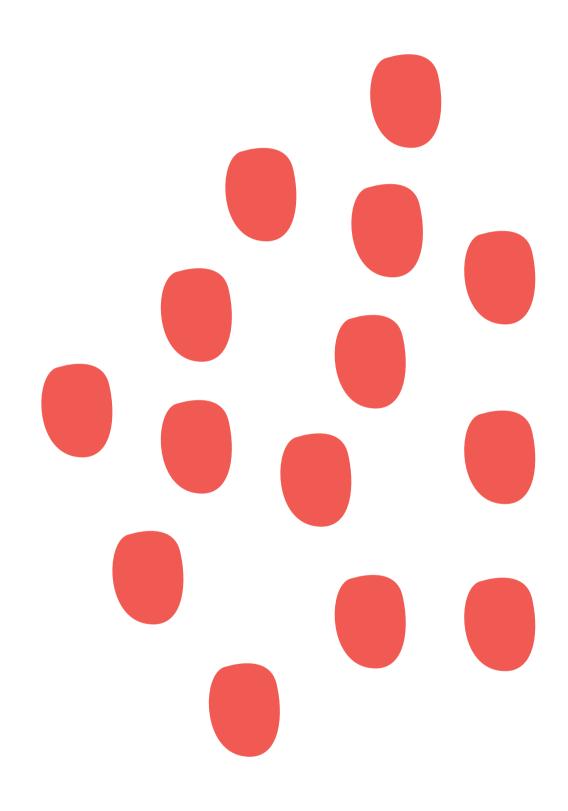
#### WHITEPAPER

## Redefining Supervision for Modern Challenges

Supporting practitioners, strengthening systems





### WHY DOES SUPERVISION NEED TO EVOLVE

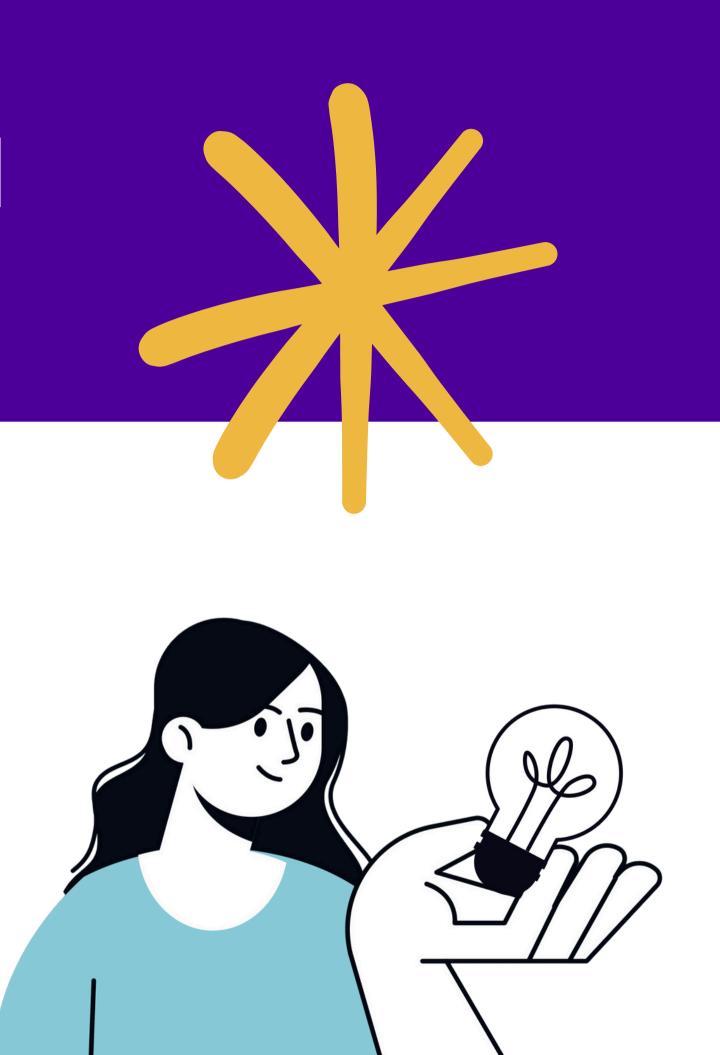
Supervision has long been a cornerstone of effective professional practice in human services and healthcare, but traditional models were designed for simpler environments.

Today's practitioners work in systems that are complex, compliance-driven, and resourcestretched. Without a model that reflects these realities, they are left without the support needed to thrive. The risk is burnout and reduced quality of client care.

Despite recognised changes in working environments, there has been limited research into contemporary, critical supervision models tailored to these sectors. This white paper explains the rationale and research behind RREAL, a new 'fit for purpose' model. It illustrates why its systemic, blended and critically reflexive approach is necessary.

Its' aim is to ensure supervision is not just about compliance and oversight but about empowering practitioners to provide quality care in complex, resource-constrained environments while staying well themselves – individually and collectively.

By integrating theory, practice, and the complexities of today's workplace, RREAL redefines supervision for social workers, allied health professionals, and human service workers.



### DEFINING SUPERVISION & ITS BENEFITS

Good supervision is critical in helping practitioners manage emotionally difficult work in challenging environments with vulnerable clients.

It can be described as is a professional relationship between the supervisee, supervisor and organisation that creates opportunities for reflection on ethical, practical, and systemic aspects of practice.

It supports professional growth, accountability, and emotional wellbeing while fostering ethical and culturally sensitive practice.

Effective supervision enhances practitioner wellbeing, fosters resilience, and improves client care. It builds trust, morale, and team cohesion while reducing burnout and compassion fatigue. It also strengthens professional identity and equips practitioners with the skills needed to navigate complex systems. 000



### TOWARDS A CONTEMPORARY EVIDENCE-BASED MODEL



#### "Research-Informed, Practice-Driven, Client Centred"

Research highlights the importance of psychological safety, systemic approaches, and reflective practice in fostering effective and sustainable professional practitioner growth and client outcomes.

RREAL bridges the gap with traditional approaches by taking a uniquely systemic and reflexive approach.

Its syste align inc client im collabor RREAL i team ref This ens practitio

The approach is underpinned by a deep appreciation of the dynamic interplay between relationships, resilience, empowerment, alignment and learning – all of which build psychological safety, wellbeing and continuous learning.

RREAL's overarching vision is to empower at the personal, interpersonal and political level, using a critical lens to address structural disadvantage in both organisations and society.

Its systemic focus is achieved by using a practical framework to align individual, team and leader supervision for maximum client impact. This builds relationships, transparency and collaboration across the system.

RREAL incorporates reflexive practice through individual and team reflection on cases, critical issues and clinical practice. This ensures a client-centred approach that also maximises practitioner support and team empowerment.

### BUILDING ON POPULAR MODELS

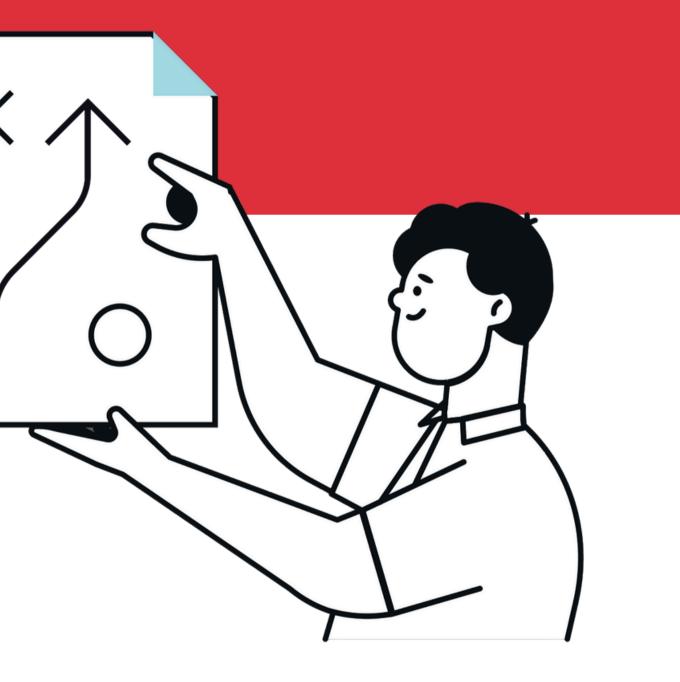
#### "Building on what works already"

Most of the popular established supervision models emphasise the importance of a holistic approach to practice.

They embrace knowledge, skills, values, ethics, support, administration, psychological and cultural safety, and systems awareness.

RREAL incorporates these elements and adds a critical lens and intersectionality framework to the supervision process.

Its aim is to address personal and professional needs in a culturally and psychologically safe learning context, while considering the wider organisational and societal context and demands.



### LEVERAGING GROUP & LEADER SUPERVISION

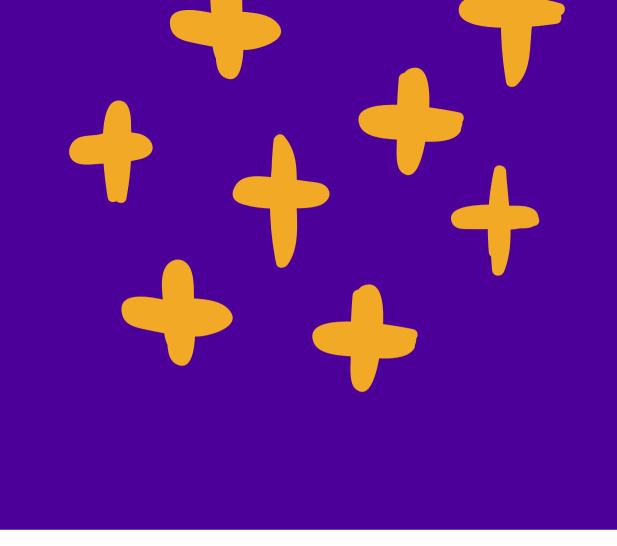
"Moving Beyond Individual Supervision"

Individual supervision remains the most popular approach within organisations. RREAL takes a systemic approach and builds on the value of this to include group supervision. Supervision in teams can:

- Facilitate peer feedback, validation, and shared learning.
- Help build trust and cohesiveness in teams, enhancing overall resilience and service provision.
- Allow for the sharing of diverse perspectives and experiences, encouraging personal and professional growth.

Through integrating mutual aid in group work RREAL:

- Focuses on empowering group members to share experiences and support each other through challenges.
- Encourages collaborative learning and group solidarity, improving overall service delivery and worker well-being.



The supervisor's role is to ensure that the group dynamic fosters learning, reflection, and professional growth within a safe, supportive environment.

RREAL also integrates leader supervision as this not only provides leader personal support but also provides opportunity to debrief and enable actions arising from group supervision.

### TAKING A BLENDED **MULTI-LEVELLED APPROACH**

"Creating Culture Change Through Supervision at all Levels"

Blended models of supervision, including individual, group, and leadership-focused approaches, provide a comprehensive framework for professional and organisational learning.

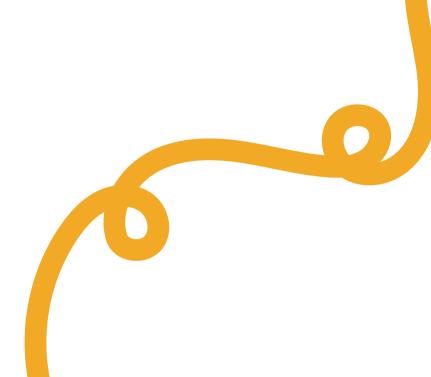
They ensure supervision is not just about compliance and oversight but about enabling growth and sustainable impact across the whole organisation. Through incorporating reflexive and systemic practices into each supervision type, RREAL's aim is to provide a cohesive model that addresses and aligns individual, team, leader and organisational needs.

There is also opportunity to provide group supervision across teams as a means of reducing the silos that inhibit effective client outcomes.

RREAL's blended, multi-levelled approach has the capacity to influence change from the ground upwards - creating cultures where employees have a collective voice on the best ways to stay well and produce good client outcomes within the system they work.

While organisational resources may sometimes preclude it, introducing supervision at all levels over time optimises impact. Starting RREAL at any level of supervision, however, has the capacity to demonstrate outcomes and create appetite to expand to other types of supervision.







## HOW IT WORKS IN PRACTICE

Selective cases and themes are taken from individual supervision into group supervision by practitioners using the RREAL criteria.

Within group supervision, colleagues provide personal support to the practitioner presenting the case and identify and address psychosocial hazards and aspects of teamwork or processes that can be enhanced to improve client outcomes for that or similar cases.

supervision.

### Each level of supervision is aligned using **RREAL's framework.**

This powerful systemic approach provides greater opportunity to share practice themes and better manage any system factors inhibiting personal and collective performance and well-being.

The outcome is aligned collective actions for addressing system pressures, that are within scope of influence, while co-creating an environment of psychological safety and support.

Leader supervision provides the opportunity for leader coaching on style, personal wellbeing, debriefing of group supervision experiences and strategy to enable the actions agreed during group

### MOVING BEYOND COMPLIANCE

#### "Balancing Accountability and Reflection"

Neoliberal policies, managerialism, and risk-averse organisational structures can easily shift the focus of supervision towards compliance and administrative oversight.

This can foster micromanagement and fear which reduces psychological safety and professional growth. Supervision in such environments reduces opportunities for the critical reflection vital for ethical decision-making and high-quality practice.

There is also risk of blurring professional identity as practitioners may be disinclined to address discrimination and marginalisation.

RREAL reframes the supervisory relationship to focus on empowerment and learning. While administrative aspects are respected, they are addressed without compromising reflection and advocacy for systemic improvements.



### **ADDRESSING SYSTEMIC** BARRIERS TO WELLBEING

"System change is the answer to worker wellbeing"

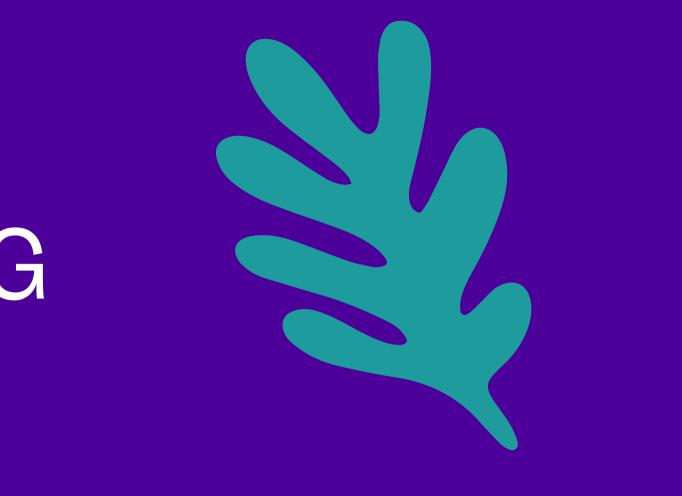
#### Practitioners within the health and community sector cannot sustainably care for clients without staying well themselves.

In many organisations there has been a tendency to place responsibility on individuals to manage their well-being. The result has been significant rates of burnout, compassion fatigue, and stress.

By creating a team culture of self-care and addressing systemic issues, RREAL promotes a shift from individual blame to collective responsibility for worker well-being.

#### THE APPROACH:

- work-life integration.
- these together.



• Supports workers, during individual supervision, to navigate work pressures, set personal and professional boundaries and create better

• Identifies, through group supervision factors that contribute to worker stress, vicarious trauma, and compassion fatigue and ways of managing

• Focuses on addressing inhibiting system factors, within the team's scope of influence, during leader and group supervision.

## **ACCESSING STRUCTURAL** DISADVANTAGE

"Supervision with a Social Justice Focus"

Structural disadvantage such as inequities, bias, or lack of resources often disadvantage clients and prevent practitioners from reaching their potential.

RREAL recognises these barriers by integrating empowerment and advocacy into supervision to promote equity, inclusion, and meaningful change across systems.

Whilst recognising and respecting alignment with organisational policies and procedures, RREAL identifies ways in which discrimination and marginalisation can be addressed.

Guiding frameworks used include critical theory, feminist intersectionality and cultural responsiveness.





### OPTIMISING EXTERNAL AND INTERNAL SUPERVISION

"The best of both worlds"

Supervision is provided internally, externally or a combination of both, with the organisation's decision being largely dependent on internal supervision skills, supervisor accessibility and resourcing.

External Supervision is seen as providing reflective, developmental, and practitioner accountability with less focus on administration. The benefits are its capacity to:

- Offer a fresh perspective and time-allocated space for facilitating discussions about professional practice and personal learning needs.
- Buy in experienced supervision skills
- Encourage supervisees to develop strategies that balance organisational needs with practice, through fostering open communication without fear of judgment.

The disadvantage is that external supervisors may not have the chance to develop longer-term relationships with supervisees and will have less knowledge of, or influence over, organisational operations.

Internal supervisors, on the other hand, need to work more rigidly within organisational guidelines but understand the organisation's culture and have opportunity to develop longer-term relationships with supervisees. The disadvantage is potential blurring of line supervision with professional supervision; conflicts of interest; and time pressures that mean insufficient time is allocated for meetings.

RREAL can be used by both internal and external supervisors, or with external supervisors supporting those working in-house – either through direct support or community of practices.

# INTRODUCING THE RREAL DNA



#### **RReal Supervision Model**

RREAL is a uniquely reflexive and blended approach that aligns individual, team and leader supervision - enabling practitioners to be the best they can be in the system, while optimising client impact.

It incorporates individual and collective reflection on cases, critical issues and clinical practice.

RREAL is underpinned by a deep appreciation of the dynamic interplay between relationships, resilience, empowerment, alignment and learning. We call it the RREAL DNA.

This DNA creates a dynamic, adaptive supervision framework that enhances practitioner wellbeing and client outcomes.

Each component of RREAL plays a vital role in building a supervision framework that supports personal, professional, and systemic growth.

Relationships create trust, resilience strengthens sustainability, empowerment unlocks potential, alignment fosters shared goals, and learning drives continuous development.

### "Five Pillars of Effective Supervision"

### RREAL REALATIONSHIPS

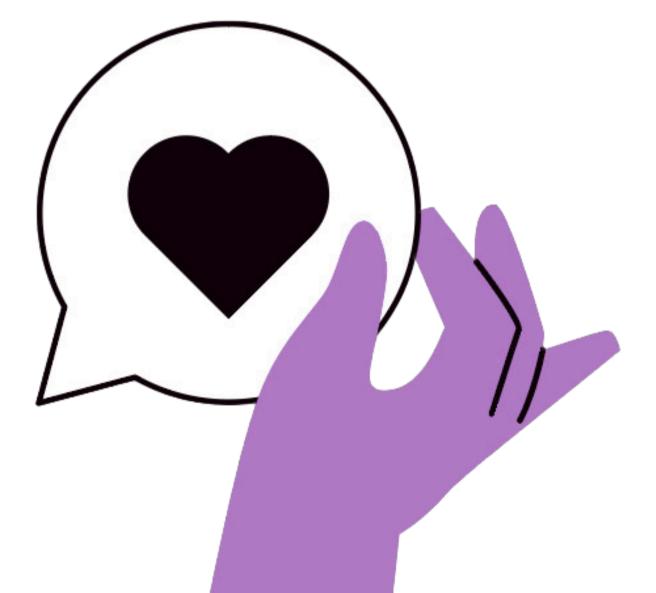
#### "Trust Builds the Foundation"

Relationships are central to the RREAL model as they enable authentic dialogue and mutual support within and outside of organisations.

These relationships provide the psychological safety practitioners need to openly share challenges, receive constructive feedback, and grow and interact professionally – personally and collectively.

Relationships are between the supervisor and supervisee; with team members; with peers; with clients; with leadership; and with internal and external colleagues and organisations.

RREAL acknowledges that investment in relationships at all levels optimises service delivery.



### RREAL RESILIENCE

### "Strength in the Face of Challenge and Adversity"

A foundational element of RREAL is practitioner resilience and wellbeing.

Resilience is about sustaining performance during challenges while safeguarding wellbeing.

RREAL integrates strategies to help practitioners develop coping mechanisms and maintain their effectiveness in high-stress environments.

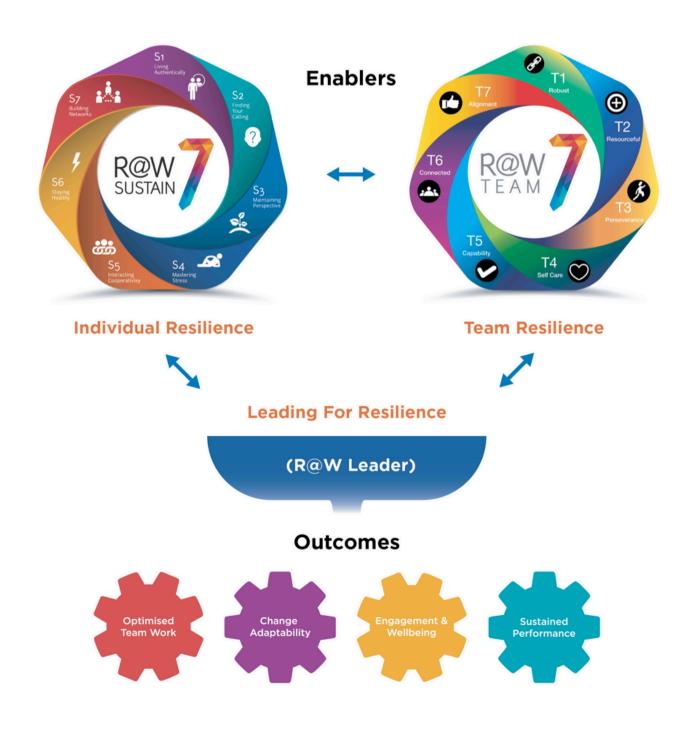
In health and community work, resilience is crucial for practitioners to sustain their capacity to care.

RREAL embeds resilience into supervision, helping practitioners navigate setbacks while prioritising self-care and maintaining high standards of performance.

It builds on the Professional Quality of Life (ProQOL) Scale and integrates the Resilience at Work® Toolkit as a means of enhancing compassion satisfaction and mitigating burnout and stress.



### THE RESILIENCE AT WORK<sup>®</sup> TOOLKIT



The Resilience at Work® (R@W) Toolkit provides a framework and shared narrative for ensuring sustainable performance across all levels of the system.

The Toolkit is a holistic, strengths-based approach to building resilience and managing stress.

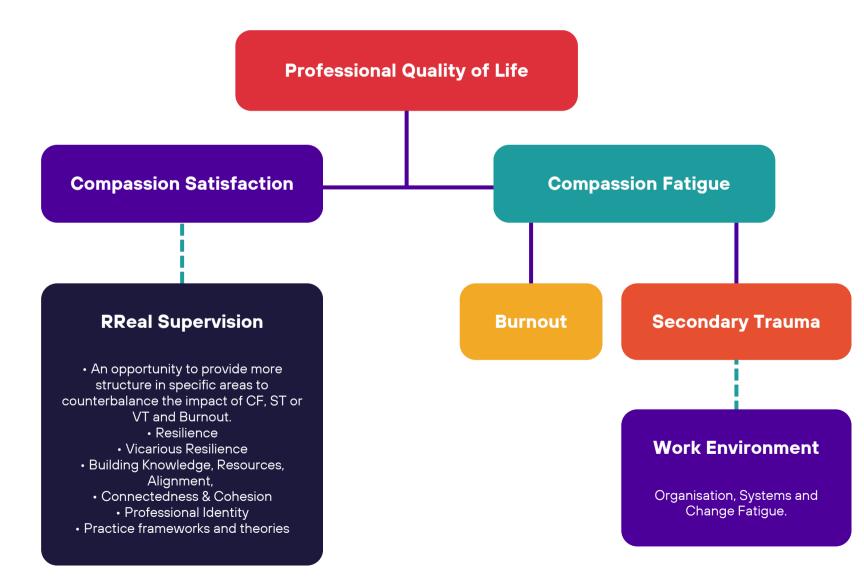
R@W is research-based and offers practical resources to measure and build resilience at the individual. leader and team level.

By integrating this framework and its tools into supervision, RREAL helps practitioners maintain wellbeing and deliver high-quality care in challenging conditions. Through a common language, it also assists in aligning activity across the three levels of RREAL supervision.

R@W enables practitioners to be the best they can be within the system they work in - personally and as collectively.

#### "Actionable Tools for Sustainable **Performance and Resilience**"

### **BUILDING ON THE PROQOL MODEL**



The Professional Quality of Life (ProQOL) is a popular measure that helps professionals to self-monitor their satisfaction and take proactive steps in self-care. Tracking practitioner self-assessments is sometimes used by service managers to inform decisions on workload, leave, and staff support.

#### **ProQOL focuses on three key areas:**

RRREAL uses the strengths-based components of R@W to expand on ways to enhance the compassion satisfaction aspect of ProQOL as shown here.

### "Maximising Compassion Satisfaction"

• Compassion Satisfaction – the pleasure gained from work well done. • Burnout - work-related exhaustion, frustration, and depression. • Secondary/Vicarious Traumatic Stress - stress from work-related trauma exposure.

### RREAL EMPOWERMENT

"Collective empowerment and Leadership"

Empowerment is at the heart of the RREAL model. It fosters autonomy by equipping practitioners with the tools to make decisions, overcome challenges, and lead initiatives that enhance their practice and drive organisational change.

#### THE OUTCOMES:

- Individuals take ownership of personal and professional growth and are empowered to share challenges and strengths with team members.
- Teams are empowered to collaborate with shared decision-making, mutual support and accountability.
- Leaders are supported to empower themselves and their teams.



# RREAL ALIGNMENT

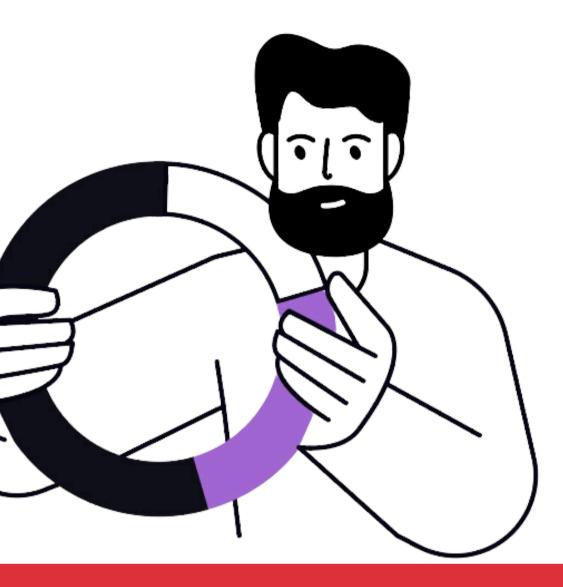
"Shared Purpose, Unified Vision"



Misalignment between goals and values creates inefficiencies, frustration and ultimately disengagement or conflict.

Alignment is optimised through using the Resilience at Work Toolkit® as a framework and common language across all levels of RREAL supervision-both vertically and horizontally within organisations

This promotes clarity of purpose and effective collaboration. The resulting shared vision strengthens morale and agency - ultimately enhancing client care.



### RREAL LEARNING

"Growth Through Reflection"

Supervision is seen as a lifelong process integral to professional growth as it promotes ongoing learning and reflective practice.

RREAL supervision encourages continuous learning, ensuring practitioners stay adaptive and innovative.

Reflective practice is integral to identifying new strategies, overcoming challenges, and improving outcomes for both clients and practitioners. Group supervision builds on the personal growth acquired through personal supervision as it creates a safe space for shared learning.

Leaders, in turn, have the opportunity for coaching on their leadership and team management skills following observation of their behaviour in group supervision and reflections during debriefing.



### THE RREAL ADVANTAGE

**RREAL** offers individual and collective reflection on cases, critical issues and clinical practice. It provides an approach for supervisors to:

- Keep clients at the heart of supervision
- Be strengths-based and foster practitioner identity, growth and empowerment
- Have a clear evidence base behind their work
- Continually evolving their supervision models to align with emerging challenges

- Address structural disadvantage through a critical lens
- Take a systemic approach to enable sustainable service delivery.
- Build relations approach
- Have a clear framework that can be used in any workplace context
- Work with a suite of practical and easy to use tools
- Promote a common language and narrative around supervision
- Integrate personal and collective resilience ensuring sustainable performance without compromising wellbeing?



• Build relationships and alignment across organisations through a blended

### THE CREATORS OF RREAL

Optimising extensive experience in supervision, professional practice, organisational psychology and academia"







#### ANGELA POWELL

Angela is the Founder of Live Well Counselling <u>www.livewellcounselling.com.au</u>. She is an Accredited Mental Health Social Worker, Trauma Therapist and ICF Accredited Coach with over 30 years of clinical experience spanning trauma-focused therapies, university teaching, and clinical supervision.

Angela provides individual and group supervision, training workshops, and leadership consultation to foster resilience, psychological safety, and wellbeing in organisations. Her evidence-based, client-centred approach empowers individuals, teams, and leaders to build resilience, promote ethical practice, and sustain well-being. An internationally certified Compassion Fatigue Therapist and Educator, Angela also engages in research and editorial activities on international trauma journals and serves on boards in the human services sector.

#### KATHRYN MCEWEN

Kathryn is a registered organisational psychologist and Fellow of both the Australian Psychological Society and Association of Coaching.

She is the developer of the Resilience at WorkÒ Toolkit – an integrated set of resilience assessments, books and resources used in practice and research globally. Kathryn is also the Founder of Perspective, a web application that assists teams in working together effectively in challenge and change <u>www.gainperspective.ai</u>.

She has extensive experience in the clinical supervision of psychologists and leader coaching and team development in the allied health and human services sectors.

#### SOPHIE DIAMANDI

Sophie is a qualified social worker with more that 30 years' experience as a counsellor, consultant, mentor and social work academic in a variety of universities.

She has practised in mental health, domestic violence, rape and sexual assault, working with children, youth and families, older persons, migrants, refugees and asylum seekers, relationship challenges and those living with a disability.

Sophie provides professional clinical supervision and specialises in cultural supervision.

### REFERENCES

Austin, W., Goble, E., Leier, B., & Byrne, P. (2009). Compassion fatigue: The experience of nurses. Ethics and Social Welfare, 3(2), 195-214. <u>https://doi.org/10.1080/17496530902951988</u>

Baugerud, G. A., Vangbæk, S., & Melinder, A. (2018). Secondary traumatic stress, burnout and compassion satisfaction among Norwegian child protection workers: Protective and risk factors. British Journal of Social Work, 48(1), 215-235. <u>https://doi.org/10.1093/bjsw/bcx002</u>

Baum, N. (2012). Trap of conflicting needs: Helping professionals in the wake of a shared traumatic reality. Clinical Social Work Journal, 40, 37-45. <u>https://doi.org/10.1007/s10615-011-0347-0</u>

Beddoe, E. (2020). The supervisory relationship. In Fieldwork in the human services (pp. 41-54). Routledge.

Beddoe, L. (2015). Supervision and developing the profession: One supervision or many? China Journal of Social Work, 8(2), 150-163.

Beddoe, L., Ferguson, H., Warwick, L., Disney, T., Leigh, J., & Cooner, T. S. (2022). Supervision in child protection: a space and place for reflection or an excruciating marathon of compliance? European Journal of Social Work, 25(3), 525-537.

Bernard, J. M., & Goodyear, R. K. (1998). Fundamentals of clinical supervision. Allyn & Bacon.

Bruce, E. J., & Austin, M. J. (2001). Social work supervision: Assessing the past and mapping the future. The Clinical Supervisor, 19(2), 85-107.

Burnham, J., & Harris, Q. (2018). Cultural issues in supervision. Perspectives on Supervision, 21-41. <u>https://doi.org/10.4324/9780429478208-2</u>

Carpenter, J., Webb, C., Bostock, L., & Coomber, C. (2012). Effective supervision in social work and social care. Bristol: Social Care Institute for Excellence.

Edwards, K., & Goussios, A. (2021). Who is responsible for compassion satisfaction? Shifting ethical responsibility for compassion fatigue from the individual to the ecological. Ethics and Social Welfare, 15(3), 246-262. https://doi.org/10.1080/17496535.2021.1888141

Egan, R. M., Jane; Connolly, Marie. (2017). Trust, power and safety in the social work supervisory relationship: Results from Australian Research. Journal of Social Work Practice, 31(3), 307-321. https://doi.org/10.1080/02650533.2016.1261279

Fleming, L. M., Glass, J. A., Fujisaki, S., & Toner, S. L. (2010). Group process and learning: A grounded theory model of group supervision. Training and Education in Professional Psychology, 4(3), 194. <u>https://doi.org/</u>10.1037/a0018970

Galinsky, M. J., Terzian, M. A., & Fraser, M. W. (2006). The art of group work practice with manualized curricula. Social Work with Groups, 29(1), 11-26. <u>https://doi.org/10.1300/J009v29n01\_03</u>

Kadushin, A. (1992). What's wrong, what's right with social work supervision. The Clinical Supervisor, 10(1), 3-19. <u>https://doi.org/10.1300/J001v10n01\_02</u>

Knight, C. (2017). The mutual aid model of group supervision. The Clinical Supervisor, 36(2), 259-281. <u>https://doi.org/10.1080/07325223.2017.1306473</u>

Linton, J. M., & Hedstrom, S. M. (2006). An exploratory qualitative investigation of group processes in group supervision: Perceptions of masters-level practicum students. The Journal for Specialists in Group Work, 31(1), 51-72. <u>https://doi.org/</u>10.1037/a0018970

McAuliffe, D., Boddy, J., & Chenoweth, L. (2023). The Road to Social Work and Human Service Practice. Cengage AU.

McAuliffe, D., & Chenoweth, L. (2008). Leave no stone unturned: The inclusive model of ethical decision making. Ethics and Social Welfare, 2(1), 38-49. <u>https://doi.org/10.1080/17496530801948739</u>

McEwen, K. (2016a). Building team resilience. Mindset Publications.

McEwen, K. (2016b). B Publications.

McEwen, K. (2018a). Resilience at work: A framework for coaching and interventions white paper (11 March 2023). <u>https://workingwithresilience.com.au/wp-</u> <u>content/uploads/2018/06/R@WWhitePaper-May-2018.pdf</u>

McEwen, K. (2022). Building resilience at work: a practical framework for leaders. Journal of Leadership Studies, 16(2), 42-49. <u>https://doi.org/10.1002/jls.21814</u>

McEwen, K. (2016b). Building your resilience: how to thrive in a challenging job. Mindset

McEwen, K., & Boyd, C. M. (2018b). A measure of team resilience: Developing the resilience at work team scale. Journal of Occupational and Environmental Medicine, 60(3), 258-272. https://doi.org/10.1097/JOM.0000000000001223.PMID: 29112630

Méndez-Fernández, A. B. A.-F., Francisco J; Lombardero-Posada, Xoan; Murcia-Álvarez, Evelia; González-Fernández, Antonio. (2022). Vicariously Resilient or Traumatised Social Workers: Exploring Some Risk and Protective Factors. The British Journal of Social Work, 52(2), 1089-1109. https://doi.org/10.1093/bjsw/bcab085

Mor Barak, M. E., Travis, D. J., Pyun, H., & Xie, B. (2009). The impact of supervision on worker outcomes: A meta-analysis. Social Service Review, 83(1), 3-32. https://doi.org/10.1086/599028

Pawar, M., & Anscombe, A. (2022). Models of Professional Supervision in Social Work. In Enlightening Professional Supervision in Social Work: Voices and Virtues of Supervisors (pp. 71-97). Springer.

Proctor, B. (1987). Supervision: a cooperative exercise in accountability. Enabling and ensuring. Supervision in practice.

Proctor, B. (1994). Supervision-competence, confidence, accountability. British Journal of Guidance & Counselling, 22(3), 309-318. <u>https://doi.org/</u>10.1046/j.1365-2648.1999.01179.x

Rankine, M. (2018). How critical are we?: Revitalising critical reflection in supervision. Advances in Social Work and Welfare Education, 20(2), 31-46. https://doi.org/10.3316/informit.032240745093272

Schon, D. A., & DeSanctis, V. (1986). The reflective practitioner: How professionals think in action. Taylor & Francis.

Schwartz, W. (1961). The social worker in the group. New perspectives on services to groups: Theory, organization, and practice, 7-34.

Stamm, B. (2010). The concise manual for the professional quality of life scale. ProQOL.org

Thomas, J. T. (2010). The ethics of supervision and consultation: Practical guidance for mental health professionals. American Psychological Association.

Winwood, P. C., Colon, R., & McEwen, K. (2013). A practical measure of workplace resilience. Journal of Occupational and Environmental Medicine, 55(10), 1205-1212.

**RREAL Supervision** is based on extensive research

### WOULD YOU LIKE TO ELEVATE YOUR SUPERVISION WITH RESILIENCE, ALIGNMENT, AND IMPACT?

You can join our global network of practitioners transforming supervision by registering to attend the RREAL accreditation program at www.rrealsupervision.training

**RREAL** supervision is facilitated through Live Well Counselling & Consulting, 229 Fullarton Road, Eastwood, South Australia, 5063.

Telephone: 1300 431 907. Email: lenni@livewellcounselling.com.au



rreal supervision