Supervision of Social Work in Australia: The Appropriateness of Including Administration

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Social Work Supervision in Australia needs to include administrative supervision and not simply focus upon accountability. In this presentation, the author outlines the importance of administrative matters in social work supervision and highlights the importance of same by use of a case example. The case example itself punctuates the importance of spiritual understandings, empowerment of both client and supervisee, and how supervision structures can assist in client as well as supervisee growth.

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Supervision of Social Workers

The Supervision Standards of the Australian Association of Social Workers (AASW) reference authors Davys and Beddoe to define supervision for the profession of social work as:

> Supervision is a forum for reflection and learning…an interactive dialogue between at least two people, one of whom is a supervisor. This dialogue shapes a process of review, reflection, critique and replenishment for professional practitioners. Supervision is a professional activity in which practitioners are engaged throughout the duration of their careers regardless of experience or qualification. The participants are accountable to professional standards and defined competencies and to organisational policy and procedures (AASW, 2014, p.2).

The supervision of social workers is becoming increasingly demanding as more and more social workers engage as private practitioners, This is often in conjunction with an employed position as a social worker establishes their private practice, or to bolster an irregular income from private practice. In light of this many social workers are maintaining the standards of private practice and the disconnection a part time position can engender. As a result, supervision can encompass the responsibilities of private practice, and the isolation this can create, as well as the economic necessity of holding down an employed position. Supervision of social workers, in this increasingly challenging workplace, can be imperative for the wellbeing of the supervisees.

Components of Social Work Supervision

The three broad components of social work supervision are outlined in the 2014 Standards with reference to Kadushin, these components are Educational, Supportive and Administrative Standards, (AASW, 2104, p. 3-4). In these challenging economic and overly administrative times, many social workers are seeing supervision provided internally within their organisations as being overly work based assessment rather than support or administrative advice. It is certainly not educational in terms of professional development but rather educationally based on the issues of the organisation and its politics. One of the most common anecdotal questions raised in the Supervision Training Courses run at Eden Therapy Services speaks to this issue. These training courses are run under licence issued by Dr Philip Armstrong's private business, Optimise Potential. The question concerns the subordination of supervision to the accountability needs of the place of employment. This issue becomes a dilemma when accountability becomes the dominant force, rather than one of the three broad function of supervision being practiced. In the workplace this means that social workers are being asked to "manage" the more junior social workers according to the goals of the organisation at the expense of time being spent on professional supervision. This work would appear to be at odds with the idea of reflection as the information discussed in the supervision could also be used to challenge the social workers standing in the organisation in terms of promotion or accountability.

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The following definition includes the idea of the administrative process, the supportive function and the educative function. It's not just about accountability:

> The administrative function describes the practitioners and supervisor's accountability to the policies, protocols, ethics and standards which are prescribed by organisation, legislation and regulatory bodies. The educative function addresses the ongoing professional skill development and resourcing of the practitioner. The supportive function attends to the more personal relationship between the practitioner and the work context (Davys and Beddoe, 2010, p.25).

While the AASW Supervision Standards reflect the functions of supervision to be three broad components of social work, it would appear that in the experience of private practice those components need expanding. In private practice the common question from social workers in supervision is rather based on the complex assessment of contracts and the contracts legal implications for their practice. Put another way, what appears to be emerging in private practice is the common question from social workers in supervision about the complex assessment of contracts. Each area that the private practitioner engages in requires a different contractual obligation. For example, the registration with Medicare as a provider, the different government departments such as Veterans Affairs, the Defence Forces Australia, Victims Services or the National Disability Insurance Scheme to name a few. Each of these different departments requires different contractual commitments from social workers and different reporting requirements. Increasingly these contracts should be checked by the individual social workers lawyer for the personal responsibilities the social worker will have to each of these organisations. The individual contracts from each government department may also not reflect the core values of social work.

The management of dual relationships by social workers has long been a touch stone for the profession as a point of difference to other counselling professions such as psychology. Social workers actively engage with managed dual relationships for the best outcome for clients such as inviting a volunteer who has survived and managed domestic violence in the group work intervention of current domestic violence survivors. Some organisational contracts may not allow for the use of dual relationships or even support the idea of volunteer inclusion in interventions and see it as a violation of client confidentiality. Indeed, some contractual agreements may go so far as to see the use of dual relationships as grounds for an internal complaint which the accrediting body of the AASW may have no issue with as dual relationships are often seen as an effective way forward for some clients and augments change for the client who moves on to become a volunteer. The AASW states in its Code of Ethics 2020 that dual relationships "are not to be exploited to gain personal, material or financial advantage" and that where the dual relationship exists with former clients that the social worker will "set and enforce explicit, appropriate professional boundaries to minimise the risk of conflict of interest, exploitation or harm" (AASW, 2020, p. 13 & 21).

Changes to Social Work Standards for Supervision

It is interesting to note that the social work standards for supervision have changed Kadushin original three components of supervision from Educational, Supportive and Administrative to 5.1 Education, 5.2 Support and 5.3 Accountability (AASW, 2014, pp. 3-4). The reality of administrative tasks in the arena of supervision is vastly different to accountability of social workers. The administrative component of supervision that Kadushin outlines would appear to be important to social workers and should not be transposed into accountability which is a given in the professional conduct of a social worker. Rather Pelling and Armstrong's definition of supervision in Barletta's edited text is helpful when looking at supervision for the private practitioner and employed social worker. Two types of supervision, the clinical and the administrative are recommended for the private practitioner and employed social worker. Two types of supervisions are recommended, the clinical and the administrative:

> Whereas the focus of clinical supervision is concerned with counselling and aims to be educational the focus of administrative supervision is involved with organisational, managerial and procedural issues. Administrative supervision includes the managing of areas such as service evaluation, financial issue, time considerations, record keeping, role and function, professional development, policy and procedures, resource allocation, information technology and organisational issues (Barletta, 2017, p 17).

The area of dilemma for most social workers who are arriving to train in supervision at Eden Therapy Services appears to be in the administration of organisation. Social workers are accountable to their code of ethics and also administratively responsible to the organisation that employs th em whether contractually or on a permanent part time basis. This arena of administrative supervision is an area filled with contractual challenges and uncertainty for the social worker who wishes to also have a private practice. Belonging to their professional association is important. Whilst the 2017 edition of The Practice of Counselling and Clinical Supervision edited by Pelling and Armstrong omitted to include the 11,000 member AASW in the list of thirty-one international counselling and psychology organisations presented. Pelling does reference social workers as needing to belong to professional organisations alongside counsellors, therapist and psychologists (Pelling, 2017, pp.72-76). It is possible that while other counselling associations are embracing the idea of the administration of practice and the supervision of this administration standard, the AASW is at a point of difference as it has subsumed administration issues into accountability standards.

However, the inclusion of both the clinical and administrative component of supervision would seem timely for today's practising social worker and private practitioner. This acknowledges the need for the social worker to have clinical input to encourage the idea of reflective practitioner widely accepted in the United States as the basis for supervision (Davys and Beddoe, 2019, p. 13). It also allowed for the social worker to have administrative input to enable the consideration of "a new phase of change" in supervision (Davys and Beddoe, 2019, p. 13).

> Two major factors have influenced this change. The first factor is the neoliberal preoccupation with systems of accountability… the second factor is the impact of the 'the risk society' and the concomitant public critique of professional practice. These features come together in a social trend described as a 'crisis of trust' in professionals (O'Neill 2002). Fear of failure, concern

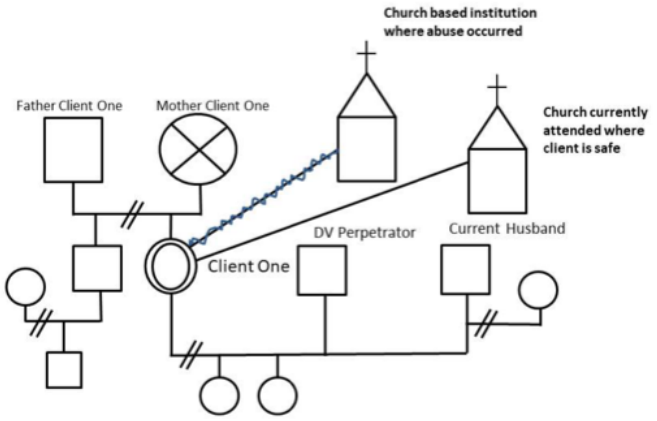
for public safety and a deep fear of public criticism (Stanley and Manthorpe 2004) on the part of government has led to more emphasis on compliance in oversight of professional practice and mandatory and continuous professional development (Davys and Beddoe, 2019, p 13-14).

While mistrust of the professional is certainly culturally relevant to the dominant western discourse, the rise of supervision support for the culturally disadvantaged has also emerged. Hair and O'Donoghue argued for the consideration of the less dominant cultural discourse of the Aotearoa indigenous Maori population could be incorporated into the New Zealand social workers interventions (Davys and Beddoe, 2019, p 18). Rather Beddoe and Egan stated that the "supervision process that is grounded in spatial, tradition, and coherent theoretical understandings congruent with a unique worldview" would serve the social worker and their intervention so that "culture becomes the overarching environment of supervision (Beddoe and Egan, 2019, p 18). Indeed, in supervising social workers for many years there is a curiosity about religion, spirituality and faith as assets to client interventions. However, social work has been comfortable with the inclusion of spirituality in our practice particularly when driven by the client centred process. "Counsellors tend to include a wide range of variables in the assessment process yet are reluctant to ask about a client's religious or spiritual background lest they appear to be imposing their values on the client (Corey et al, 2010, p. 140)". Certainly, the practice based research done at Eden Therapy Services called for the client's voice on spirituality and its inclusion in social work interventions. The qualitative study revealed that clients did want spirituality and their spiritual view included in their interventions and social work practice should accommodate this and the view of their minister, pastor, priest or spiritual director (Braid, 2009, p. 260).

Case Example: The Changing Face of Supervision

What does the changing face of supervision mean for the practicing social worker in the complex world of contracts, private practice and business administration? What does the emerging view of supervision for both the supervisor and supervisee mean in present practice? A case example has been chosen with a lens of the interaction of supervisor and supervisee. The case example is of a high-risk client who when interviewed initially was clearly eligible for inclusion in the Royal Commission to give evidence on Institutional Sexual Abuse of Children. The following clinical example of just such a case and its interwoven supervisor and supervisee perspectives will highlight the real time issues for a practising social worker, and the role that supervision can play in both clinical revelation and administration of the contracts involved in service provision for this particular client. The following de-identified example is presented with the permission of the client, supervisee and advocate involved.

Figure: Client Genogram at time of referral to Eden Therapy Services



The client entered the practice via a Mental Health Referral (MHCP) from her local General Medical Practitioner (GP) after her friend had told her about the help she received from a particular social worker. Like many complex trauma survivors, she had multiple medical needs and multiple medication needs. Her GP was perplexed by her medical presentation and was looking for another view of her patient. The client had always thought that the domestic violence she experienced in her first marriage was her fault and had not linked the institutionalised abuse history to her lack of life skills and parenting ability. This is typical presentation of long-term abuse survivors. The client received no support to return to the care of her biological parent when her time for discharge from the church-based institution came. After another placement she received no support once again when she was returned with her brother to the care of family. She quickly moved toward relationship in which she married and had two daughters of her own. Typical of most abuse survivors the violence she experienced in her youth followed her into her own choice of relationship patterned on her abuse experiences. The domestic violence she watched her mother go through and the domestic violence she was experiencing in her own marriage decided her on leaving the marriage when her youngest daughter turned one. She went into a refuge, struggled and as with many domestic violence survivors rented various accommodation, continued to struggle, continued to blame herself and remained isolated. She received some assistance from friends and various church and non-church-based Charites and continued to struggle to raise her daughters. She was drawn out into the community again by her local church where she became more personally buoyancy and eventually met a safe man who she married and who has supported and loved her all the way to the Royal Commission. She states that her faith has been one of the strongest supports for herself and her children. At this point after being in a safe and supportive relationship, her GP referred her to Eden Therapy Services (ETS).

From an initial interview she was quickly assessed as an institutionalised child sexual abuse survivor. At the time of the referral, she was unaware of the Royal Commission and had no idea that she was eligible to utilise the Royal Commission in any redress issues she may wish to pursue. On initial interview she was fragile and tearful and wondering if she could trust ETS as a service provider. What stood out for the social work intervention was the question about the client's fragility and whether this would deny her eligibility to present at the Commission. At the time of initial referral, the Royal Commission had already begun its

hearings and it was unclear if the client would be able to address the commission at this late stage of its hearings. The client was also eligible for the Victims Services Counselling Scheme and Recognition Scheme and as this would provide more counselling hours free to the client that the MHCP. It was explained to the client and with assistance, she applied and was registered as a victim of crime with the NSW Department of Justice Victims Support Service. This was a huge step for the client and one which benefited her further into her own personal robustness.

Supervision Issue 1

The supervisee took to supervision of the issue that the client was certainly eligible under the Royal Commission to present evidence but was in no state emotionally and physically able to present information on a range of perpetrators who may still be living and working in health areas and present a danger to others. Supervisee needed to discuss how well the client fitted with the parameters of the Commission investigation. The supervisee heard that the client's self-determination in regard to applying for Victims Services enabled a view that the client was robust and increasingly becoming aware that services existed to recognise and assist her journey.

Conclusion of supervision was to continue to build trust and see how the client progressed as intervention was in its early stages and to hold the other issues in tension. The clinical discussion had been helpful to contain the supervisee's need to see justice served through the lens of appearing at the Royal Commission and to identify the supervisee's own desires in regard to having the client heard when the client may not benefit from this. This idea was also held in tension. The administrative issues raised by the supervision included the idea that the commission could be approached with the client in session so that the client would be supported, and the supervisee could assess the robustness of the client when speaking to the commission's information line. Here we can see the use of clinical reflection and the administration relating to the supervisees need to become conversant with the terms of reference of the Commission and how this initial approach to the Commission could affect the client's robustness and resilience. Without supervision at this point the need to hold this supervisee's initial enthusiasm about a client being able to contribute to a national discussion may have overwhelmed the need for the client to be safe and held in a self-determined view of her immediate success of being recognised by the funding she received as a victim of crime for her counselling. Supervision at this point can be clinically revelatory as it assists the supervisee to explore the desire to see the possibility of their own needs for a victory in the story of the client. The supervision also refocuses onto the role of the administration of the current services available to the client and whether they are in the best interests of the client at that time.

Case update. Once trust was gained, she began to detail her previous marriage being filled by emotional and physical abuse and the emotional drain that multiple court cases had placed on her and the children. However as with other childhood trauma survivors, her life was pursued by issues of violence ever since the first violation of her as a child. After nearly a year of counselling she began to detail the institutional care she was placed in and only then began to tentatively detail the sexual abuse she suffered by the staff of the church-based facility. The men managing the institution she was placed in systematically abused her over a period of time. She also recounted amazing stories of finding meaning for herself in the respite she would receive from the abusers when she went to church as part of the program at the institution. She was safe and not harmed in this building and she chose to focus on whatever safety she would seek out or was in her control to enjoy and accept.

Supervision Issue 2

The supervisee raised the unusual resilience of this client as she began to prosper under empowerment and feminist models of practice and intervention. Supervision concentrated on a clinical smorgasbord that had been used to empower the client as seen in the research of Pelling in her 2005 and 2006 study of the characteristics and activities of Australian counsellors (Lack and Pelling, 2009, p. 212). The initial empowerment and safety of the counselling, with focused psychological strategies were augmented by the feminist informed theory challenging the false memory debate. (Braid, 1996, pp.51-54). The further work was informed by advocacy models of practice in group work referencing "Managing Complex Trauma Through Art" by (Cohen, Barnes, and Rankin, 1995, p. XV). As indicated by Pelling, the Australian counsellor is offering a broad range of clinical interventions presented by various counsellors which are eclectic in nature (Pelling, 2009, p 218). This supervision increasingly became important for discussing clinical interventions to support the improvements seen in the client.

The supervisee was also concerned about the client managing the idea of institutions, one of which abused her and the other, the local church where she found social meaning and support. This raised issues of power and politics in light of the Royal Commission and the responses by institutions such as the church to the accusations of covering up abuses and not taking responsibility for the abuses that happened while children were in their care. The management of these issues of power involved supervision being able to allow room for the larger societal view in relation to the effect of the Royal Commission on clients and their healing. This larger societal view is well documented in Dr Josie McSkimming's work, Leaving Christian Fundamentalism and the Reconstruction of Identity, with particular reference to Chapter 6, The Shaping of Identity through the lens of power (McSkimming, 2017, p. 127).

Conclusion of supervision was to remain curious and see the unique strengths of this client as the supervisee's desire to see justice in her view as the presentation to the Commission needed to be held in check while resilience was tested and weighed with the client. These ideas were to be discussed with the client as suggestions and possibilities. The supervisee must withhold her expectation of the possible presentation to the commission.

Case Update. At this point the client went through a phone consultation with the Royal Commission in a session while the supervisee was present. This was decided on as a confidential way to check on the client's reactions to being exposed to another institution, such as the commission. The phone contact was useful for the administrative information about the commission's operations for clients and the supportive and sensitive way that the phone call was handled.

Supervision Issues 3

Supervisee raised the issue of the recognition payment from the Attorney General's Department for victims of crime. The

supervisee had become aware that the eligibility for a recognition payment was high for this client as an institutional sexual abuse survivor. The policy and administrative issues surrounding this recognition payment were explored prior to supervision. The Supervisor knew that the literacy of the client was challenged by dyslexia and her schooling years had not been finished or according to the client were unfruitful. The Supervisor wondered about introducing another person to the process of the application for recognition payment in the form of an advocate who would assist her lack of literacy and aid the filling in of the forms relating to the payment. The Advocate Service at Eden Therapy Services had been operating as a program for several years with the services of an advocate who was an OAM recipient for his services to the disability field and an awarded social reformer in disability and employment. The supervisee also raised concerns about the client's robustness if the recognition payment was knocked back by Victims Services or the meeting of an advocate would be too confrontational to the client.

Conclusion of supervision was to see the introduction of an advocate as a way to further the client's reach into the community and to be heard by another. This advocate would hear parts of her story so that the application would be assisted, and recognition payment gained, plus there was another person hearing and giving veracity to her history as a survivor of childhood sexual abuse. It was useful to hear from the supervisor that if the recognition payment was not forthcoming this would need to be raised with the client and anticipated and reframed as not a failure but rather another attempt for her narrative to be told as the application in itself would be registered with Victims Services. The clinical aim was to increasingly address triggered memories that the client was presenting and work through those for future robustness and health. The clinical revelation was the increasingly tested narrative of the client's exposure to different possibilities. As this emerged as an ongoing strength for the client, the supervisee and supervisor could become more confident in the client's exposer to the administration of government policies and procedures for redress as being empowering for this client. It was also recognised that this experience would not be the same for every client and that the supervisee had case examples usually representing the exact opposite reaction.

Case Update. The successful application to receive a recognition payment was a great encouragement for the client and came at a time when increasing physical limitation due to her health deficits meant her husband was retiring from work to care for her. As a result, the transition for the whole family was made easier by the new narrative in the household that her survival was now acknowledged by the government and was seen in a practical way in the recognition payment. It was not just empty words for this family.

Supervision Issue 4

The client was now very robust and had a growing opinion in regard to the political climate surrounding the issue of the Royal Commission and the terms of reference of the commission. The client stated, "I never want this to happen to another child again" and she wishes to see the terms of reference of the commission expanded to include the survivors and overcomers of any form of child sexual abuse to be included by the commission. The supervisee raised the issue of the attachment felt toward the client and the way this was ameliorating the many years of practice with cases and families where such growth had not been experienced by the client, the client's family or the supervisee. The questions began to be asked about giving the client permission to not "owe" the supervisee anything and that she may need to branch out with her views into the wider public forum without so much involvement of the supervisee. The clinical revelation was to have the supervisor reassure the supervisee that a very complex case had been managed and that the supervisee's strong feelings of amelioration could be entertained and every enjoyed as the case had been managed well.

Supervision concluded that the celebration of the case was reasonable; the complex nature of childhood trauma rarely afforded the supervisee a "win" and that in supervision this could be validated and acknowledged. The administration of the supervisee at this point was not only affirming the clinical management of the client but encouraging a view that the case could be very insightful to others in view of the advocacy work and positive engagement with the Royal Commission. As a result, with the client's permission, the case was presented at the AASW Annual Conference in Hobart in 2017. The presentation furthered the experience of the supervisee and the growth of the client who was encountering her story at another level in the teaching of other social workers.

Case Update. The client felt further heard by the knowledge of the presentation of her journey to other professionals. She felt that this furthered her concern that this "never occur again" and that by educating professionals to this view she had achieved peace for herself.

In conclusion

The addition of the concept of the administration of the supervisee in a complex childhood trauma issue for supervision is pivotal. If this administrative exploration had instead been about the accountability of the supervisee, the gains made in the case may not have emerged. A more conservative case management may have resulted in a cautious reflection on the Royal Commission rather than the successful administration of the government's policies, procedures and recognition payments which the client benefited from and still to this day remains actively around. The clinical revelations would also have been affected by supervision of a one up and one day nature. The sage like approach to supervision would probably caution the use of the current political provision for survivors. Instead, what emerged was a supervised and managed clinical exploration of the unusual robustness of the client and her reaction to the telling of her story. Without supervision the healing of the client would not have been experienced in its fullness for the client and the supervisee.

To quote the client, "the first thing I want my grandkids to say is, 'Wow, what a different life my grandma or great grandma lived' because I am doing this, so their life doesn't have to have anything to do with abuse". (Braid, 2016, Recorded Interview).

Bio

Dr Rebecca Braid has practiced as a social worker for 35 years, with over 25 of those years in private practice. Prior to entering private practice, she worked as a social worker in the Royal Prince Alfred Hospital in the Neonatology Unit, the Sexual Assault Unit and the Oncology Department. Dr Braid managed

a Centre at the MS Society and was Head of Social Work at the Cerebral Palsy Alliance. Rebecca has also cared for terminal patients and their families at Neringah Hospital. Rebecca started her own private practice, Eden Therapy Services and has extensive experience with clients who have experienced trauma and abuse, particularly domestic violence and historic childhood abuse. She has authored the Safe Place Group Work program for women, men and children experiencing trauma and abuse. Rebecca has both a Bachelor and Master's degree in Social Work, and a Graduate Diploma in Couple and Family Therapy. Following her ground-breaking work exploring the link between Spirituality and Therapy, Rebecca was awarded her PhD from La Trobe University. Rebecca is an Australian Mental Health Social Worker and a member of the Australian Association of Social Workers, and the Australian College of Social Work. She is also a member of the Australian Counselling Association and the Australian Counselling Association College of Supervisors.

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