research in practice *for adults*

Supervisors' Briefing

Leading with compassion

Dartington

www.ripfa.org.uk

This briefing is aimed at supervisors in adult social care and explores what is needed to support the development of compassionate leadership skills in both supervisors and people they directly support and work with. It includes:

1. Examples of leadership models and styles that lend themselves to compassionate practice and which promote an environment and culture that help compassionate practice to flourish in adult social care.
2. The links between national frameworks and opportunities which guide the development of compassionate leadership practice in adult social care.
3. An exploration of what compassionate leadership looks like and the role of supervisors in enabling leadership to be developed in others.
4. The challenges of 'compassion fatigue' and the need for resilience.

The briefing also provides some practical tools to support the development of compassionate leadership skills across organisations.

Introduction

Understanding of compassion and the type of leadership styles best suited to adult social care has gained currency in recent years (West and Bailey, 2019). A definition of compassion involves the way we notice another person's suffering, by empathising with their 'pain' and providing a way of reducing this in some way (Nussbaum, 2017; Yuill, 2018).

Evidence suggests that where practitioners understand and relate to the purpose of their work and organisation this facilitates compassion (Dutton et al, 2006; Frost et al, 2006). There is evidence that practitioners who are treated with compassion model this in their own practice with people with lived experience (West, 2013).

Creating a culture of compassionate leadership requires commitment across organisations. The Strengths-based social work: Practice framework and handbook (Department of Health and Social Care, 2019) acknowledges that *'organisational culture is defined by how people inside the organisation interact with each other and with people outside the organisation'.*

The Career Development Framework: Guiding Principles for Occupational Therapy (2017) also highlights the leadership expectations for practitioners throughout their career in occupational therapy. Supervisors across adult social care, therefore, have a key role to play in promoting and modelling a culture that supports compassionate leadership and by being proactive in developing leadership in those they supervise. Where people with lived experience share leadership responsibilities (as in co-production) they, too, must play a key role in promoting and modelling compassionate leadership.

There is significant evidence of inequalities in opportunities for progression to leadership roles and in the development of leadership more generally for people from diverse backgrounds. Factors include ethnicity, religion, gender and sexual identity, and disability (Hafford-Letchfield, 2011; Spillet, 2014; Ryan et al, 2016). Leaders from diverse communities bring something unique to organisations, can make a contribution at many levels and can give a sense of achievement to individual leaders making a difference to their community (Spillet, 2014).

Supervisors have a significant role in enabling discussions that promote equality and in providing opportunities and support to overcome barriers to taking up leadership opportunities. Compassionate leaders take time to understand people's individual lives and experiences, to support them to identify their interests and make the most of leadership development opportunities.

Leadership and management can be described as distinct in their role and functions (Hafford-Letchfield et al, 2008). Management can be linked to tasks such as planning, implementation, order, efficiency and effectiveness whereas leadership tends to be associated with engagement, creativity and change and is particularly concerned with guiding future direction in uncertain conditions. However, in practice effective leaders need management and leadership skills. For example, supervisors have a role in ensuring practitioners are accountable and in providing inspiration and support. The balance between these roles also depends on the stability, or not, of the work context. Where there are conditions of complexity, unpredictability and rapid change, leadership qualities become more imperative (Hafford-Letchfield et al, 2008).

The overlap between leadership and management requires those in formal leadership roles to integrate and actively shape the context for social care and the challenges it faces. This means recognising the contribution played by our humanity within social care, and the role that compassion in leadership plays in delivering positive experiences for everyone. At times, those in formal leadership roles need to mediate between the different roles and model this to others. Doing so can help achieve the best outcomes for supervisees and local communities (Department of Health and Social Care, 2018). As one example, in social work, the Post-qualifying Standards for Social Work Practice Supervisors in Adult Social Care acknowledge the differing management and leadership skills required by supervisors:

Practice supervisors should strike a balance between employing a managerial, task-focused approach and a reflective, enabling, leadership style to achieve efficient day-to-day functioning.
(Department for Health and Social Care, 2018)

Those in formal leadership roles such as Directors of Adult Social Services, Principal Occupational Therapists, Principal Social Workers and Practice Supervisors are expected to be leaders. However, it is not necessary to be in a formal role to demonstrate leadership. The Career Development Framework: Guiding Principles for Occupational Therapy (2017), for example, details nine levels of leadership and Lyn Romeo (Chief Social Worker for Adults), in her annual report (2019), writes about the potential, and indeed necessity, of effective leadership at every level within organisations.

Adult social care workers are well placed in their relationship-based work to model leadership to other professionals through their multi-agency work. The requirement to individually and collectively demonstrate good leadership skills is referred to in the Professional Capabilities Framework (British Association of Social Workers, 2018), the Knowledge and Skills Statement for Adult Social Work (Department of Health, 2015) and in The Career Development Framework: Guiding Principles for Occupational Therapy (2017). Supervisors wishing to foster compassionate leadership potential in themselves and others need to develop understanding about each individual team member's interests, in order to see and value what people know and translate this into what might support them to build on and share their knowledge with others.

In a message that is equally relevant for supervisors in other areas of adult social care, the Post-qualifying Standards for Social Work Practice Supervisors in Adult Social Care also talk about the need for practice supervisors to:

> *...reflect on the confidence of their social workers and adapt their management and leadership style according to people's needs and to foster organisational improvement.*
> (Department for Health and Social Care, 2018)

In summary, the emphasis in policy and practice to deliver person-centred and strengths-based outcomes in adult social care (Cooper et al, 2016; Department of Health, 2016) is informed by a model of practice supervision that is strengths-based, relational, ethical and responsive, and explicitly recognises and engages with compassion as a key concept embodied in all care and support relationships.

Leadership theories and models

There has been minimal research on how best to apply theories and models of leadership to social care (Hafford-Letchfield et al, 2014; Sullivan, 2016; Colby, 2018). The social movement, led by people with lived experience, with a focus on exercising their rights, has had a great influence in the way it has challenged models of leadership in adult social care. This movement, alongside the changes in social policy to support co-production, has provided greater emphasis on collaboration in leadership styles as opposed to emphasising the individual as a leader (Carr, 2010).

Leadership works best when distributed to others and involves participation, which is the model that reflects the democratic values of social care and the policy developments that encourage co-production (Bussu and Tullia Galanti, 2018).

Distributed leadership involves shared values, purpose and a collaborative culture as well as the sharing of authentic leadership. The value base of equality and empowerment underpinning social care, therefore, fits well with this model (Haworth, Miller and Schaub, 2018). This model also fits with the strengths-based approach in the way that it values the voice of individuals and the experiences they bring to directly involve them in decision-making processes.

Practitioners need to be able to shape strengths-based practice for people working with adults, families and communities. This can happen if leaders model the behaviour they want practitioners in the organisation to emulate, by behaving in a way that is aligned with the strengths-based practice – so as to cultivate and reinforce a culture and ethos that is relationship-based and strengths-based (Department of Health and Social Care, 2019).

When attempting to retain a focus on compassionate leadership, supervisors may need to be aware of ethical and practical challenges (Hafford-Letchfield, 2012); for example, financial and performance drivers, process and procedural requirements and the culture around sharing power with adults and carers.

What do we know about leadership from contemporary research?

Colby's (2018) theoretical and conceptual review of social work leadership established the following characteristics which are applicable across adult social care:

- Leadership is about change and the team approach provides a key vehicle for leadership to happen.
- The focus of leadership should be on its vision and not become preoccupied with group dynamics.
- Rotating leadership and sharing power helps to maintain a common vision and encourages people to work independently towards a common goal.
- Individuals engaging in team leadership need the ability to reflect on and discuss negative emotions associated with conflict.
- Leadership also involves:
    - A willingness to freely share resources and knowledge and engage in mutual support.
    - Openly discussing organisational discourses and aspects of its culture and climate that might be creating anxiety and frustration. Engaging in honest and regular peer evaluations and feedback is the essence of leadership.

The principles of strong leadership identified by Colby (2018) are:

- keeping a clear focus on practice
- the acceptance of individuals as whole persons
- engagement in regular self-care and supporting and encouraging others to do the same.

Colby emphasises *how* leadership happens, which he says is through emotional competence and the acceptance, validation and trust of all individuals. This acceptance is necessary to effect positive change and to acknowledge the role emotion plays on the individual's experience.

Fostering relationships at both supervisory and organisational levels links *compassion* to leadership and recognises that everyone has leadership potential (Hafford-Letchfield et al, 2012). A distinct feature of compassionate leadership is where investment in people involves more than just investing in the skills of the individual. It also involves distributing power and decision-making, and encouraging participation.

Tool 1: Benchmarking your own leadership influence against Colby's key concepts and principles

This briefing has considered some of the factors in developing leadership and the importance of people being conscious about their own potential influence on others in order to distribute or enable people to participate, and take up their own leadership in practice. Analyses of these are also supported by Research in Practice for Adults' supervision relationship tool: **www.ripfa.org.uk/resources/supervision/tools/support**

This tool is designed help support practitioners to think about the matters they are concerned with, the things they have direct influence over and the things they have direct control over (Covey, 1992). It may also be useful to revisit the key messages from Colby's review (2018) and identify:

a) how much influence and control you have in these areas

b) the actions you could take to impact the issues with reference to your own influence and control.

Key concepts	Where do I have influence and control, and how significant is this?	What are the actions I can take to develop leadership in this area?	Who/what can help me improve my practice in this area?
Working constructively with change in my team.			
Establishing a clear mission or task for those I supervise.			
Being prepared to acknowledge and work with group dynamics, providing space for reflection and discussing negative emotions associated with conflict.			
Rotating leadership and power-sharing in my team.			
Sharing resources and knowledge to promote mutual support.			
Being open about frustrations and difficulties in the organisation.			
Providing regular honest and open peer feedback.			
Engaging in self-care.			
Recognising and addressing the specific needs of individuals from diverse backgrounds as leaders and actively addressing any barriers they may face.			

Linking leadership models and styles to compassionate practice in adult social care

In addition to the broader description of compassion given earlier, Nussbaum (2017) identified **seven dimensions of compassionate leadership that support good social care practice and can be used to support practice supervision:**

1. Attentiveness - showing an interest in others during a personal encounter.
2. Active listening – stimulating the person to tell their story and share emotion.
3. Naming the difficulties – acknowledging what is going on, encouraging expressions of loss, paraphrasing a person's experiences and recognising the significance of these. This can be useful in work with practitioners and people with lived experience.
4. Involvement by sharing emotion and establishing mutuality and trust so the person feels safe.
5. Helping and demonstrating an urge to be of value through one's actions.
6. Being present, both physically and emotionally, and noticing what is important to the person.
7. Having an understanding of suffering and loss, and the emotions that go with it, that draws on professional skills of inquiry and knowledge to promote these.

Research by (Yuill, 2018) involved social workers describing their 'compassionate self'. The 'compassionate self' is relevant to all adult social care roles. It may be formed early in life when recognising the suffering of others. It can also emerge from a disenchantment with a previous work life where one goes on to seek greater meaning and purpose to make a meaningful difference to the lives of others. For example, sometimes people change direction and follow a career in caring – a career which involves using skills such as coaching and therapeutic techniques. Yuill's research revealed that, despite the presence of some demoralising and damaging factors at work, where practitioners positively framed compassionate moments, and reflected on these, it made their job worthwhile.

This positive reflection acted as a buffer against other less welcome demands in the job and kept people in the profession against the odds. Supervisors can support practitioners to balance job related demands with positive factors and to reflect on the impact compassionate moments have on them and the people they work with.

If people observe the systems they work in to be careless, with little social or emotional support, they may be reluctant to perceive themselves as a part of that organisation and seek other employment. They may also be less likely to engage in compassion or in exercising compassionate leadership. West et al (2017) published evidence from the NHS which suggested that hierarchical and top-down approaches to leadership are ineffective ways of managing in care organisations. Leaders who model a commitment to high-quality and compassionate care were shown to have a profound effect on:

- clinical effectiveness
- patient safety
- patient experience
- the efficiency with which resources are used
- the health, wellbeing and engagement of practitioners.

(West et al, 2017)

A way of thinking and doing that supervisors can use in their practice to demonstrate and develop compassionate leadership capacity in their team is illustrated in tool two. This draws on systemic theories (Cecchin, 1987; Mantell, 2016) where the concepts of curiosity and hypothesising help us to take up multiple positions in relation to what is going on in the organisation or team (Chard, 2013).

Term	Description	An example of enacting in practice
Professional curiosity	The predisposition to recognise and search for new knowledge (Kashdan et al, 2013). A state of arousal brought about by complex stimuli that leads to exploratory behaviour (Shenaar-Golan and Gutman, 2013).	In safeguarding practice, curiosity can provide a means of advocating and offer strengths in working with people from different backgrounds and in promoting cultural competence (Yu-Wen Wing, 2009). Curiosity leads people to take personal responsibility for informing their work with sufficient knowledge (or seeking advice) on a particular culture and/or faith, which inform the daily life of people with lived experience and their families or carers.
Hypothesising	Invites people to name the connections we make and to create possible explanations for situations in which people find themselves (Gallop and Hafford-Letchfield, 2012). This can help people find a different way of describing and explaining issues in everyday practice, even when they are difficult to imagine. In becoming curious, people can create the context for hypothesising, and move away from fixed ideas toward finding alternatives.	In situations where there is conflict, for example in making a decision, working with multi-disciplinary teams, hypothesising can help people think about what they should do next. An important skill for supervisors is to encourage active reflection on how to express curiosity and on how easily or quickly people take up fixed positions. Hypothesising as an explicit activity may facilitate more compassionate interactions within supervision itself and also translate to how supervisees proceed with planning next steps with the people they are working with.

The following listening activity with questions (Tool 2) illustrates one method of reflecting and developing these skills in practice.

Tool 2. Using different types of questions as communicative techniques to demonstrate compassionate leadership

These questions can be used in meetings - either between several people, between two people where one has delegated authority, or in everyday conversations between practitioners and people with lived experience. Practitioners or students can also undertake this activity in their own meetings and assessments, and then discuss and reflect on how it went in supervision.

Make some notes on the overall direction of conversation and note any specific examples of professional curiosity:

Q. If curiosity was expressed, what influence did this have on the direction of the discussion? Did it make any difference, for example, to the power relationships or cooperation between those involved?

Q. If there was an absence of curiosity, what hypothesis were you able to formulate as to why you or the other person/people did not adopt a curious stance?

Curiosity checklist – use this checklist to build on the earlier concepts in Tool 1, but from a curiosity perspective

Questions for practitioners	Questions for practice supervisors
How do I remain curious and open to what I am seeing and assessing?	How do I create a culture of openness for practitioners to express uncertainties and anxieties, and how am I recording and communicating the information provided?
How do I remain open to receiving new and unfamiliar information?	How do I ask questions that stretch the practitioner I supervise?
How do I reflect on the situations I face?	How can I ensure the performance targets I set are really achievable?
How do I make sure I have sufficient quality and quantity of evidence in order to make a judgement or decision?	How do I encourage the sharing and use of evidence from supervision to share judgements or decision-making?
How do I explore process as well as content in my work?	How do I ensure we are not bound by custom and practice, and how easy is it for us to do things differently?
How might I constructively challenge my supervisor, manager and peers when needed?	How does the culture allow people to be challenged, or challenge each other, constructively?
How might I ensure my cultural frame of reference (for example, aspects of my own identity such as race, disability, gender and sexual identity) does not prevent me from understanding and responding to others from a different cultural frame of reference?	How do I ensure there is understanding and awareness of cultural difference when working with colleagues? How does the organisation recognise and openly discuss similarities and differences, and develop strategies to minimise barriers including discrimination or oppression?

National frameworks to support leadership development

The complex role of managing and supervising in adult social care are explicitly recognised in the UK sectors leadership qualities framework in adult social care (The National Skills Academy, 2014). These talk about 'setting direction' and 'improving strategy' but also focus on leadership values and behaviours such as 'demonstrating personal qualities' and 'work with others' (NSA, 2014).

The leadership qualities framework is applicable to different and diverse contexts. It also refers to practice leadership, collaborative leadership and working with a range of stakeholders. Community leadership and enabling communities to take the initiative in shaping services is equally important. The leadership framework is underpinned by the principles of co-production, person-centred care and community-based support, so that leadership support is accessible to micro providers, personal employers and user-led organisations (NSA, 2014).

Skills for Care offer leadership development programmes, tools and resources to support aspiring managers at every level to help meet current and future challenges: **www.skillsforcare.org.uk/Leadership-management/developing-leaders-and-managers/Developing-leaders-and-managers.aspx**

Opportunities for people from diverse communities may require particular attention in the development of, and recruitment to, leadership training schemes. Leadership development initiatives for Black and Asian practitioners, as one example, can offer an opportunity for developing peer networks in which individuals have access to a safe environment to consider the unique challenges faced in progressing their careers and for articulating their unique perspective, and the additional value they contribute to the organisation (Spillet et al, 2016; Hafford-Letchfield and Chick, 2006).

Leadership skills do not just come from attending a management and leadership development programme, or by *becoming* a manager, but often emerge through the development of tacit and experiential knowledge gained from experience and professionalism and applied to management and supervisor practice. As stated earlier, they need to be balanced with the skills required for the social work 'business' which are more likely to be social, political, cultural and rhetorical (Hafford-Letchfield et al, 2008). By working through others, leaders need to be effective at networking, coalition-building and fostering social capital.

Distributing leadership and growing leadership potential is supported by a variety of social care standards. For example, the Professional Capabilities Framework (BASW, 2018 - see **www.basw.co.uk/professional-development/professional-capabilities-framework-pcf**) and Knowledge and Skills Statements for Adults (DH, 2015 - see - **www.basw.co.uk/resources/knowledge-and-skills-statement-social-workers-adult-services**); regulatory frameworks (see **www.socialworkengland.org.uk**) and career development frameworks (see **www.rcot.co.uk/cpd-rcot**). These all inform recruitment, learning and development, performance appraisal and career progression. They include the wider *impact* of social care through leadership, professionalism and its influence at an organisational level, and in many other contexts.

The role of supervisors in enabling compassionate leadership to be developed in others

The Post-qualifying Standards for Social Work Practice Supervisors in Adult Social Care (Department of Health and Social Care, 2018 - **www.gov.uk/government/publications/adult-social-work-post-qualifying-standards-knowledge-and-skills-statement**), whilst focusing on social workers, contains leadership messages that could usefully transfer and support supervisors across all areas of adult social care. For example, the standards recognise the role of supervisors in recognising and addressing power dynamics in their supervisory relationships with practitioners and understanding when their role requires teaching, mentoring or coaching.

The standards also talk of the need for supervisors to 'recognise, respect and value the expertise of social workers' and of the need for supervisors to tune into the impact of high emotion and stress; to be empathic, calm and measured in their responses. Further reading of the standards themselves will support leaders from all disciplines to develop the necessary skills required in compassionate leadership. In particular, points 6.5, 7.5, 8.3 and 8.4 focus on the need for supervisors to; adapt their management and leadership style to people's needs, allocate work in line with people's interests and create a culture that invites challenge, debate and feedback for improvement.

Many advocates on leadership in social work and social care have noticed rhetoric about what it *should* look like, and a lack of challenge to the practical barriers and challenges to achieving leadership (Hafford-Letchfield et al, 2014; Lawlor and Bilson, 2011). So, for example, whilst participatory leadership seems ideally suited to practice, it can be limited by highly bureaucratic and controlling organisational practices. As noted by an interviewee:

> *Compassionate leadership is as needed amongst commissioners and throughout arm's length bodies, assurance and oversight bodies as their actions can either reinforce and encourage collaborative leadership at the frontline or significantly undermine it.*
> (NHS England, 2014)

Bohmer (2012) suggests that compassionate organisations involve: '*Speaking clearly, inquiring respectfully, acting decisively, demonstrating humility and fallibility – these are the simple and essential elements of leadership*'. If we are able to admit imperfection, it helps create a culture that enables people to speak up about, and learn from, failures, which may have happened or are likely to happen, and so prevent harm.

Reports from Mid-Staffordshire NHS Foundation Trust (Francis, 2013) and Winterbourne View (Flynn, 2012) highlight that culture change requires moving beyond surface-level observable behaviours and involves discussion of deeply ingrained beliefs and assumptions which requires courageous, authentic leadership. Tools one and two within this resource can support supervisors to reflect on the issue of honesty with practitioners. When values and dignity at work become compromised it is important to be honest about any subtle coercive workplace relationships and procedures occurring.

Dignity at work (Hodson, 2001) has been defined as 'the ability to establish a sense of self-worth and self-respect and to appreciate the respect of others'. Practice supervisors have an important influence and through this can model and encourage dignity, resistance and resilience. Hodson talks about the idea of *organisational citizenship* where people pursue meaning and social relations at work.

Being able to recognise the multi-dimensional nature of dignity is important for leading effective compassionate care services. Respecting the dignity of both people with lived experience and practitioners is important, so as not to cause contradictions in the care environment. Practitioner dignity is a critical factor in the development of healthy workplaces, work-life balance and quality services.

Enabling coping, compassion and resilience

At a micro-level, compassion fatigue is a recognised phenomenon that may occur when social care professionals experience vicarious trauma related to the repeated exposure of working with people who experience traumatic events (Figley, 1995). This can negatively affect people's personal and/or professional lives, coping capacity, and result in a decreased sense of accomplishment. This can impact the capacity of practitioners to support the wellbeing of people with lived experience and may also increase practitioner turnover.

Compassionate leaders consider the risk factors for practitioners that may have little experience in working with trauma, or have their own history of trauma which may surface when they are exposed to traumatic events within their work. Getting to know people well, and recognising and fostering compassion, is important (Yuill, 2018).

To help develop resilience, Bourassa's (2012) study of nine social workers in adult safeguarding identified some protective factors to be aware of. Bourassa found workers with good training, that equipped them with the knowledge and skills to make sense of the situations they were dealing with, were able to:

- Create boundaries, for example between their personal and work life, and recognise the importance of the roles of other professionals.
- Provide co-worker support, such as initiating peer groups that openly discussed the signs of compassion fatigue and provided opportunities to discuss issues in a safe, non-confrontational environment.
- Initiate self-care strategies, such as taking exercise and holidays.

Schwartz Rounds, which provide a structured forum where practitioners can discuss the emotional and social aspects of their work may be useful: **www.ripfa.org.uk/resources/supervision/tools/support**

Setting up forums, less formal than Schwartz, might provide an opportunity for individual practitioners to take a lead and/or become trained as champions in self-compassion. The principles and processes may also be integrated into other interactions, particularly within supervision and reflective practice. Compassion may also be self-directed and involves offering non-judgemental understanding of a person's individual circumstances, so their experience is seen as part of the larger human experience (Colby, 2018).

Self-kindness results in forgiveness for our weaknesses and protects against critical judgement and self-blame (Neff, 2015). These are very relevant to the reality of social care and enhance capacity to respond to people effectively. There are, however, relatively few interventions documented in social work and social care on self-compassion.

Some models of leadership involving appreciative inquiry and systemic models have interacted with these ideas in terms of how we focus on what worked well. These are based on valuing frontline expertise and knowledge in social care and aligning with a strengths-based approach.

Further reading

www.ripfa.org.uk/resources/publications/practice-tools-and-guides/appreciative-inquiry-in-safeguarding-adults-practice-tool-2015

Advocating for space, time and resources to establish these often resource-intensive support networks is itself an act of compassionate leadership. However, compassionate leadership may also be practiced at an interpersonal level where resources are limited. For example, it may not always require people to have the answer or solution to a problem discussed in supervision, but listening, responding empathically and being our emotional selves may be what is needed (Bourne and Hafford-Letchfield, 2011).

Leaders have a role to play in striving to not discriminate or oppress. Leaders must be able to provide a safe environment within which practitioners can critically examine their experiences, views and perceptions of any discrimination or oppression at the individual, team and organisational level. This may involve supporting the development of peer groups for Black and Minority Ethnic, disabled or LGBTQI (Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex) practitioners, in which leadership can emerge and provide a mechanism for addressing any barriers to compassionate practice in relation to diversity and inequalities in the workplace (Spillet et al, 2014; Ryan et al, 2016).

Edinburgh Napier University and NHS Lothian (2012) have used action research and appreciative inquiry processes to support the delivery of compassionate care in practice. These processes can be utilised by practice supervisors in the following ways:

> ***Caring conversations***
Discussing, sharing and learning how support is provided among practitioners, people with lived experiences and their carers', and the way in which we talk about caring practice.

> ***Flexible, person-centred risk taking***
Making and justifying decisions in respect of context and working creatively with providing genuine choice, practitioner experience and best practice.

> ***Feedback***
People and members of the community giving and receiving feedback about their experience.

> ***Knowing you, knowing me***
Developing mutual relationships and knowing each other's priorities to enable negotiation in the way things are done.

> ***Involving, valuing and transparency***
Creating an environment throughout the organisation where practitioners, and people with lived experience and their advocates, actively influence and participate in the way things are done.

> ***Creating spaces that work***
Considering the wider environment and, where necessary, being flexible and adapting the environment to enable practitioners to be compassionate.

The model of compassionate leadership used by NHS England (2014) uses four lenses and levers for determining the conditions for compassion and engages with mindset, values, capabilities, practices, systems and structures in care settings.

There are several key questions on each area for supervisors and people in other leadership positions.

> **Self:** Self-awareness, self-compassion, being present and fostering a supportive climate (resilience, mindfulness, emotional intelligence).

> **Supervisor/leader:** The ability to notice both explicit and unspoken concerns of others, with sufficient knowledge, emotional resources and practical tools to be proactive in creating a constructive and supportive climate.

> **Team:** The group practices and norms that promote good working relationships between members and with other individuals and groups, so that it can work compassionately with adults, carers, families, networks of support, communities and partner organisations.

> **Organisation:** The collective systems, processes, practices and disciplines that enable an environment which is supportive of compassionate care.

Tool Three, on the following page, which is adapted from the NHS compassionate leadership model (NHS England, 2014) can be used in individual or group supervision as well as by individual practitioners to foster and encourage compassionate leadership in their own practice.

Tool 3 Questions to consider

SELF	SUPERVISOR/LEADER
1. How can you build on existing practices, or develop new practices to process your emotions, sustainably and healthily? **2.** When have you felt at your best at work, what made it so positive? How can you build in some of those sustaining aspects into your current work? **3.** In recalling situations which provoked disproportionate responses in you, what can you do to reduce the impact? What assumptions or drivers underpin that? For example, a need to be perfect, to be right, to be liked? **4.** When does your work feel most meaningful? And most futile? How can you stay connected with your core purpose? **5.** How is your body posture and tone of voice when relaxed? And when under pressure? What would help you notice, in times of stress, to choose to act differently?	**6.** In what ways are you able to role model the behaviours you wish to see demonstrated by others? **7.** How can you help your team establish what 'great' looks like, and the expected minimum level of performance, for the context you work within? **8.** In what ways do you help others keep a clear focus on quality of service for people when there are so many other measures and pressures to provide more remote information? **9.** What are you currently working on where there is an opportunity to let others take a lead or steer developing solutions? What levels of support might they still need? **10.** What demonstrations of thanks are you able to provide that encourage behaviour that is aligned to our values?
TEAM	**ORGANISATION**
11. Where there is interdependence with others teams, how can team members work across boundaries and collaborate with others to maintain focus on our core purpose? **12.** How are group dynamics affecting our capacity to treat each other, and those using our services, with care and compassion? **13.** How can you help the team to be more comfortable and feel safer to have healthy conflict? **14.** In what ways can you reward collective action as well as individual effort? **15.** What opportunities exist to build on what already works well? How could that be even better and what are the things that are holding the group back? **16.** If the team has a lack of trust, how can you offer a safer way for everyone to reveal what they are feeling, to share honestly with each other?	**17.** How alive are your organisation's values and the behaviours that relate to them? **18.** Have they made it into appraisal systems? How can they be kept central to strategic and operational decisions and activities? **19**. How explicit are the expectations and consequences relating to values and behaviour? **20.** What are the consequences for speaking out - for a whistle blower, the individuals under investigation and the teams they work in?

Summary

Compassion is a concept linked to quality of practice and can be enhanced through explicit discussion with practitioners in all roles across adult social care. Recognising compassionate leadership has both emotional and behavioural elements, paying attention to emotions and reflecting on behaviours and providing opportunities to develop and discuss both of these, can provide an important source of moral and professional knowledge.

Two key components of building a compassionate environment are:

- Closely monitoring, actively seeking and evaluating the organisation in terms of the value being delivered to people who use services in addition to the more easily measurable outcomes.
- Exploring and acknowledging the subjective views of team members, supporting them to reflect on these and actively seeking and evaluating their work.

This involves:

- Practitioners placing human rights at the forefront of their interactions and consulting appropriately, sensitively and regularly to ensure human rights are recognised and promoted.
- Being flexible in management and leadership style to meet people's needs, allocate work in line with their interests and create a culture that invites challenge, debate and feedback for improvement.
- Being tuned into how people perceive their organisation, paying particular attention to being fair, ethical, trustworthy and making sure that any benefits are distributed transparently (Tae-Won Moon et al, 2018).
- Being role models for colleagues by showing a respectful, trustful, courteous, and compassionate way of acting as well as allowing vulnerability and emotions to be seen.
- Being able to articulate how organisations, services or teams promote and act in a strengths-based and collaborative way with people with lived experience.
- Being aware of the barriers faced by people from diverse backgrounds and actively challenging these in order to enable proportional representation across the organisation.

Social care practitioners across adult services can share their professional and personal knowledge and experiences and transfer this knowledge to others. Key elements to sharing knowledge are the ability to use reflective questioning and attend to people's own narratives as a valued source of knowledge through curiosity. Compassionate leadership activities can have many positive outcomes, at all levels of the sector, from individuals and teams to organisations and the system as a whole.

Developing leaders is a proactive and strengths-based task that involves seeing the value in what people know and how they can share their knowledge to benefit others. Practitioners are more likely to find new and improved ways of doing things if they feel they are listened to, valued and supported, as this provides a sense of psychological safety. Giving practitioners autonomy in their work is important, along with developing a shared responsibility. Distributed leadership is much more effective than rigid hierarchical leadership (Lawlor and Bilson, 2010).

Compassionate leadership means developing and maintaining positive attitudes to diversity, inclusion, creativity and innovation and nurturing this at every level of the organisation. Innovation is often spurred by a challenge or a problem, and compassionate leadership is a powerful facilitator at each stage of the problem-solving process.

Further reading

- *Embedding human rights in adult social care: Leaders' Briefing* (Elliott, 2017)
- *Embedding strengths-based practice: Frontline Briefing* (Guthrie and Blood, 2019)
- *Appreciative Inquiry in Safeguarding Adults: Practice Tool* (Research in Practice for Adults, 2015)
- *Person-centred approaches to adult mental health: Frontline Briefing* (Guthrie, 2018)

Key messages for policy and practice

1. Promoting autonomy, professionalism, innovation, creativity, and equality and diversity as a compassionate leader is important across organisations.
2. Compassionate leadership requires emphasis on relationship and strengths-based practice and involves practitioners making links to relevant professional frameworks, standards and values.
3. Modelling and promoting the concept of compassion in relationships with practitioners, and emulating this with people with lived experience, is key.
4. Human rights literacy is an essential ingredient of compassion.
5. Developing leaders is a proactive and strengths-based task that involves seeing the value in what people know and how they can share their knowledge to benefit others.

References

British Association of Social Work (BASW) (2018) *Professional Capabilities Framework for Social Work in England: The 2018 Refreshed PCF.* Birmingham: British Association of Social Work.

Bohmer R (2012) *The Instrumental Value of Medical Leadership: Engaging doctors in improving services.* London: The King's Fund. Available online: **www.kingsfund.org.uk/sites/files/kf/instrumental-value-medical-leadership-richard-bohmer-leadershipreview2012-paper.pdf**

Bolton (2007) 'Dignity in, and at work: Why it matters' in Bolton S (ed.) *Dimensions of dignity at work.* London: Elsevier.

Bourassa D (2012) 'Examining self-protection measures guarding adult protective services: Social Workers against compassion fatigue'. *Journal of Interpersonal Violence* 27(9), 1699–1715.

Bourne D and Hafford-Letchfield T (2011) 'Professional supervision in conditions of uncertainty'. *International Journal of Knowledge, Culture and Change Management* 10(9), 41-56.

Broadhurst K, White S, Fish S, Munro E, Fletcher K and Lincoln H (2010) *Ten pitfalls and how to avoid them: What research tells us.* London: National Society for the Prevention of Cruelty to Children (NSPCC). Available online: **www.nspcc.org.uk/globalassets/documents/research-reports/10-pitfalls-initial-assessments-report.pdf**

Bussu S and Tullia Galanti M (2018) 'Facilitating coproduction: The role of leadership in coproduction initiatives in the UK'. *Policy and Society* 37:3, 347-367.

Carr S (2010) 'Remoted or related? A mental health service user's perspective on leadership'. *International Journal of Leadership of Public Services* 6(2), 20-4.

Cecchin G (1987) 'Hypothesising, circularity and neutrality revisited: An invitation to curiosity'. *Family Process* 26(4), 405-13.

Chard Alex, Abbott P, Radley M, Hafford-Letchfield T, Hawkins P and Pinnock M (2013) *Social work associate practice programme: A Children's Improvement Board reference document.* London: Local Government Association.

Colby Peters S (2018) 'Defining social work leadership: A theoretical and conceptual review and analysis'. *Journal of Social Work Practice* 32(1), 31-44,

Cooper A, Briggs M, Lawson J and Wilson M (2016) *Making Safeguarding Personal Temperature check.* London: Association of Directors of Adult Social Services (ADASS).

Department of Health (2015) *Knowledge and Skills Statement for Social Workers in Adult Services.* London: Department of Health.

Department of Health (2016) *Care and Support Statutory Guidance.* London: Department of Health.

Department for Health and Social Care (2018) *Post-qualifying Standards for Social Work Practice Supervisors in Adult Social Care.* London: Department for Health and Social Care.

Department for Health and Social Care (2019) *Guidance: Strengths-based social work - practice framework and handbook.* London: Department for Health and Social Care.

Dewar B and Cook F (2014) 'Developing compassion through a relationship-centred appreciative leadership programme'. *Nurse Education Today* 34(9), 1258-1264.

Doughty M and Gilbert D (2012) 'When patients become leaders'. *Health Service Journal,* 13 September.

Dutton JE, Worline MC, Frost PJ and Lilius JM (2006), 'Explaining compassion organizing'. *Administrative Science Quarterly* 51(1), 59-96.

Edinburgh Napier University and NHS Lothian (2012) L*eadership in Compassionate Care Programme*. Edinburgh: Edinburgh Napier University and NHS Lothian.

Elliott T (2017) *Embedding human rights in adult social care: Leaders' Briefing*. Dartington: Research in Practice for Adults.

Figley CR (1995). 'Compassion fatigue as secondary traumatic stress disorder: An overview' in Figley CR (ed.) *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. New York: Brunner/Mazel.

Flynn M (2012) *Winterbourne View Hospital: A Serious Case Review*. Gloucester: South Gloucestershire Safeguarding Adults Board.

Frost PJ, Dutton JE, Maitlis S, Lilius JM, Kanov JM and Worline MC (2006) 'Seeing organizations differently: Three lenses on compassion' in Clegg S, Hardy C, Lawrence T and Nord W (eds.) *Handbook of Organization Studies*: London: Sage Publications.

Gallop L and Hafford-Letchfield T (2012) *How to become a better manager in social work and social care*: *Essential skills for managing care*. London: Jessica Kingsley Publishers.

Guthrie L (2018) *Person-centred approaches to adult mental health: Frontline Briefing*. Dartington: Research in Practice for Adults.

Guthrie L and Blood I (2019) *Embedding strengths-based practice: Frontline Briefing*. Dartington: Research in Practice for Adults.

Hafford-Letchfield T and Chick NF (2005) 'Succession planning: Developing management potential in a social services department'. *Diversity in Health and Social Care* 3 (3), 191-201. ISSN 1759-1422.

Hafford-Letchfield T, Leonard K, Begum N and Chick N (2008) *Leadership and Management in Social Care*. London: Sage Publications.

Hafford-Letchfield T (2010) *Social Care Management: Strategy and Business Planning*. London: Jessica Kingsley Publishers.

Hafford-Letchfield T (2011) 'Sexuality and women in care organisations: Negotiating boundaries within a gendered cultural script' in 'Sexual identities and sexuality in social work: Research and reflections from women in the field'. Dunk-West, Priscilla and Hafford-Letchfield (eds.) *Contemporary Social Work Studies* 11-30. ISBN 9780754678823.

Hafford-Letchfield T, Lambley S, Polander G and Cocker C (2014) *Inclusive leadership: Learning to make a difference*. Bristol: Policy Press.

Hodson R (2001) *Dignity at work*. Cambridge: Cambridge University Press.

Hoffman ML (2000) *Empathy and moral development: Implications for caring and justice*. Cambridge: Cambridge University Press.

Hornett M (2012) 'Compassionate Leadership'. *British Journal of Nursing* 21(13), 831.

Haworth S, Miller R and Schaub J (2018) *Leadership in social work (and can it learn from clinical healthcare?)* Birmingham: University of Birmingham.

Kashdan T, Sherman RA, Yarbro J and Funder D (2013) 'How are curious people viewed and how do they behave in social situations? From the perspectives of self, friends, parents and unacquainted observers'. *Journal of Personality 81*(2), 142-154.

King's Fund (2013) *Patient-centred leadership: Rediscovering our purpose*. London: The King's Fund.

Lawlor J and Bilson A (2010) *Social Work Management and Leadership: Managing Complexity with Creativity*. London: Routledge.

London Leadership Academy NHS (Undated) *What's in my control?* London: London Leadership Academy NHS. Available online:
www.londonleadershipacademy.nhs.uk/sites/default/files/What_is_in_my_control-LAL1.pdf

Maben J, Taylor C, Dawson J, Leamy M, McCarthy I and Reynolds E et al (2018) 'A realist informed mixed methods evaluation of Schwartz Center Rounds® in England'. *Health Services and Delivery Research* 6 (37).

Mantell A and Jennings M (2016) *Nosey Parkers? Professional curiosity in nursing and social work*. Presentation at London South Bank University.

Munro E (2004) 'The impact of audit on social work practice'. *British Journal of Social Work* 34(8), 1073–1074.

National Skills Academy Social Care (2014) *The Leadership Qualities Framework For Adult Social Care*. Leeds: Skills for Care.

National Voices (2012) *Not the Francis Report: A National Voices report on how to ensure safety & quality*. London: National Voices. Available online: **www.nationalvoices.org**

Neff KD and Dahm KA (2015) 'Self-compassion: What it is, what it does and how it relates to mindfulness' in Ostafin B, Robinson M and Meier B (eds.) *Handbook of Mindfulness and Self-Regulation*. New York: Springer.

NHS England (2014) *Building and strengthening leadership: Leading with compassion field guide*. London: NHS England.

Nussbaum M (2001) *Upheavals of thought: The intelligence of emotions*. Cambridge: Cambridge University Press.

Research in Practice for Adults (2015) *Appreciative Inquiry in Safeguarding Adults: Practice Tool*. Dartington: Research in Practice for Adults.

Romeo L (2019) *Chief Social Worker for Adults' Annual Report: 2018 to 2019 – social work leadership in changing times*. London: Department for Health and Social Care.

Ryan P, Edwards M, Hafford-Letchfield T, Bell L, Carr S, Puniskis M, Hanna S and Jeewa S (2016) *Research on the experience of staff with disabilities within the NHS workforce. Project Report*. London: Middlesex University. Available online: **http://eprints.mdx.ac.uk/18741**

Shenaar-Golan V and Gutman C (2013) 'Curiosity and the Cat: Teaching Strategies That Foster Curiosity'. *Social Work with Groups 36*(4), 349-359. **www.tandfonline.com/doi/full/10.1080/01609513.2013.769076**

Spillet M (2014) *Leadership imbalance: Black and Asian leaders missing in action, a think piece*. Manchester: The Association of Directors
of Children's Services (ADCS) Virtual Staff College. Available online:
www.ppma.org.uk/leadership-imbalance-black-and-asian-leaders-missing-in-action

Sullivan WP (2016) 'Leadership in Social Work: Where Are We?' *Journal of Social Work Education* 52 (S1), S51–S61.

Tae-Won Moon, Won-Moo Hur, Sung-Hoon Ko, Jae-Woo Kim and Sung-Won Yoon (2014) 'Bridging corporate social responsibility and compassion at work: Relations to organizational justice and affective organizational commitment'. *Career Development International* 19(1),49-72

West M and Bailey S (2019) *Five myths of compassionate leadership*. London: The King's Fund.
Available online:
www.kingsfund.org.uk/blog/2019/05/five-myths-compassionate-leadership

West MA, Topakas A and Dawson JF (2014) 'Climate and culture for health care performance' in Schneider B and Barbera KM (eds.) *The Oxford Handbook of Organisational Climate and Culture*. Oxford: Oxford University Press.

West M, Eckert R, Collins B and Chowla R (2017) *Caring to change. How compassionate leadership can stimulate innovation in health care*. London: The King's Fund.

Yu-Wen Ying (2009) 'Contribution of self-compassion to competence and mental health in social work students'. *Journal of Social Work Education* 45 (2), 309-323.

Yuill C (2018) 'Paperwork, compassion and temporal conflicts in British social work'. *Time & Society* 0(0) 1–20.

Author Trish Hafford-Letchfield

With grateful thanks to: Paul Dugmore, Kim Holmes, Sharon Lambley, Jo Palmer and Ann Smith

Cover image iStock/sharply_done

Research in Practice for Adults
The Granary, Dartington Hall
Totnes, Devon, TQ9 6EE
tel: 01803 869 753
email: ask@ripfa.org.uk

Research in Practice for Adults is a programme of The Dartington Hall Trust which is registered in England as a company limited by guarantee and a charity. Company No. 1485560 Charity No. 279756 VAT No. 402196875 Registered Office: The Elmhirst Centre, Dartington Hall, Totnes TQ9 6EL

ISBN 978-1-911638-25-4

www.ripfa.org.uk