areas that cross-disciplinary supervision differed from own-disciplinary supervision. The first was that ensuring and promoting ethical and competent social work practice did not necessarily play a key role in cross-disciplinary supervision as supervisors were not always aware of the ANZASW code of ethics or standards for practice. This is consistent with participants reporting the development of specific skills and/or knowledge and knowledge about work context as the predominant reasons for engaging in cross-disciplinary supervision. This reinforces the need for it to be an adjunct to own-disciplinary supervision.

The next areas were in relation to knowledge about complaint processes and having written supervision contracts in cross-disciplinary supervision. A lack of awareness was indicated by some participants for the social work practice standard that social workers only work where systems of accountability

are in place and the ANZASW and SWRB requirement for a written supervision contract (ANZASW, 2009a; SWRB, 2009). Social work supervisors were found, however, to generally aim for more comprehensive and inclusive supervision contracts and this perhaps again highlights that difference does exist in the supervisory processes of different professional groups. This raises the question of the need for awareness in these areas to be developed further amongst ANZASW social workers who are participating in cross-disciplinary supervision.

Specific information was not collected from participants about their awareness of and access to agency and other policy or guidelines regarding cross-disciplinary supervision. There was some indication in the results, however, that not all practitioners were aware. There was also some indication in chapter two that agency supervision policy may not always be easily accessible or may not even exist. What emerges from this is the potential, and perhaps an assumption, that responsibility for awareness of the impact of agency policy, ANZASW policy, SWRA (2003) and HPCAA (2003) on the practice of cross-disciplinary supervision is with individual practitioners. Further research could provide useful insights about this and highlight areas for development.

In summary, the findings in relation to the nature of the cross-disciplinary supervision suggest there was no unified understanding of what constitutes cross-disciplinary supervision, although it appeared to include both supervision and consultation and occurred with professionals and non or paraprofessionals. The mode was typically one on one and it predominantly occurred for developmental and educative purposes. On the whole participation in cross-disciplinary supervision represented a choice made by respondents, was mostly external to employing agency and was usually sanctioned by management structures.   While differences and similarities in supervision history and experiences were discussed this did not always include supervision training undertaken. For most participants the cross-disciplinary supervision was an adjunct to social work supervision.   The nature of the cross-disciplinary supervision that ANZASW social workers engaged in did not always reflect a supervision process that was compatible with ANZASW policy, SWRB requirements and other legislative requirements.   This highlights that

vulnerabilities in the practice of cross-disciplinary supervision exist and need to be addressed.

ANZASW Social Workers Views about Cross-disciplinary Supervision

This section discusses the key findings regarding the participants' views about cross-disciplinary supervision and included: 1) positive rating for overall level of effectiveness; 2) general overall agreement that it enhanced practice; 3) agreement that it enhanced practice due to promotion of critical thinking, creativity, collaboration and multidisciplinary practice approaches; 4) general agreement that it is effective where it occurs regularly, has the capacity to facilitate practice development and reflective practice, and is in addition to own-discipline supervision; 5) general agreement that the guideline statements presented for the practice of cross-disciplinary supervision were important; 6) overall there was satisfaction with the developmental, resourcing and qualitative functions of it; and 7) agreement that it very occasionally hindered practice due to differences that exist between disciplinary or professional groups and the various ways this could impact on the supervisory process.

Participants were positive about the overall level of effectiveness they experienced with cross-disciplinary supervision and generally agreed that it enhanced practice and receiving supervision from a social work supervisor in addition to a cross-disciplinary supervisor was associated with higher ratings. This would be expected given the role of core social work supervision in maintaining competent and accountable practice, which represents key aspects of ANZASW membership. It also supports the findings of both Kavanagh et al. (2003) and Bogo et al. (2011) which were suggestive of the need for cross-disciplinary supervision to occur in conjunction with own-disciplinary supervision. The benefits of cross-disciplinary supervision appear to be maximised where discipline specific needs are being met. This further highlights the need for it to occur in conjunction with own-disciplinary supervision.

There was general agreement amongst participants that cross-disciplinary supervision enhanced practice due to encouraging critical thinking and creativity, increasing ability to work collaboratively and understand other

professional approaches and through experience of different theories and perspectives. This supports previous research that identified these features as enhancing practice (Howard et al., 2010; Hyrkas et al., 2002; Townend, 2005). It is perhaps becoming increasingly apparent that cross-disciplinary supervision has the potential to enhance practice and this could result in changes to the prevalence and nature of it.

The majority of participants agreed that cross-disciplinary supervision is effective where it facilitates reflective practice, it challenges professional assumptions, it facilitates practice development, the supervisor is an expert, it occurs regularly and it is in addition to own profession/discipline supervision. This indicates that criteria for effectiveness in cross-disciplinary supervision are to a large extent similar to that for social work supervision. Six participants who received cross-disciplinary supervision, however, strongly disagreed with the criteria that 'it is in addition to own profession/discipline supervision' and did not receive supervision from a social worker. This further highlights a lack of understanding amongst some ANZASW members regarding ANZASW (2009a) and SWRB (2009) expectations and requirements in relation to core social work supervision.

All participants indicated a level of importance for each statement drawn from O'Donoghue's (2004) guidelines for cross-disciplinary supervision, which were outlined in chapter two. These statements are essentially based in ethical considerations, practice standards and regulation and as such are important in terms of accountable, mandated, safe and competent practice. It would therefore be expected that ANZASW social workers attribute at least some importance to all of these statements in relation to cross-disciplinary supervision. There were two statements that were attributed a notably lower importance rating by respondents and these were: a) 'it is provided only on the condition that when it concerns a health practitioner or a practitioner from a profession with an established supervision culture and policy, that it is additional to their professionally mandated supervision'; and b) 'it is authorised by the organisation'. This was surprising given that social work is a profession with an established supervision culture and policy and would therefore be expected to reflect a greater consideration to this. It was also surprising given the social work practice standard relating to the importance of accountability and mandate

for practice (ANZASW, 2008a; ANZASW, 2008b). This is perhaps further indication of the need for the development of awareness relating to policy and legislative requirements amongst some ANZASW social workers. It raises the question of the need for increased detail and guidelines in the formal ANZASW (2009a) supervision policy as it relates to cross-disciplinary supervision practice.

Participants did not tend to agree or disagree with each statement about being very satisfied with the different functions of cross-disciplinary supervision although on average it would appear that they were at least satisfied. This would indicate that to some extent cross-disciplinary supervision is contributing to the developmental, resourcing or qualitative needs of supervisees. In hindsight the statements about satisfaction for each of the functions of supervision would have produced more useful insights had they been constructed in terms of level of satisfaction with each function of supervision and future research could address this.

Overall participants agreed that cross-disciplinary supervision also hindered practice, although the extent of this was very low. That it did hinder practice, however, was due to absence of shared theories/language, professional difference and misunderstanding about supervision, inability to address professional role issues, fear of revealing area/s for professional growth/development, and professional status issues. The outcome of this research reflects that of previous studies where these features have also been identified as hindering practice (Hyrkas et al., 2002; Townend, 2005). That cross-disciplinary supervision was reported to hinder practice by most participants, despite the low extent of this, both highlights and reinforces the need for regular own-disciplinary supervision to occur alongside of cross-disciplinary supervision.

In summary this group of ANZASW social workers generally agreed cross-disciplinary supervision enhanced practice and had a positive view about the overall effectiveness of it. Participants believed that the enhance practice features which were listed did in fact enhance practice. They also agreed that cross-disciplinary supervision is effective where the listed criteria are in place. In relation to the list of statements reflecting potential guidelines for cross-disciplinary supervision, there was general agreement they are important for the

practice of cross-disciplinary supervision. Respondents were at least satisfied with the various functions of the cross-disciplinary supervision they experienced and lastly believed that the hinder practice features which were listed did hinder practice to a limited extent. While this group of ANZASW social workers generally viewed cross-disciplinary supervision positively they also acknowledged the potential for issues and recognised that strategies could be implemented that may go some way toward addressing these.

Implications

This section presents the implications from this research as they apply to social workers, the ANZASW and SWRB, social work training providers, organisations/agencies within which social workers are employed, other professional groups and further research.

Social Workers

Social workers engage in both providing and receiving cross-disciplinary supervision. Implicit in this is the need for policy, guidelines and research relating to the practice of cross-disciplinary supervision to reflect consideration for the various roles that social workers take and the potential differences that exist for supervisors and supervisees.

With regard to the ANZASW requirement of attending core social work supervision at least monthly, there were a number of participants in this study who appeared to be unaware of this. Information regarding supervision and competency requirements is readily available to ANZASW social workers and this is perhaps a timely reminder that keeping up to date with and informed about practice issues is an integral aspect of professional practice. Ultimately ANZASW social workers need to take responsibility for ensuring that they are aware of and complying with professional and competency requirements.

That the potential of social work supervision was perhaps not being realised by a few participants who received cross-disciplinary supervision suggests a need for supervisees to be more aware of their rights and responsibilities in the supervision process. This supports O'Donoghue's (2010:331) finding of the need for supervisee education and development in

relation to the supervisory process.

While some ANZASW social workers identified the purpose of cross-disciplinary supervision as developmental and educative very few participants appeared to identify it as continuing professional development. In essence the development of knowledge and/or skills through cross-disciplinary supervision could constitute continuing professional development from an ANZASW and/or SWRB perspective (ANZASW, 2011c; SWRB, 2010). It would appear therefore that this could be an area that requires clarification for some members.

Participants identified paraprofessional or non professional supervision as cross-disciplinary supervision and while information about supervision with these particular groups was not actually targeted, participants chose to include it. While exploration of the supervision occurring with these groups was beyond the scope of this study the fact that it is occurring has been signalled and a need for further exploration in this area is highlighted. In particular, questions that emerge for consideration include what is this practice and what are the implications of it for social work.

There was agreement amongst this group of ANZASW social workers that cross-disciplinary supervision can both enhance and occasionally hinder practice and that certain criteria and guidelines will contribute to the overall effectiveness experienced with it. This highlights and reinforces the need for regular own-disciplinary supervision to occur alongside of cross-disciplinary supervision. It also suggests the value of undertaking regular evaluation in cross-disciplinary supervision practice to ensure that all supervision needs are in fact being adequately and appropriately met.

ANZASW & SWRB

That some ANZASW social workers are not meeting competency or registration requirements in relation to cross-disciplinary supervision has to some extent been a recurring theme that has emerged from this research. The key areas that ANZASW social workers in this study appeared to not be meeting competency and/or registration requirements included the need to attend core supervision and at least monthly, having a written supervision contract, and awareness about the need for accountability and mandate in

supervision practice. This signals a lack of awareness or perhaps different interpretations of ANZASW supervision policy and/or SWRB supervision requirements by some members. The lack of detailed guidelines in relation to cross-disciplinary supervision by both the ANZASW and SWRB possibly compounds this situation. The implication here is a need for clear, consistent and accessible guidelines which specify supervision requirements in relation to cross-disciplinary supervision. Participants in this research generally agreed that those cross-disciplinary supervision guidelines outlined by O'Donoghue (2004) were important.

In relation to the ANZASW requirement that social work supervisors have completed social work supervisor training, this may require further consideration where the provision of cross-disciplinary supervision is undertaken. Generic supervisor training is potentially supported by the practice of cross-disciplinary supervision, however, additional supervisor training that is appropriate for the different disciplinary fields within which cross-disciplinary supervision is occurring may be required.

Training Providers

Implications from the results of this research for training providers are in relation to the need for education and development of both supervisees and supervisors in the practice of cross-disciplinary supervision and about the requirements to supervise social workers.

The Aotearoa New Zealand literature highlighted an increase in the number of training providers offering supervision courses and that a move toward generic as opposed to discipline specific supervision training has occurred (Beddoe & Davys, 2008; O'Donoghue, 2010). Supervision training providers may therefore present as an opportunity to increase supervisor awareness regarding specific considerations for the practice of cross-disciplinary supervision.

Professional social work and supervision education and training programmes potentially provide an opportunity for further education amongst ANZASW social workers, registered social workers and perhaps social work students about the requirements to supervise social workers. They also provide

an opportunity for educating and developing supervisees' in terms of their understanding, expectations, responsibilities and role in supervisory processes.

Employing Agencies/Organisations

While this study did not specifically collect information from participants regarding the existence or awareness of agency supervision policy it did appear from the research process that not all agencies had clear or accessible supervision policy. Given that legislative and professional organisation policy and/or requirements exist in relation to social work supervision practice it would seem appropriate for agencies and organisations employing social workers to ensure that supervision policy is consistent with and aligns to these. This could contribute to the promotion of an agency supervision culture which supports competent and accountable social work practice, particularly in those employment settings where cross-disciplinary supervision is more prevalent.

Other Professional Groups

This research highlighted that ANZASW social workers are engaging in cross-disciplinary supervision with practitioners from a range of professional backgrounds. There appeared to be a lack of awareness by cross-disciplinary supervisors about ANZASW codes of ethics and practice standards. Implicit in this is the need for other professional groups to also consider and develop awareness about potential generic requirements or guidelines for participation in cross-disciplinary supervision. In addition to this, there is a potential role for cross-disciplinary supervisors to promote cross-disciplinary supervision as an adjunct to own-disciplinary supervision.

Further Research

ANZASW social workers are engaging in cross-disciplinary supervision and without adequate and appropriate baseline data it is not possible to effectively understand and monitor the prevalence of this. This study has indicated that further research, which has the capacity to measure the prevalence of cross-disciplinary supervision across the ANZASW social worker population, is required. To achieve adequacy in baseline data a representative

sample of participants is required. An associated challenge will therefore be the encouragement of ANZASW social workers to actively participate in the process of practice research and development in this area.

Comparison with previous research is suggestive that the frequency cross-disciplinary supervision occurs for ANZASW social workers may have increased over the past few years. The extent and reasons for this possible change are unknown. This highlights the need for future research to more adequately and accurately monitor and understand prevalence changes that occur in the practice of cross-disciplinary supervision.

The practice of cross-disciplinary supervision constituted a supervision process for some participants and an informal consultation process for others. Future research in this area should reflect cross-disciplinary supervision as a negotiated and contracted supervisory relationship and process. Informal consultations and the reasons for these should be explored as important although different phenomena.

It is important to understand differences and similarities between supervisors and supervisees and this research has highlighted the need to explore this further. Although participants indicated that similarities and differences were being discussed, it was apparent that this was not always the case. This highlights a need to better understand what similarities and differences are actually being identified and therefore discussed.

This study did not explore the views of practitioners from other disciplines that receive cross-disciplinary supervision from and provide supervision to ANZASW social workers. Exploration of this nature could have the potential to effectively contribute to the development and practice of cross-disciplinary supervision from a multi-disciplinary perspective.

This research has highlighted that It would have been useful to ascertain from participants whether the agency they are employed by has a supervision policy and, if yes, their awareness about the contents of such. This would have provided further information about what access participants have to the supervision policy that concerns them. It could also have identified further considerations or thoughts relating to the practice of cross-disciplinary supervision that were not readily available through a search of the literature and internet resources.

There does appear to be a need to better understand social workers' knowledge and interpretation of relevant policies, regulations and guidelines and how these impact on supervision practice. Attention to this in future research could highlight more specifically those areas where there is a need for further education and development amongst ANZASW social workers.

It appeared that some ANZASW social workers were using cross-disciplinary supervision as a replacement for rather than as an adjunct to own-disciplinary supervision. This was surprising given that international research on cross-disciplinary supervision identified that social workers valued own-disciplinary supervision (Bogo et al, 2011). There is a need to explore further and understand why this is occurring amongst some social workers.

Conclusion

This chapter has discussed the key findings of the research as they relate to the research objectives concerning the prevalence and nature of and views about cross-disciplinary supervision amongst ANZASW social workers and the conclusions that can be drawn from them.

Cross-disciplinary supervision is occurring amongst ANZASW social workers although this research was not able to determine the extent of this. There appeared, however, to be indication of it occurring on a more frequent basis than previously reported. Demographic as well as practice related factors appeared to impact on ANZASW social workers participation in cross-disciplinary supervision.

ANZASW social workers both provide and receive cross-disciplinary supervision and there were both similarities and differences to social work supervision. The cross-disciplinary supervision process participants engaged in did not always appear to be compatible with ANZASW or SWRB supervision requirements, practice standards or policy.

There was a lack of a unified understanding of cross-disciplinary supervision amongst participants and this did not necessarily or usefully contribute to understanding the prevalence and nature of and views about cross-disciplinary supervision amongst ANZASW social workers. There is a

need to better understand what does and what does not constitute cross-disciplinary supervision.

Overall the views ANZASW social workers had about cross-disciplinary supervision were positive and this was generally reflective of the results reported from other research outlined in chapter two. Features that enhance and hinder cross-disciplinary supervision practice were acknowledged and the importance of having guidelines was highlighted.

There were four major implications which emerged from the results and the first of these was in relation to the need for further research to measure and monitor the prevalence of cross-disciplinary supervision. The need for a clear definition of cross-disciplinary supervision to facilitate a more unified understanding of this practice was the second implication. The third concerned the need for guidelines and policy in relation to the practice of cross-disciplinary supervision. The final implication was the need to educate social workers and develop knowledge about those factors that impact on cross-disciplinary supervision practice, particularly in relation to ANZASW and SWRB requirements.

In conclusion this chapter has contributed to the understanding that cross-disciplinary supervision does occur amongst this group of ANZASW social workers, is similar in nature to social work supervision, is generally viewed positively and as O'Donoghue (2004:6) asserted 'is a practice in need of guidelines'. Recommendations from the implications of the key findings are outlined in the following chapter.

CHAPTER 6

CONCLUSIONS AND RECOMMENDATIONS

This chapter reviews the thesis and makes recommendations in relation to the practice of cross-disciplinary supervision by ANZASW social workers. The study is reviewed in terms of its objectives, aims, methodology and results. The implications from the research results are also outlined together with the recommendations. This is followed by a personal reflection on the research process and a conclusion which completes the thesis.

Review of the Research Process

This research set out to explore amongst ANZASW social workers the prevalence, nature and views about cross-disciplinary supervision. This aim came about through the author's own experience of cross-disciplinary supervision and from reviewing the literature and research undertaken both nationally and internationally.

The primary objectives of this study were to describe the prevalence of cross-disciplinary supervision amongst ANZASW social workers, explain the nature of cross-disciplinary supervision that is engaged in by ANZASW social workers, and examine social workers views about cross-disciplinary supervision. The research hypotheses were:

1. That the prevalence of cross-disciplinary supervision practice is increasing across the ANZASW social worker population as is the frequency it occurs amongst those who are engaging in it.

2. Cross-disciplinary supervision is both different and similar to own-disciplinary supervision in terms of its nature.

3. ANZASW social workers will have positive views about the effectiveness of cross-disciplinary supervision and the extent that it enhances practice. They will also consider guidelines for it to be important.

Questions

The research questions were:

1. What is the prevalence of Cross-disciplinary supervision amongst ANZASW Social Workers?
2. What is the nature of cross-disciplinary supervision that is engaged in by ANZASW Social Workers?
3. What are social workers views about cross-disciplinary supervision?

Methodology

Pragmatism was the philosophical worldview that informed the use of a cross-sectional survey research design using a web-based internet survey questionnaire.

A link to the internet survey questionnaire was emailed to a one in ten sample of ANZASW members. Only those members with an active email address held by the ANZASW received the invitation and link to the internet survey questionnaire. Due to the low response rate and consequent change to a convenience sample it was not possible to establish a response rate. There were, however, 54 respondents who participated in cross-disciplinary supervision that completed the online survey.

The survey data was analysed using PASW Statistics 18 and the results from the survey were reported in chapter 4. The results were discussed in chapter 5 in relation to the three research hypotheses and questions.

There were two key strengths identified in the methodology used. The first of these related to its expedience, both in terms of it being an inexpensive and faster way of collecting the exploratory and descriptive data required for the study. The second was in relation to the data collected providing a basis for comparison in future research.

The major limitations were in relation to sampling approach and sample size. Due to the low response rate and consequent change from a probability to convenience sample it was not possible to measure prevalence for cross-disciplinary supervision other than amongst those respondents who participated in the survey. Despite these issues the data collected was used to try and better understand the prevalence and nature of and views about the cross-

disciplinary supervision that ANZASW social workers currently engage in.

Key Findings

The key findings of this research in relation to the prevalence of cross-disciplinary supervision were that it is occurring amongst ANZASW social workers although the extent is unknown. Amongst the 54 ANZASW social workers who participated in this study the majority were female and in the over 50 age band. Slightly more indicated providing cross-disciplinary supervision than receiving it and the particular role engaged in was related to level of social work practice. To a large extent this practice occurs on a planned and regular basis and the frequency it occurs appears to have increased. Participation in cross-disciplinary supervision tended to increase with more years of social work experience, higher level of social work practice and further training being currently undertaken. It also increased where social work practice is based in urban areas and in the health, community agency or private practice fields of employment.

In terms of the nature of cross-disciplinary supervision the key findings highlighted that there was no unified understanding of what constitutes cross-disciplinary supervision, although it appeared to be both similar and different to social work supervision. It was typified by formally contracted individual supervisory relationships that predominantly occurred for developmental and educative purposes and to a large extent was in addition to own-disciplinary supervision. On the whole participation in cross-disciplinary supervision represented a choice made by respondents, was mostly external and usually sanctioned by management structures. It appeared that supervisor training was not an important consideration for cross-disciplinary supervisees while most social work cross-disciplinary supervisors had undertaken some form of supervisor training. Social workers engaged in cross-disciplinary supervision with a variety of professions/disciplines and the majority indicated that discussion about supervision similarities and differences occurred. Most participants knew their cross-disciplinary supervisor/supervisees code of ethics, complaints processes and standards for practice.

Key findings in relation to ANZASW social workers views about cross-disciplinary supervision were that overall the level of effectiveness experienced with it was rated as positive. Overall participants generally agreed that it enhanced practice and this appeared to be due to promotion of critical thinking, creativity, collaboration and multidisciplinary practice approaches. Cross-disciplinary supervision was considered effective where it occurs regularly, has the capacity to facilitate practice development and reflective practice, and occurred as an adjunct to own-discipline supervision. In relation to a list of guidelines presented for the practice of cross-disciplinary supervision, there was general agreement that these were important. Participants were mostly satisfied with the developmental, resourcing and qualitative functions of the cross-disciplinary supervision they experienced. Cross-disciplinary supervision was also considered to hinder practice to a limited extent due to differences that exist between disciplinary or professional groups and the potential for this to impact on the supervisory process.

Implications and Recommendations

The major implications and recommendations which arose from the research results concerned: a) understanding the cross-disciplinary supervision that occurs amongst Aotearoa New Zealand social workers; and b) promoting competence and accountability in cross-disciplinary supervision practice amongst ANZASW social workers.

Understanding the cross-disciplinary supervision that occurs amongst Aotearoa New Zealand social workers

The implication from this thesis in terms of understanding the cross-disciplinary supervision that occurs is in relation to the need for further research which can adequately measure and monitor the prevalence of cross-disciplinary supervision amongst social workers. This will require a clear understanding of what constitutes cross-disciplinary supervision. The recommendations from this research therefore include:

1. That further research is undertaken which has the capacity to measure the prevalence of cross-disciplinary supervision amongst

Aotearoa New Zealand social workers. This should probably target both ANZASW and registered social workers to increase the potential pool of participants.

2. That future research clearly defines terms related to cross-disciplinary supervision which could minimise potential for alternative understandings to emerge. A starting point could be defining supervision more clearly in terms of it being a formal contracted and negotiated activity.

3. That future research adequately and accurately monitors change in the prevalence of cross-disciplinary supervision. This could be achieved through asking participants to identify any change that has occurred in their cross-disciplinary supervision period over a specified time period. Supervision related research could also include cross-disciplinary supervision prevalence related questions where appropriate, contributing to comparison data.

4. That future research explores social workers' awareness of and access to existent agency policy and/or guidelines for cross-disciplinary supervision by specifically including questions in relation to this.

5. That future research draws out in more detail the differences and similarities which are being identified and discussed in the cross-disciplinary supervision process.

6. That future research explores the views of practitioners from other disciplines regarding cross-disciplinary supervision with social workers.

There is also a need for:

7. Exploration of why some social workers are using cross-disciplinary supervision as a replacement for own-disciplinary supervision through further research.

Promoting competence and accountability in cross-disciplinary supervision practice amongst Aotearoa New Zealand social workers

The second area that the results had implications for was the need for

guidelines and policy in relation to the practice of cross-disciplinary supervision together with the need to educate social workers and develop knowledge about those factors that impact on cross-disciplinary supervision practice. It is therefore recommended that:

8. Formal policy and/or guidelines regarding the practice of cross-disciplinary supervision which are clear, consistent and accessible to all social work practitioners are developed and implemented. A starting point for these would be the guidelines proposed by O'Donoghue (2004:6).

9. Education and awareness is developed amongst social workers about regulatory and policy factors that impact on cross-disciplinary supervision. This might involve an increased focus on these areas during social work and supervision training or through ANZASW continuing professional development opportunities.

10. Social workers undertake regular review of their cross-disciplinary supervision practice to facilitate compliance with professional and competency requirements and to ultimately maximise potential and minimise harm associated with it. Table 6.1 presents a checklist which has been developed to assist in reviewing cross-disciplinary supervision practice.

11. Further consideration occur in relation to generic supervisor training and what discipline specific training or knowledge development may be required in addition to this in terms supervising own-disciplinary and cross-disciplinary supervisees.

12. More specific training regarding supervision policy is included in social work and supervision education and training programmes. This includes the development of skills to explore, identify and appropriately manage the impact of various supervision related policy.

13. Agencies/organisations that employ social workers have clear and accessible supervision policy which is consistent with legislative and professional organisation policy.

14. ANZASW and SWRB work with other professional groups/membership bodies to develop specific guidelines regarding participation in cross-disciplinary supervision.

15. Cross-disciplinary supervisors need to actively promote cross-disciplinary supervision as an adjunct to own-disciplinary supervision with their supervisee's and this could occur through the contracting and review process in supervision.

16. Further exploration and consideration regarding the provision of supervision by social workers to non or paraprofessionals. Further research, perhaps a survey of the ANZASW supervisors' interest group, would be one option.

Overall, the implications and recommendations which have emerged from this thesis highlight that cross-disciplinary supervision amongst Aotearoa New Zealand social workers is a practice that requires further research and development.

Table 6.1 Cross-disciplinary Supervision Practice Checklist

Cross-disciplinary Supervision Practice Questions:	Yes	No
1. Cross-disciplinary supervision occurs in addition to monthly core social work supervision?		
2. Cross-disciplinary supervision is authorised by the agencies involved?		
3. You are aware of all legislation, policy or regulation that impacts on your cross-disciplinary supervision?		
4. Cross-disciplinary supervisor has undertaken supervisor training?		
5. Similarities and differences in supervision histories and traditions have been discussed?		
6. There is awareness of each other's codes of ethics, practice standards and complaints process?		
7. Cross-disciplinary supervisor does not have clinical responsibility for supervisee's work?		
8. There is a written contract in place for cross-disciplinary supervision and at least includes parties, accountabilities, function/s and review?		
9. The cross-disciplinary supervision I engage in: a) Facilitates reflective practice? b) Challenges professional assumptions? c) Facilitates practice development? d) Occurs regularly?		
10. Cross-disciplinary supervisor is an expert?		
11. Overall cross-disciplinary supervision is effective?		
If you answered no to any of the above questions it could be useful to review your cross-disciplinary supervision practice and address areas identified as requiring development.		

Researchers Personal Reflections on Research Journey

From this research journey I have discovered that cross-disciplinary supervision is occurring amongst ANZASW social workers, for a variety of reasons and with a range of professionals. This was consistent with what I had experienced anecdotally. I was surprised at the low response rate amongst ANZASW social workers, although also understand that the survey was conducted during a traditionally busy time of year for social workers. A recent comment by the ANZASW president, however, highlighted that an internet survey approach does not appear to be a strategy of choice for ANZASW social workers to have their experiences or opinions heard (ANZASW, 2012). The process of research and writing this thesis has reinforced for me that cross-disciplinary supervision is occurring amongst social workers and is a practice which needs to be both understood and developed further.

Conclusion

This chapter has reviewed the research aims and objectives, the methodology and the key findings of this study followed by a brief discussion of the implications and recommendations that have emerged. The major implications of the results concerned the need to develop a greater understanding of the cross-disciplinary supervision that occurs amongst Aotearoa New Zealand social workers and the need for the promotion of competence and accountability in the practice of it.

Recommendations primarily involved identification of opportunities for social work in Aotearoa New Zealand to further develop its understanding regarding the prevalence and nature of and views about cross-disciplinary supervision and to develop strategies to promote competence and accountability in this practice.

Overall this thesis has been an important study in terms of its contribution to the literature in the area of cross-disciplinary supervision amongst social workers in Aotearoa New Zealand. It has highlighted that cross-disciplinary supervision is occurring, can be both similar and different to own-disciplinary supervision and is generally viewed positively by those practicing it. It has also confirmed the need for cross-disciplinary supervision to occur as an

adjunct to core social work supervision.

For social workers cross-disciplinary supervision perhaps offers significant learning and development opportunities and will possibly become a more prominent feature of interprofessional collaboration in the future. Exploration of the challenges that may emerge for social workers, such as professional identity and practice risk, as well as continued exploration regarding the potential of cross-disciplinary supervision, will be future tasks for social work as a profession.

APPENDIX A

Cross-disciplinary Supervision Questionnaire

1. Information Sheet

Hello, my name is Jo Hutchings and I am inviting you to participate in a survey research project that I am currently undertaking as a student enrolled in the Master of Philosophy (Social Work) degree at Massey University. I am also a member of Aotearoa New Zealand Association of Social Workers (ANZASW).

My supervisors are Kieran O'Donoghue and Lareen Cooper. Lareen is a Senior Lecturer and Kieran is the Director of the social work and social policy programme within the School of Health and Social Services, Massey University, Palmerston North.

Researcher's and supervisors' contact details

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The purpose of my research project is to complete a study into the prevalence, nature and effectiveness of cross-disciplinary supervision from the perspective of members of the ANZASW and to produce a Master's thesis that satisfies the requirements of the Master of Philosophy degree.

For the purposes of this study, cross-disciplinary supervision is defined as being supervision that is received and/or provided by practitioners from two or more different professional disciplines.
It has been suggested that the occurrence of cross-disciplinary supervision in Aotearoa New Zealand is increasing and that it is a practice that is in need of guidelines. Currently there is a limited knowledge and literature base informing the practice of cross-disciplinary supervision in social work. It is envisaged that this research project will contribute to the development of knowledge in this area.

You have been selected for this online questionnaire as a one in ten sample of full members of the ANZASW. This selection process and the sending of this email, which contains a link to the survey questionnaire and this information sheet, have been undertaken by an employee of the ANZASW. The information that you provide in this on-line questionnaire will be anonymous as no names are requested and it will not be possible to identify any individual from the responses that they provide.

The information that is collected from you and other participants through this online survey will be used for the production of the Master's thesis and for any academic publications arising from it. All data will be stored securely with any paper data (e.g. printed copies of completed questionnaires) being held in a locked filing cabinet and electronic data being password protected. Upon completion of the study the data that you have provided will be stored for a further five years in accordance with the recommendation made by the Massey University Policy on Research Practice. After this period your data will be destroyed.

Information resulting from the project will be shared with participants as follows:
• A Summary of the research findings will be lodged in the Massey University repository and you will be advised of the web link through a notice placed in Social Work Kete and NoticeBoard
• The results of the survey will be submitted for publication in the form of a journal article in Aotearoa New Zealand Social Work Review, which is freely available to all members of the Association.

Cross-disciplinary Supervision Questionnaire

• ANZASW will be advised that a full electronic copy of the thesis will be lodged in the Massey University Institutional Repository and that access of this is freely available to their members.

The questionnaire takes between 20 and 25 minutes to complete. Participation is completely voluntary. If you agree to be part of this study, please complete the questionnaire and submit it to the researcher. Completion and return of the questionnaire implies consent.

Cross-disciplinary Supervision Questionnaire

2. INFORMATION SHEET cont...

Participant's Rights

You have the right to:
§ decline to participate;
§ decline to answer any particular question;
§ ask any questions about the study at any time during participation;
§ be given access to a summary of the project findings when it is concluded.

Thank you for considering participation in this research study. If you have any questions concerning this study please feel free to contact myself and/or my supervisors.

This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern B, Application 10/48. If you have any concerns about the conduct of this research, please contact Professor Karl Pajo, Chair, Massey University Human Ethics Committee: Southern B, telephone 04 801 5799 x 6929, email humanethicsouthb@massey.ac.nz.

Cross-disciplinary Supervision Questionnaire

3. DIRECTIONS

Please complete the following questionnaire. Completion of the questionnaire implies consent. You have the right to decline to answer any particular question.

Cross-disciplinary Supervision Questionnaire

4. SECTION ONE

Please provide some information about yourself:

1. Your gender is?

○ Female

○ Male

2. Your ethnicity is? (Please tick all that apply)

☐ NZ European

☐ Other European

☐ Maori

☐ Pacific Peoples

☐ Asian

☐ Other (please specify)

3. Your age group is?

○ Under 20 years

○ 20 – 25 years

○ 26 – 30 years

○ 31 – 35 years

○ 36 – 40 years

○ 41 – 45 years

○ 46 – 50 years

○ 50+ years

4. The years of social work experience that you have are?

○ Less than 1 year

○ 1 – 2 years

○ 3 – 4 years

○ 5 – 10 years

○ 11 – 15 years

○ 16 – 20 years

○ 20 years +

5. Your primary field of practice or specialism is?

○ Mental Health

○ Physical Health

○ Addictions

○ Disability

○ Welfare

○ Justice

○ Education

○ Academic

○ Other (please specify)

[   ]

6. Which of the following best describes your level of practice?

○ Basic Grade

○ Advanced or Senior

○ Supervisor

○ Practice Manager

○ Professional Advisor

○ Academic

○ Other (please specify)

[   ]

Cross-disciplinary Supervision Questionnaire

7. Which of the following bests describes your current employment setting/s?

☐ Hospital or Health Service

☐ Child Welfare

☐ Justice (Youth & Adult)

☐ Community Agency

☐ Primary or Secondary School

☐ Tertiary Training Institute

☐ Private Practice

☐ Other (please specify)

[   ]

8. Which best describes the geographical location of your social work practice?

○ Major City

○ Provincial City

○ Provincial Town

○ Rural Area

9. Is your employment as a social worker?

○ Part-time (i.e. less than 30 hours per week)

○ Full-time (i.e. 30 or more hours per week)

10. Please tick the box that best describes your highest qualification

○ Non-social work qualification (e.g. BSocSci, or BEd)

○ Certificate in social work/social services

○ Undergraduate diploma in social work

○ Bachelor's degree in social work

○ Graduate/postgraduate diploma in social work

○ Master's degree in social work

○ PhD

11. Are you currently undertaking further training?

◯ No

◯ Yes (please specify)

[   ]

12. Do you belong to any other profession/discipline? (e.g. youth worker or counsellor etc)

◯ No

◯ Yes (please specify)

[   ]

13. Are you a member of any other professional association in addition to the ANZASW?

◯ No

◯ Yes (please specify)

[   ]

Cross-disciplinary Supervision Questionnaire

5. SECTION TWO

Please provide information about your participation in cross-disciplinary supervision:

* **14. Have you ever participated in cross-disciplinary supervision (supervision with someone from another profession or occupational discipline)?**

◯ No - please proceed to section four of this survey

◯ Yes - please continue with this section of the survey

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Cross-disciplinary Supervision Questionnaire

6.

15. Please rate by marking on the scale (where 1 = None and 5 = High) the number that best describes your level of participation in cross-disciplinary supervision over the last twelve months:

	1	2	3	4	5
None - High	○	○	○	○	○

16. Please rate by marking on the scale (where 1 = Not at all and 5 = Almost always) the number that best describes your experience of each of the following types of cross-disciplinary supervision:

	1	2	3	4	5
a) Ad-hoc consultations with colleague from another discipline	○	○	○	○	○
b) Ongoing informal case consultations for specialist advice	○	○	○	○	○
c) Formally contracted individual supervisory relationship	○	○	○	○	○
d) Multi-disciplinary team meetings	○	○	○	○	○
e) Formally contracted group supervision involving two or more professional disciplines	○	○	○	○	○
f) Formally contracted team supervision involving two or more professional disciplines	○	○	○	○	○
g) Other (specify below)	○	○	○	○	○

Please specify here:

[   ]

* 17. What is the nature of your engagement with cross-disciplinary supervision?

○ I receive cross-disciplinary supervision

○ I provide cross-disciplinary supervision

○ I both receive and provide cross-disciplinary supervision

Cross-disciplinary Supervision Questionnaire

Please provide information about your experience of receiving cross-disciplinary supervision:

18. Which of the following best describes the cross-disciplinary supervision that you receive?

☐ One on one (Individual)

☐ Group

☐ Team

☐ Peer

☐ Other (please specify)

[   ]

19. Does the cross-disciplinary supervision that you receive occur on a planned basis?

○ No

○ Yes

20. The frequency that you receive cross-disciplinary supervision is?

○ Weekly

○ Fortnightly

○ Monthly

○ Bi-monthly

○ Less than bi-monthly

○ Other (please specify)

[   ]

21. Which of the following statements explain the reason/s that you engage in cross-disciplinary supervision? (please mark all that apply)

☐ No appropriate supervisor from my own discipline/profession was available.

☐ I require a supervisor from another profession or discipline to develop specific skills and/or knowledge.

☐ The supervisor is knowledgeable about my work context.

☐ It is cultural supervision.

☐ This was/is an agency management decision.

☐ Cost related factors.

☐ Other (please specify)
[   ]

22. Did you have any influence over who provides your cross-disciplinary supervision?

◯ No

◯ Yes

23. Is your cross-disciplinary supervision?

◯ Internal

◯ External

24. Is the cross-disciplinary supervision that you receive authorised by the agency management structures involved?

◯ No

◯ Yes

25. The supervisor training that your cross-disciplinary supervisor has undertaken is?

☐ Short Course

☐ Workshop

☐ Certificate Qualification

☐ Diploma Qualification

☐ None

☐ Don't know

☐ Other (please specify)
[   ]

Cross-disciplinary Supervision Questionnaire

26. The profession/discipline that your cross-disciplinary supervisor identifies with is?

◯ Counselling

◯ Family Therapy

◯ Psychotherapy

◯ Psychology

◯ Teaching

◯ Nursing

◯ Youth Work

◯ Alcohol & Drug Work

◯ Psychiatry

◯ Other (please specify)

[   ]

27. Are you aware of your cross-disciplinary supervisor's code of ethics?

◯ No

◯ Yes

28. Is your cross-disciplinary supervisor aware of the ANZASW code of ethics?

◯ No

◯ Yes

◯ Don't know

29. Are you aware of the complaints process of your cross-disciplinary supervisor?

◯ No

◯ Yes

30. Is your cross-disciplinary supervisor aware of the complaints process for the ANZASW?

◯ No

◯ Yes

◯ Don't know

Cross-disciplinary Supervision Questionnaire

31. Is your cross-disciplinary supervisor aware of the ANZASW Standards for Practice?

◯ No

◯ Yes

◯ Don't know

32. Does your cross-disciplinary supervisor have clinical and/or professional responsibility for your social work practice?

◯ No

◯ Yes

33. Do you have a supervision contract in place for your cross-disciplinary supervision?

◯ No

◯ Yes

34. Is this a written contract?

◯ No

◯ Yes

Cross-disciplinary Supervision Questionnaire

35. Which of the following supervision contract items are included in your cross-disciplinary supervision contract? (please mark all that apply)

- ☐ Participants/parties
- ☐ Accountabilities
- ☐ Frequency
- ☐ Duration
- ☐ Function/s
- ☐ Recording
- ☐ Preparation
- ☐ Confidentiality
- ☐ Conflict management
- ☐ Review
- ☐ Cost/Payment etc
- ☐ Other (please specify)

[_____]

36. Which of the following functions are included in your cross-disciplinary supervision? (please mark all that apply)

- ☐ Developmental (developing supervisee practice skills, understandings and capacities)
- ☐ Resourcing (addressing and managing supervisee emotional responses to their practice situations)
- ☐ Qualitative (quality control relating to supervisee practice)

37. Please rate by marking on the scale (where 1 = Strongly agree and 5 = Strongly disagree) the extent to which you agree or disagree with the following statements:

	1	2	3	4	5
a) I am very satisfied with the developmental function of the cross-disciplinary supervision that I receive	○	○	○	○	○
b) I am very satisfied with the resourcing function of the cross-disciplinary supervision that I receive	○	○	○	○	○
c) I am very satisfied with the qualitative function of the cross-disciplinary supervision that I receive	○	○	○	○	○

38. Please rate by marking on the scale (where 1 = Not at all and 5 = Almost always) to what extent the similarities and differences between your own and your supervisors traditions and experiences of supervision been discussed?

	1	2	3	4	5
Not at all - Almost always	○	○	○	○	○

Cross-disciplinary Supervision Questionnaire

39. In addition to the cross-disciplinary supervision that you receive do you also receive supervision from an ANZASW social worker?

◯ No

◯ Yes

40. The supervision that you receive from an ANZASW social worker is?

◯ One on one (Individual)

◯ Group

◯ Team

◯ Peer

◯ Other (please specify)

[   ]

41. The frequency that you receive supervision from an ANZASW social worker is?

◯ Weekly

◯ Fortnightly

◯ Monthly

◯ Bi-monthly

◯ Less than bi-monthly

◯ Other (please specify)

[   ]

42. Please rate by marking on the scale (where 1 = Not at all and 5 = Almost always) the extent to which you believe the following cross-disciplinary supervision features enhance your practice:

	1	2	3	4	5
a) Experience of different theories and perspectives	◯	◯	◯	◯	◯
b) Increased understanding of other professional approaches	◯	◯	◯	◯	◯
c) Increased ability to work collaboratively	◯	◯	◯	◯	◯
d) Encouragement of critical thinking	◯	◯	◯	◯	◯
e) Encouragement of creativity	◯	◯	◯	◯	◯

43. Please rate by marking on the scale (where 1 = Not at all and 5 = Almost always) the extent to which you believe the following cross-disciplinary supervision features hinder your practice:

	1	2	3	4	5
a) Absence of shared theories and/or language	○	○	○	○	○
b) Professional difference and misunderstanding	○	○	○	○	○
c) Professional status issues	○	○	○	○	○
d) Inability to address professional role issues	○	○	○	○	○
e) Fear of revealing area/s for professional growth/development	○	○	○	○	○
f) Different understanding of supervision	○	○	○	○	○

44. Please rate by marking on the scale (where 1 = Not at all and 5 = Almost always) the overall extent to which you believe your practice is enhanced by having a supervisor from a different professional discipline:

	1	2	3	4	5
Not at all - Almost always	○	○	○	○	○

45. Cross-disciplinary supervision is effective where: (please rate by marking on the scale, where 1 = Strongly disagree and 5 = Strongly agree, your level of agreement with each the following criteria)

	1	2	3	4	5
a) The supervisor is an expert	○	○	○	○	○
b) It occurs regularly	○	○	○	○	○
c) It facilitates reflective practice	○	○	○	○	○
d) It facilitates practice development	○	○	○	○	○
e) Professional assumptions are challenged	○	○	○	○	○
f) It is in addition to social work supervision	○	○	○	○	○

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Cross-disciplinary Supervision Questionnaire

46. For each of the following statements please rate by marking on the scale (where 1 = Not important and 5 = Very important) the number that best reflects how important you consider it for cross-disciplinary supervision practice?

	1	2	3	4	5
a) The scope of the supervision is clearly established	○	○	○	○	○
b) It is provided only on the condition that when it concerns a health practitioner or a practitioner from a profession with an established supervision culture and policy, that it is additional to their professionally mandated supervision	○	○	○	○	○
c) It is authorised by the organisation	○	○	○	○	○
d) There is an explicit contract covering the nature, purpose and structure of the supervision	○	○	○	○	○
e) The similarity and differences between each profession's supervision traditions are discussed	○	○	○	○	○
f) Experiences of supervision are discussed by the individuals involved	○	○	○	○	○
g) All parties are informed about each other's ethical codes and complaints processes	○	○	○	○	○
h) The status of the supervision in relation to regulatory, professional membership and organisational requirements is clear and explicit	○	○	○	○	○

47. Please rate by marking on the scale (where 1 = Extremely ineffective and 5 = Extremely effective) the number that best describes the overall level of effectiveness that you have experienced with cross-disciplinary supervision:

	1	2	3	4	5
Extremely ineffective - Extremely effective	○	○	○	○	○

48. If there are any further comments that you would like to make about your experience of the effectiveness of cross-disciplinary supervision please include these here:

```
5
6
```

* 49. Do you also provide cross-disciplinary supervision?

○ No

○ Yes

8. SECTION THREE

Please provide information about your experience of providing cross-disciplinary supervision:

50. The number of cross-disciplinary supervisees you are currently supervising is?

○ 1

○ 2-4

○ 5

○ >5

51. The modes of cross-disciplinary supervision that you provide are?

○ One on one (Individual)

○ Group

○ Team

○ Peer

○ Other (please specify)

[   ]

52. Does the cross-disciplinary supervision that you provide occur on a planned basis?

○ No

○ Yes

53. The average frequency that you provide cross-disciplinary supervision to your supervisee/s overall is?

○ Weekly

○ Fortnightly

○ Monthly

○ Bi-monthly

○ Less than bi-monthly

○ Other (please specify)

[   ]

54. Which of the following statements provide the reason/s that you engage in the provision of cross-disciplinary supervision? (please mark all that apply)

☐ No appropriate supervisor from the supervisee's profession was available

☐ The supervisee required supervision from me to develop specific skills and/or knowledge

☐ I am knowledgeable about the supervisee's work context

☐ This is cultural supervision

☐ This was/is an agency management decision

☐ Cost related factors

☐ Other (please specify)

[   ]

55. Did you have any influence over who you provide cross-disciplinary supervision to?

◯ No

◯ Yes

56. The cross-disciplinary supervision that you provide is?

☐ Internal

☐ External

57. Is the cross-disciplinary supervision that you provide authorised by the agency management structures involved?

◯ No

◯ Yes

◯ Don't know

58. The professions/disciplines that your cross-disciplinary supervisees identify with are?

☐ Counselling

☐ Family Therapy

☐ Psychotherapy

☐ Psychology

☐ Teaching

☐ Nursing

☐ Youth Work

☐ Alcohol & Drug Work

☐ Psychiatry

☐ Other (please specify)

[   ]

59. The supervisor training that you have undertaken is?

☐ Short Course

☐ Workshop

☐ Certificate Qualification

☐ Diploma Qualification

☐ None

☐ Other (please specify)

[   ]

60. Do you have clinical and/or professional responsibility for your cross-disciplinary supervisee/s practice?

◯ No

◯ Yes

Cross-disciplinary Supervision Questionnaire

61. Do you have a supervision contract in place for the cross-disciplinary supervision that you provide?

◯ No

◯ Yes

62. Is this a written contract?

◯ No

◯ Yes

63. Which of the following supervision contract items are included in your cross-disciplinary supervision contract/s? (please tick all that apply)

☐ Participants/parties

☐ Accountabilities

☐ Frequency

☐ Duration

☐ Function/s

☐ Recording

☐ Preparation

☐ Confidentiality

☐ Conflict management

☐ Review

☐ Cost/Payment etc

☐ Other (please specify)

[   ]

64. Which of the following functions do you include in your cross-disciplinary supervision?

☐ Developmental (developing supervisee practice skills, understandings and capacities)

☐ Resourcing (addressing and managing supervisee emotional responses to their practice situations)

☐ Qualitative (quality control relating to supervisee practice)

Cross-disciplinary Supervision Questionnaire

65. Please rate by marking on the scale (where 1 = Strongly agree and 5 = Strongly disagree) the extent to which you agree or disagree with the following statements:

	1	2	3	4	5
a) I am very satisfied with the developmental function of the cross-disciplinary supervision that I provide	◯	◯	◯	◯	◯
b) I am very satisfied with the resourcing function of the cross-disciplinary supervision that I provide	◯	◯	◯	◯	◯
c) I am very satisfied with the qualitative function of the cross-disciplinary supervision that I provide	◯	◯	◯	◯	◯

66. Please rate by marking on the scale (where 1 = Not at all and 5 = Almost always) the extent to which the similarities and differences between your own and your supervisee's traditions and experiences of supervision been discussed?

	1	2	3	4	5
Not at all - Almost always	◯	◯	◯	◯	◯

67. Please rate by marking on the scale (where 1 = Not at all and 5 = Almost always) the extent to which you are aware of your cross-disciplinary supervisee/s participation in supervision with someone from their own professional group?

	1	2	3	4	5
Not at all - Almost always	◯	◯	◯	◯	◯

68. Please rate by marking on the scale (where 1 = Not at all and 5 = Almost always) the extent to which you believe the following cross-disciplinary supervision features enhance supervisee practice:

	1	2	3	4	5
a) Experience of different theories and perspectives	◯	◯	◯	◯	◯
b) Increased understanding of other professional approaches	◯	◯	◯	◯	◯
c) Increased ability to work collaboratively	◯	◯	◯	◯	◯
d) Encouragement of critical thinking	◯	◯	◯	◯	◯
e) Encouragement of creativity	◯	◯	◯	◯	◯

69. Please rate by marking on the scale (where 1 = Not at all and 5 = Almost always) the extent to which you believe the following cross-disciplinary supervision features hinder supervisee practice:

	1	2	3	4	5
a) Absence of shared theories and/or language	◯	◯	◯	◯	◯
b) Professional difference and misunderstanding	◯	◯	◯	◯	◯
c) Professional status issues	◯	◯	◯	◯	◯
d) Inability to address professional role issues	◯	◯	◯	◯	◯
e) Fear of revealing area/s for professional growth/development	◯	◯	◯	◯	◯
f) Different understanding of supervision	◯	◯	◯	◯	◯

Cross-disciplinary Supervision Questionnaire

70. Please rate by marking on the scale (where 1 = Not at all and 5 = Almost always) the overall extent to which you believe your supervisee's practice is enhanced by having a supervisor from a different professional discipline:

	1	2	3	4	5
Not at all - Almost always	○	○	○	○	○

71. Cross-disciplinary supervision is effective where: (please rate by marking on the scale, where 1 = Strongly agree and 5 = Strongly disagree, your level of agreement with each of the following criteria)

	1	2	3	4	5
a) The supervisor is an expert	○	○	○	○	○
b) It occurs regularly	○	○	○	○	○
c) It facilitates reflective practice	○	○	○	○	○
d) It facilitates practice development	○	○	○	○	○
e) Professional assumptions are challenged	○	○	○	○	○
f) It is in addition to supervision from within the supervisees own profession/discipline	○	○	○	○	○

72. For each of the following statements please rate by marking on the scale (where 1 = Not important and 5 = Very important) the number that best reflects how important you consider it to be for cross-disciplinary supervision practice:

	1	2	3	4	5
a) The scope of the supervision is clearly established	○	○	○	○	○
b) It is provided only on the condition that when it concerns a health practitioner or a practitioner from a profession with an established supervision culture and policy, that it is additional to their professionally mandated supervision	○	○	○	○	○
c) It is authorised by the organisation	○	○	○	○	○
d) There is an explicit contract covering the nature, purpose and structure of the supervision	○	○	○	○	○
e) The similarity and differences between each profession's supervision traditions are discussed	○	○	○	○	○
f) Experiences of supervision are discussed by the individuals involved	○	○	○	○	○
g) All parties are informed about each other's ethical codes and complaints processes	○	○	○	○	○
h) The status of the supervision in relation to regulatory, professional membership and organisational requirements is clear and explicit	○	○	○	○	○

73. Please rate by marking on the scale (where 1 = Extremely ineffective and 5 = Extremely effective) the number that best describes the overall level of effectiveness that you have experienced with cross-disciplinary supervision:

	1	2	3	4	5
Extremely ineffective - Extremely effective	○	○	○	○	○

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Cross-disciplinary Supervision Questionnaire

74. If there are any further comments that you would like to make about your experience of the effectiveness of cross-disciplinary supervision please include these here:

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Cross-disciplinary Supervision Questionnaire

9. SECTION FOUR

Please provide information about your views regarding the effectiveness of cross-disciplinary supervision:

75. Do you believe that it is necessary to have specific guidelines in place for cross-disciplinary supervision?

◯ No

◯ Yes

76. For each of the following statements please rate by marking on the scale (where 1 = Not important and 5 = Very important) the number that best reflects how important you consider it to be for cross-disciplinary supervision practice?

	1	2	3	4	5
a) The scope of the supervision is clearly established	◯	◯	◯	◯	◯
b) It is provided only on the condition that when it concerns a health practitioner or a practitioner from a profession with an established supervision culture and policy, that it is additional to their professionally mandated supervision	◯	◯	◯	◯	◯
c) It is authorised by the organisation	◯	◯	◯	◯	◯
d) There is an explicit contract covering the nature, purpose and structure of the supervision	◯	◯	◯	◯	◯
e) The similarity and difference between each profession's supervision traditions are discussed	◯	◯	◯	◯	◯
f) Experiences of supervision are discussed by the individuals involved	◯	◯	◯	◯	◯
g) All parties are informed about each other's ethical codes and complaints processes	◯	◯	◯	◯	◯
h) The status of the supervision in relation to regulatory, professional membership and organisational requirements is clear and explicit	◯	◯	◯	◯	◯

77. Cross-disciplinary supervision is effective where: (please rate by marking on the scale, where 1 = Strongly agree and 5 = Strongly disagree, your level of agreement with each of the following criteria)

	1	2	3	4	5
a) The supervisor is an expert	◯	◯	◯	◯	◯
b) It occurs regularly	◯	◯	◯	◯	◯
c) It facilitates reflective practice	◯	◯	◯	◯	◯
d) It facilitates practice development	◯	◯	◯	◯	◯
e) Professional assumptions are challenged	◯	◯	◯	◯	◯
f) It is in addition to social work supervision	◯	◯	◯	◯	◯

Cross-disciplinary Supervision Questionnaire

78. If there are any further comments that you would like to make about the effectiveness of cross-disciplinary supervision please include these here:

5
6

Cross-disciplinary Supervision Questionnaire

10. THANK YOU

The valuable time, effort and opinion that you have provided in completing this survey questionnaire is very much appreciated.
Thanks for your participation.
Jo

APPENDIX B

Application No: _____ / _____
This number is assigned when your application is accepted.
Quote on all documentation to participants and the Committee.

Human Ethics Application

FOR APPROVAL OF PROPOSED RESEARCH/TEACHING/EVALUATION INVOLVING HUMAN PARTICIPANTS

(All applications are to be typed and presented using language that is free from jargon and comprehensible to lay people)

SECTION A

1. **Project Title** — The Prevalence Of and Views About Cross-disciplinary Supervision Amongst Social Workers in Áotearoa New Zealand

   Projected start date for data collection — October/November 2010

   Projected end date — November 2011

   (In no case will approval be given if recruitment and/or data collection has already begun)

2. **Applicant Details** *(Select the appropriate box and complete details)*

   ACADEMIC STAFF APPLICATION (excluding staff who are also students)

   Full Name of Staff Applicant/s

   School/Department/Institute

Campus *(mark one only)*	Albany		Palmerston North		Wellington	

   Telephone   **Email Address**

   STUDENT APPLICATION

   Full Name of Student Applicant — Joanna Hutchings

   Employer (if applicable)

   Telephone — 0061466590566 Skype ID: jo-hutchings   **Email Address** — hutchings.jo@gmail.com

   Postal Address — C/- K. O'Donoghue, Senior Lecturer, Social Work Programme, Massey University, Palmerston North.

   Full Name of Supervisor(s) — Kieran O'Donoghue & Lareen Cooper

   School/Department/Institute — School of Health and Social Services

Campus *(mark one only)*	Albany		Palmerston North	X	Wellington	

   Telephone — (06) 356 9099 ex 2818   **Email Address** — K.B.ODonoghue@massey.ac.nz L.Cooper@massey.ac.nz

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   GENERAL STAFF APPLICATION

   Full Name of Applicant

   Section

Campus *(mark one only)*	Albany		Palmerston North		Wellington	

   Telephone   **Email Address**

Full Name of Line Manager	....
Section	....
Telephone	**Email Address** ....

3. **Type of Project** *(mark one only)*

Staff Research/Evaluation:	**Student Research:**		**If other, please specify:**
Academic Staff ☐	Specify Qualification	**MPhil**	
General Staff ☐	Specify Credits Value of Research	**120**	
Evaluation ☐			

4. **Summary of Project**
   Please outline in no more than 200 words in lay language why you have chosen this project, what you intend to do and the methods you will use.
   (Note: All the information provided in the application is potentially available if a request is made under the Official Information Act. In the event that a request is made, the University, in the first instance, would endeavour to satisfy that request by providing this summary. Please ensure that the language used is comprehensible to all.)

   The purpose of this research project is to complete a study into the prevalence, nature and effectiveness of cross-disciplinary supervision from the perspective of members of the Aotearoa New Zealand Association of Social Workers (ANZASW) and to produce a Master's thesis that satisfies the requirements of the Master of Philosophy degree.
   It has been suggested that the occurrence of cross-disciplinary supervision in Aotearoa New Zealand is increasing and that it is a practice that is in need of guidelines. Currently there is a limited knowledge and literature base informing the practice of cross-disciplinary supervision in social work. It is envisaged that this research project will contribute to the development of knowledge in this area.
   It is intended to use an internet survey in which one tenth of the members of the ANZASW will be advised by email of the link to the survey questionnaire and the information sheet by an employee of the ANZASW.

5. **List the Attachments to your Application**, e.g. Completed "Screening Questionnaire to Determine the Approval Procedure" (compulsory), Information Sheet/s *(indicate how many)*, Translated copies of Information Sheet/s, Consent Form/s *(indicate of how many)*, Translated copies of Consent Form/s, Transcriber Confidentiality Agreement, Confidentiality Agreement *(for persons other than the researcher / participants who have access to project data)*, Authority for Release of Tape Transcripts, Advertisement, Health Checklist, Questionnaire, Interview Schedule, Evidence of Consultation, Letter requesting access to an institution, Letter requesting approval for use of database, Other *(please specify)*.

   - Completed Screening Questionnaire to Determine the Approval Procedure
   - One information sheet for participants
   - Questionnaire
   - Draft letter request to the ANZASW to access participants
   - MUHEC application checklist

   Applications that are incomplete or lacking the appropriate signatures will not be processed. This will mean delays for the project.

   Please refer to the Human Ethics website (http://humanethics.massey.ac.nz) for details of where to submit your application and the number of copies required.

SECTION B: PROJECT INFORMATION

General

6   I/we wish the protocol to be heard in a closed meeting (Part II).   Yes [ ]   No [X]
     (If yes, state the reason in a covering letter)

7   Does this project have any links to other MUHEC or HDEC   Yes [ ]   No [X]
     application/s?

     If yes, list the MUHEC or HDEC application number/s (if assigned) and relationship/s.

8   Is approval from other Ethics Committees being sought for the project?   Yes [ ]   No [X]

     If yes, list the other Ethics Committees.

9   For staff research, is the applicant the only researcher?   Yes [ ]   No [ ]

     If no, list the names and addresses of all members of the research team.

Project Details

10   State concisely the aims of the project.
     The aims of this study are to:
     1. Describe the prevalence of cross-disciplinary supervision amongst ANZASW Social
        Workers,
     2. Explain the nature of cross-disciplinary supervision that is engaged in by ANZASW Social
        Workers, and
     3. Examine social workers views about the effectiveness of cross-disciplinary supervision.

11   Give a brief background to the project to place it in perspective and to allow the project's significance
     to be assessed. *(No more than 200 words in lay language)*
     It has been suggested that the occurrence of cross-disciplinary supervision in Aotearoa New
     Zealand is increasing and that it is a practice that is in need of guidelines. Currently there is a
     limited knowledge and literature base informing the practice of cross-disciplinary supervision in
     social work.   It is envisaged that this research project will contribute to the development of
     knowledge in this area.

12   Outline the research procedures to be used, including approach/procedures for collecting data. Use a
     flow chart if necessary.
     The intended procedure for this project include:
     1. Participants for this internet survey will be drawn from the email list of ANZASW members.
        This will involve an employee of the ANZASW sending a one in ten sample of ANZASW
        members an email containing a link to the survey questionnaire and information sheet.
     2. Participants will opt in to the study by clicking on the link and accessing the survey
        questionnaire that will be hosted through SurveyMonkey.
     3. The data collected via SurveyMonkey will be uploaded from a password protected account
        by the researcher.

13   Where will the project be conducted?   Include information about the physical location/setting.
     This project will be conducted nationally in Aotearoa New Zealand through an online survey.

14 If the study is based overseas:
  i) Specify which countries are involved;
  ii) Outline how overseas country requirements (if any) have been complied with;
  iii) Have the University's Policy & Procedures for Course Related Student Travel Overseas been met?
  (Note: Overseas travel undertaken by students – refer to item 5.10 in the document "Additional Information" on the MUHEC website.)

15 Describe the experience of the researcher and/or supervisor to undertake this type of project?

The researcher is a Master's student, the first supervisor is an experienced survey and mixed methods researcher.

16 Describe the process that has been used to discuss and analyse the ethical issues present in this project.

Completion of the screening questionnaire has been undertaken with the assistance of the MUHEC Code 2010 and in discussion with supervisors.

Participants

17 Describe the intended participants.

Members of the ANZASW

18 How many participants will be involved?

It is envisaged that approximately 412 members of the ANZASW will be advised of this online survey.

What is the reason for selecting this number?

(Where relevant, attach a copy of the Statistical Justification to the application form)

As at 19 May 2010 the total number of members of the ANZASW was 4119, a one-tenth sample of this population (i.e. 412) is appropriate for the scope of a Master's study.

19 Describe how potential participants will be identified and recruited?

Participants for this internet survey will be identified from the email mailing list of ANZASW members. A one in ten sample of members will be sent an email containing a link to the survey questionnaire and this information sheet by an employee of the ANZASW. The potential participants will be recruited into the study by clicking on the link contained within the email.

20 Does the project involve recruitment through advertising?   Yes [ ]   No [X]

(If yes, attach a copy of the advertisement to the application form)

21 Does the project require permission of an organisation (e.g. an educational institution, an academic unit of Massey University or a business) to access participants or information?   Yes [X]   No [ ]

If yes, list the organisation(s).

Aotearoa New Zealand Association of Social Workers

(Attach a copy of the draft request letter(s), e.g. letter to Board of Trustees,PVC,HoD/I/S,CEO etc to the application form. Include this in your list of attachments (Q5). Note that some educational institutions may require the researcher to submit a Police Security Clearance.)

22 Who will make the initial approach to potential participants?

The employee of the ANZASW who send the email to the selected sample.

23 Describe criteria (if used) to select participants from the pool of potential participants.

A one in ten systematic probability sampling criteria was used for the convenience of the ANZASW and to keep the scope of the study within that of a Master's project.

24 How much time will participants have to give to the project?

It will take participants between 15 and 20 minutes to complete the online survey

Data Collection

25   **Does the project include the use of participant questionnaire/s?**   Yes [X]   No [   ]

(If yes, attach a copy of the Questionnaire/s to the application form and include this in your list of attachments (Q5))

     If yes: **i)**   **indicate whether the participants will be anonymous, (i.e.**   Yes [X]   No [   ]
                               their identity unknown to the researcher).

                ii)   **describe how the questionnaire will be distributed and collected.**

                     (If distributing electronically through Massey IT, attach a copy of the draft request letter to the Director, Information Technology Services to the application form. Include this in your list of attachments (Q5) – refer to the policy on "Research Use of IT Infrastructure".)

26   **Does the project involve observation of participants? If yes, please describe.**   Yes [   ]   No [X]

27   **Does the project include the use of focus group/s?**   Yes [   ]   No [X]

(If yes, attach a copy of the Confidentiality Agreement for the focus group to the application form)

If yes, describe the location of the focus group and time length, including whether it will be in work time. *(If the latter, ensure the researcher asks permission for this from the employer).*

28   **Does the project include the use of participant interview/s?**   Yes [   ]   No [X]

(If yes attach a copy of the Interview Questions/Schedule to the application form)

If yes, describe the location of the interview and time length, including whether it will be in work time. *(If the latter, ensure the researcher asks permission for this from the employer)*

29   **Does the project involve sound recording?**   Yes [   ]   No [X]

30   **Does the project involve image recording, e.g. photo or video?**   Yes [   ]   No [X]

If yes, please describe.

(If agreement for recording is optional for participation, ensure there is explicit consent on the Consent Form)

31   **If recording is used, will the record be transcribed?**   Yes [   ]   No [X]

If yes, state who will do the transcribing.

(If not the researcher, a Transcriber's Confidentiality Agreement is required – attach a copy to the application form. Normally, transcripts of interviews should be provided to participants for editing, therefore an Authority For the Release of Tape Transcripts is required – attach a copy to the application form. However, if the researcher considers that the right of the participant to edit is inappropriate, a justification should be provided below.)

32   **Does the project involve any other method of data collection not covered**   Yes [   ]   No [X]
         in Qs 25-31?

If yes, describe the method used.

33   **Does the project require permission to access databases?**   Yes [   ]   No [X]

(If yes, attach a copy of the draft request letter/s to the application form. Include this in your list of attachments (Q5). <u>Note</u>: If you wish to access the Massey University student database, written permission from Director, National Student Relations should be attached.)

34	**Who will carry out the data collection?**

The data collection will be carried out by Massey ITS.

SECTION C: BENEFITS / RISK OF HARM (Refer Code Section 3, Para 10)

35   **What are the possible benefits (if any) of the project to individual participants, groups, communities and institutions?**

None

36   **What discomfort (physical, psychological, social), incapacity or other risk of harm are individual participants likely to experience as a result of participation?**

None

37   **Describe the strategies you will use to deal with any of the situations identified in Q36.**

NA

38   **What is the risk of harm (if any) of the project to the researcher?**

None

39   **Describe the strategies you will use to deal with any of the situations identified in Q38.**

NA

40   **What discomfort (physical, psychological, social) incapacity or other risk of harm are groups/communities and institutions likely to experience as a result of this research?**

None

41   **Describe the strategies you will use to deal with any of the situations identified in Q40.**

NA

42   **Is ethnicity data being collected as part of the project?**   Yes [X]   No [   ]

If yes, will the data be used as a basis for analysis? If so, justify this use in terms of the number of participants.

ANZASW members represent an ethnically diverse group of social workers and it is therefore important to explore ethnicity as a variable for this project. It is envisaged that collection of this data will identify the prevalence of cross-disciplinary supervision across the different ethnic groups involved as well as any similarities and differences in their views about its practice.

If no, justify this approach, given that in some research an analysis based on ethnicity may yield results of value to Maori and to other groups.
(Note that harm can be done through an analysis based on insufficient numbers)

43   **If participants are children/students in a pre-school/school/tertiary setting, describe the arrangements you will make for children/students who are present but not taking part in the research.**
(Note that no child/student should be disadvantaged through the research)

NA

SECTION D: INFORMED & VOLUNTARY CONSENT (Refer Code Section 3, Para 11)

44   **By whom and how, will information about the research be given to potential participants?**

An internet link for the information sheet and the questionnaire will be distributed to one in ten members of the ANZASW by an employee of the association. The information sheet will have contact details for the researcher and the supervisors

45   **Will consent to participate be given in writing?**   Yes [   ]   No [X]

(Attach copies of Consent Form/s to the application form)

If no, justify the use of oral consent.
Return and completion of the questionnaire is taken to imply consent as stated on the information sheet and the survey questionnaire.

| 46 | **Will participants include persons under the age of 16?** | Yes | | No | X |

If yes: i)   indicate the age group and competency for giving consent.

         ii)   indicate if the researcher will be obtaining the consent of   Yes | | No | | parent(s)/caregiver(s).

(Note that parental/caregiver consent for school-based research may be required by the school even when children are competent. Ensure Information Sheets and Consent Forms are in a style and language appropriate for the age group.)

| 47 | **Will participants include persons whose capacity to give informed consent may be compromised?** | Yes | | No | X |

If yes, describe the consent process you will use.

| 48 | **Will the participants be proficient in English?** | Yes | X | No | |

If no, all documentation for participants (Information Sheets/Consent Forms/Questionnaire etc) must be translated into the participants' first-language.
(Attach copies of the translated Information Sheet/Consent Form etc to the application form)

SECTION E: PRIVACY/CONFIDENTIALITY ISSUES (Refer Code Section 3, Para 12)

| 49 | **Will any information be obtained from any source other than the participant?** | Yes | | No | X |

If yes, describe how and from whom.

| 50 | **Will any information that identifies participants be given to any person outside the research team?** | Yes | | No | X |

If yes, indicate why and how.

| 51 | **Will the participants be anonymous (i.e. their identity unknown to the researcher?)** | Yes | X | No | |

If no, explain how confidentiality of the participants' identities will be maintained in the treatment and use of the data.

| 52 | **Will an institution (e.g. school) to which participants belong be named or be able to be identified?** | Yes | | No | X |

If yes, explain how you have made the institution aware of this?

| 53 | **Outline how and where:** |

i) the data will be stored, and

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(Pay particular attention to identifiable data, e.g. tapes, videos and images)

All data will be stored securely with any paper data (e.g. printed copies of completed questionnaires) being held in a locked filing cabinet and electronic data being password protected. Upon completion of the study the data will be stored for a further five years in accordance with the recommendation made by the Massey University Policy on Research Practice. After this period the data will be destroyed.

ii) Consent Forms will be stored.

(Note that Consent Forms should be stored separately from data)

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54   **i)   Who will have access to the data/Consent Forms?**

Access to the data will be limited to the student and her supervisors.

ii)   How will the data/Consent Forms be protected from unauthorised access?

Paper data will be held in a locked filing cabinet and electronic data will be password protected.

---

55   How long will the data from the study be kept, who will be responsible for its safe keeping and eventual disposal? (Note that health information relating to an identifiable individual must be retained for at least 10 years, or in the case of a child, 10 years from the age of 16).

Upon completion of the study the data will be stored for a further five years in accordance with the recommendation made by the Massey University Policy on Research Practice. After this period the data will be destroyed. The principal supervisor will be responsible for the eventual disposal of the data.

(For student research the Massey University HOD Institute/School/Section / Supervisor / or nominee should be responsible for the eventual disposal of data. Note that although destruction is the most common form of disposal, at times, transfer of data to an official archive may be appropriate. Refer to the Code, Section 4, Para 24.)

SECTION F: DECEPTION (Refer Code Section 3, Para 13)

56   Is deception involved at any stage of the project?   Yes [ ]   No [X]

If yes, justify its use and describe the debriefing procedures.

SECTION G: CONFLICT OF ROLE/INTEREST (Refer Code Section 3, Para 14)

**57   Is the project to be funded in any way from sources external to Massey   Yes [ ]   No [X]
University?**

If yes: i)   state the source.

ii)   does the source of the funding present any conflict of interest with regard to the research topic?

**58   Does the researcher/s have a financial interest in the outcome of the   Yes [ ]   No [X]
project?**

If yes, explain how the conflict of interest situation will be dealt with.

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59   Describe any professional or other relationship between the researcher and the participants? (e.g. employer/employee, lecturer/student, practitioner/patient, researcher/family member).   Indicate how any resulting conflict of role will be dealt with.

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The researcher and the participants are all members of the Aotearoa New Zealand Association of Social Workers. The researcher will ensure that it is clear that she is a student undertaking research for a Master's degree in all the documentation and communication with participants.

SECTION H: COMPENSATION TO PARTICIPANTS (Refer Code Section 4, Para 23)

60 **Will any payments or other compensation be given to participants?**   Yes ☐ No ☒

If yes, describe what, how and why.

(Note that compensation (if provided) should be given to all participants and not constitute an inducement. Details of any compensation provided must be included in the Information Sheet.)

SECTION I: TREATY OF WAITANGI (Refer Code Section 2)

61 **Are Maori the primary focus of the project?**   Yes ☐ No ☒

If yes: Answer Q62 – 65

If no, outline:i)   what Maori involvement there may be, and

Maori members of the ANZASW may choose to participate.

        ii)   how this will be managed.

They will either choose to complete or not complete the survey.

62 **Is the researcher competent in te reo Maori and tikanga Maori?**   Yes ☐ No ☐

If no, outline the processes in place for the provision of cultural advice.

63 **Identify the group/s with whom consultation has taken place or is planned and describe the consultation process.**

(Where consultation has already taken place, attach a copy of the supporting documentation to the application form, e.g. a letter from an iwi authority)

64 **Describe any ongoing involvement of the group/s consulted in the project.**

65 **Describe how information resulting from the project will be shared with the group/s consulted?**

SECTION J: CULTURAL ISSUES (Refer Code Section 3, Para 15)

66 **Other than those issues covered in Section I, are there any aspects of the project that might raise specific cultural issues?**   Yes ☐ No ☒

If yes, explain.   Otherwise, proceed to Section K.

67 **What ethnic or social group/s (other than Maori) does the project involve?**

68 **Does the researcher speak the language of the target population?**   Yes ☐ No ☐

If no, specify how communication with participants will be managed.

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69   **Describe the cultural competence of the researcher for carrying out the project.**

(Note that where the researcher is not a member of the cultural group being researched, a cultural advisor may be necessary)

70   **Identify the group/s with whom consultation has taken place or is planned.**

(Where consultation has already taken place, attach a copy of the supporting documentation to the application form)

71   **Describe any ongoing involvement of the group/s consulted in the project.**

72   **Describe how information resulting from the project will be shared with the group/s consulted.**

73   **If the research is to be conducted overseas, describe the arrangements you will make for local participants to express concerns regarding the research.**

SECTION K: SHARING RESEARCH FINDINGS (Refer Code Section 4, Para 26)

74   **Describe how information resulting from the project will be shared with participants and disseminated in other forums, e.g. peer review, publications, conferences.**

(Note that receipt of a summary is one of the participant rights)

- The results of the survey will be submitted for publication in the form of a journal article in Aotearoa New Zealand Social Work Review, which is freely available to all members of the Association.

- ANZASW will be advised that a full electronic copy of the thesis will be lodged in the Massey University Institutional Repository and that access of this is freely available to their members.

SECTION L: INVASIVE PROCEDURES/PHYSIOLOGICAL TESTS (Refer Code Section 4, Para 21)

75   **Does the project involve the collection of tissues, blood, other body fluids**   Yes ☐ No ☒
    or physiological tests? *(If yes, complete Section L, otherwise proceed to Section M)*

    If yes, are the procedures to be used governed by Standard Operating Procedure(s)? If so, please name the SOP(s). If not, identify the procedure(s) and describe how you will minimise the risks associated with the procedure(s)?

76   **Describe the material to be taken and the method used to obtain it. Include information about the training of those taking the samples and the safety of all persons involved. If blood is taken, specify the volume and number of collections.**

77   **Will the material be stored?**   Yes ☐ No ☐

    If yes, describe how, where and for how long.

78 **Describe how the material will be disposed of (either after the research is completed or at the end of the storage period).**

(Note that the wishes of relevant cultural groups must be taken into account)

---

79 **Will material collected for another purpose (e.g. diagnostic use) be used?** Yes ☐ No ☐

  If yes, did the donors give permission for use of their samples in this project? *(Attach evidence of this to the application form)* Yes ☐ No ☐

  If no, describe how consent will be obtained. Where the samples have been anonymised and consent cannot be obtained, provide justification for the use of these samples.

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80 **Will any samples be imported into New Zealand?** Yes ☐ No ☐

  If yes, provide evidence of permission of the donors for their material to be used in this research.

---

81 **Will any samples go out of New Zealand?** Yes ☐ No ☐

  If yes, state where.

  (Note this information must be included in the Information Sheet)

---

82 **Describe any physiological tests/procedures that will be used.**

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83 **Will participants be given a health-screening test prior to participation?** Yes ☐ No ☐
  (If yes, attach a copy of the health checklist)

Reminder: Attach the completed Screening Questionnaire and other attachments listed in Q5

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SECTION M: DECLARATION *(Complete appropriate box)*

ACADEMIC STAFF RESEARCH
Declaration for Academic Staff Applicant
I have read the Code of Ethical Conduct for Research, Teaching and Evaluations involving Human Participants. I understand my obligations and the rights of the participants. I agree to undertake the research as set out in the Code of Ethical Conduct for Research, Teaching and Evaluations involving Human Participants. My Head of Department/School/Institute knows that I am undertaking this research. The information contained in this application is to the very best of my knowledge accurate and not misleading.

Staff Applicant's Signature _____ Date: _____

STUDENT RESEARCH
Declaration for Student Applicant
I have read the Code of Ethical Conduct for Research, Teaching and Evaluations involving Human Participants and discussed the ethical analysis with my Supervisor. I understand my obligations and the rights of the participants. I agree to undertake the research as set out in the Code of Ethical Conduct for Research, Teaching and Evaluations involving Human Participants. The information contained in this application is to the very best of my knowledge accurate and not misleading.

Student Applicant's Signature _____ Date: 05/07/10

Declaration for Supervisor
I have assisted the student in the ethical analysis of this project. As supervisor of this research I will ensure that the research is carried out according to the Code of Ethical Conduct for Research, Teaching and Evaluations involving Human Participants.

Supervisor's Signature _____ Date: _____

Print Name _____

GENERAL STAFF RESEARCH/EVALUATIONS
Declaration for General Staff Applicant
I have read the Code of Ethical Conduct for Research, Teaching and Evaluations involving Human Participants and discussed the ethical analysis with my Line Manager. I understand my obligations and the rights of the participants. I agree to undertake the research as set out in the Code of Ethical Conduct for Research, Teaching and Evaluations involving Human Participants. The information contained in this application is to the very best of my knowledge accurate and not misleading.

General Staff Applicant's Signature _____ Date: _____

Declaration for Line Manager
I declare that to the best of my knowledge, this application complies with the Code of Ethical Conduct for Research, Teaching and Evaluations involving Human Participants and that I have approved its content and agreed that it can be submitted.

Line Manager's Signature _____ Date: _____

Print Name _____

TEACHING PROGRAMME
Declaration for Paper Controller
I have read the Code of Ethical Conduct for Research, Teaching and Evaluations involving Human Participants. I understand my obligations and the rights of the participants. I agree to undertake the teaching programme as set out in the Code of Ethical Conduct for Research, Teaching and Evaluations involving Human Participants. My Head of Department/School/Institute knows that I am undertaking this teaching programme. The information contained in this application is to the very best of my knowledge accurate and not misleading.

Paper Controller's Signature _____ Date: _____

Declaration for Head of Department/School/Institute
I declare that to the best of my knowledge, this application complies with the Code of Ethical Conduct for Research, Teaching and Evaluations involving Human Participants and that I have approved its content and agreed that it can be submitted.

Head of Dept/School/Inst Signature _____ Date: _____

Print Name _____

APPENDIX C

MASSEY UNIVERSITY

7 September 2010

Joanna Hutchings
c/- Mr Kieran O'Donoghue
School of Health & Social Services
PN371

Dear Joanna

Re: HEC: Southern B Application – 10/48
        The prevalence of and views about cross-disciplinary supervision amongst social
        workers in Aotearoa New Zealand

Thank you for your letter dated 31 August 2010.

On behalf of the Massey University Human Ethics Committee: Southern B I am pleased to advise you that the ethics of your application are now approved. Approval is for three years. If this project has not been completed within three years from the date of this letter, reapproval must be requested.

If the nature, content, location, procedures or personnel of your approved application change, please advise the Secretary of the Committee.

Yours sincerely

Dr Nathan Matthews, Acting Chair
Massey University Human Ethics Committee: Southern B

cc   Mr Kieran O'Donoghue   Lareen Cooper
     School of Health & Social Services   School of Health & Social Services
     PN371   PN371

     Prof Steve LaGrow, HoS
     School of Health & Social Services
     PN371

Massey University Human Ethics Committee
Accredited by the Health Research Council
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E humanethics@massey.ac.nz   animalethics@massey.ac.nz   gtc@massey.ac.nz

Te Kunenga
ki Pūrehuroa

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APPENDIX D

MASSEY UNIVERSITY

5 October 2010

Joanna Hutchings
c/- Mr Kieran O'Donoghue
School of Health & Social Services
PN371

Dear Joanna

Re: HEC: Southern B Application – 10/48
         The prevalence of and views about cross-disciplinary supervision amongst social
         workers in Aotearoa New Zealand

Thank you for your letter dated 5 October 2010 outlining the change you wish to make to the above application.

The change to use the online service "SurveyMonkey" has been approved and noted.

If the nature, content, location, procedures or personnel of your approved application change, please advise the Secretary of the Committee. If over time, more than one request to change the application is received, the Chair may request a new application.

Yours sincerely

Dr Karl Pajo, Chair
Massey University Human Ethics Committee: Southern B

cc   Mr Kieran O'Donoghue   Lareen Cooper
     School of Health & Social Services   School of Health & Social Services
     PN371   PN371

     Prof Steve LaGrow, HoS
     School of Health & Social Services
     PN371

APPENDIX E

MASSEY UNIVERSITY

19 November 2010

Joanna Hutchings
c/- Mr Kieran O'Donoghue
School of Health & Social Services
PN371

Dear Joanna

Re: **HEC: Southern B Application – 10/48**
The prevalence of and views about cross-disciplinary supervision amongst social workers in Aotearoa New Zealand

Thank you for your letter dated 17 November 2010 outlining the change you wish to make to the above application.

The change in recruitment strategy, to place a letter in the ANZASW publication "Social Worker Kete", has been approved and noted.

If the nature, content, location, procedures or personnel of your approved application change, please advise the Secretary of the Committee. If over time, more than one request to change the application is received, the Chair may request a new application.

Yours sincerely

Dr Karl Pajo, Chair
Massey University Human Ethics Committee: Southern B

cc Mr Kieran O'Donoghue   Lareen Cooper
    School of Health & Social Services   School of Health & Social Services
    PN371   **PN371**

    Prof Steve LaGrow, HoS
    School of Health & Social Services
    PN371

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