Inter Agency Committee for Children and Families
Compassionate Care Research Report
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 semi-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.

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Acknowledgements

This research project would not have been possible without the support from a number of individuals. Members of IAC's training and advocacy committees each contributed to the design of the Compassionate Care concept. Members of IAC's advocacy committee also played an integral role in the development of the research framework, including the design of the interview protocol and the identification of target research participants. The research would not have been possible without the participation of the 19 research participants. IAC was also supported by two summer interns who assisted with the Compassionate Care research project for 1 month. Jahlika Berkeley and Madison Quig assisted with participant interviews, transcriptions, and data coding. Finally, IAC exists to support all professionals and agencies serving children, families and the community. We are grateful for the contribution they make towards achieving a more just and equitable society where children and families thrive.

Section One: Background to the Study

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, which maximizes a community's potential to thrive and remain vibrant. Human and helping service workers contribute to building community wellbeing by ensuring that everyone in the community is thriving socially, mentally, financially, physically, and spiritually. The strength of these services depends on the strength of the professionals and agencies providing 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 were Bermuda's national response to abuse and trauma, and how to create a more restorative culture (IAC, 2019). To respond to these priorities IAC developed its vision of Compassionate Care.

Compassionate Care includes using best practice standards to build positive, nurturing, 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, and resilience-building relationships needed to maximize a child or young person's wellbeing and healthy development, and (b) the institutions that care for children and their families have policies, practices, and a culture that enables positive, restorative, and accountable operations.

To ensure IAC's Compassionate Care strategy is designed in a way that meets the needs of our intended beneficiaries, IAC conducted a research project designed to answer three overarching questions:

1. To what extent do service providers understand and value the concept of compassionate care?

2. What are the successes, barriers and challenges faced by service providers in implementing and sustaining compassionate care?

3. How can IAC support service providers and empower them in implementing and sustaining compassionate care?

IAC's intention was to create a locally-informed vision and strategy for Compassionate Care, including what Compassionate Care looks like in practice, the core competencies needed to deliver it, and the services needed to sustain its delivery. A qualitative research design method was used to answer these questions. This research design is described in the next section of this report.

Section Two: Research Methods

Methodology

The intention of the research project was to gain depth in understanding and develop a conceptual framework; thus, a qualitative research methodology was applied. A total of 19 one-on-one, in-depth, semi-structured interviews were conducted with a mixture of direct service providers and departmental and organizational leaders from a combination of service areas including nonprofit, public, and private sectors.

Participant Selection

A total of 36 individuals were invited to participate in the project using a standardized email request (see Appendix A). Effort was made to ensure the final group of research participants included a diverse spectrum of human service and helping professionals serving children and families across a range of demographics. Nineteen individuals responded to the request and were characterized by demographics (see Table 1).

Table 1

Participant Demographics

Category	Incidence
Interviewee Sector	
Government	11
Nonprofit	7
Private	1
Interview Administered	
Direct Service Provider interview	10
Manager interview	9
Interviewee Service Area	
Youth development	5
Education	5
Social Work/ family support	4
Alternative Education	1
Criminal Justice	1
Mental health / Counselling	1
Disabilities services	2
Interviewee Gender	
Males	6
Females	13
Total Interviews	19

Data Collection

Interviews were conducted virtually via Zoom and were recorded and transcribed. An interview protocol was used to guide the interviews (see Appendix B). Interviews were primarily conducted by IAC's Programme Coordinator. In some instances, IAC's Advocacy Chair and two IAC summer interns led the interviews. IAC's Programme Coordinator also supported the interviews for interviews led by the interns. The notes taken during interviews were used to inform the data analysis process.

Data Analysis

The first stage of data analysis included the transcription and coding of the interview data. IAC's interns completed the transcriptions of the data. A grounded theory approach to coding was used based on the interview notes. A grounded theory approach means the initial list of codes

emerged from the data versus being preset. A coding guide was generated to ensure consistency in coding (see Appendix C). The Programme Coordinator provided a brief training in qualitative research methods and data analysis for the interns, which included a review of the coding guide. This training was conducted to ensure consistency in data coding. NVivo coding software was used by all three individuals. Seventy percent or 13 of the interviews were coded by IAC's Programme Coordinator and each intern coded three interviews.. The codes were analyzed and grouped into themes and the preliminary findings were shared with the 19 research participants for verification. None of the participants objected to the findings. Section 3 presents the resulting themes that constitute the research findings.

Section Three: Research Findings

The research findings are grouped into six areas:

1. What is Compassionate Care in practice?
2. Why Compassionate Care matters
3. Ensuring success and sustainability of Compassionate Care
4. Barriers and challenges to Compassionate Care
5. Assessment of community delivery of Compassionate Care
6. How IAC can support and empower delivery of Compassionate Care

Any language within the research findings that could reduce confidentiality has been adjusted to ensure privacy. For example, any reference to a specific clientele gender or other demographic categories have been amended to [client]. Any reference to a specific organization name has been altered to a generic label of [organization]. The following section reveals the research findings related to these six areas.

What is Compassionate Care in Practice?

Project findings revealed five key themes around what Compassionate Care looks like in practice: practitioner emotional intelligence, a client-centered approach, growth and empowerment focus, commitment to quality of service, and a restorative trauma-informed approach.

Practitioner Emotional Intelligence

The most discussed topic was practitioner emotional intelligence, which was referenced 166 times by participants. Emotional intelligence is a broad term that encompasses an individual's personal and emotional resources and competences. Goleman (1995) defined emotional intelligence as the capacity to understand emotions and manage them effectively in oneself and others, and to self-motivate. Emotional intelligence is "the set of abilities (verbal and nonverbal) that enable a person to generate, recognize, express, understand, and evaluate their own, and others' emotions, in order to guide thinking and action to successfully cope with environment demands and pressures" (Van Rooy & Viswesvaran, 2004, p. 72). Emotional intelligence is the ability of individuals to be aware of their own mindsets, beliefs, and values and how these drive emotions. This awareness helps individuals to self-manage effectively, appropriately, and compassionately, both intrapersonally and interpersonally. Participants revealed the importance of service providers having self-awareness, self-management, presence, and the ability to listen nonjudgmentally and communicate positively and assertively.

A central aspect for participants in regard to Compassionate Care was the importance of self-awareness and self-management, particularly around identifying and managing one's emotional reactions and triggers. One participant stated:

> Compassionate care would be me, before I even enter the room, checking that I have centered myself, and that I am cognizant and aware of my emotions, and how I'm feeling, because sometimes we have encountered or had an experience that may have knocked us off side, so just making sure that I'm in check, whatever it is that I'm going through, taking my breather…so when I'm dealing with [clients], I am responding from a place of awareness on my own part, and also centering on what it is that I have to accomplish and bringing that empathy into play and understanding into play, and I'm being purposeful and intentional in the way that I'm interacting and responding with my [clients].

Another participant said:

> At the end of the day it really does come down to self-awareness … you wanting to be that compassionate person on a daily basis, because externally they can give you everything you need but even if they give it all to you, will you truly shift who you are to be that compassionate person?

Participants also talked about the importance of identifying and managing one's emotional reactions and triggers:

> We all come with a legacy of our own experiences, and one thing that's definitely true is that people are going to have triggers of their own … your own triggers, your own thoughts that are going on in your mind are gonna be more related to your experience than they are to the current thing that's in front of you. It's one of those things that you have to constantly practice if you're going to be a practitioner in providing this type of care, to not get caught up in your own thoughts and your own feelings and try to stay very present to what's actually going on.

Self-awareness, emotional awareness, and emotional management are a central part of emotional intelligence and was a prominent topic discussed by participants. Communication was also a critical component of the emotional intelligence theme. One's ability to listen to understand without judgment was a key aspect of emotional intelligence discussed by participants. Listening was mentioned 35 times in the data. One participant stated:

> A lot of times whether it's a child or a staff member who's coming to me, they feel that no one really listens to what they have to say or don't really take seriously what it is that they have to say. Many times people feel that people are too quick to judge what it is that people are sharing with them and I think most times, you know, people don't really want you to necessarily solve an issue for them as much as it is that they just need you to

> hear what it is that they are feeling or sharing, I call this spiritual companioning, trying to do so without really offering a whole lot of advice … but just really listening.

Another participant shared, "for me its slowing down long enough to hear the client and hear their needs, hear their pain, hear their hurt, hear their upset, to really hear them versus hearing my own thoughts and what I want to do to help fix them."

Participants also referenced the need for assertive communication skills, such as the ability to tackle difficult conversations and address conflict productively. One participant stated, "having the skill set to deal with difficult conversations that doesn't prick, shame fear, hurt." When working with staff, another participant explained:

> Sometimes a person needs to be confronted, and we do it in a very holistic manner … Our success is being consistent in holding each other accountable, it helps to create and sustain that compassionate environment. It's not being afraid to address things.

The need for assertive communication skills was also connected to awareness of how one is speaking. One participant explained:

> I think tone has a lot to do with it because I think people don't mean to be mean. But I think that's the only way they know how to get their point across. And I think you can get your point across without having to shout and be disrespectful to people.

Another participant stated:

> In demonstrating [Compassionate Care] I would not be a person that shouts at a [client], you're not going to use words or language that would make them feel less-than, or feel bad about themselves, you're gonna use terms that will help them reflect on their behaviors.

One participant specifically talked about being aware of the judgement that exists in communication:

> When I started purposefully using something that we can call compassionate care, it was the practice of making sure that my language didn't create an air of judgement, and its tougher than most people think if you actually take time to look at your average conversation, its laden with judgement.

Nonjudgmental listening as well as assertiveness and intentional speaking were both important aspects of emotional intelligence discussed by participants.

The importance of being present and patient, another aspect of emotional intelligence, was also discussed. One participant stated, "it goes back to just being present. So, like when I'm with a

young person, I clear my mind, I clear my space, I put my phone down." Another participant similarly explained:

> I've had some good training up until this point but now it's come to a place where I really have to expand my capacity to be patient, to love, to grow along with [my clients] and have an understanding that they are in process. I find that something that I am doing daily is just reminding myself these [clients] are in process and I need the patient to be able to develop them as things go along.

Overall, the emotional intelligence of practitioners and managers is a central component of how participants interpreted Compassionate Care. Self-awareness, self-management, managing high intensity emotions and triggers, and communications skills such as active and nonjudgmental listening, assertive communication, and positive speaking are all central to the delivery of Compassionate Care.

Client-Centered Practice

Client-centered practice was the second most prevalent theme discussed by participants, with 96 references made. For participants, the theme of client-centered practice is about the ability to foster positive relationships with both staff and clients through rapport, empathy, connection, and trust-building. Client-centered practice also involves employing an individualized, flexible approach that is responsive to human needs.

The importance of fostering positive relationships through rapport, connection, and trust-building was commonly mentioned by participants. The concept of relationships was discussed 32 times in the data. For example, one participant stated:

> Everything we do with young people is based off of fostering positive relationships and building trust with [clients] and I think that that plays a major part in the foundation of all the work that people should be doing with young people.

Another participant explained:

> We build a level of trust with [clients] so they are more open to share … they become very vocal and tend to vocalize a lot of specific things that we know they wouldn't normally share under other circumstances or normal circumstances. It feels very trusting, it feels very connectional so there's a certain level of connection that's built because of the intimate level of sharing and engagement and it looks like a congenial environment. The climate is very warm and very pleasant to invoke a lot of discussion.

Another participant explained the consequences of not establishing trust in a relationship:

> If you don't come across as someone who cares, or if you actually aren't someone who cares, and that can be read through your non-verbal communication, it's very hard for

> people to have the necessary trust and the necessary rapport to establish that foundation necessary to move you both forward.

Fostering positive relationships was discussed in terms of client relationships and staff relationships, as stated by one participant: "I think our success has come through establishing a real connection with our staff. And them knowing that we care about them, as an individual, and we're concerned about their well-being." The foundation to Compassionate Care is the high-quality relationships that build connection and trust.

The role of empathy and being considerate of human needs was related to the ability to create quality relationships. For example, one participant shared:

> If you were that client coming to that organization, how would you want to be treated? If we look at people from those lenses, we'll treat them kindly, we'll treat them lovingly. It's not easy for people to come in and ask for help. It's hard. We're prideful as Bermudians. So if we continue to remember how hard it is to come in and ask for help sometimes, to be vulnerable, to sit and share your whole life story in front of people that you don't even know and think well how we want to be treated if that was us … So, treat others how you want to be treated.

Participants also discussed this topic in relationship to staff. One participant stated, "number one with the staff is balancing policy and procedure with humanity." Being empathetic to and meeting the human needs of staff and clients is central to the delivery of Compassionate Care.

Compassionate Care involves taking one's awareness of an individual's needs and creating an individualized and responsive approach that is thoughtful of an individual's background, environment, and context. One participant stated:

> Compassionate care for us means very fundamentally meeting people where they're at. So that clients who come through our doors for services as well as employees who work for us, it's recognizing that everyone is in a different place. And everyone brings different strengths to the table and likewise, they have different needs. And being able to have an individualized approach to support people.

Participants considered a responsive approach to be important when delivering Compassionate Care.

The role of high-quality relationships, trust, connectivity, empathy, and responsiveness were central to the theme of a client-centered approach. Being client-centered, and human-centered in the case of staff, was central to Compassionate Care.

Growth and Empowerment

The theme of growth and empowerment was referenced 86 times across the data. This theme captures the importance of promoting ongoing learning and growth in both self and others. This theme also relates to employing a participatory approach to decision-making.

A practitioner's personal learning and willingness to grow and solicit feedback for improvement was a key topic discussed by participants. One participant stated:

> We as a staff evaluate each other in a very frank way, we call it "the 360 evaluation." We sit down and we evaluate our practice … We also have the [clients] evaluate the [staff] in a non-threatening way.

Another participant added:

> I think it's being able to allow the clients to share, to say how we are doing, to say where we can improve … And then really taking the feedback and making sure they are clear, they can give us feedback and be honest without judgment or without repercussion, or without a change in service … Because if we're not listening to our clients and their feedback, then what are we doing?

For participants, Compassionate Care was about openness to feedback for the sake of professional growth and improvement.

This theme also captured the importance of facilitating growth and learning in both staff and clients. One participant explained:

> I always try to get them to reflect – how did that work for you? Did it bring you a positive outcome? What are you feeling now, after you did that? It's getting them to constantly look at those behaviors, even at 5 years old, they can think and process through what they could have done better, how they should be interacting.

This concept of growth was also about empowering others, providing choices, and involving others in decision-making that affects them.

> For me its slowing down long enough to hear the client … Once I do the listening, it's about asking them the questions to see what they can do to fix it or where their mindset is or just having more in-depth dialogue that will allow me to then step in to coach them to help them with their problem. And I say coach, because for me, it's not about telling them what to do, it's not about badgering them or making them feel bad judgment, it is about being a space for coaching. So, they get "I'm with you in this, I want to empower you to do this" versus "I'm doing something to you".

Participants also discussed empowerment of staff. For example, one manager stated:

> I value the fact that employees bring a perspective that I wouldn't have, and so, one of the things that I did when creating policies for example, is I had a conversation with employees around, "This is the policy, how would you interpret it? How do you think that this can be realistically operationalized?" And we had a conversation…as opposed to creating these policies in isolation, and then just kind of imposing them on the staff.

Another manager added:

> I did see where you would create more buy in if you did it in a more collaborative approach. So, my approach tends to be more consultative, more collaborative as opposed to authoritative. And I think that that approach has been successful in creating the environment that we have within my organization where people feel as if they have a voice.

Participants stated that growth and empowerment was an important aspect of Compassionate Care. The willingness for self-growth as well as the desire to facilitate learning in others was central to providing Compassionate Care. Empowering others through providing choices and employing participatory approaches to decision-making was also important.

Commitment to Quality of Service

Participants discussed commitment to quality of service 78 times in the data. This category captures the commitment of service providers to best practice and includes the act of going above and beyond to do the job right, including making time to collaborate with key stakeholders such as the family unit and other service partners. Quality of service integrity is also about a commitment to ethical best practice.

Putting in the time to do the job right is an important component of Compassionate Care. In practice, putting in time often looks like working inclusively and collaboratively with the family unit and other service partners. One participant stated:

> I think one of the bigger pieces is making sure that … you're not just looking at [clients] while they're in program, you're really looking at the broader family and you're really working with - with the broader unit. So, looking at the school, looking at home, and looking at the young people, and - and just having the space to kind of navigate to support as best we can as an agency … to identify areas of need and to action some items of support or even just connect to support where we know that the support is – where we know things are needed.

Another participant described how providers can work with the family further through "speaking with a parent and really explaining what the program is and taking the time out to really get to know the parent." Working and collaborating with key stakeholders connected to a client is also an important aspect of quality service delivery.

Also captured in this theme was the importance of operating with ethical best practice. For example, participants discussed ensuring that practitioners' practice within their skillset. One participant stated, "As head of the organization, I must be cognizance in making sure that the staff have those basic skills necessary or the volunteers have those basic skills necessary."

The commitment to high quality service delivery is an important component of Compassionate Care. For participants, this included the provider's commitment to go above and beyond to deliver a high standard of care and the commitment to working with key stakeholders. High quality service delivery also involves providers' awareness of and commitment to ethical best practice.

Restorative, Trauma-Informed Approach

A restorative, trauma-informed approach was also commonly discussed by participants, with 55 references made throughout the data. A trauma-informed approach is about acknowledging and addressing the widespread impact of trauma and understanding potential paths for recovery. A provider using a trauma-informed approach can recognize the signs and symptoms of trauma in clients, families, staff, and others involved with a system, and respond in a way that minimizes further harm and promotes healing. (SAMHSA's Trauma and Justice Strategic Initiative Workgroup, 2014). A restorative approach is a trauma-informed approach and refers to a range of methods and strategies that can be used to build community, strengthen relationships and address wrongdoing. Restorative approaches can also be used to resolve conflicts if they do happen by focusing on strengthening relationships between individuals as well as strengthening social connections within communities (Restorative Justice Council, n.d.). This theme includes the importance of addressing trauma and restorative practice to affect change.

In discussing Compassionate Care, participants described the need for providers to appropriately respond to trauma and to ensure services are provided in a way that enables healing from trauma. One participant stated, "Our kids have trauma and we have to address, we just can't leave it unintended." Another manager explained, "There has been some academic success and a lot of that has to do with the fact that we've spent inordinate amount of time focusing on the social emotional trauma." Related to addressing trauma was the need for healing. One participants stated that:

> The outcome that you're looking for is that you're leaving a person with a means of bringing some healing to the situation. It may not fix the situation, but you're helping them to process through so that they themselves can find a place of healing and wholeness within themselves.

Another participant stated, "Compassionate Care allows for healing to occur. It allows for relationships to be built. Once a relationship is built, there is access to begin to heal." Addressing trauma and promoting healing was not just about the clients; addressing trauma includes addressing the staff who have their own trauma. One participant explained:

> The [staff] who have been through trauma and perpetuate that trauma for the next generation are not doing it on purpose, I don't think it's intentional, I think it's because we don't have the skills and knowledge that what we are doing is having this kind of impact.

Participants described awareness of trauma and creating engagements and interactions that promote healing from trauma as a part of delivering Compassionate Care. Using a restorative, nonpunitive approach is central to ensuring services are trauma-informed and compassionate. One participant described the use of circle time, a core restorative strategy:

> Circle time is a type of group therapy for our [clients]… it's a time where we intentionally sit down with the [clients] and…it's more inspirational driven.

Another participant described the organizational use and the impact of restorative practice:

> We utilize restorative practices in our program. We are not a punitive environment, it's not a place where you would find a lot of punishment going on, it's a lot of conversation. When decisions are made, and they are not the best, we talk a lot about it, as to why [clients] arrived at that decision. Same with adults..! If there is something I don't agree with, I'm not punitive. We had discussions about it … I think restorative always wins … And before we looked towards a restorative framework, we were struggling with how we were going to impact change within those environments that we were working in, we had a lot of conversation round it, and then we started to do some work on restorative justice, restorative practices, and as we were learning and beginning to put those strategies into play, we saw a change in the environment, we saw a change in our own lives.

Participants posited that using a restorative and nonpunitive approach is a component of Compassionate Care.

The delivery of Compassionate Care requires services that are trauma-informed and promote healing from trauma. This is vital for both clients and service providers. Restorative practice is a key practice to facilitating a trauma-informed and compassionate approach.

Overall, five key themes constituted what Compassionate Care is and what it looks like in practice. Practitioner emotional intelligence and client-centered service delivery were the most prevalent themes. Compassionate Care is also about a commitment to both growth and empowerment as well as quality of service. A trauma-informed, restorative approach is also central to the delivery of Compassionate Care.

Why Compassionate Care Matters

Client outcomes emerged as the major theme which contributed to why Compassionate Care matters to service providers. Client outcomes were discussed 50 times by participants.

Participants viewed Compassionate Care as the necessary approach for producing successful client outcomes and creating and sustaining positive change in others.

Compassionate Care facilitates the openness and engagement of clients that is necessary for change. Simply stated by one participant, "the relationships is what helps shift people or change people." Another participant observed:

> Those [staff] who have the best relationships with [clients] at our [organization] … they are the [staff] who do embody the concept of Compassionate Care, where they sit and they listen, and they take seriously what it is that [clients] have to say.

Another manager described the impact of Compassionate Care:

> Sometimes you would see [clients] sharing things that they wouldn't necessarily share with anybody else. Sometimes it's a first time reveal of what that trauma actually is. Because it feels like after a while with the consistency, we built a level of trust with them so they are more open to share.

Another manager explained:

> The [clients] that come into our program have huge academic gaps because of the social emotional issues, and sometimes because of behavior. But … they put their trust in us. Once they trust us then we can teach them something because they believe in us and believe that we are credible, and they open up to learn something.

Compassionate Care facilitates positive outcomes for clients. Compassionate Care is also practiced to support positive outcomes with staff, as described by one manager:

> We value our employees … And I think that when you demonstrate that level of awareness and that level of value for your employees, it goes a long way to boost employee morale and goes a long way to fortify the culture of your organization.

More punitive and authoritarian relationships result when Compassionate Care is not provided. Participants described poor outcomes such as client defensiveness and conflict. One participant explained, "I think we're so busy shouting at kids, that kids learn how to tune you out." Another participant elaborated further: "if our clients don't feel safe, if our clients don't feel cared for, if our clients don't feel empowered, they shut down, they become defensive and they're not open to what's available to them."

Another participant also commented on the staff perspective: "I feel in working with people, if you do not remember humanity as you consider policies and procedures you risk having a high turnover and employee burnout." A manager further explained:

> If you don't come across as someone who cares, or if you actually aren't someone who cares, and that can be read through your non-verbal communication, it's very hard for people to have the necessary trust and the necessary rapport to establish that foundation necessary to move you both forward.

Compassionate Care supports positive outcomes associated with both staff and clients. Conversely, the absence of Compassionate Care results in poor outcomes with both staff and clients.

Ensuring the Success and Sustainability of Compassionate Care

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

The theme of compassionate leadership was discussed 82 times by participants. This category of data captures the vital role played by leaders in modeling Compassionate Care and creating the environment and culture that fosters it. Participants often stressed that the leader sets the tone, and that a leader's modelling of Compassionate Care is vital in creating environments that facilitate compassionate service delivery to clients. One participant stated:

> The leader sets the tone. Since I model it with the [clients] and the parents and I model it with [the staff], I think in turn [staff] embrace my ideology and my philosophy, and they demonstrate it themselves … It's almost like it trickles down from the top and we see it as framework that permeates through the whole organization. They embrace that concept of compassion because they see it demonstrated on a daily basis.

Another participant discussed their organization's success with creating compassionate service environments:

> Because of the leadership, there was an intentional building of it … You can have a knowledge base of it, but you must work it up and down the system. That is where the work comes in … You must accept it, align with it, be it. It is a part of your whole persona, every day. Even when you are interacting with staff it is in the back of your mind.

Another manager similarly observed: "The leadership leads the flock … if the leader values compassionate care, then I think the [organization] values, compassionate care … 90% of our challenges are with the leaders who don't understand compassionate care." On the other hand, another participant described the positive impacts,

> Compassion is a learned behavior so if a manager is setting that example and that tone, and it is reflected in the policies and procedures, the whole organization thrives and

> whoever is the user, and the whole community, benefits because it becomes infectious. It comes from management.

The role of the leadership in modeling Compassionate Care is critical in facilitating compassionate service delivery.

Self-Care and Wellness

Self-care and wellness was referenced 30 times across the data. This theme captures the critical aspect of focusing on practitioner wellness and healthy boundaries. Participants discussed the importance of focusing on their personal wellness as a priority, including intentional work-life boundaries that allowed for sustainability at work. For example, one participant stated:

> It's this piece about being compassionate with ourselves. A lot of times as helping professionals, we forget about ourselves. And so, we give and give and give and our cup is completely empty, but we're still trying to give … The work that we do is extremely stressful, and it can be emotionally taxing and historically, helping professionals haven't really placed themselves as a priority

Another participant explained, "It's important for us as helping professionals to recognize that we're only as good to someone else as we are to ourselves." For participants, healthy boundaries was a key aspect of ensuring wellness. One participant explained:

> How do we say okay, you know what, it's five o'clock I'm actually going to shut down today. What didn't get done, didn't get done. Go take care yourself and rejuvenate to come back to it the next day and come back fresh.

One manager highlighted how he promotes wellness and why wellness is important:

> Staff would come to me and say, "I mentally can't cope with tomorrow so do you think I cannot come to work tomorrow?" And my answer is always yes because my thing is if you're not going to be your best self then it's not going to help the children, not help your colleague so feel better and we will see you the following day … With the [staff[I have emotional check-ins … I do these once a month because I need to know how the staff is doing because I need them to help me to run this place. Emotional preservation is key … Personal self-care is key. Whatever that looks like to staff members I encourage them to do that. I have some people who are avid golf players, so I encourage that. I have some people who are gym enthusiasts. I have this one particular [employee] that every day at 12 o'clock she is gone to the gym, I encourage that - anything that encourages you to maintain your emotional and physical wellness or that contributes to you staying at baseline as a worker. Personal wellness is definitely one of the things that I stress.

Supervision was mentioned as a key aspect of supporting practitioners in their wellness. One manager explained, "we can surely have that transference and have some of the hurt and stories

that we hear." This manager advocated for strong supervision for all youth workers, even amongst nonclinical staff.

Practitioners must practice self-care and wellness to deliver and sustain Compassionate Care. Healthy work-life boundaries and structured workplace supervision are two components that support a professional's personal wellness.

Barriers and Challenges to Compassionate Care

Key themes also emerged around the barriers and challenges faced by service providers who work 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 approach, and lack of resources.

Stress and Burnout Due to Human Service Work

Stress and burnout was the most prevalent challenge described by participants, with 71 references made. The human services profession is marked by high levels of stress and burnout (Newell & Nelson-Gardell, 2014), particularly among social workers (Thomas, Kohl, & Choi, 2014) and teachers (Brunstring, Sreckovic, & Lane, 2014). In fact, the single largest factor in the development of professional burnout is the nature of human service work (Maslach & Leiter, 1997). Burnout occurs when stress that an individual encounters overcomes the resources and ability the individual has to cope adequately (Maslach, Jackson, & Leiter, 1996). Professionals experiencing burnout move from having enthusiasm and empathy in their work towards experiencing stagnation, frustration, and apathy (Edelwich & Brodsky, 1980). In this category of stress and burnout, participants described challenges such as compassion fatigue, heavy caseloads, and the challenging nature of their human services work.

Participants often mentioned potential burnout with comments such as, "you find yourself being worn out," "we are stretched," and "burnout is real." One participant elaborated, "a lot of times the person providing care in a lot of these settings is a bit beaten up at the end of it." Participants discussed the difficult nature of the work when describing the challenges and potential for burnout. One participant stated, "the caseload is massive, the needs are always coming." Another participant explained:

> With older kids where their choices hold more weight, and when they get in trouble, it's a lot more serious and detrimental to their life. That can become frustrating …when a kid fights in school eight days in a row, and is on the brink of suspension or expulsion from school, or has just got caught with a drug bust, or … they've been locked up three times consecutively in like two weeks … and then trying to deliver and work with your [client] in a compassionate space is very difficult and can be very frustrating.

Another participant shared similar sentiments:

> With a lot of these [clients], they really have a need to be in a different [setting], but they aren't, they're in regular school, and the teams are doing so much to try to keep the environment above the standard of what's necessary so that everybody has a good education, and every now and then it gets broken. And beyond that, it's just not safe, students and teachers don't feel safe. And a lot of the time they're doing everything they can, knowing the kids aren't getting what they need … it's really hard work to cater to them because they can't go to another institution because it doesn't exist.

The nature of human services work is challenging, and participants indicated that burnout was a significant impediment to the delivery of Compassionate Care.

Lack of Skillset or Awareness of Approach

Participants referenced lack of skillset or awareness 31 times. This category captures the challenges resulting from lack of education and capacity to deliver a Compassionate Care approach. Participants commented that Compassionate Care is often a learnt skill rather than a natural way of being. For example, in assessing a colleague's delivery of Compassionate Care, one participant explained:

> 90% definitely stand within the compassionate care realm. And when I say stand in it, like we live it, we embody it. That's who we are from inside out. And I think the other 10% are some of the people in our field, in our group that don't have experience and learning for how to be that, not because they don't want to be, but they haven't been in the field long enough to learn it or to develop it or to display it.

Another participant similarly stated, "people don't know what they don't know, and they don't know that how they're treating each other and how they're speaking to each other is not actually normal. It's not actually okay." Participants also described a general lack of awareness by management and leadership around the importance of a compassionate approach. One participant described:

> A lot of times people look at behavior without really trying to understand the meaning behind the behavior. And nor do they want to understand the circumstance or the meaning behind why this young person is acting out … I don't always feel that [agencies] understand that … I can't say that there's a full understanding up top.

Participants explained that cases where Compassionate Care did not exist was sometimes due to lack of awareness and a lack of competencies and skills to deliver the approach.

Lack of Resources

Participants discussed the lack of resources as another barrier to Compassionate Care. Lack of resources was referenced 31 times and refers to the challenges of general capacity, as well as inadequate human, financial, and physical resources. For example, one participant explained:

> There are so many demands on service providers … it can be demands from public expectations, it can be demands from managers or from the Government. And sometimes they don't hear the needs of service providers and what we need to get the job done. So, if we don't have the resources, for example, it makes it hard to be compassionate, to move forward, to get the job done with all these expectations when we don't have the tools we need.

Participants also highlighted the lack of human resources, particularly lack of clinical expertise. One participant stated:

> We're limited in what we can do … for example, we don't have clinically trained people. That's the piece that's missing, that clinical piece of how we support these children who have some major clinical issues, mental health issues.

Another participant similarly explained:

> Compassionate Care and clinical care are not the same thing. Things start bordering on clinical, I'm not a clinician, I'm not a psychologist, I'm not these things. That line gets blurry the closer you are to the individual, so if they're family, or people in a teaching setting, working with them many hours a day, you start to border on clinical, and you don't have the expertise for that.

One manager summarized the challenges around resourcing:

> Sometimes it's just resources, sometimes I wish I had more resources. When I say resources, I mean sometimes just money. Wish I had more access to money … We have a number of tremendous donors and they are fantastic and great, but we are still often times stretched for physical resources.

Lack of resources, from human capital to financial and physical, was a barrier to the delivery of Compassionate Care. Participants felt challenged when they did not have the tools needed to do their jobs.

Lack of Buy-In to the Approach

Participants discussed lack of buy-in to the approach as another barrier to Compassionate Care. Lack of buy-in was referenced 23 times in the data. This theme captures the resistance to a compassionate approach that individuals encountered with their colleagues in the field, along with the prevalent belief in a more authoritarian and punitive approach. A participant explained, "the staff that we have, they're old school … and so they're used to doing things a certain way where - you know - you talk at a [client], rather than talking with a [client]." Other participants stated that Compassionate Care is seen as a "soft approach" that enables bad behavior, with one participant explaining, "it's sometimes looked at as not holding young people accountable … its challenging coming up against what society norms are around punishment."

Lack of buy-in captured the resistance of service providers to a compassionate approach and highlighted the prevalence of those favoring a more punitive and authoritarian method of engagement.

Participants described four different categories of barriers and challenges when working to deliver and sustain Compassionate Care. For participants, stress and burnout, lack of buy in to the approach, lack of skillset or awareness of approach, and lack of resources all created impediments to the delivery of Compassionate Care.

Assessment of Community Delivery of Compassionate Care

Participants were asked to assess the extent to which their colleagues, staff, and the human service field value and embody Compassionate Care. Participants provided a more negative than positive impression when assessing how Bermuda does as a community of professionals delivering Compassionate Care. Participants referenced negative impressions 51 times and referenced positive perceptions only 31 times. For example, when describing their organization and colleagues, one participant explained, "As a whole, I don't think we embody the whole concept of Compassionate Care, which is what I think leads to a lot of conflicts between [clients] and staff." Another participated stated, "I don't think my [organization] comes from a Compassionate Care model at all. Although some of them would say they would."

Participants made the following comments when discussing the field more generally: "I don't think that most organizations tend to express or demonstrate Compassionate Care to one another or clients" as well as "I don't think it's not infused within the helping services of Bermuda." One manager elaborated:

> Based on my conversations with clients sharing their experiences, I don't get a sense that people are operating from a Compassionate Care perspective. I get a sense that clients experience a system where they are expected to color within the lines and if they don't color within the lines, then they don't get the services that they need, which is unfortunate.

Other participants had mixed reviews: "I would say it's 50/50" and "I think there's pockets of it. There're pockets of it and there's pockets of people and so it's not consistent. Probably more in the third sector you may see it." Participants often mentioned the role of the leader in determining the extent to which organizations and staff deliver Compassionate Care:

> Leader leads the flock right. So, if the leader values Compassionate Care, then I think the [organization] values, compassionate care … I've been in a lot of roles in the system … 90% of our challenges are with the leaders who don't understand Compassionate Care.

Despite these mixed reviews, participants often described positive assessments of their direct colleagues' delivery of Compassionate Care. One participant said, "90% definitely stand with the compassionate care realm. And when I say stand it, like we live it, we embody it. That's who we

are from inside out." In describing colleagues, another participant said, "They are really in it to win it" and that "it's wrapped up in everything we do." Participants who described positive perspectives often described colleagues who were connected to the passion and purpose of their work. For example, one participant said, "there are some people who have their hearts in it, they love it, they feel connected to the purpose." Another participant similarly explained, "there is a group of people in it because they love what they do, and they are passionate, and they really feel that they are a part of something bigger than themselves."

Overall, participants had mixed reviews when assessing the extent to which Compassionate Care is delivered in Bermuda. Participants' more positive impressions were associated with participants' direct teams, whereas participants became more pessimistic when considering the broader human services field and overall extent to which Compassionate Care is delivered to the community.

How IAC Can Support and Empower Delivery of Compassionate Care

Awareness and training emerged as two main themes regarding what IAC can do to support and empower service providers.

Training and Professional Development

Training and professional development was discussed 82 times by participants. The need for more training to support Compassionate Care was vital for participants. One participant explained:

> People really need to be educated about it. What is it? What does it look? How can we translate it in the workplace? And what are the benefits from it? If I embrace this philosophy, how is it going to make my organization better?"

Another participant stated:

> I do not think that as a country we have done enough on deliberate professional development … at all levels we should be engaging in professional development in a regular ongoing sustained time frame. We fall short of that for a variety of reasons, we have not demanded that from service providers. It is almost as if you go Bermuda College or you go overseas, and you get your degree and that is it.

In addition to discussing the general need for more professional development and training, participants also shared useful feedback for methods to support Compassionate Care professional development. Participants suggested traditional training and workshops, experiential learning, mentorship, and developing a downloadable resource toolkit. Learning through practical experience was key for one participant:

> Creating actual experiences where training providers that are very good and have an objective for their training. You can ensure that everything is attached to an experience that can be talked about later, will be tenfold better than those people that just have your stereotypical professional development sessions, that tend to be very light on experience and very heavy on coffee and snacks … If you then follow that up with maybe, perhaps having people that are okay with being a small cohort of people that are getting volunteered for the purposes of debriefing, being okay to pick out what's good, okay to pick out what's not so good, and we can enhance things so it's not all theoretical. Or even running scenarios.

Other participants echoed the need for quality training. One participant stressed the importance of delivering evidenced-based curriculum and another highlighted the need to ensure that IAC develops local training capacity to reduce reliance on overseas trainers.

Participants also mentioned that both direct service delivery staff and management should participate in training. For example, one participant stated the importance of "targeting the management or the people who are supposed to be infusing kind of ethos in departments."

Participants also referenced developing higher standards of practice for training and professional development. Professionals should be clear on the baseline standards of care they wish to provide for all young people and train to that standard. One participant explained:

> Building a cohesive training plan that gives you a certification or a standard. Answering what is the cycle of training that is necessary that people get to see the broad perspective that is transferable into any organization. From prevention all the way to intervention. The higher you go up the more it requires you to have a larger skill set. How do you build that so that you are always staying relevant and you are allowing people to come into that cycle?

Training and professional development is a key component in supporting and empowering the delivery of Compassionate Care. Participants discussed the importance of training quality and training to an identified Compassionate Care standard of practice at direct service delivery and management levels.

Awareness

Participants discussed the need for more awareness 33 times in the data. Specifically, participants discussed the need for a campaign that promotes the concept of Compassionate Care and communicates people's stories. One participant discussed the need for illustrating the positive impact of Compassionate Care on people's lives, particularly in the lives of youth: "more story telling of young people's stories about identifying who they are, and storytelling around what young people are facing and what their experiences are." Another participant stated:

> I still don't think that people fully get the seriousness of the challenges that young people are going through, and I think that gathering and sharing those … is important … a lot of people are just seeing the behaviors without really understanding why some of those behaviors are happening.

The importance of illustrating the difference between outcomes when Compassionate Care is and is not provided was also mentioned. One participant stated, "people need to hear stories about how our society could be and how it is happening now." Another participant shared that illustrating these outcomes must also include creating a clear image of what Compassionate Care is: "presenting what it looks like so people who reflect that model … setting up an example." In some instances, participants also provided insights into how to promote a campaign, including use of video, social media, panels, and facilitated discussions.

Participants asserted that public awareness and education was an important complement to formal training and professional development. Public awareness and education is a critical aspect of building widespread awareness, gaining community buy-in, and shifting mindsets in support of Compassionate Care.

Overall Feedback on Compassionate Care Concept

Overall, participants shared a positive response to the concept of Compassionate Care. Participants believed that IAC could support the community in more intentional delivery of Compassionate Care through labeling and promoting the concept. For example, one participant stated that: "I totally support the whole Compassionate Care model … I think the relationships are what helps shift people or change people." Further comments included:

> If compassionate care is where [IAC] is moving into, I think it's wonderful. I think the way you phrase it as Compassionate Care is genius because it's so non-threatening right; it's just like who doesn't know compassion right, really, who can't be compassionate?
>
> It's great that you guys are doing this, and I really hope that you would make a real contribution on what it looks like and how it feels and how people can use that as a model for their lives, because it just makes you happier.
>
> This Compassionate Care model needs to widespread so that businesses, donors, and government offices see this as something necessary for the community, not just fluff but it becomes a part of everything we do.
>
> I absolutely believe in Compassionate Care. I believe in how it connects to restorative practices, restorative justice … I believe and I can envision a transformation of the human services system in Bermuda through Compassionate Care.

Overall, participants supported the concept of Compassionate Care, expressing excitement and a positive outlook regarding the vision and intentions behind the Compassionate Care concept.

Section Four: Conclusions and Implications of the Research Findings

The research findings provided some implications. These implications include takeaways for IAC, for direct service providers, and for organizational and departmental leaders.

Implications for IAC

The research findings presented three primary implications for IAC.

1. The research findings validated Compassionate Care as a needed, valued, and critical endeavor for IAC to pursue. It is important that IAC pursues programs and services that meet the identified needs of target stakeholders and that IAC design these services based on an evidence-base of knowledge. This research project clearly demonstrated the need for Compassionate Care and provided a locally identified evidence-base of knowledge from which IAC can design services and supports.

2. The research findings provided insight into clear training priorities that IAC must address to support the delivery of Compassionate Care. Training in support of Compassionate Care critical competencies (see Appendix D) should include topics such as emotional intelligence, wellness and self-care, assertiveness and conflict resolution, client-centered practice, trauma-informed practice, restorative practice, supervision, cultural sensitivity, and compassionate leadership. Training must also be experiential in nature, feature quality trainers and evidenced-based curriculum, and include creative implementation supports such as mentorship and group coaching.

3. The research findings demonstrated the important advocacy role in promoting Compassionate Care. Advocacy must begin with an educational awareness campaign that captures and communicates the essence of Compassionate Care, and features stories that share the positive impact of Compassionate Care on people's lives, particularly in the lives of youth.

Implications for Direct Service Providers

The research findings also provided key implications for direct service providers.

1. Practitioners have a responsibility to commit to their ongoing professional development. Practitioners should engage in training that supports the development of their technical skills so they remain current on best practice standards of care. Practitioners should particularly reflect on the key competencies identified as critical to Compassionate Care and develop their competencies within these areas. These areas include client-centered practice,

trauma-informed practice, restorative practice, management and supervision, cultural sensitivity, and compassionate leadership.

2. Practitioners must prioritize their personal development as a part of their professional development plan. Practitioner emotional intelligence is a critical component of effective service delivery; this competency can be developed over time. Personal development should be part of a practitioner's professional development plan to ensure that practitioners grow their emotional intelligence.

3. Practitioners must ensure they maintain the boundaries needed to experience personal wellness. Human service work is stressful, and the resilience of professionals is vital to effective service delivery. Practitioners must reflect on what they individually require to support their own wellness and work to communicate these needs to ensure they are met.

Implications for Organizational Leaders

These key implications for direct service providers equally apply to department managers and organizational leaders. Additionally, there are specific implications for people in positions of organizational influence:

1. Department managers and organizational leaders must model what they wish to see. Managers and leaders who want their staff and teams to deliver Compassionate Care to clients must treat their staff with Compassionate Care. Compassionate leadership is vital to the sustainability of staff Compassionate Care.

2. Department managers and organizational leaders must build a compassionate culture. Organizational culture, including policies and practices, must support Compassionate Care. Managers and leaders should solicit feedback from staff and clients to ensure organizational practices support Compassionate Care.

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Appendix A: Email Request for Interview

Dear

I hope you and your family are well. I am reaching out to see if you would be willing to give an hour of your time to virtually meet with me.

IAC is conducting research to better understand our key stakeholders: human service providers. We are seeking to design services and supports to empower service providers and helping agencies in delivering a concept we call Compassionate Care. To IAC, Compassionate Care is about using best practice standards to build positive, nurturing, and resilience-building relationships between children, youth and families and those that care for them. It means that the direct service providers have the awareness, skills, and emotional competencies to deliver and sustain these types of relationships and that the institutions that care for children and their families have policies, practices and culture that fosters compassionate care.

We have designed a set of interview questions that are designed to explore the concept of compassionate care with 20 service providers and human service organization leaders. The interviews will be recorded for analysis purposes, but will be completely confidential. What will be presented is an analysis of the themes identified.

Appendix B: Interview Protocol

To be read by the interviewer prior to the interview

The Inter Agency Committee for Children and Families exists to build the capacity of human services providers. IAC's core focus is training, advocacy and collaboration that helps to build stronger providers and better advocates. IAC is conducting research to better understand our key stakeholders: human service providers. IAC is seeking to design services and supports to empower service providers and helping agencies in delivering a concept we call Compassionate Care.

To IAC, Compassionate Care is about using best practice standards to build positive, nurturing, and resilience-building relationships between children, youth and families and those that care for them. It means that the direct service providers have the awareness, skills, and emotional competencies to deliver and sustain these types of relationships and that the institutions that care for children and their families have policies, practices and culture that fosters compassionate care.

IAC's vision for Compassionate Care is based on research showing that it is the quality of relationships between children and the adults that care for them determines whether those relationships support increased resilience or add to experience of risk; and that the environments in which helping professionals work influences the quality of the relationship's adults are capable of creating and sustaining with children. Based on these influences, we believe that by empowering service providers to implement and sustain compassionate care we can strengthen the services and systems supporting children and families.

These questions are designed to explore the concept of compassionate care with you given your experience as a service provider. Your individual responses and organizational affiliation will be completely confidential. The summary themes across all interviews will be shared and made public.

Discussion Questions for Direct Service Providers:

1) When thinking about the service you provide, what does the term compassionate care mean to you?
    a. Notes: if the response is not aligned with IAC's concept of the term:
        i. redefine IAC's concept of the term
        ii. ask: Is there another way you would refer to or describe this concept?
        iii. Reiterate the remaining questions pertain to IAC's concept of the term

2) When thinking about the service you provide, what does compassionate care look like in practice?

3) Why do you think compassionate care is an important concept in the work you do?

4) How do you think your fellow colleagues' value and embody compassionate care?
    a. and your own organization / department
    b. In the human services field more broadly

5) What are your experiences with delivering and sustaining compassionate care?
    a. Probe for more depth with the following prompts:
        i. What are your personal successes?
        ii. What are the successes of your organization/department?
        iii. What are the barriers and challenges you face in delivering and sustaining compassionate care?
            1. Internal /personal
            2. external

6) What could assist in strengthening those successes and overcoming those barriers and challenges?

7) How can IAC support service providers in delivering and sustaining compassionate care?

Discussion Questions for Department/Organisation Leaders/Manager:

1) When thinking about the service your organization/department provides, what does the term compassionate care mean to you?
    a. Notes: if the response is not aligned with IAC's concept of the term:
        i. redefine IAC's concept of the term
        ii. ask: Is there another way you would refer to or describe this concept?
        iii. Reiterate the remaining questions pertain to IAC's concept of the term

2) When thinking about the service your organization/department provides, what does compassionate care look like in practice?

3) Why do you think compassionate care is an important concept in the work you do?

4) How do you think your staff value and embody compassionate care?
    a. And your colleagues in the field?

5) As a manager, what are your experiences with creating environments (policies, practices, and culture) that foster compassionate care?
    b. Probe for more depth with the following prompts:
        i. What are your personal successes?
        ii. What are the successes of your organization/department
        iii. What are the barriers and challenges you face in creating environments that foster compassionate care?
            1. Internal /personal

2. external

6) What could assist in strengthening those successes and overcoming those barriers and challenges?

7) How can IAC support service providers in delivering and sustaining compassionate care?

Appendix C: Initial List of Codes and Coding Guide

- Strengths-based approach
    - Seeing people as whole
    - Unconditional positivity/kindness
    - Clean slate each day
    - Focused on building resiliency
    - Assuming the best
- Restorative, trauma- informed approach
    - Addressing trauma
    - Addressing root causes
    - Restorative approach
    - Healing focused
    - Supportive accountability for behaviors
    - Any mention of “non-punitive”
- Working with whole family
    - Parent engagement
- Practitioner emotional intelligence and Wellbeing
    - self-awareness & self-management
    - self-reflection
    - presence
    - Integrity/honesty
    - Language awareness (positive words)
    - awareness of and managing our own triggers
    - Challenge where this does not exist
    - Practitioner wellbeing
    - focusing on self-first
    - healthy boundaries
    - prioritizing self-care & wellness
    - allows for sustainability in the work
    - Challenged by stress & burnout
    - unable to deliver CC because too busy/ too many clients – unable to put the time in that is needed
    - compassion fatigue
    - loss of connection to passion
    - unable to slow down for self-care or implement healthy boundaries
- Empathy and connection
    - Listening to understand
    - Caring/ from the heart/ nurturing
    - non-judgmental perspective taking
    - relating to others
    - Showing vulnerability

    - Relationship-focused
    - Prioritizing rapport building
    - Fostering trust and respect
    - Addressing the socio-emotional needs
    - Challenge where this does not exist
- Human-centered approach
    - putting the person first
    - client-centered
    - Individualized and responsive approach
    - meeting people where they are at
    - considering the context/ background/environment of individual
    - Flexibility in approach and response
    - Thoughtful of human needs & creating supportive, safe, sensitive environments
    - Challenge where this does not exist
- Equity & empowerment focused
    - giving choice vs imposing
    - fair process
    - involvement in decision making (getting feedback when designing services)
    - Equity / seeing/treating one-another as equals
    - Walking along side
    - consultative/participatory approach
    - Challenge where this does not exist
    - (ie. Lack of ability to make decisions or act on them, bureaucracy)
- Growth focused
    - coaching approach
    - facilitating self-reflection, learning & self-improvement in self & others
    - future/goal oriented
    - prioritizes professional development
    - Elicits feedback for continuous improvement
    - Holding others accountable for change
    - Challenge where this does not exist
- Quality of service integrity
    - Putting in the time to do the job right
    - going above and beyond
    - doing due diligence
    - valuing ethical best practice
    - using proper, evidenced-based tools
    - willing to make time to collaborate with other services/providers
    - ensuring you practice within your skillset
    - barrier when this does not exist

- Successful outcomes
    - necessary for creating change, positive client engagement & relationship building
    - produces positive outcomes
    - when it is not provided, results in poor outcomes
- Consistency in living it
    - Always modeling what you want to see in others
    - commitment, consistency and persistence
    - a way of being
    - people who are connected to the purpose and passion of the work
- Role of Leadership and Supervision
    - supportive accountability
    - holding self and others accountable
    - Leader sets the tone & leader must model
    - importance of supervision
    - way something is built into an organisation or culture
    - starting from the top
    - barrier when it is lacking
- Transparent and effective communication
    - openness, transparency, speaking up
    - tackling difficult conversations
    - collective problem solving
    - barrier when it does not exist
- Lack of buy in to the approach
    - Not valuing and therefore unwilling to practice CC
    - authoritarian approach
    - Sees CC as soft
    - Resistance to changing approach
    - Aligned with punitive approach/culture
- Lack of skillset or awareness of approach
    - Unable to deliver – does not have the tools
    - highly judgmental & using harmful language
    - lack of professional development opportunities available or accessible
- Difficult nature of the work
    - Difficulty facilitating change in others & in human service work
    - Difficulty changing mindsets and behaviors
    - Harder to impact home environments
- Need for resources
    - human, financial, clinical and the need for more of them
- Awareness campaign
    - Storytelling
    - share model, what it looks like & why it is important

    - use video
- Advocacy priorities
    - Policies that need change
    - Groups that need to form
    - anything around identified service gaps that need to be addressed
- Training and professional development
    - Best practice standards
    - accreditation, shared standards and outcomes
    - Promote by creating resources & tools to use independently/in house for growth outside of formal training
    - Compassionate Care survey that can create awareness and dialogue
    - Challenge where this does not exist
- Facilitating dialogue and mentorship
    - Including those at the top
- Facilitating collaboration
    - opportunities to learn what other agencies are experiencing
    - creating spaces to come together, facilitate strategic partnerships
    - barrier of siloed work
- Impression of colleague and organisation delivery – Positive
- Impression of colleague and organisation delivery - Negative
- Impression of human service field delivery- Positive
- Impression of human service field delivery- Negative
- Positive feedback on overall concept of Compassionate Care
    - Labeling it gives more awareness and intentionality
    - May have already been doing it, but thinking about it/discussing it, makes it more intentional
    - Positive response to the label

Appendix D: Compassionate Care Critical Competencies

The following provides a list of 28 Compassionate Care critical competencies across 8 domains identified as a result of this research.

TOPIC	TRAINING OUTCOMES: Compassionate Care Critical Competencies
Emotional Intelligence	**Emotional Self-Awareness**: aware of feelings, emotional states, moods and how they influence thinking, impulses, actions and decision making. Reflects on things that cause emotions, frustrations and stress
	Emotional Self Control: manages impulses when stressed, keeps calm in difficult situations, manages temper and reactions when emotional, frustrated or angry, does not take criticism personally, , does not ruminate about things, engages in activities that elicit positivity, demonstrate positive emotions and moods, demonstrates appropriate enthusiasm when excited, adjust to new conditions and changes
	Emotional Reasoning and Empathy: asks others about their perspectives and feelings when problem solving, considers the feelings and potential reactions of others when making decisions, considers technical information as well as gut feelings when making decisions
	Emotional Expression: effectively expresses both positive and challenging feelings at the appropriate time, provides positive feedback to colleagues, expresses optimism at work, appropriately communicates decisions, communicates in a way that captures attention, is aware of and intentional around their tone of voice
	Emotional Awareness of Others: identifies and demonstrates understanding of others' feelings, aware of what motivates others, identifies people's responses when trying to build rapport, understands how to make people feel valued
	Emotional Management of Others: demonstrates empathy to others, supports others in feeling positive at work, effectively assists others in managing frustrations, annoyances, upsets and difficulties, validating the emotions of others, contributes to a positive work environment, facilitates collaboration, motivates and inspires others
Wellness and Self Care	**Healthy Stress Management**: takes care of physical and psychological health, proactively manages and reduces stress using a range of coping strategies, achieves an equilibrium across one's personal, school, and work lives
	Resilience: demonstrates a positive and realistically optimistic attitude, is flexible and adaptable to change, asks for support when needed, has a growth mindset
	Growth Mindset: understands the role of mindset and adopts mindset that is open to risk-taking, views failure as feedback and challenges as opportunities. Challenges fixed ways of thinking

Effective Communication and Assertiveness	Empathetic Listening: listens first to understand without judgement, demonstrates active listening skills, asks open and nonjudgmental questions to clarify understanding, paraphrases and reflects feelings to validate listener, uses appropriate nonverbals to demonstrate presence as a listener
	Assertive: Expresses thoughts, feelings and beliefs (positive and negative) in direct, honest and appropriate ways while also accepting that others may not agree, respects the perspectives and feelings of others. Aware of passive and aggressive communication styles of others and communicating effectively with others who have different communication styles
	Effectively manages difficult conversations: directly and confidently communicates through challenging circumstances and conflicts by listening to others, effectively expresses thoughts and feelings behind actions, works to find understanding, resolution or win-win scenarios
Client-Centered	Empowers others (clients & staff): views others as whole; engages non-judgmentally and empathically; respects the wishes, concerns, values, priorities, perspectives, and strengths of others; promotes the autonomy, rights, voice and self-determination of others; uses shared decision making and collaborative approaches in interactions with others; believes individuals are the experts in their own lives
	Takes an individualized approach: treats each person as unique; interacts based on individual needs, goals, concerns, hopes, wishes, preferences, strengths as perceived by the individual; considers the social, physical, culture, spiritual, environmental, medical and psychological needs of others and interacts accordingly
	Is Strengths-Based: focuses on skills and capacities of others rather than deficits, uses positive reinforcement and encouragement rather than coercion or punishment, uses positive language
Trauma Informed Practice	Has a trauma lens: Understands the science of trauma, recognizes the signs and symptoms of trauma, considers how trauma impacts the presenting experiences and behaviors of others
	Addresses personal trauma: reflects on personal experiences of trauma and its influence, proactively works towards self-healing
	Healing-focused engagement: responds to others so as to enhance safety, minimize re-traumatization and support recovery of those who have experienced trauma
Cultural Sensitivity	Culturally Aware: acknowledges cultural differences arising from racial, ethnic, gender, and sexual orientation affiliations; does not assign values such as right/ wrong or better/ worse to cultural differences; is aware of one's own cultural background and bias and how it influences their worldviews, values, patterns of thinking and automatic ways of behaving

	Culturally appropriate engagement: seeks to understand different cultural perspectives, worldviews and ways of being; effectively communicates across cultural differences and conflicts, works to build positive relationships across cultural differences
	Culturally appropriate intervention: aware of institutional barriers that prevent minorities/disenfranchised from using and accessing services; sensitivity to issues of oppression, sexism, elitism, and racism; awareness of and effort to eliminate biases, prejudices, and discriminatory practices
Restorative Practice	Takes restorative approach to resolving conflict and addressing antisocial behavior: believes in a restorative versus punitive approach to discipline, believes discipline is about learning versus punishment, creates conditions that allows others to make sense and meaning of where they are at and how they got there, work out what matters and what's important, identify what needs to change and what their role in that change is, considers how to build and sustain healthy relationships Using restorative tools and strategies to build positive relationships: proactively uses skills and strategies to foster strong, healthy relationships and environments, models empathetic listening and assertive communication, uses processes such as circle time to deepen relationships Is Authoritative not Authoritarian: Does things "with" others versus "for" them or "to" them, demonstrating high levels of both support and accountability as well as a commitment to participatory decision making and empowerment of others
Compassionate Leadership	Emotionally Intelligent leadership: Demonstrates the range of EI aspects; practices self-compassion; has authenticity; confidence and strong morals and ethics; models mental balance and mindfulness; is driven by deep sense of connection to values, passion and purpose
	Fosters psychological safety of others (client/staff): models empathetic and nonjudgmental interactions with others; builds robust, trusting relationships and has ability to make others feel secure, empowered and energized; strives to enhance the happiness and well-being of others by supporting them and giving them what they need to excel, including efforts to be flexible based on individual circumstances; encourages compassion and caring in the wider environment, encourages others to talk about their problems and to provide support for one another; creates a culture whereby seeking or providing help to support others is seen as the norm
	Inspires and motivates others: focuses on what's best for the individual, team/group, or organization which facilitates engagement and positivity in others; creates environments where people feel a greater sense of commitment to their work and/or their growth

	Supportive supervision of staff: Implements a structured, evidenced-based approach to supervision for all human services staff to ensure the growth, development and wellness of all staff providing direct care to clients