

# Supporting Isolated Workers in their Work with Families in Rural and Remote Australia: Exploring Peer Group Supervision

Amanda Nickson, Susan Gair and Debra Miles

*Social Work & Human Services, James Cook University, University Drive, Douglas, 4811, Queensland, Australia*

Social workers face unique challenges in working with families, young people and children in rural and remote communities. Simultaneously, workers juggle dual relationships, personal boundaries and high visibility. Social work practise in rural Australia also faces high staff turnover, burnout and difficulties with recruitment, retention and available professional supervision. A lack of professional supervision has been identified as directly contributing to decreased worker retention in rural and remote areas. This paper reports on emerging themes from a qualitative research study on peer supervision in virtual teams in rural and remote Australia. Data collection consisted of pre- and post-trial individual interviews, monthly group supervision sessions, online evaluations and focus groups. A key conclusion from the study is that peer group supervision worked in supporting rural and remote workers to perform their everyday professional roles. The ease and access afforded by the use of simple technology was noteworthy. Whilst the research was conducted with social workers in rural and remote areas, the use of peer group supervision could be applicable for other professionals who work with families and communities in rural and remote Australia.

■ **Keywords:** rural and remote practise, peer group supervision, social work, working with families

## Introduction

The challenges of living and working in rural Australia have been reported extensively in the social welfare literature (Chisholm, Russell, & Humphreys, 2011; Cuss, 2005; Green & Lonne, 2005; Jervis-Tracey et al., 2016; Lehmann, 2005; Symons, 2005). Families facing poverty; health, mental health and disability issues and service needs; unemployment; and child safety and child protection interventions can constitute the everyday practise of rural and remote social workers and other health and welfare professionals. These diverse work roles place ongoing demands on rural workers in a context of limited resources (Alston, 2005; Harvey, 2014; Humphreys & Gregory, 2012). Simultaneously, social workers and other allied health workers living and working in rural and remote communities deal with being highly visible, and they face the challenges of dual and multiple relationships, and personal boundary issues (Green & Lonne, 2005; Lehmann, 2005; Pugh, 2005), all of which can be supported within well-managed, appropriate professional supervision.

Recruitment and retention of health and welfare professionals are issues of concern in most rural and remote areas, and the lack of ongoing professional supervision and pro-

fessional development have been identified as contributors to high staff turnover and burnout (Chisholm, Russell, & Humphreys, 2011; Cuss, 2005; Symons, 2005). The study reported here is based on doctoral research undertaken by the first author. As a rural and remote social worker, she faced first-hand the challenges of working with disadvantaged families and communities. These personal experiences contributed to the development of the doctoral project. The primary aim of the research study was to develop a model of peer group supervision that was useful to rural social workers. The topic of peer group supervision to support rural and remote social work practitioners has attracted minimal research attention.

## The Context of Rural and Remote Social Work Practise

Baxter, Gray and Hayes (2010) identified Australia as one of the most urbanised countries in the world, with less

---

ADDRESS FOR CORRESPONDENCE: Amanda Nickson, Social Work & Human Services, James Cook University, University Drive, Douglas, 4811, Queensland, Australia.  
E-mail: [Amanda.Nickson@jcu.edu.au](mailto:Amanda.Nickson@jcu.edu.au)

than one-third of the population living outside major urban areas. Alston (2009) described 'rural' as:

Those areas outside major metropolitan areas . . . where accessibility to services is moderate to remote, where the main industries are agriculture, mining and to a lesser extent tourism, and where people generally relate to the notion of a shared set of values loosely defined as rural. (2009, p. 9)

Access to services has been recognised by the Australian government as diminished the further a person is located away from a capital city or major regional centre (Australian Bureau of Statistics, 2011).

Smith (2004) argued that 'rural people and their forebears have endured considerable hardship, extreme isolation and tough geographical conditions to produce some of Australia's greatest economic resources' (p. 16). This has been achieved through hard work, resourcefulness, self-reliance, mateship and stoicism (Smith, 2004). These characteristics may have contributed to the positive, resilient image of people living in perceived close-knit communities in outback Australia (Alston, 2009; Lehmann, 2005). However, Pugh and Cheers (2010, p. xvi) identified that:

the existence and needs of some rural dwellers tend to be unrecognised or understated; rural populations are typically underserved by welfare services; rural infrastructures are weaker – that is the availability or presence of other services such as affordable housing, effective transport systems and so on is reduced; employment opportunities are restricted, either because of rural location and/or the changing rural labour market; poverty and poorer life chances are more common . . . ; and rural services usually cost much more to deliver.

Similarly, the International Federation of Social Workers recognised the lack of social and economic infrastructure in rural communities and concluded that 'this results in inequality of opportunity for rural people: There are fewer services, limited choices of employment, and limited recreational facilities' (IFSW, 2012).

Alston (2005) identified that rural Australia was 'in crisis' (p. 276). According to Alston and others, the loss of population from rural areas to urban centres, the years of crippling drought, financial stress and state and federal restructuring of services to cities or large regional centres, had created a social crisis and a loss of service delivery to families in rural and remote Australia, including in Indigenous communities (Roufeil & Battye, 2008). Rising rates of unemployment, poverty, mental health issues, family breakdown and domestic violence placed significant pressure on existing services (Owen & Carrington, 2015; Roufeil & Battye, 2008). Alston (2009) emphasised that natural disasters, declining water security, rising fuel prices, depopulation, inadequate infrastructure, loss of young people to the allure of city living and labour scarcity, were all areas of concern for rural communities and residents. Further, Alston (2010) highlighted that a number of studies in Australian rural communities over an extended period of time revealed that rural people continued to suffer significant hardship,

and considered themselves alienated from governments that have moved away from addressing poverty alleviation in rural contexts. Rural people felt their citizenship rights were eroded, and they have no avenue to address their needs. More recently, Humphreys and Gregory (2012) and Harvey (2014) have noted the poor health status of rural and remote Australians, despite increased rural health policies and programmes over the last decade.

It is within this complex context that rural social workers practise. Social welfare practise in remote and rural areas offers many rewards to practitioners, including new graduates, such as the chance to work closely with rural families and communities, and opportunities for multi-skill development and rapid career advancement (Jervis-Tracey et al., 2016; McAuliffe, Chenoweth, & Stehlik, 2007). However, there are many challenges and ethical dilemmas for social workers in rural and remote Australia (Green & Lonne, 2005). As noted, factors such as high visibility, and a lack of anonymity in small communities, as well as managing dual and multiple relationships and multiple roles with high levels of responsibility, result in significant stress and the potential for burnout for rural workers (Cosgrave, Hussain, & Maple, 2015; Lehmann, 2005; Pugh, 2005). Whilst Malatzky and Bourke (2016) queried a strong deficit model of rural practise evident in the literature, nevertheless multiple unique stressors exist for rural and remote practitioners.

Green and Lonne (2005) noted this deficit, but also reported on a number of rural studies which indicated that despite high levels of work-related anxiety and stress, most workers also reported a

. . . very high level of satisfaction with rural community life and their experience of rural practice. They enjoyed the lifestyle, felt they were making an important contribution to their communities, and were able to work innovatively and creatively at both individual and community levels. (pp. 258–259)

In summary, rural and remote Australia can be appreciated for fostering resilience and enabling the rewards of rural living, but rural Australia has unique challenges, diverse and sometimes fragmented populations and industries, and increasingly it is characterised by hardships, limited services and infrastructure and disadvantage. This has created particular challenges for social work practise in rural locations. Such practise is distinguished by the personal challenges of living and working in small communities, often involving the overlap of personal and professional life, harsh climatic conditions, geographic and professional isolation, and limited referral services.

### Challenges of Working with Families and Communities in Rural and Remote Contexts

Rural populations generally are underserved by welfare services and this often is the case for services aimed at children

and families. As noted earlier, high rates of mental health issues and family breakdown have placed an additional load on limited family and relationship services already struggling to meet community needs. Speaking in relation to child protection, Robinson, Mares, and Arney (2016) argue that the development of services available to support families has not kept pace with the rates of child protection intervention, especially in rural and remote locations. Many services provided to families in rural and remote areas can be *fly-in* services meaning social welfare and allied health workers arrive for a structured day of scheduled individual appointments, but there is often a cultural disconnection between service users and the fly-in workers who lack local contextual knowledge (Dew et al., 2014). Where services and programmes do exist in rural townships, they are rarely designed to meet the specific locality needs or address the specific circumstances of rural families, compounding issues of stigma and exclusion (Robinson, Mares, & Arney, 2016). Rural children and their families wait longer for services than their urban counterparts or they are required to travel long distances to access support (Dew et al., 2014).

Public sector social workers often are the only resources available to rural families. In many instances, their role becomes that of generic caseworker for entire communities (Cosgrove, Hussain, & Maple, 2015). These workers have very demanding and stressful roles in work environments marred by serious resource limitations, geographic isolation and ongoing, long-term workforce shortages (Cosgrove et al., 2015; Dellemain & Warburton, 2013). In this isolated, deprived environment, Dellemain and Warburton (2013) noted that rural social workers:

need knowledge, insight, creativity, flexibility, and competence ... a sound grasp of rural politics and a capacity to develop partnerships so as to advocate for better services ... [They] must possess the type of leadership skills that can overcome the resistance from what is essentially a closed system ... , be a specialist generalist whose practice wisdom is informed by socio-ecological knowledge gathered from individuals, families, carers, informal supports, contextual influences, as well as the broader community, economic, and political factors. (p. 304–305)

In this demanding environment, professional supervision, training and networking seems essential but often is non-existent and workers are left professionally isolated (Cosgrove et al., 2015).

## Recruitment and Retention in Rural and Remote Areas

Ongoing concerns regarding recruitment and retention of human service workers in rural and remote Australia are evident in the literature. For example, a quantitative research study by Chisholm et al. (2011) analysed human resources data on rural allied health workforce turnover and retention for 901 allied health staff in Western Victoria over

a 6-year period from 2004–2009. They found ‘differences in crude workforce patterns according to geographical location emerge 12 to 24 months after commencement of employment’ (Chisholm et al., 2011, p. 81), highlighting that the more remote the location, the higher the risk of increased staff turnover. The specific profession, employee age and grade upon commencement were all significant determinants of turnover risk. Remote health services had the highest annual turnover rates, lower stability rates after 2, 3 and 4 years, and lower retention probabilities after second and subsequent years of employment (Chisholm et al., 2011). This research did not appear to consider professional supervision as a factor in retention, despite supervision being identified elsewhere as a core retention strategy in health and allied health services.

Earlier research includes studies by Cuss (2005) and Symons (2005) in state health departments in Victoria and Queensland, respectively. Both of these studies demonstrated the lack of professional supervision and lack of opportunities for professional development as the primary contributing factors to high staff turnover. Overall, it seems that working in rural and remote Australia represents unique professional opportunities, but also challenges. Accessible professional supervision may be highly beneficial in retaining rural and remote social workers, by supporting them in their everyday practise with families and communities. Chiller and Crisp (2012) asserted that the ‘provision of professional supervision can contribute to the retention of social workers in the workforce, both at an agency level and also more generally to retain individual social workers within the profession’ (p. 239). However, evidence of which professional supervision strategies might work in this complex, demanding context appears to be limited in the literature.

## Professional Supervision and its Essential Elements

Whilst supervision is a widely used term, its specific meaning in professional social work provides imperatives for the nature of professional practise. To provide clarity on the concept of professional supervision, the Australian Association of Social Workers (AASW) defined it as ‘a forum for reflection and learning. ... an interactive dialogue between at least two people ... a process of review, reflection, critique and replenishment for professional practitioners’ (Davys & Beddoe, 2010, p. 21, cited in AASW, 2014, p. 2). Professional supervision is integral to ethical social work practise, and it is essential that all social workers actively participate in supervision throughout their careers (AASW, 2013).

Pack (2014), in her qualitative study using semi-structured interviews with 12 early-career mental health professionals working in their first year as social workers and occupational therapists, found that the relationship in clinical supervision was one of the most valued features.

She noted that a positive, trusting relationship is one in which 'difficulties related to practise could be raised without fear of censure' (Pack, 2014, p. 1832). She concluded that 'for clinical supervision to be "successful" from the clinical supervisee's perspective, opportunities for learning from clinical supervisors in a "safe" relationship need to be available' (Pack, 2014, p.1835). Pack's research indicated that the relationship between supervisor and supervisee must be marked by traits of support and safety.

The view that support is not a function of supervision, but rather a core condition of supervision, was proposed by Davys and Beddoe (2010) and acknowledged by Howe and Gray (2013). This distinction confirms the importance of support as integral to supervision. Similarly, Davys and Beddoe (2010) raised the importance of a sense of safety or a safe space as a key component of supervision. Professional supervision incorporating reflection and learning, support, and professional exchange in a safe space can help address individual worker's dilemmas, professional isolation, burnout, work force retention and ultimately the provision of high quality services for rural and remote families.

## Peer Supervision

However, as has been previously highlighted, rural practise for many social welfare and allied health professionals can mean that traditional, face-to-face opportunities for supervision and support are rare. Crago and Crago (2002) talk about alternatives to this traditional model, noting that 'a peer supervision group can function extremely well if it attains a level of trust, honesty and mutual respect sufficient to allow all members to expose both their doubts and their competencies' (p. 82).

Proctor (2008) included peer group supervision as one of four possible styles of group supervision where, in contrast to hierarchical, authoritative supervisory roles, peer group members take shared responsibility for supervising and being supervised. Proctor described peer group supervision as potentially ground-breaking, because there is a freedom from the fixed authority figure. Similarly, a cross-disciplinary, peer consultation group formed in regional Australia as part of a research project established in collaboration with a regional university reported a heightened sense of connectedness and reduced feelings of isolation amongst participants (Bailey, Bell, Kalle, & Pawar, 2014).

Two further models of peer supervision were reported by Baldwin, Patuwai, and Hawken (2002) and by Hawken and Worrall (2002). These models emphasised that the level of trust, self-determination and learning available with peer supervision is different to traditional models of supervision. Baldwin et al. (2002) noted the main functions of reciprocal peer supervision were to facilitate reflective practise and to provide support. It was non-hierarchical, open to choice of format and partners, and was not linked to performance appraisal, resulting in reports of the model as enabling an empowering process. This programme in-

cluded support and reflection aspects; however, there was less emphasis on the educational and learning components of professional supervision.

This paper reports on data gathered as part of a recently completed doctoral research study on peer group supervision. The doctoral research project examined the nature and impact of peer supervision models for rural social workers. The primary data collection was carried out across 2006–2007. In this study, virtual peer group supervision was trialled to ascertain if it could provide much needed supervision for social workers in rural and remote Australia.

## Methodology

The chosen methodology incorporated a qualitative, interpretive social science theoretical framework. Interpretive interactionism provided a framework to analyse the contextual lived experiences of participants. This approach involves interpretation or the act of making sense out of social interaction (Glesne & Peshkin, 1992). Theory building, from an interpretivist approach, proceeds by *thick description* (Scales, Streeter, & Cooper, 2013). Denzin (1989) argued that:

... a thick description . . . . does more than record what a person is doing... It presents detail, context, emotion, and the webs of social relationships that join persons to one another . . . It establishes the significance of an experience or sequence of events for the person or persons in question. In thick description the voices, feelings, actions and meanings of interacting individuals are heard, made visible. (p. 100)

Action research was chosen as the vehicle for this interpretive approach. Action research provided the opportunity to develop and refine peer supervision processes over time, taking into account the participants' lived experiences. This fitted with the broad aim of the research to develop a model of peer group supervision that was useful to rural social workers, as well as collaborative and reflective of participants' experience. The study design enabled consistent feedback and reflections from participants to inform the model and guide ongoing aspects of the research process. This research comprised an action research framework in which social workers participated in peer supervision groups once a month for 12 months and they evaluated their experiences by way of online monthly evaluations and focus groups. According to Patton (1990), 'Action Research encourages joint collaboration within a mutually acceptable ethical framework to solve organizational or community problems' (p. 129). McNiff, Lomax, and Whitehead (2003) described action research as involving a continuous process of acting, reflecting on the action and then acting again in light of what has been found. A cycle of action and reflection was operationalised in this study.

The study received Human Research Ethics Committee approval at James Cook University. Participants signed consent forms prior to their voluntary participation in the

research and could withdraw at any time. Other ethical considerations included each peer supervision group discussing how they would manage the confidentiality of the content discussed in peer group supervision sessions and coming to an agreement about adhering to this requirement. The researcher reminded participants of the AASW's (2010) Code of Ethics as a guide.

The sample consisted of 20 rural and remote social workers from six Australian states who contributed to five virtual peer supervision groups. The ages of participants were grouped as 26–35 years (four participants); 36–50 years (12 participants); 51–65 years (three participants) and over 65 years (one participant). The number of years of experience, when grouped, ranged from 1.5 years to 3 years (five participants); 4 to 10 years (nine participants); 11–20 years (one participant) and 21–30 years (five participants). There were no participants with less than 1.5 years of experience.

The majority worked for government departments (16 participants) including state health departments, a rehabilitation service and Centrelink. The remaining four worked for non-government organisations that included a domestic violence service; a community legal service and some family support services. The geographical locations that participants were based in ranged from very small towns of under 5000 people (three participants) to towns with a population between 5000–10,000 people (four participants), to those living in towns of 10,000–20,000 people (seven participants) to regional towns of 50,000–100,000 people (six participants).

Each participant was allocated a peer supervision group. Groups met once a month by teleconference link-up and each participant completed an online survey after each supervision session, providing feedback and contributing to the action research method. As well as the online anonymous evaluations, participants took part in pre- and post-trial individual interviews; and evaluative focus groups to provide a rich description of the diverse supervision experiences of participants.

The role of the researcher involved some facilitation functions, such as creating the groups, communicating with all group members by email, booking the teleconference phone calls, emailing reminders to group members of the time and date of the next session and acting as a resource. However, the researcher was not involved directly in the monthly peer group supervision sessions in any capacity. The researcher suggested to participants that the role of chair could be rotated within the groups.

Exit interviews which had been planned for the end of the 12 month research trial began earlier as a number of participants were unable to continue their involvement in the research. The reasons provided by participants as to why they withdrew early included competing work pressures on their time and being unable to give 1 hour a month to participate in supervision. For participants in one group, there was dissatisfaction with the unstructured nature of the group and a lack of knowledge and experience in the

group to develop their own supervision structure. Several other participants left their rural positions and were no longer available to continue in the trial. This situation of staff movement mirrors the turnover and burnout of rural practitioners described in the literature. This phenomena is supported by Chisholm et al. (2011) who reported that social work and allied health workforce suffers from low retention in many regions. Cheers, Darracott, and Lonne (2007) made a similar finding, and noted 'that approximately two thirds of Australian rural social workers leave their positions within the first two years' (p. 171). Other feedback from exit interviews included how valuable it was for some participants to access what was the only available supervision.

The data analysis process involved a thematic analysis of the data from the range of sources identified above. As Fuller and Petch (1995) noted, coding is the first step in a thematic analysis. These authors suggested that:

... the process of making sense of the data is a two-stage one. First the data must be checked and "coded", transformed into an ordered and systematically categorized form. When this has been done, the process of analysis can begin by counting instances and tracing associations between variables. (p. 181)

The data analysis yielded themes that ultimately informed the development of a multi-dimensional model of peer supervision for social work practitioners in rural and remote contexts.

Limitations of the research include that data collection was conducted between June 2006 and July 2007, and the passing of time since the data collection may mean possible changed circumstances from those reported here. However, issues of isolation and a lack of supervision for social workers in rural and remote Australia do not appear to have improved significantly according to available literature.

Another possible limitation is the sample size. However, in this qualitative research, the depth of experiences of each participant has been recorded over time, with monthly evaluations and feedback on the peer group supervision experience providing rich information. This research has provided sound evidence of participants' lived experiences of peer group supervision for 20 social workers who represented a range of agencies and States in rural and remote Australia.

Another possible limitation is that, as noted, in some of the groups social workers left their employment during the time of research trial and, consequently, withdrew from the study. In undertaking this study, it had been hoped that participants would remain in the study for 12 months, although given the low workforce retention rates in some regions, this outcome is not surprising. It is a limitation that there were several gaps in participant evaluations.

Further, feedback from the action research cycles could be considered to be incomplete, and this might represent a limitation in the analysis of the cycles of research. Participants in the groups that were prescribed a structure overall were happy with this structure and did not seek to

implement and trial further changes. This satisfaction left a gap in the anticipated action research process because, with each cycle in the process, participants' reflections were provided but few changes were trialled. This may be useful information and insight for future researchers wanting to undertake similar studies or use similar methods. McNiff (2010) described the main features of action research as 'practice based . . . about learning, and using learning to improve practice . . . It is about creating knowledge, usually about what you and other people are doing . . . It is educational . . . It is collaborative' (p. 34–35). In this study, a collaborative action research process was followed; however, few changes after each cycle were implemented.

Finally, this researcher only sought feedback from participants and not from any other stakeholders such as the employing organisations or service users. Therefore, whether or not peer group supervision led to changed or strengthened practise was not specifically evaluated and future research could extend current findings.

The remainder of this paper discusses the themes that provided understanding of the unique way in which peer supervision, formed by linking participants through simple technology, can contribute to addressing workforce isolation and professional development issues for social workers working in rural areas with families and communities.

## Findings

A core finding of high relevance to rural social workers was that peer group supervision provided relevant, useful supervision that addressed professional isolation and assisted with the issues confronted by rural workers. A diverse range of themes and supervision principles emerged from the analysis process, and the fundamental core themes are presented here. These themes are trust and like-mindedness; support; learning; reflection on practise; diversity of context 'value added'; supervision through simple technology and time. These themes are discussed in turn below.

### Trust and Like-Mindedness

Participants reported that the shared social work knowledge base evident in the peer supervision groups was crucial and meant that these social workers felt understood, and were able to actively support one another in ways that were not previously available to them:

Expectations were met – I met with other social workers, not available in the workplace. It was great – I felt fulfilled. I discussed and learned from others – terrific. Having social work values and processes was beneficial. What developed exceeded my expectations – camaraderie – it was good (Mandy).

In particular, participants reported that their experiences of supervision in the peer supervision groups met their professional supervision needs and attributed this success to a high level of trust and sharing:

What I've noticed is I think there has been respect in the group, that there has been enough trust that people have been prepared to share, like self-disclosure about their work. I think there has been sharing about self from your work practice (Jillene).

Some participants reported being able to use the peer supervision for a useful debrief about issues of concern about workload that brought positive benefits. For example, this participant reported that 'part of the discussion was a debrief for me. I was feeling tired and overworked but the discussion was stimulating and energising' (anonymous online feedback, Group 3).

Additionally, several participants gave feedback on the usefulness of the group supervision for informed practise with clients, as evidenced in this feedback from a participant who revealed:

a scenario where I have been working with a farmer who is very stuck in his life, is a suicide risk and has not been able to make changes to improve his situation. I wanted to explore this [in the peer supervision group] as a common issue – working with stuck clients. It was useful to explore the situation with the benefit of [other group member]'s outside view and I received some useful practical steps forward (Anonymous online feedback).

This theme highlighted that an important factor for participants was the connection with like-minded professionals at a peer level within a safe (albeit virtual) space. As discussed earlier, Pack (2014) identified that safe supervisory relationships allowed supervisees to explore difficulties related to the workplace that were personally distressing; this safety is more likely to be created in relationships in which aspects of professional knowledge and practise are shared. This is of significance to rural and remote social workers who often are working in multi-disciplinary teams with line managers who are not social workers. One of the participants explicitly identifies this professional isolation:

One of the things that really came home to me was the fact that I'm a social worker working in a unit with other Allied Health staff, that all deal with the physical aspects of a person's health whereas I deal with the social and emotional aspects . . . so often one can feel misunderstood . . . It's great to actually be in a group of like-minded people. It's just really good to talk to other social workers and listen to their ideas and just that support.

### Support

Building on the previous theme, according to participants, the support function of supervision was important. These participants reported the high quality of the supervisory support they received from the peer group helped sustain them:

The support was terrific, it was unconditional, well, it was positive. There weren't those agency expectations of our issues at all and we had developed trust so yeah, that's made

it for me. Lots of gains compared to the absence and poor quality of support that I'm getting in my workplace (Jillene).

The experience of the sharing and how I found that sort of helped me to cope and to manage and feel better about my role (Mandy).

Participants reported across different peer supervision groups that the sense of non-judgmental support, encouragement and the positive professional affirmation was highly valued. Feedback from peers was a feature that was reported as both providing personal support to participants and enhanced their professional practise.

Support commonly has been identified in the social work literature as one of the key components of supervision (AASW, 2014; Kadushin, 1992; Kadushin & Harkness, 2014; Tsui, 2005). Of significance, Beddoe (2012) located support as the core condition of supervision. The experience of these participants suggests that support cannot be considered accessible by all workers, particularly those in rural and remote areas.

### Learning

Learning by drawing on the knowledge of experienced social workers was an important component of peer group supervision and was highly valued by these participants, as the two quotes below clearly illustrate:

I came into the peer supervision wanting to learn first and foremost. I want to be a good social worker and I want to draw on other people's experiences and be part of an ongoing debate about what that is all about. And in the first instance I have definitely felt like I have drawn upon the experience (Liz).

What I found was that I was tapping into my own knowledge, tapping into other people's knowledge and coming up with some fresh strategies around things (Jillene).

It was not unexpected that participants would find learning to be a key benefit of their peer supervision experience. Learning constitutes a key element of the individual 'apprentice and expert' model common to professional supervision. With similarities to the above theme, an educational or professional development component to supervision was central to much of the early literature on supervision (AASW, 1993; Kadushin, 1992; Kadushin & Harkness, 2002; Tsui, 2005). The requirement of a commitment to ongoing learning, professional development and supervision, features in objective 8 of the Practise Standards (AASW, 2013, p. 27).

### Reflection on Practise

The opportunity for shared professional reflection on practise as a component of group supervision with peers was embraced, whether this was the participant's own professional practise or the practise of other social workers in the peer supervision group as the quotes below reveal:

I appreciated the opportunity to 'just stop and reflect' on practice issues with another professional, who was also participating for the same reason (online anonymous feedback).

The line management supervision again seems to be around the agency's business, not much around anything to do with the discipline so being able to talk with other, you know, social workers was a real strength. To be practising reflective practice was like a breath of fresh air (Jillene).

As noted by the AASW, supervision needs to incorporate a forum for reflection and learning in a shared process of review and critique (Davys & Beddoe, 2010, p. 21, cited in AASW, 2014, p. 2).

### Diversity Value-Added to Rich Supervision Experiences

Most peer supervision groups in the study comprised social workers who held quite different professional interests, and who were working across diverse fields of practise and organisations. The common denominator for participants was that their employment primarily was in a rural area. Participants in this research repeatedly commented on the value of organisational diversity in their peer supervision group:

One of the advantages that I've found doing peer supervision is that slice across organisations; but it's also a wonderful slice across people in the group. So sometimes when you do one-on-one supervision, especially if it's work supervision or administrative, you're limited to that person's experiences and where they've worked before, and some people I've had supervision with have only ever worked in that organisation. So this is really nice because people have, you've got three other people with three other careers and the breadth of that to exchange. From that angle, you're very exposed to more opportunities (Mary).

### Supervision Through Simply Technology – The Humble Telephone

The humble telephone, whether at work, at home or on a mobile was described as liberating and provided great flexibility and access – peer supervision could be done anywhere. This was evidenced in feedback from Mary below:

I had to switch to mobile half way during the session, as I now leave on Tuesdays at 2:20pm. At one point the mobile cut out, as I was giving my update which was disruptive. However, the landline/mobile swap was a good reminder about using technology to our advantage and this can mean we can be flexible in how we access sessions. I can still log into a session no matter whether I am on leave, travelling in the car, or sitting at my desk (Mary).

However, some challenges specific to using the telephone conference call were identified. These included difficulty in recognising who was speaking because of reliance on only one of the senses – listening:

One of the things I struggled just a little bit was just being able to hear rather than see and hear and it took me a while to start putting people's names to voices and to know who was actually talking, ... I think just hearing is a different way of processing and in one sense, I find I've got to even

concentrate more just to stay with it because of that different way of working so I think that was one of the struggles for me personally (Graham).

Some participants stated they might have preferred videoconferencing, but also acknowledged the lack of flexibility inherent in video conferencing and the unreliable technology in some remote areas; they conceded the telephone worked well. Many participants reported that they became more familiar with the teleconference call mode of operating over time and were able to manage easily what they had initially found challenging. Additionally, having echoes or slight time delays on the telephone lines occasionally caused some frustrations, and the temptation to do two things at once when on the telephone was admitted by some participants.

Crago and Crago (2002) noted that 'telephone supervision is perhaps the most obvious alternative to local face-to-face supervision for rural and remote area practitioners', identifying it as a model used with clients in remote locations (p. 85). The telephone provided easy access to supervision in this research trial and it was an affordable option. Overwhelmingly, feedback noted the simplicity of telephone-based peer group supervision.

### Time

A challenge for participants in this study was juggling priorities in order to make time to participate in the peer supervision, both the time for the actual session and time for prior preparation. It was important that the workplace supported time available for workers to connect with others for their monthly peer supervision, although being allowed time to prepare before sessions was considered a luxury, and participants most often used their own time to reflect after peer group discussions. On occasions, organisational *emergencies* challenged the priority and value of the peer supervision sessions. In these cases, the participating social worker was expected to prioritise their other work ahead of their time commitment to the peer supervision group being facilitated in this trial. The demands of workplaces requiring the cancellation and rescheduling of planned supervision sessions is evident in the literature. For example, Howe and Gray (2013) noted that cancellation of supervision because of crises was common and could undermine the quality of supervision time.

### Discussion

In available literature, isolated social workers in rural and remote locations report significant personal and professional challenges that in many instances contribute to high staff turnover and worker burnout. Professional supervision has been identified as a useful strategy in addressing these issues. The purposeful development of virtual peer groups, as reported here, has demonstrated the potential to create an environment for effective peer supervision that otherwise may not occur for rural practitioners. Creating opportuni-

ties for practitioners in rural and remote locations to come together via a simple, reliable and readily available means provides the potential to fundamentally change rural practise, not just for social workers but for their work with families and communities.

As noted earlier, the AASW defined supervision as 'a forum for reflection and learning. . . . an interactive dialogue between at least two people . . . a process of review, reflection, critique and replenishment for professional practitioners' (Davys & Beddoe, 2010, p. 21, cited in AASW, 2014, p. 2). Equally, the supportive and restorative function of supervision as identified by Howe and Gray (2013) includes 'working with the supervisee to "unpack" the personal and emotional impact of engaging professionally in highly complex and distressing situations' (p. 5). It is evident from the data presented here that peer supervision groups provided a shared space for personal and professional unpacking, review, support, reflective learning and replenishment, as this participant statement, noted earlier, illustrated: 'part of the discussion was a debrief for me. I was feeling tired and overworked but the discussion was stimulating and energising'.

Overall, the key components of professional supervision, as identified in the available literature and professional standards all were evident in the feedback from participants in the peer supervision groups. Therefore, it is reassuring and affirming that peer group supervision in a virtual space can replicate the key elements prescribed as crucial in traditional supervision models. Additional features illuminated here, but less evident in available literature, include a comforting sense of like-mindedness generated when peer supervision group members were exclusively social workers, and the learning participants gained from a breadth and diversity of practise experience when the group members came from different practise backgrounds.

Overall, these findings provide direction for meeting the supervision needs of rural and remote workers working with families and communities. What worked for them is evidenced in these study findings. As discussed earlier, working with families in rural and remote areas often means working in isolation to provide much needed social work services addressing health and mental health issues, family breakdown, violence, poverty and unemployment. This complex practise is complicated by contextual factors for workers living in rural and remote locations, including issues of high visibility, dual and multiple relationships, personal boundaries and burnout. Meaningful professional supervision is critical to ensure ethical social work practise and support for isolated workers dealing with complex issues with limited resources. Peer group supervision has been demonstrated here to provide such supervision. These findings have relevance for social work and welfare organisations that employ rural and remote workers. The findings also may be of interest for professions other than social work, whose members work with the complexities and demands of rural practise with families and communities.



## Conclusion

Social workers face unique challenges in working with families, young people and children in rural and remote communities. A lack of professional supervision has been identified as a contributing factor to high staff turnover in rural and remote areas. Recent qualitative research identified that peer group supervision in virtual teams using simply technology can work to support social workers practicing in rural and remote Australia. A key conclusion from the study was that peer group supervision was successful in supporting isolated workers to perform their everyday professional roles. Peer group supervision provided reflective learning, shared support and professional nourishment in a safe virtual space in ways that appeared to be at least equivalent to more traditional forms of professional supervision. Whilst it is a recommendation of this study that social workers in rural and remote areas can gain support in their everyday practice using peer group supervision because of the shared social work knowledge-base, this peer group supervision model might be of interest to social workers in non-rural settings, and also to other professionals working in rural and remote regions.

## References

- AASW. (1993). *National practice standards of the Australian association of social workers: Supervision*. Canberra: AASW.
- AASW. (2013). *Practice standards* (pp. 1–19). Canberra: AASW.
- AASW. (2014). *Supervision standards*. Retrieved from <http://www.aasw.asn.au/document/item/6027>.
- Alston, M. (2005). Forging a new paradigm for Australian rural social work practice. *Rural Society*, 15(3), 277–284. doi: 10.5172/rsj.351.15.3.277.
- Alston, M. (2009). *Innovative human services practice: Australia's changing landscape*. South Yarra, Victoria: Palgrave Macmillan.
- Alston, M. (2010). Australia's rural welfare policy: Overlooked and demoralised. In P. Milbourne (Ed.), *International perspectives on rural welfare* (pp. 199–217). West Yorkshire, England: Emerald Group Publishing Limited.
- Alston, M., & Bowles, W. (2003). *Research for social workers, an introduction to methods*. (2nd ed.). Crows Nest NSW: Allen and Unwin.
- Australian Bureau of Statistics (2011). *The Australian statistical geography standard (ASGS) remoteness Structure*. Retrieved from <http://www.abs.gov.au/websitedbs/D3310114.nsf/home/remoteness+structure>.
- Australian Bureau of Statistics (2013). *The Australian statistical geography standard (ASGS) Remoteness structure* (1270.0.55.005). Retrieved from <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/1270.0.55.005July%202011?OpenDocument>.
- Bailey, R., Bell, K., Kalle, W., & Pawar, M. (2014). Restoring meaning to supervision through a peer consultation group in rural Australia. *Journal of Social Work Practice*, 28(4), 479–495. doi: 10.1080/02650533.2014.896785.
- Baldwin, A., Patuwai, R., & Hawken, D. (2002). Peer reciprocal supervision in a community child and family health service. In M. McMahon & W. Patton (Eds.), *Supervision in the helping professions: A practical approach* (pp. 299–312). Frenches Forest NSW: Pearson Education Australia Pty Limited.
- Baxter, J., Gray, M., & Hayes, M. (2010). *Families in regional, rural and remote Australia*. Melbourne: Australian Institute of Family Studies.
- Beddoe, L. (2012). External supervision in social work: Power, space, risk, and the search for safety. *Australian Social Work*, 65(2), 197–213. doi: 10.1080/0312407x.2011.591187
- Cheers, B., Darracott, R., & Lonnie, B. (2007). *Social care practice in rural communities*. Leichhardt NSW: The Federation Press.
- Chiller, P., & Crisp, B. R. (2012). Professional supervision: A workforce retention strategy for social work?. *Australian Social Work*, 65(2), 232–242. doi: 10.1080/0312407x.2011.625036
- Chisholm, M., Russell, D. J., & Humphreys, J. S. (2011). Measuring rural allied health workforce turnover and retention: What are the patterns, determinants and costs?. *Australian Journal of Rural Health*, 19, 81–88. doi: 10.1111/j.1440-1584.2011.01188.x.
- Cosgrave, C., Hussain, R., & Maple, M. (2015). Factors impacting on retention amongst community mental health clinicians working in rural Australia: A literature review. *Advances in Mental Health*, 13(1), 58–71. doi:10.1080/18374905.2015.1023421
- Crago, H., & Crago, M. (2002). But you can't get decent supervision in the country!. In M. McMahon & W. Patton (Eds.), *Supervision in the helping professions: A practical approach* (pp. 79–90). Frenches Forest NSW: Pearson Education Australia Pty Limited.
- Cuss, K. (2005). *Professional supervision of allied health professionals in the central Hume region*. Victoria: Health.
- Davys, A., & Beddoe, L. (2010). *Best practice in professional supervision: A guide for the helping professions*. London: Jessica Kingsley.
- Dellemain, J., & Warburton, J. (2013). Case management in rural Australia: Arguments for improved practice understandings. *Australian Social Work*, 66(2), 297–310.
- Denzin, N. K. (1989). *Interpretive biography*. Newbury Park: Sage.
- Dew, A., Buckeley, K., Veitch, C., Bundy, A., Lincoln, M., Glenn, H., Gallego, G., & Brentnall, J. (2014). Local therapy facilitators working with children with developmental delay in rural and remote areas of western New South Wales, Australia: The 'outback' service delivery model. *Australian Journal of Social Issues*, 49(3), 309–328.
- Fuller, R., & Petch, A. (1995). *Practitioner research. The reflexive social worker*. Buckingham, London: Open University Press.
- Glesne, C., & Peshkin, A. (1992). *Becoming qualitative researchers, an introduction*. New York: Longman.
- Green, R., & Lonnie, B. (2005). Great lifestyle, pity about the job stress: Occupational stress in rural human service practice. *Rural Society*, 15(3), 347–359.

- Harvey, D. (2014). Exploring women's experiences of health and well-being in remote northwest Queensland, Australia. *Qualitative Health Research*, 24(5), 603–614. doi: 10.1177/1049732314529370
- Hawken, D., & Worrall, J. (2002). Reciprocal mentoring supervision. Partners in learning: A personal experience. In M. McMahon & W. Patton (Eds.), *Supervision in the helping professions: A practical approach* (pp. 43–53). Frenches Forest NSW: Pearson Education Australia Pty Limited.
- Howe, K., & Gray, I. (2013). *Effective supervision in social work*. London: Sage.
- Humphreys, J. S., & Gregory, G. (2012). Celebrating another decade of progress in rural health: What is the current state of play? *The Australian Journal of Rural Health*, 20(3), 156–163. doi: 10.1111/j.1440-1584.2012.01276.x
- IFSW. (2012). Conditions in rural communities. Retrieved from <http://ifsw.org/policies/conditions-in-rural-communities/>.
- Jervis-Tracey, P., McAuliffe, D., Klieve, H., Chenoweth, L., O'Connor, B., & Stehlik, D. (2016). Negotiated policy spaces: Identifying tensions for rural professionals in delivering their statutory responsibilities. *Journal of Rural Studies*, 45, 123–133.
- Kadushin, A. (1992). *Supervision in social work* (3rd ed.). New York: Columbia University Press.
- Kadushin, A., & Harkness, D. (2002). *Supervision in social work*. New York: Columbia University Press.
- Kadushin, A., & Harkness, D. (2014). *Supervision in social work*. New York: Columbia University Press.
- Lehmann, J. (2005). Human service management in rural contexts. *British Journal of Social Work*, 35(3), 355–371.
- Malatsky, C., & Bourke, L. (2016). Re-producing rural health: Challenging dominant discourses and the manifestation of power. *Journal of Rural Studies*, 45, 157–164.
- McAuliffe, D., Chenoweth, L., & Stehlik, D. (2007). Rural practitioners of the future: Views of graduating students about rural child and family practice. *Rural Social Work and Community Practice*, 12(1), 6–14.
- McNiff, J. (2010). *Action research for professional development. Concise advice for new and experienced action researchers*. Dorset: September Books.
- McNiff, J., Lomax, P., & Whitehead, J. (2003). *You and your action research project*. New York: Routledge Falmer.
- Owen, S., & Carrington, K. (2015). Domestic violence (DV) service provision and the architecture of rural life: An Australian case study. *Journal of Rural Studies*, 39, 229–238.
- Pack, M. (2014). 'Unsticking the stuckness': A qualitative study of the clinical supervisory needs of early-career health social workers. *British Journal of Social Work*, 45(6), 1821–1836. doi: 10.1093/bjsw/bcu069
- Patton, M. Q. (1990). *Qualitative evaluation and research methods* (2nd ed.). Newbury Park, CA: Sage.
- Proctor, B. (2008). *Group supervision. A guide to creative practice* (2nd ed.). London: Sage.
- Pugh, R. (2005). Dual relationships: Personal and professional boundaries in rural social work. *British Journal of Social Work*, 37(8), 1405–1423.
- Pugh, R., & Cheers, B. (2010). *Rural social work: An international perspective*. Bristol UK: The Policy Press.
- Robinson, G., Mares, S., & Arney, F. (2016). Continuity, engagement and integration: Early intervention in remote Australian aboriginal communities. *Australian Social Work*, DOI: 10.1080/0312407x.2016.1146315
- Roufeil, L., & Battye, K. (2008). Effective regional, rural and remote family and relationships service delivery. *Australian Family Relationships Clearinghouse Briefing*, No 10. Melbourne, Victoria: Australian Institute of Family Studies.
- Scales, T. L., Streeter, C. L., & Cooper, H. S. (2013). *Rural social work: Building and sustaining community capacity* (2nd ed.). Hoboken, New Jersey: John Wiley & Sons, Inc.
- Smith, J. D. (2004). *Australia's rural and remote health: A social justice perspective*. Croydon, Vic: Tertiary Press.
- Symons, J. (2005). *Applying the evidence - recruiting and retaining Allied Health Professionals in a remote area*. Paper presented at the Mount Isa Centre for Rural and Remote Health (MICRRH) Remote Health Conference, Mt Isa.
- Tsui, M. S. (2005). *Social work supervision. Contexts and concepts*. Thousand Oaks, California, USA: Sage.

