Understanding Hope From the Voices of Service Users and Providers Across Canada

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Abstract

Although Canada is home to the second largest non-profit and volunteer sector in the world, there is an absence of an overarching framework to guide human services (HS) delivery (Hall et. al., 2005; Rahmani, 2022). This paper documents the first phase of a three-year study that seeks to begin to bridge this gap by learning from both HS providers and users' narratives, specifically in relation to the topics of hope, self-compassion, and authentic collaboration.

The first phase of the research focused on the topic of hope via the following questions:

1. How do HS consumers and service providers meaningfully experience hope in the course of HS delivery within their lifeworlds?
2. How might these experiences inform a guiding framework for Canadian HS delivery?

A thematic analysis of surveys and interviews collected from six partner organizations across Canada revealed the following themes: 1) the importance of human connections; 2) the building and evolution of hope; and 3) the futurity of hope. These findings point out several implications for practice and research, including a need for human-centred training that focuses more on topics like sensitivity and compassion. Respondents, particularly the service providers, also spoke to the need for strategies and opportunities to take care of oneself physically, mentally, and spiritually. This call is especially prevalent in the wake of the COVID-19 pandemic and funding cuts across Canada. This study was funded by a three-year College and Community Social Innovation Fund (CCSIF) grant, which is managed by the Natural Sciences and Engineering Research Council of Canada (NSERC).

Introduction

Canada is home to the second largest non-profit and volunteer sector in the world (Hall et. al., 2005; Rahmani, 2022). Economic activity in the non-profit sector accounted for 8.5% of Canada's gross domestic product in 2017. This amounts to a total of 169.2 billion dollars (Statistics Canada, 2019). Human services (HS) comprise almost two thirds of the workforce in this sector (Hall et. al., 2005). This workforce is also multidisciplinary, as it encompasses many fields and levels of commitment aimed at improving the quality of life of individuals, families and communities in and through service delivery participation (Healy & Lonne, 2010; Kincaid, 2009).

Although a core tenet of HS delivery is the provision of services that promote a higher quality of life among users, a gap remains when it comes to an overarching and cross-disciplinary guiding framework to root service provision principles across Canada (Fine & Myers, 2007). This research seeks to address this gap through three interrelated 1-year projects exploring the notions of hope, self-compassion, and authentic collaboration.

This report documents the first phase of the research, which specifically focused on the theme of hope. The research questions are as follows:

1. How do HS consumers and service providers meaningfully experience hope in the course of HS delivery within their lifeworlds?
2. How might these experiences inform a guiding framework for Canadian HS delivery?

Literature Review

In his book *The pedagogy of hope* (1996), Brazilian educator Paulo Freire presents the notion of hope as a "natural, possible, and necessary" human characteristic that "begins as knowledge and with time, transforms into wisdom" (p.58). It is through this knowledge and wisdom that individuals can share and transmit hope, particularly in relation to life experiences that may seem bleak. Anderson (2006) also writes about the transmission of hope and asserts that it entails processes of becoming and being; it takes place as "transindividual affectivities which move between bodies" and "emerge[s] through processes of qualification...that are directed towards the future" (p. 741).

Bishop and Willis (2014) conceptualize hope in the everyday context as an ubiquitous component of people's lives. For them, hope is subjective and carries differing meanings depending on the person(s) addressing it and how they internalize their lived experiences. Hope could serve as a feeling of aspiration to draw upon when all else seems lost. Benzein, Norberg, and Saveman (2001) also view hope as an aspiration and add that it refers to the idea or desire that there are better days to come.

Luo, van Horen, Mellet and Zeelenberg (2022) acknowledge that definitions of hope in the academic literature are variable and without a general consensus, partially because of their interdisciplinarity and ubiquity. However, they also assert that there are some important considerations that may help shape a working definition of hope. Drawing from an analysis of over 100 peer-reviewed journal articles defining hope along with their own five studies involving a total of 1033 participants, Luo and colleagues conclude that there are some key divergences in its conceptualization. They share that hope is both a cognitive and emotional concept, and that it encompasses the notions of desire, possibility, coping, belief, and faith. As such, they put forth their definition of hope as the "belief that a positive future outcome is possible *combined* with a desire for that outcome" (p. 12).

This wide-encompassing understanding of hope illuminates people's aspirations, goals, and at times, agency towards a pathway into the future (Snyder et. al., 1991). Bruininks and Malle (2005) add the dimension of desire and understanding of possibility. They assert that there is a difference between positivity or optimism and hope; while people may be optimistic about an outcome that is possible, they may hope for an outcome that is not as likely but may be possible. This distinction points to different degrees of people's conceptualizations of what is possible and how they think about that possibility.

In the human services delivery field, it is crucial to understand the various conceptualizations and manifestations of hope, especially given the many fields, domains, and people that it impacts. This understanding can help inform human service providers with human-centred skill sets to assist their clients. While each person understands and experiences hope differently, it is also important to note that these understandings and

experiences are also contextual and fluid. In other words, each person's days carry with them different high and low points across time and space. Paying close attention to the experiences that both HS providers and users share can provide useful insights for the human services delivery field to develop more human-centred frameworks.

Methodology
Phenomenological hermeneutics
The commitment to paying close attention to the lived experiences of both HS delivery providers and consumers is theoretically grounded in phenomenological hermeneutics, which centres on the researcher's responsiveness to the participant(s) and the words that they share. Aslaigh and Cloyne (2021) draw from Gadamer (1976) and assert that this theoretical approach extends beyond connecting with participants to learn about their experiences. Phenomenological hermeneutics also serves as an avenue through which participant narratives illuminate the "unseen" as well as the "conditions in which understanding, perception, experience and knowing itself takes place" (p. 1610). In order to obtain what Heidegger (1962) terms a "clearing" of understanding, however, the researcher must acknowledge their own "horizon" of understanding the world and at the same time, become closely attuned to the sounds, words, and expressions as shared by participants (Gadamer, 2003).

Data collection methods
Conducting qualitative research via a phenomenological hermeneutic approach necessitated data collection methods that utilized open-ended questions to facilitate participants' narratives. These narratives were crucial to providing the study with a rich data set that would illuminate both the participants' experiences and the researchers' understanding of the key principles necessary to establish a much-needed consumer-informed and compassion-based HS framework in Canada. As such, the study utilized in-depth interviews as well as online surveys guided by open-ended phenomenological questioning.

Participant organizations
While eight organizations were originally enlisted as partners, circumstances related to COVID led two of them to withdraw from the study. In the end, six organizations were represented in the data collected for this phase of the research. These organizations were:

- Family Transition Place, Orangeville ON—a women's shelter committed to addressing gender-based violence and the promotion of healthy relationships
- Heartache2Hope, Oakville ON—a support centre for people who have lost a loved one to suicide
- Hope Resource Centre Association, Westlock AB—a support centre dedicated to building community as well as addressing domestic violence, abuse and trauma
- Southwest Nova Transition House Association—Juniper House, Southwestern NS—a shelter for women and children experiencing domestic abuse
- Wellspring Cancer Support Foundation, Toronto ON"cancer support programming and resources for people in the Toronto area
- Wellspring London and Region, London ON—cancer support programming for people in the London area

The diversity of services provided by these organizations mirrors the characteristically varied character of HS across Canada in terms of target population, types of resources and programming, and professions involved in providing services. The processes of collecting data from both service providers and users also facilitated a variety of perspectives to inform this study.

Participant recruitment
Participants were recruited in a variety of ways and in conjunction with the partner organizations above. The Co-Principal Investigators worked with the organization's liaison to present at staff meetings and share postcards with the study information and website where prospective participants could learn more about the research and either complete a survey or schedule an interview. The liaisons at some of the organizations also personally assisted with recruitment efforts by emailing their listservs with the study details. Some of them also hosted full-day events so that interested persons could sign up for interviews with one of the Co-Principal Investigators. Across the two data collection methods for which there was complete data, 42 participants self-identified as service providers, and 67 participants self-identified as service users.

Interviews
In-depth interviews with participants who self-identified as either service users or consumers were conducted between the winter and spring of 2022. The interviews were conducted either in person, on the phone, or virtually. The in-person and telephone interviews were audio-recorded

using a portable recorder. The virtual interviews were also recorded, but whether they were recorded as audio only or with the cameras on was contingent on the participant's preference and consent. All interviews were then transcribed onto Word documents and entered into Qualtrics. A total of 66 people representing the six partner organizations listed above participated via this data collection method, which entailed demographic questions for administrative purposes along with questions on experiences with hope before, during, and after participating in the program. Out of these, 20 self-identified as service providers and 46 self-identified as service users. To provide the study with details to inform a guiding framework for HS, participants were also asked for their perspectives on the organization's strengths and how it could further strengthen service delivery.

Online surveys

A total of 43 surveys were collected between March 2021 and 2022. Out of these, 22 were completed by self-identified service providers, and 21 were completed by self-identified service users. The publicly available and web-based survey was created using Qualtrics and was made available both as a link that was shared with prospective participants and on the research website shareyourstories.ca. Like the interviews, the survey began with demographic questions and then progressed to phenomenologically guided open-ended questions intended to facilitate participants' sharing of experiences via their typed responses in the provided text boxes. This design was intended to provide greater access to participants in relation to timing and format. This design has also been successfully applied in other research projects seeking to develop phenomenologically rich data using open-ended survey design (see for example, Nickerson-White, 2019, and Woods et. al, 2015).

Data Analysis

As mentioned in the above section, all surveys were web-based and collected using Qualtrics, which was set up to organize the incoming data according to question. Each interview was transcribed verbatim onto a Word document and then uploaded to Qualtrics question by question for later analysis.

Given that the goal of the research was to understand the human phenomenon of hope through a phenomenological hermeneutic approach (Ajjawi & Higgs, 2007; Gadamer,

1975), the preliminary data analysis stage necessitated that the research team immerse itself as fully as possible into the data as a whole. This process involved several individual readings followed by a discussion of what elements of participants' experiences, words, and expressions stood out the most. This initial process was necessary for the research team in order to avoid inserting each person's own standpoints and instead, collectively work towards "a clearing" in understanding the participants' experiences (Heidegger, 1962; Sutton & Austin, 2015). In other words, this collective process assisted with attempting to "get underneath" what participants share in order to discern meaning (Larkin et. al., 2005; Oerther, 2020).

Academics engaging with phenomenological hermeneutics have noted a lack of clarity regarding procedures for analyzing data (Fleming et al., 2003, cited in Alsaigh & Coyne, 2021). This uncertainty also emerged in this study, as questions arose about how the research team would know if its members meaningfully engaged with participants' "horizons" as Gadamer advised. This uncertainty was also met with initial reticence to use a rigid procedure for data analysis, especially in light of the work of other academics like Moules et. al. (2015), who consider a pre-determined structure as contrary to the open-ended nature of phenomenological hermeneutics (Alsaigh & Coyne, 2021). However, given the vast amounts of data that required interpretation and dissemination, it was necessary to determine some sort of analytical structure.

As such, the research team drew from a framework used by phenomenological researchers Ajjawi and Higgs (2007), which involved a deep immersion of participants' words followed by connections to researcher understandings and the existing academic literature. This centrality of attention to the participants necessitated coding strategies based on participants' "horizons" and how they constructed their lived experiences through the stories they shared. For the first of these two cycles, in vivo coding was used. This coding strategy was intended to pay close attention to the verbatim terms, words, ideas, and expressions as shared by the participants (Onwuegbuzie, Frels, & Hwang, 2016; Saldaña, 2016). The second of these two cycles was focused coding, which facilitated the grouping of frequent in-vivo codes from the first cycle. This process facilitated a clear representation of the frequency of particular words

and phrases shared by participants, which in turn led to the three themes discussed in the Results section.

Because of this study's commitment to phenomenological hermeneutics and the centrality of participants' voices, the section that follows includes excerpts of what they shared without any editing for grammar or syntax. This is a means of preserving the participants' "horizons" in relation to their lived experiences. However, it must be noted that any specific names that were mentioned have been removed to maintain anonymity and confidentiality.

Results

An analysis of the surveys and interviews revealed three interrelated themes: 1) the importance of human connections; 2) the building and evolution of hope; and 3) the futurity of hope. Each of these three themes are discussed in detail below.

Theme 1: Importance of human connections

While the HS field is immense in Canada and around the world, much of the focus tends to be on the actual services provided rather than the ways in which they are provided. As one respondent indicated, oftentimes seeking services related to their health may feel "clinical" or "sterile, like getting evaluation at a hospital." She also shared how the human aspect of services, or rather, how service providers worked with consumers by "being inviting, warm, … and empathetic" was crucial to her sense of hope. Such commentary illustrates the ways in which the genuine sense of *how* services are delivered are just as important as the types of services provided.

The initial contact

While the participants represented organizations offering different services, their responses to the question about their initial connection with said organizations revealed a desire for support. For some participants, their purpose for the initial contact was to obtain resources and information about the issues they were experiencing, such as breast cancer or domestic violence. One participant shared how she first wanted to use the organization's "library to educate" herself more about her issue before talking to someone else about it. For many others, however, the initial connection was informed by word-of-mouth from former service users or from practitioners with whom they had been

in contact. This process in itself served for some as a means of meeting other people who had experienced similar issues and with whom they could interact. One participant shared that she "just needed to touch base with people that were going through what I was going through." This statement is people-centred, and points to the potential impacts of interacting with others who could share their experiences and advice in ways that practitioners may not be able to. Another participant shared a multi-layered purpose for connecting with an organization for cancer support. She said that:

> *My whole purpose in going there [to the organization] was hoping that they would help me get through the emotional and physical issues. And the other part I was hoping for was the socialization with people that were going through the same process. You know a lot of people say we understand or we know what you're going through, so [organization] with their social and group discussions helped me cope with the emotion I was going through.*

This data excerpt illustrates some of the ways in which HS can be dynamic, interactive, and self-determined. These processes move away from commonly-held assumptions of HS as a one-on-one and unidirectional operation in which the HS provider is the expert and the HS consumer is the recipient.

Ongoing support within the organization's programs

The nature of the programming within the partner organizations was also cited as a significant contributor to the participants' feelings of hope. As one participant noted, the use of art therapy at the organization helped her to shift her focus away from her cancer and to connect with both people and the art. When asked about her experiences of hope when receiving services, she indicated that:

> *It's just like "oh wow!" I found before your hope went up and down with the medical treatment, that was the only thing drawn on but when I kinda look at the—for instance I started the art therapy program. I thought what was kinda good was that it wasn't really focused a lot on the cancer, like we weren't really talking a lot about that and more about social and things springing up and it was more positive focused, which I thought*

was just really good for me at that time. To have some positive experience through art therapy.

This experience also illustrates that setting a positive tone and providing service users with various tools such as art in addition to spoken communication can provide a sense of psychological safety and relief from stress, anxiety, and fear. These words also mirror Bilgin, Kirca, and Ozdogan's (2018) research on art therapy with cancer patients, which outlines how thoughtfully implemented art therapy can help support physical and psychological healing, creativity, and quality of life. This research also asserts that this type of service can only succeed if informed by the characteristics and needs of the clientele. Such a point is reflected in another service user's comments in reference to the question about how she came to feel hope when receiving services when she mentioned that:

> *They're very direct and very individualistic. So there's nothing by rote. It's all very honest. Does that make sense? They don't beat around the bush. They know [name of service user] would do it this way and [name of other service user] would do it that way, and that's all fine and dandy...So you don't feel like you're talking to you know, just a mechanical "well yes, we have this program." Yeah, they bring it down to "what are your interests?"*

The COVID-19 pandemic also greatly figured into the experiences of several participants. One service provider noted that upon joining her organization she recognized a gap in service accessibility for people living outside a particular set of communities. As such, she created a plan for virtual services. She added:

> *It would've been in Fall of 2019 and then the pandemic happened in like, March of 2020. So it meant for us what we had put in place as far as that strategic plan with the virtual services, became a reality very quickly, mobilized into early 2020 and so it thrust us into that and as a result we were able to do that massive outreach in communities because it was virtual now. And so it really connected people and gave people a place where they felt they belonged.*

The timeliness and comprehensive planning for virtual programming helped provide greater access to service users. This quick pivot to online programming did not go unnoticed by service users. As one service user shared that despite the COVID shutdowns, the organization was "so quick to get on board with Zoom classes, Zoom meetings. There was always a phone call...Art therapy was done by zoom...They've been fantastic...And initially I was resistant to doing stuff by Zoom." Another service user who lived a 45-minute drive away from the organization indicated that the virtual format allowed her to benefit from "more programs out this way and sign up for everything." She also shared that the continued availability of different offerings led her to "have hope looking forward to the next program." The words of these two participants demonstrate that while the world is resuming to more fully in-person programming, maintaining an ongoing availability of virtual services can continue to benefit those who may not live in close proximity to the organization.

Theme 2: The building and evolution of hope

As indicated in the discussion of the first theme, the human connections at first contact and thereafter contributed to the participants' feelings and experiences of hope, particularly if they were "at a difficult place". According to one survey respondent and service user who lost a loved one to suicide, "hope played a huge role" in helping her to "cry and not be judged...and understand why [she] was feeling the way [she] was." For her, hope was a foundation from which to build a "new normal."

Another service user indicated in his interview that the "escalating" "chaos" related to a "painful experience" made it difficult for him to feel any sense of hope at first. However, his cousin's wife's referral to a HS provider helped him to feel an initial sense of hope and build it from there:

> *When I realized that [HS provider] did believe my story, and she was going to help me. I could tell, by the way she did her job that she could do it well, the second I knew, she was going to help me, oh it was insane. It was a good feeling...She saved my life.*

This service user also shared how his lack of hope impacted his relationships and interactions with others, and how the HS provider's support helped him with that as well:

It was affecting all my life. My dad, he's going through cancer treatments, right now. So I have been making a trip to take him to those treatments and then helping out on his farm during like you know. So, I was neglecting a lot of other things I was doing. I was kind of falling into like, doing nothing and just like, being by myself kind of thing. And I was neglecting other people that didn't need my help...So, her kind of piecing together my life back together and get it under control made it, so I can.

He also illuminated how personalized and knowledgeable HS delivery can help strengthen how HS users experience hope when he indicated that finding "a resolution for that specific situation" and knowing what decisions to make "based on that moment, and what we needed for that situation" was "extremely helpful". This service user's commentary highlights the powerful ways in which HS delivery can extend beyond the actual services in themselves and bring about a sense of hope that in turn helps people reclaim their lives, relationships, and aspirations for the future.

Another service user also reported the importance of recognizing the ebbs and flows of hope and the ways in which it figures into lived experiences. As she shared:

It's really important to have hope and to accept that your hope changes as your life goes on. I guess whether you're ill or not ill, as you get older even if you weren't sick, you'll still be hoping that you know your partner didn't die or that your children still came to visit you. We're always hoping, I guess not everybody. I'm trying not to speak for everyone but I think most people have hope for something, whether it's a realistic hope or not. So you have to recognize your feelings, and this is stuff I learned through [Organization]. Recognize, "I feel really sad", or "I have anxiety". Feel it, but don't stay there.

Such sentiments illustrate the various ways in which hope plays a role in people's lives, and that it can sometimes be mobilized according to personal needs. These sentiments also echo Freire's (1996) idea that hope is a core human experience that is felt and pined for, but with a sense of fluidity.

HS providers also shared their own powerful stories of feeling hope, even with the knowledge that some service users were approaching the end of their lives. When asked to share an experience of hope while providing services, she recounted an episode that occurred during a retreat facilitated by her organization:

There were 4 people that were very very sick, and I remember thinking to myself, "those guys aren't going to be here next year," and in that moment of how beautiful it was that they were there with their spouses. They were having a sort of one last romantic getaway. They were connected with other people who knew the challenges of taking their loved ones to the bathroom or whatever it was, and I just thought "I am so grateful that I was able to provide this for them, that this is something they'll at least have." And you know, 3 of them passed away within probably about a 7-month period after that.

Such commentary on the quality of care and experience mirrors Anderson's (2006) and Anttilla's (2019) points that hope is not merely an individual set of feelings and experiences but rather a dynamic flow that moves between and among humans. In turn, this transpersonal movement "stirs and energizes individuals and communities'' (Anttila, 2019, p. 64). The HS provider above also brings in the idea of hope as an energizer when she recounts hearing a couple talking about their upcoming wedding and thinking "how brave that was to still be thinking of a wedding and going forward knowing that the, you know, but it was so impactful because it was just so joyful in that moment."

Her comments also connect to Freire's (1996) notion of hope, which points out that it does not exist as a single independent entity but rather as a connecting force that ebbs and flows according to material and social interactions. This point is especially evident when she answers the question about what it feels like to have hope when providing services:

I think for me, again, it may sort of be tied to optimism, it's tied to support and connection and love really. Those are the things that—like knowing I have an amazing team, like for me on days when my energy plummets and I can't even get out of bed, I know that I just need to send a message to [colleague] and say "it's a really bad day, I can't stand for any length of time" and so she's like "whatever you need". So I think

it comes from knowing I got your back, that feeling of connectedness and support—both ways for like my staff and volunteers.

This service provider's detailed narrative emphasizes the various ays in which hope is experienced to varying degrees across various contexts. Her words also highlight how meaningful and supportive relationships can help to build a positive sense of hope when in times of need. These details provide useful insight in learning more about the roles of authentic relationships in the HS field, both for service providers and users.

Theme 3: The futurity of hope: Commitment to helping others also experience hope

Across the surveys and interviews, both service providers and users expressed the importance of sharing hope with others. When asked about whether they feel hope in their line of work, a service provider shared the following about her job: "it gives me...I get more than I give. I think it's to do with connection, with people...trying to provide encouragement." Another service provider expressed a "pay it forward" type of thinking and shared how her own experiences with obtaining support when she had cancer motivated her to also help others (Atsumi, 2014). She mentioned that "what really inspired me was I just wanted to carry on doing something positive for people."

One interviewee who spoke about both her experiences as a service user and provider shared the following when asked about her feelings of hope:

To give back with a full heart is to advocate for myself and for other people that are currently going through it...The value of it when someone else can read my story and say "OK, I'm not the only one"...Because like, just like the sharing of information and like, the dissemination, right? And even as you touch people's lives when you're volunteering. You know, it's a lot different than money.

Her words point out how engaging, authentic, and human-centred services can inspire people to want to give back and help others in ways that monetary contributions cannot. Her words also emphasize reciprocal processes of affect and transition that offer "good relations" as well as a

"renewed feeling of possibility" for others (Anderson, 2006, p. 744; Atsumi, 2014). As she indicated, there is a great value when someone else can learn from her experiences with cancer and know that there are supports available to them that come from people who have also been through similar circumstances.

As one survey respondent noted, it is important to consider not only what job duties are carried out, but also *how* and *why* they are carried out. When asked about her feelings of hope when working with service users, she indicated that:

I experience hope every time I work with one of my clients. If I wasn't hopeful that they could survive their circumstances, I would not be doing my job properly. I am always hopeful that they are willing to embrace change, that they are willing to explore and manage their trauma in healthy ways. I am hopeful that they can find and/or reach out to supports, and that they have the strength to be consistent and to make the best choices for themselves. If I didn't have hope in my clients, I wouldn't be able to encourage them through their journeys. And even if things don't turn out as planned right away, I always need to be hopeful that clients will one day accept the help, that they will break the cycle, and that they will do what's best for them.

This survey response illustrates how service provision that is intentional has the potential to impact both in the short and long term. It also highlights the ways in which the varying roles of hope across time and space can help to empower service users long after they leave the organization's programs. As evidenced through the above quote, the everyday happenings in the HS field involves multiple interactions with a multitude of people experiencing different things. To quote the respondent, these interactions constitute the "journey" of HS delivery and use. While one interaction may comprise an intake session, another one may involve a deep exploration of the service user's trauma. To quote Anderson (2006), each of these interactions form "a transindividual *beginning again* that reanimates the present" (p. 745). At the same time, they also point to a more positive and hopeful future that calls attention to how hope can emerge and be nurtured through human relationships and interactions. These interactions and the words of the survey respondent also call attention to the phenomenology of *how* HS providers and users think, feel,

Discussion and Implications
Implications for HS practice

As the participants' narratives tell, there are various implications of this research on future directions for practice in the HS field. Many of them shared their stories of how they came to be connected to the partner organization, but also emphasized that it was the ongoing human interactions that helped them to build and strengthen their feelings of hope. When asked about recommendations, participants also shared that training regarding interpersonal approach, language, and human-centred intervention strategies were key to these processes of building hope to "keep going" towards a more positive future. One interviewee observed that the HS domain involves the medical field, and suggests that:

> There must be more of an approach at the hospital level. There needs to be somebody there to catch you when you come wandering out of the breast clinic, for instance. The medical world needs to know that...it needs to be more than a small business card tucked in a binder.

Such commentary can help inform how HS organizations and educational institutions take up the methodology and strategies involved in providing compassionate services. As one service user shared during an interview, this learning should also involve contemporary understandings about the structural inequalities that people from marginalized groups face. As he indicated, young people questioning their gender identity while living in conservative communities especially need "to not be judged." Another service user indicated in his survey response that there continues to be "criticism of DEI in general...reading some negative comments in our webinar chats, and in our feedback forms caused me to struggle with a loss of hope." Nonetheless, he indicated that he still believed that it was highly important to draw from his previous experiences helping "minorities struggling to fit in...and learning...about how orgs are working to be more inclusive of neurodivergent individuals." His points illustrate how an awareness of the different nuances of hope can impact both service users and providers. They also highlight the need for organizations to be keenly aware of their language, ideologies, and programming, along with strategies for addressing potential public negativity. This awareness is especially key for organizations dealing with issues of diversity and anti-oppression, such as gender-based violence, racism, and disability.

It is important to acknowledge that understanding the needs of the service user base is not only efficient for service delivery but also a necessity for capturing its effectiveness according to consumers of that service (Patton, 1994). By providing partners with results revealing how service users recognize and experience the foundational elements of hope, service providers will have the opportunities to integrate these learnings into their service delivery practices and share this foundational knowledge with their stakeholders and other human service organizations. Strengthening service delivery in the HS sector, based on the evidence-informed utilization-focused realities of consumers, will positively impact levels of efficiency and effectiveness in ways that are meaningful to consumers.

At the same time, it is crucial to consider the high levels of social and emotional labour involved in human services, especially for the service providers. As one interviewee said, "being in, you know this line of work, you can come across people being aggressive, from traumas and life experiences that have shaped them to respond in a way that is not the easiest to take head on." However, she was also attuned to her own physical and emotional reactions to her work, and engaged in self-care by refocusing before taking her next step. She shared that:

> I needed to attend to my own inner experience at that time because so much of the work that we do in this field is that, if we are not feeling hopeful and you're not feeling like this is a hopeful situation, it definitely will colour and impact the kind of services we provide.

Another service provider also shared insight into the ways in which working at a small organization in a high-needs area and with small amounts of funding can lead to various types of physical, mental, and emotional stress. She indicated that losing out on a major grant led her to "think of innovative ways to keep us, you know, operational. So I contracted staff, I removed the benefits, holiday pay, sick days, all that stuff...and we can get our work done." Such challenges in the non-profit human services sector are

not new in Canada, as evidenced by Elson (2016). Phillips (2016) indicates that:

> fiscal restraint and by neoliberalism that favoured smaller government, market-based instruments, and stricter accountability, government funding for nonprofits was reduced dramatically and operating grants were replaced by fee-for-service contracts, leading to enormous instability, increased competition, and greatly expanded administrative loads (p. 3).

It is important to consider that while hope is a major element in how service providers operationalize their job responsibilities, the systemic circumstances surrounding their work can become overwhelming. The comments above highlight how the intense nature of HS labour within a fiscally constrained context can potentially create situations of despair and hopelessness, decrease the effectiveness of HS delivery, and in turn, decrease the levels of hope extended to service users.

Implications for HS research

The double-method approach to this study illustrates how providing people with choice can increase accessibility for those who are interested in sharing their stories. The surveys allowed participants to interact with the phenomenological questioning on their own schedule and take their time with reading, processing, and then answering the questions. The researchers do acknowledge, however, that this approach is not as interactive as the interviews, and that answering the open-ended questions could be challenging for participants who may find it difficult to type out their stories in one sitting. The interviews did provide real-time opportunities for participants to share their "horizons" related to hope in the course of HS delivery using the words, expressions, pauses, and gestures as they saw fit. Such human-centred data gathering remains true to the goals of phenomenological hermeneutics, which is for the research to be: (1) oriented towards the phenomenon of hope as lived by the individual participant (van Manen, 1990); (2) provide for the possibility of a participant's unique experiences as situated from their horizon of understanding (Hoiseth & Keitsch, 2015); and (3) encouraging to a diverse range of insights (Creswell, 2013) into how the phenomenon is experienced and is meaningfully understood for what it is by them.

This research documents co-created experiences based on the lives of the HS users and providers. They are the ones who theorize and share their experiences. The information gleaned from their stories will provide the results necessary to illustrate what shapes experiences of hope in the course of HS delivery. Once established, HS organizations and the providers working within will have an evidence-based and practical framework that is reflective of lived experiences, rather than that of an academic theory or specialist with a different lived reality.

In the long term, this research will also impact how HS delivery and programming are taken up within the contemporary professional peer-reviewed literature base. Although HS is an established generalist and interdisciplinary field of study, there continues to be a gap in the research when it comes to better understanding the roles of hope. The results of this phase of the research in the academic literature will begin to bridge that gap and spur contemporary discussions about the necessity of consumer-informed and consumer-centred HS delivery that intentionally seeks to integrate the building of hope. This first phase of the research also provides a foundation for the remaining two phases, which will address self-compassion and authentic collaboration. The research questions for phase II are: How do HS consumers and service providers meaningfully experience self-compassion during HS delivery? And how is hope implicated in HS consumer and service provider lived experiences of self-compassion during HS delivery? Indeed, some of the results from the first phase of this study have begun to point to the notions of self-compassion. To draw from data presented in earlier parts of this paper, multiple service providers shared that the human services industry can also be emotionally laborious, and that there is a need to "attend to [one's] own inner experience" and to "think of innovative ways to keep... operational." Such insights are valuable for beginning the creation of a framework that considers the humanity of both service providers and their capacity to effectively support service users. The joint attention to the roles of both service providers and service users will be especially pertinent to phase III, which will focus on the questions: How do HS consumers and service providers meaningfully experience authentic collaboration during HS delivery? And how is hope implicated in HS consumer and service provider lived experiences of authentic collaboration during HS delivery? And how is self-compassion implicated in HS consumer and

service provider lived experiences of authentic collaboration in the course of HS delivery? Taken together, this research seeks to provide the evidence necessary for establishing consumer-informed guiding principles for the construction of a human-centred HS delivery framework. Recommendations for implementing this framework in the Canadian non-profit and volunteer sector will provide a pragmatic outline necessary for organizations to refine HS provision in ways that are characteristically responsive and consumer-informed.

Conclusion

The shift to more human-centred services offers an array of opportunities for the development of hope among HS users. Among these opportunities are more meaningful human interactions, the development of community, and a renewed sense of positivity, and in some cases, coping towards the future. The participants' narratives also emphasize that HS can only be impactful if they are delivered with intention, empathy, and deep knowledge about the issues they seek to address. They also emphasize a commitment to share their experiences with other service users as a way of "paying things forward" and helping them feel supported. Accessibility to services through elements like ease of access to HS personnel and virtual programming was also noted as an important factor in helping HS users feel and build a sense of hope.

It is also important to note the challenges that come with HS work. As one interviewee mentioned, HS delivery often involves working with vulnerable populations who have experienced trauma and stress. In turn, this ongoing contact coupled with heavy workloads and limited resources can negatively impact the well-being as well as the effectiveness of the HS providers. Such challenges are also noted in the academic literature and are important to consider in HS programming and planning (Jones, 2000; Siril et. al., 2020).

In conducting this research through a phenomenological hermeneutic approach, the results offer a human-centred and HS-user-focused lens to HS delivery. The results also suggest that the building of hope in HS delivery requires continuous relationship building and meaningful interaction. Taken together, the voices of both HS providers and users co-construct a deep, complex, and meaningful "horizon" about hope that can inform future program planning in the field.

Conflict of Interest

There are no conflicts of interest to declare.

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