



Inter Agency Committee for Children and Families
Compassionate Care Research Report
Executive Summary
July, 2020

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Executive Summary

Human and helping services are vital to our community. They build community well-being and ensure that everyone can reach their potential and fully contribute to society. The strength of our services depends on the strength of the professionals and agencies that provide the services. IAC aims to support and strengthen service providers to maximize their impact on the wellbeing of children, families, and the community. In a 2019 IAC stakeholder needs assessment, human service professionals and service providers identified priority areas requiring IAC's focus. These priorities included areas related to trauma, abuse, and creating a more restorative culture (IAC, 2019). To respond to these priorities IAC developed its vision of Compassionate Care.

Compassionate Care creates a vision of service provision that uses best practice standards to build positive, nurturing, healing, and resilience-building relationships between children, youth, families, and care providers. Compassionate Care means that (a) the adults in caring positions have the knowledge, skills, and emotional competencies to create positive, nurturing, healing and resilience-building relationships needed to maximize a client's wellbeing and healthy development, and (b) the institutions that care for children and their families embrace policies, practices, and a culture that empowers Compassionate Care.

IAC conducted a research project to better understand (a) how service providers understand and value the concept of Compassionate Care, (b) providers' successes, barriers, and challenges in delivering Compassionate Care, and (c) how IAC can support and empower providers in implementing and sustaining Compassionate Care. The intention behind answering these questions was to create a local, evidenced-based framework for Compassionate Care. This includes defining what Compassionate Care looks like in practice, the core competencies needed to deliver it, and the services required to support the delivery of care.

Between May and July 2020, IAC interviewed nineteen human service providers and helping agency and social service department leaders. Interviews lasted an average of 45–60 minutes and followed a structured interview protocol. Data were analyzed using NVivo coding software and interpreted for key themes. Findings revealed five key themes around what Compassionate Care looks like in practice: practitioner emotional intelligence, a client-centered approach, a restorative trauma-informed approach, growth and empowerment focus, and a commitment to quality of service. The most discussed topic was practitioner emotional intelligence; discussions revealed the importance of service providers having self-awareness, self-management, presence, and the ability to listen nonjudgmentally and communicate positively and assertively. A client-centered approach involves the ability to foster positive relationships through rapport, empathy, connection, and trust-building while employing an individualized and responsive approach to others. A restorative, trauma-informed approach involves the use of restorative practice and focuses on acknowledging and addressing trauma and promoting healing to affect change. A growth and empowerment focus revealed the importance of promoting ongoing learning and growth in both self and

others, and employing participatory approaches to decision-making. Quality of service involves a commitment to best practice. Quality of service includes going above and beyond to do the job right and making time to collaborate with key stakeholders such as the family unit and other service partners.

The key theme of client outcomes emerged when exploring why Compassionate Care matters to service providers. Compassionate Care was seen as the necessary approach for creating positive and sustainable change in others. Two key themes emerged when considering how to ensure success and sustainability in delivering Compassionate Care: (a) compassionate leadership and (b) self-care, wellness, and supervision. Compassionate leadership captures the vital role played by leaders in modeling the practice, and creating the environment and culture that fosters Compassionate Care. Self-care captures the critical aspect of focusing on practitioner wellness and healthy boundaries. Supervision was often mentioned as a key aspect of supporting practitioners in their wellness.

Key themes also emerged around the barriers and challenges faced by service providers when working to deliver and sustain Compassionate Care. Four areas were highlighted: stress and burnout, lack of buy-in to the approach, lack of skillset or awareness of the approach, and lack of resources. Stress and burnout was the most prevalent challenge, with participants discussing compassion fatigue, heavy caseloads, and the challenging nature of their human service work. Lack of buy-in captures the resistance individuals face by their colleagues in the field and the prevalent belief in a more authoritarian and punitive approach. Lack of skillset or awareness captures the challenges resulting from lack of education and capacity to deliver the approach. Lack of resources refers to the challenges of general capacity and inadequate human, financial, and physical resources.

Participants' revealed a more negative impression when assessing how Bermuda performs as a community of professionals delivering Compassionate Care. Despite this overall poor assessment, participants also described positive experiences when discussing their colleagues' delivery of Compassionate Care.

Two main themes were discussed in regard to what IAC can do to support and empower service providers: training and awareness. From a professional development standpoint, the need for more training as well as the development of Compassionate Care standards of practice was clear. An awareness and education campaign is needed to capture and communicate the essence of Compassionate Care; this campaign could feature stories that share the positive impact of Compassionate Care on people's lives, particularly among youth.

Overall, participants responded positively to the concept of Compassionate Care. Participants believed in labeling and promoting Compassionate Care and posited that IAC could support the community through intentionally promoting and providing capacity building to develop Compassionate Care.

This study presented clear implications for IAC, service providers as well as leaders and managers of human and helping service agencies. For IAC, clear training priorities emerged from the research findings. These priorities include the strengthening of 28 competencies identified by this research as the Compassionate Care Critical Competencies. They include competencies associated with emotional intelligence, wellness and self-care, assertiveness

and conflict resolution, client-centered practice, trauma-informed practice, restorative practice, supervision, cultural sensitivity, and compassionate leadership. Findings also revealed that IAC must design and implement an educational campaign aimed at widespread public awareness to complement the personal and professional development opportunities it can provide. The research findings also provided support for the need for direct service providers to prioritize personal wellness and participate in ongoing professional and personal development. These recommendations equally apply to leaders and managers. Additional implications from the research findings for managers and leaders included the importance of compassionate leadership, modeling of Compassionate Care, supportive supervision and the implementation of policies and practices that reinforce Compassionate Care.