
Report To:	Health & Social Care Committee	Date:	10 January 2019
Report By:	Louise Long Corporate Director, (Chief Officer) Inverclyde HSCP	Report No:	SW/05/2019/HW
Contact Officer:	Helen Watson Head of Service Strategy and Support Services	Contact No:	01475 715285
Subject:	COMPASSIONATE INVERCLYDE EVALUATION		

1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Health & Social Care Committee of the independent evaluation report from Compassionate Inverclyde. The evaluation was undertaken by the International Centre for Integrated Care, based at the University of the West of Scotland, and was commissioned and funded by Macmillan. The evaluation was directed to review learning from, and consider the impact of, Compassionate Inverclyde.

2.0 SUMMARY

- 2.1 The evaluation report considers the following questions:

- What is Compassionate Inverclyde?
- What did it set out to do, and how have its aims and aspirations expanded?
- How has it grown over time, and what has enabled this growth?
- What is it like to be part of Compassionate Inverclyde?
- What is Compassionate Inverclyde known for doing well?
- What difference is it making?
- What challenges have been faced or overcome, and how?
- What can others interested in adopting this type of approach learn?

The substantive report also details some of the positive outcomes that the programme is delivering, for participants and for recipients of the various strands of support that characterise Compassionate Inverclyde.

3.0 RECOMMENDATION

- 3.1 It is recommended that the Committee notes the independent evaluation of Compassionate Inverclyde, and recognises the value of the grassroots approach that has turned a project into what has been described as a social movement.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

- 4.1 In 2016, Ardgowan Hospice provided initial funding to develop Compassionate Inverclyde. A partnership between the HSCP, Ardgowan, Macmillan, CVS and Your Voice was formed through the creation of a Board, and in 2018 the HSCP and Ardgowan agreed to jointly lead and fund Compassionate Inverclyde (CI). CI has grown to become an award winning and inspirational social movement that is helping to transform attitudes and everyday practices around loneliness, social isolation, death and bereavement across Inverclyde. The ethos is fundamentally about local people working alongside existing formal services enabling ordinary people to do ordinary things for ordinary people, tapping into our desire to be kind, helpful and neighbourly. Relationships are at the centre, as are shared values that enhance community, relational and individual wellbeing. Ordinary people are part of a dynamic, growing and largely self-organising social movement of fundraisers, volunteers, befrienders, companions, community cafes, compassionate schools, businesses and neighbourhoods. All actions affirm that caring for one another at times of crisis and loss is everyone's responsibility.
- 4.2 The Compassionate Inverclyde evaluation was commissioned by Macmillan to review learning and see how the process is developing, and if this could be replicated across the country. It undertook in-depth study of the learning, based on information from those involved in CI, including those receiving support, those involved in the development, and those involved in the delivery. This was done to try to identify the essential aspects of the programme that led to or contributed to its success. A suite of research questions was developed, specifically:
- What is Compassionate Inverclyde?
 - What did it set out to do, and how have its aims and aspirations expanded?
 - How has it grown over time, and what has enabled this growth?
 - What is it like to be part of Compassionate Inverclyde?
 - What is Compassionate Inverclyde known for doing well?
 - What difference is it making?
 - What challenges have been faced or overcome, and how?
 - What can others interested in adopting this type of approach learn?
- 4.3 These questions aimed to formalise the learning from an informal, organic programme that was shaped by the values that Compassionate Inverclyde's participants brought.
- 4.4 The evaluation identifies that Compassionate Inverclyde has taken a new Public Health approach by drawing on assets-based thinking.
- 4.5 In mapping actions to outcomes, the evaluation considers some tangible elements such as the contribution that aspects like Back Home Boxes and Compassionate Inverclyde as a whole might reasonably be expected to make to specific indicators for readmissions to hospital, delayed discharge from hospital, and the time spent at home or in a homely setting in the last six months of life. It also considers the contribution that No One Dies Alone, the High Five Programme and Back Home Visitors make to the delivery of the national wellbeing outcomes.
- 4.6 The evaluation also considers some of the less quantifiable aspects such as leadership, engagement and the programme's contribution to improving wellbeing. It also acknowledges that by having multiple streams, Compassionate Inverclyde offers a rich variety of volunteering opportunities to match a wide range of skills, experience and volunteering capacity.

5.0 CONCLUSIONS

5.1 The evaluation makes the following observations:

- Compassionate Inverclyde is first and foremost concerned with ordinary people doing ordinary things for ordinary people to enhance the wellbeing of all local people, their relationships and the community as a whole.
- It centres around the values encapsulated in its logo, of being compassionate, helpful and neighbourly, with kindness increasingly emphasised as the super-nutrient for all.
- It is not policy driven yet aligns with multiple national and local policies, bringing to life the qualities and characteristics advocated by the overarching Scottish approach to public policy.
- It does not espouse allegiance to or use the language of any leadership philosophy yet embodies the tenets of many and the key ingredient in this regard is humility.
- It was not driven by governance or procedural considerations, but loose supportive governance arrangements ensure compliance with all requisite procedures in a seamless way.
- It has not subscribed to a particular methodology or model of spread, yet its growth and reach have captured the attention of many onlookers.
- It purposefully rejected the imposition of a performance framework, instead listening to and placing its faith in the community, guided by intrinsic community values and four key objectives which were not rigidly adhered to but have evolved with learning on the ground.
- It did not start with predetermined outcomes but allowed space to see what outcomes were generated; as it happens, individual outcomes respond to many existing evidence-based Scottish outcomes frameworks for adults and for children and young people (SHANARRI) as well as new distinct outcomes relevant to loneliness and bereavement.
- They align with our new National Performance Framework.
- CI puts relationships at the centre and recognises that community is much more than the sum of individuals who live within it.
- It values community, relational and individual wellbeing as an end in itself and not merely something that may help to alleviate health and care system pressures, yet system contributions can be inferred.
- It has made significant difference to the wellbeing outcomes of those who have received support, as well as those of the helpers and companions.
- What is most striking about Compassionate Inverclyde is its success in bringing together local people of all ages and from all walks of life in an unprecedented way.

5.2 The report also lays out a potential blueprint for developing similar programmes elsewhere, by formally describing how the conditions for Compassionate Inverclyde were created, and outlining the design principles. It also highlights the knowledge exchange visits that have taken place, as well as the action learning that has been facilitated through the International Centre for Integrated Care, and how this in turn has helped to shape the compassionate communities movements in Spain and Latin America.

5.3 At the time of the evaluation:

- 82 No One Dies Alone (NODA) Companions have been recruited and trained, and a peer support network has been established.
- All Inverclyde care homes are signed up to NODA.
- NODA training has been given to IRH staff, to help them understand the importance of NODA to patients and families.
- The Back Home Boxes (BHB) programme has 45 Helpers, who delivered 1,310 boxes in the first year. All of these boxes included get well soon cards or welcome home cards, made by children in local schools. They also contained kindness tokens and blankets made by local volunteers.
- The High Five Programme emphasises the power of kindness, and has been delivered in schools, youth clubs, community groups, Greenock Prison, and local businesses.

5.4 Compassionate Inverclyde has also been recognised through a number of prestigious awards, including:

- Cosla awards: Winner: special gold award, excellent people excellent outcomes.
- Age Concern : awarded a certificate of Highly commended.
- Inverclyde Community Champion: Winner.
- Bees Knees award: Pride of Inverclyde: finalist.
- Royal College of Nursing awards: finalist.
- CVS volunteer award: finalist for volunteer organisation of the year public vote.
- Queen’s Award for Volunteering.

5.5 The evaluation highlights the importance of the organic growth of Compassionate Inverclyde, and that the principles, leadership and ethos have been the most important factors in creating this social movement.

6.0 RECOMMENDATION

6.1 It is recommended that the Committee notes the independent evaluation of Compassionate Inverclyde, and recognises the value of the grassroots approach that has turned an award-winning project into what has been described as a social movement.

7.0 IMPLICATIONS

Finance

7.1 Financial Implications:

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (if Applicable)	Other Comments
N/A					

Legal

7.2 No implications

Human Resources

7.3 No implications

Equalities

7.4 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
X	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

Repopulation

7.5 No implications

8.0 CONSULTATIONS

8.1 None

9.0 LIST OF BACKGROUND PAPERS

9.1 Compassionate Inverclyde Evaluation Report.



compassionate
INVERCLYDE

SUMMARY REPORT



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Foreword

In 2016, Ardgowan Hospice provided initial funding to develop Compassionate Inverclyde. This has grown to become an award winning and inspirational social movement that is helping to transform attitudes and everyday practices around loneliness, social isolation, death and bereavement across Inverclyde. The ethos is fundamentally about local people working alongside existing formal services enabling ordinary people to do ordinary things for ordinary people, tapping into our desire to be kind, helpful and neighbourly. Relationships are at the centre, as are shared values that enhance community, relational and individual wellbeing. Ordinary people are part of a dynamic, growing and largely self-organising social movement of fundraisers, volunteers, befrienders, companions, community cafes, compassionate schools, businesses and neighbourhoods. All actions affirm that caring for one another at times of crisis and loss is everyone's responsibility.

Compassionate Inverclyde had been running for just over two years when the International Centre for Integrated Care (IC4IC) was invited to carry out an independent evaluation. The Centre represents Scotland's collaboration with the International Foundation for Integrated Care (IFIC), a non-profit membership-based organisation to advance the science, knowledge and adoption of integrated care policy and practice throughout the world. Founding partners (the ALLIANCE, IFIC Scotland, and the University of the West of Scotland) are supported by an Advisory Board of local, national and international partner organisations.

We are extremely grateful to Macmillan Cancer Support for funding the evaluation, to IC4IC Advisory Board partners who offered 'critical friend' support and advice to the evaluation team, and to colleagues from Iriss for their creativity and design expertise.

The researchers spent time with around 100 people involved with Compassionate Inverclyde. We are indebted to each and every one for generously sharing their views and experiences in their own words. Spending time with the people of Compassionate Inverclyde over several months has been a pleasure and a privilege. The researchers have come to appreciate the significant contributions of the many individuals involved and the growth of relationships, networks of support, the interconnections within and across Inverclyde, and the social functioning of the community.

In telling the story we have used the metaphor of trees in a community woodland to convey the organic, unforced growth of Compassionate Inverclyde, and to offer some insights into the conditions for growth provided by this particular community, including the essential nutrients of kindness and trust. This metaphor calls attention to the many different trees and branches of Compassionate Inverclyde, and to the depth of the roots and their interconnections, creating communication networks beneath the surface that support the exchange of these essential nutrients. Like human communities, the different trees work together to help each other grow to their full potential.

Compassionate Inverclyde is an inspiring story that offers many lessons for those seeking to co-create health and wellbeing with local communities.

Prof Anne Hendry, International Centre for Integrated Care, November 2018

Evaluation Researchers: Dr Karen Barrie, Dr Emma Miller, Madeleine O'Brien
IC4IC support: Marie Curran, Mandy Andrew, Susan Young, Sarah McGhee, and Prof. David Perkins

Introduction

Compassionate Inverclyde has grown from a small local initiative into something which many of the people involved describe as a social movement.

It comprises many different elements, all connected by a strong overarching story about enabling ordinary people to do ordinary things for ordinary people and guided by the community values of being compassionate, helpful and neighbourly.

Compassionate Inverclyde had been running for just over two years when the International Centre for Integrated Care was invited to carry out an independent evaluation. That evaluation aimed to:

- Find out the difference made to the lives of individuals who have been involved in Compassionate Inverclyde in different ways, and the difference made to the local community
- Understand how changes have been achieved, what has helped and what has made things more difficult

Our evaluation questions were:

- What is Compassionate Inverclyde? (And what is it not?)
- What did it set out to do? How have its aims and aspirations expanded?
- How has it grown over time and what has enabled this growth?
- What's it like to be part of Compassionate Inverclyde?
- What is Compassionate Inverclyde known for doing well?
- What difference is it making?
- What challenges have been faced or overcome and how?
- What can others interested in adopting this type of approach learn?

The experience of spending time with the people of Compassionate Inverclyde over several months has been a pleasure and a privilege. We have come to appreciate the significant contributions of the many individuals involved and the growth of relationships, networks of support, the interconnections within and across Inverclyde, and the social functioning of the community.

The evaluation does not offer a blueprint or recipe for how to become a compassionate community. Rather, it tells the story of Compassionate Inverclyde as a dynamic entity, and uses concrete, ordinary yet extraordinary examples to illustrate the enactment of values, principles and good practices in asset-based approaches and leadership that is based on relationships and trust.

The volume of data and richness of learning generated through the evaluation has been vast. Therefore the outputs are presented in a series of reports for readers with different interests.

This Summary Report presents an overview of Compassionate Inverclyde and signposts the reader to where they may view or download additional information about specific aspects of interest.

Navigating the Reports

Summary Report

This report presents an overview of Compassionate Inverclyde, how it has evolved, and in what way it is similar, and different, to other compassionate communities. It presents key messages about the enablers and barriers and offers advice to those considering how they may take this approach forward in their own area. Finally this section reflects on opportunities to learn and to share learning locally, within Scotland, and across the world.

For readers who wish to understand more about 'how' to support a Compassionate Community approach, or specific aspects of it, the following reports and materials may prove informative.

Compassionate Inverclyde Voices

This narrative section aims to tell the story of Compassionate Inverclyde in a human way that stays true to its very essence, so that others may perhaps be inspired by its possibilities. In telling this story we have used the metaphor of community woodland to convey the organic, unforced growth of Compassionate Inverclyde, offer some insights into the conditions for growth provided by this particular community, including the essential nutrients of kindness and trust. Importantly, this report calls attention to the depth of the roots and their interconnections, creating communication networks beneath the surface that support the exchange of these essential nutrients. Like human communities, there are advantages in trees working together to grow to their full potential.

For readers keen to understand the impact of Compassionate Inverclyde, the narrative provides many examples of the positive outcomes directly experienced by hundreds (and indirectly by thousands) of local people of all ages and from all walks of life in many interconnected ways. These include the volunteers and immediate beneficiaries, notably people who would otherwise die alone or return alone home from hospital; alongside school children, prisoners and managers of local businesses learning to be kinder to themselves and to others, and with their family and neighbours; health and care staff; and local residents and organisations more broadly. Together the many examples illustrate Compassionate Inverclyde's contribution to individual, relational and ultimately community wellbeing.

A Deeper Dive

This report explores various aspects of Compassionate Inverclyde – from the outcomes achieved to the policy fit, leadership considerations and the approach to community engagement. Sections include:

Realising Outcomes and Value

Illustrates how the outcomes experienced can be mapped to many local and national outcomes, notably Scotland's new national performance framework published in 2018 and derivative health and wellbeing outcomes and indicators. It considers the contribution that specific initiatives such as Back Home Boxes and Compassionate Inverclyde as a whole might reasonably be expected to make to specific indicators for readmissions to hospital, delayed discharge from hospital, and the time spent at home or in a homely setting in the last six months of life. This section also notes that the qualities evident in Compassionate Inverclyde are those which have been found to have the most influence on an initiative's eventual social value (Ukman, 2017).

Reflections on Leadership

Pulls together reflections on leadership, whether understood as a personal attribute, responsibility or practice, including considerations of the key elements of the multiple leadership philosophies that Compassionate Inverclyde embodies. It presents guiding principles for effective Board engagement and governance and the desired qualities for a Compassionate Community leader.

Policy in Action

Some readers will be interested in what Compassionate Inverclyde tells us about the current Scottish policy context. Although it is important to emphasise that Compassionate Inverclyde was not, and is not policy-driven, this section considers the parallels between Compassionate Inverclyde's community-derived ambitions and Scotland's national purpose and values.

Community Engagement

Provides information about how the practical ideas for kindness and compassionate citizenship taken forward by Compassionate Inverclyde were generated. In describing the approach to listening to and acting with the local community, this section considers the gently provocative questions asked, the community responses, and how ideas for action were progressed to prioritise what matters most to local people.

Improving Wellbeing

Provides more information about the 'High Five' or improving wellbeing initiative that has been successfully implemented in different forms within colleges, high schools, primary schools, nursery schools, one commercial organisation and most recently with prisoners.

Telling Their Story

Has links to audio-visual material captured for local events, for national awards and in preparing this report. It also has a list of the many learning events that have helped to share the Compassionate Inverclyde story.

Further Reading

Includes a bibliography of publications and websites on Compassionate Communities and public health approaches to palliative and end of life care.

Overview

As Compassionate Inverclyde has taken a new public health approach, drawing upon assets-based thinking, we begin by setting out our understanding of the positioning of assets-based approaches to public health in Scotland. Assets-based approaches aim to mobilise and harness the skills, resources, talents and relationships of individuals, families, friends and communities (Morgan and Ziglio, 2007; Morgan, Davies and Ziglio, 2010). In carrying out this evaluation, we were mindful of some academic critiques of such approaches, including concerns about the shifting of responsibilities onto communities, legitimatising welfare retrenchment, replacing sufficiency with aspiration, and allowing respect for personal and community resilience to obscure the root causes and structural drivers of social inequalities (Friedli, 2013). However those in leading public health roles increasingly acknowledge that adopting an assets-based approach is important in its own right and is not – and should not be seen as – a replacement to addressing the social determinants of health (Tannahill, 2012).

Social connections are only part of the jigsaw – but a vitally important part. The desire to belong, to be appreciated and respected is invisible – but is at the core of our needs as human beings. It is therefore not controversial (at least in Scotland) to state that ‘community assets can only have a mitigating effect on the structural and social determinants of ill-health and inequality – poor housing, low wages, poverty, lack of jobs (Foot and Hopkins, 2010). Actions related to social contexts are important, but clearly need to be integrated with actions to tackle broader inequalities, to address the historical impacts of deindustrialisation, and to mitigate the impact of current economic and poverty challenges.

From the outset, Compassionate Inverclyde has recognised the importance of families and communities working alongside

formal services. As the Compassionate Inverclyde story illustrates, community assets-based approaches can not only have powerful mitigating effects and significant impact, but can also unleash radical possibilities. The assets based approach to palliative and end of life care is specifically inspired by the work of Professor Allan Kellehear, an Australian public health academic, who argues that health is everyone’s responsibility, including death, dying and end of life care (Kellehear, 2013). The concept of compassionate communities has grown from the Compassionate City charter which outlines 13 changes required to bring death, dying and caring to the surface of public consciousness in organisations (Kellehear, Wegleitner and Heimerl, 2015). Though often linked to hospices or palliative care services (Horsfall, Noonan and Leonard, 2012), the activists in compassionate communities are ordinary citizens.

Local Context

Inverclyde, an area of great beauty in west central Scotland, has a population of around 80,000. It has areas of high income alongside areas with high levels of poverty, unemployment, disability and single occupancy households. There is one district general hospital, Inverclyde Royal, and it and the health and social care partnership serve three wellbeing communities with similar population sizes but very different geographies. The relatively compact size of Inverclyde, the co-location of several public sector organisations in and around Greenock town centre, the strong cultural identity and pride, and the generosity and friendliness of its people are important factors in creating readiness. Within Inverclyde, Ardgowan Hospice has been a recognised and trusted symbol and source of compassionate caring for over 30 years.

An Emerging Social Movement

In 2016, Ardgowan Hospice provided pump priming funding to develop Compassionate Inverclyde. This has now grown to be an award winning and inspirational social movement that is helping to transform attitudes and everyday practices around loneliness, social isolation, death and bereavement across Inverclyde. The ethos is fundamentally about local people working alongside existing formal services enabling ordinary people to do ordinary things for ordinary people, tapping into our desire to be kind, helpful and neighbourly, and supporting the development and application of compassionate and caring skills that may have been thwarted by modern day living or system pressures. It offers an agile and creative means of engaging ordinary people, drawing on their strengths, talents and inherent kindness, and fostering relationships for the good of the community as a whole. Relationships are at the centre, as are shared values that enhance community, relational and individual wellbeing.

Compassionate Inverclyde has been driven by the intrinsic values, strengths and aspirations of the community and framed by four purposefully broad strategic objectives:

- Improve wellbeing
- Promote compassionate citizenship
- Raise awareness and education
- Promote compassionate organisations

A series of community engagement events generated many practical ideas for kindness and compassionate citizenship across the life stages. These ideas and actions were designed, developed, taken forward and refined by volunteers, supported initially by skilled facilitation from the Compassionate Inverclyde lead and using a four phase community development approach:

- Discover and Assess
- Focus and Commit
- Build and Launch
- Evaluate and Sustain

However this development framework was kept very loose, iterative and was not linear – indeed sometimes all four phases could be enacted in Inverclyde in the same week. The approach was also influenced by the guidance to support Ambition Six for Palliative and End of Life Care: A national framework for local action 2015-2020 in England (Abel, Sallnow, Murray and Kerin, 2016).

“I live in a community where everybody recognises that we all have a role to play in supporting each other in times of crisis and loss. People are ready, willing and confident to have conversations about living and dying well and to support each other in emotional and practical ways.”

– Ambition Six: Each Community is Prepared to Help

There being no comparable Compassionate Community within Scotland, the lead engaged with the UK learning community and in 2016 was awarded a Florence Nightingale Foundation scholarship to travel and learn from world leaders and exemplars of compassionate communities. In visits to Sydney, Cleveland and Maine in the US, and to London and Somerset in the UK, she learned that each compassionate community is different but all had inspirational and imaginative leaders who brought a personal energy and passion that ignited the hearts and minds of ordinary people. She identified key success factors as passion, people, partnership, programmes and place (Bunce, 2018).

The Compassionate Inverclyde lead has connected with a myriad of community groups, services and organisations to obtain the required permissions and generate shared commitments so that the desired ordinary things could happen. An increasing number of volunteers work alongside community groups, faith groups, integrated health and social care services, voluntary sector organisations, private care providers, hospice, schools, college, community police, Greenock prison and local businesses. Together they are creating vibrant neighbourhood networks and relationships between people who care and can help, enabling and equipping ordinary people to offer kindness, compassion and support to others who are isolated or at times of crisis and loss.

A main difference to other examples of Compassionate Communities has been the shift of focus from palliative and end of life care towards community support for wellbeing, loneliness and social isolation. Compassionate Inverclyde has evolved upstream – listening, hearing and acting with those concerned in the community. This has been matched by a subtle shift in language from compassion and volunteering towards simpler language of kindness, helping and companions, making it appeal more to ordinary people.

Strands of Compassionate Inverclyde

Compassionate Inverclyde continues to grow organically and now has many interdependent strands within the overarching movement...

No One Dies Alone (NODA)

Trains and supports compassionate citizens as companions for people and families in the last hours of life. Initially developed to support people at end of life in hospital it is now spreading to support end of life care in the community, initially in care homes.

High Five Programme

Adapted and delivered to school pupils, college students, youth club, prisoners, community groups and a local business. Each five week programme focuses on the five ways to wellbeing and helps people to understand how they can be kind to self and to others.

Back Home Boxes

Representing community acts of kindness to support people who live alone as they return home from hospital. The boxes are gifted by a local business and are filled with community donations of essential food items, hand crafted kindness tokens, a get-well card made by local school children and a small knitted blanket made by local people and community groups. Volunteers organise collecting the contents from the local community and distributing the Back Home Boxes within the local hospital.

Back Home Visitors

Is a new development based on neighbourliness whereby a volunteer visitor and a young person will visit an older person who lives alone and is socially isolated.



Bereavement Café and Support Hub

The initial drop-in bereavement groups in two community cafes have been superseded by a volunteer led support hub in a local Church. The Hub offers a meeting place for volunteers and a friendly haven for anyone in the community who is experiencing loneliness, loss, crisis, or bereavement.

The synergy between each of these community initiatives amplifies their effect, improving the lives of the people of Inverclyde and enhancing the wellbeing of the community. Each day, many people facing bereavement, loneliness, illness and survivorship benefit from community acts of kindness and support that improve their wellbeing, irrespective of age, condition or circumstances.

Lessons

Compassionate Inverclyde is an inspiring story that offers many lessons for those who seek to enable local communities to work alongside existing services to create health and wellbeing. Its growth and reach have captured the attention of many onlookers in Scotland and beyond. What is most striking is its success in bringing together local people of all ages and from all walks of life in an unprecedented way.

The approach is an exemplar of adaptive leadership practice at all levels – by the Board, by the lead and by people in communities – growing something which has no blueprint, constantly adapting to the changing context and drawing on all available resources through empathy and co-creating a shared purpose and story.

The secondment of the lead continues and is currently funded by the Health and Social Care Partnership and by Ardgowan Hospice. All other resources are community donations or support in kind in a collaborative approach that is generating remarkable social value. However the Board members recognise that the Compassionate Inverclyde lead role has been pivotal to the successful growth of the movement – “it wouldn’t have been possible without this investment.” The lead is well known and respected locally, largely through her substantive role as Director of Care at the Hospice, has the expertise and authority to act in this area, and is at the heart of established, vibrant local social networks. This ability to draw on a network of influential individuals and groups with a commitment to kindness has been instrumental. For example, she has worked well in partnership with Your Voice as another trusted community anchor organisation which has an excellent reach across Inverclyde and expertise in community engagement. Working together has helped to source ideas that are inspired by people with passion, a strong sense of possibility and a desire to make a difference.

Those about to embark on a similar journey should consider the leadership attributes and capacities that they require to steer their work. Undoubtedly such compassionate, collaborative leadership capacity exists in all communities. The trick is to spot the talent,

empower the individuals and give them authority and freedom to operate. This is, however, not a traditional programme management role. It comes from the heart of the leader and the values that they hold. Investment in this leadership capacity at the outset of the journey is critical for success but investment should continue until there is sufficient maturity and sustained growth of the social movement by empowered volunteers and ordinary people.

As with all initiatives, Compassionate Inverclyde has some vulnerabilities. One is a perceived dependency on the nurturing leader of the social movement, albeit this risk is being mitigated as volunteer leaders are increasingly empowered and now participate at Board level. However, as yet, there is no agreement on how to secure longer term funding for the lead post and the required contingency and succession planning is not well developed. The Board is currently considering how to evolve Compassionate Inverclyde to a more sustainable model.

Another vulnerability is the risk of competing for resources (financial and people) within a relatively small system and in a climate of austerity. These are issues that must be considered urgently in the design of the next phase of Compassionate Inverclyde.

Compassionate Inverclyde in Numbers

3 HIGH
SCHOOLS 

13 ORGANISATIONS
REPRESENTED ON THE
COMPASSIONATE INVERCLYDE
BOARD

20 *
PRIMARY SCHOOLS
AND SOME NURSERIES
ENGAGED

OVER 200
PEOPLE INVOLVED
IN PUBLIC

70 PEOPLE
TRAINED AS NODA
companions

1300 PEOPLE
HAVE RECEIVED
BACK HOME
BOXES 

20 Local
awareness raising
and training
events facilitated

ENGAGEMENT
SESSIONS

135
VOLUNTEERS
DIRECTLY
INVOLVED



30 people have benefited
volunteer / NODA companion

360 PEOPLE
COMPLETED THE HIGH 5
WELLBEING PROGRAMME

2,396 LIKES
FOR
COMPASSIONATE
INVERCLYDE & 2,435
FOLLOWERS
ON FACEBOOK

* 8 PUBLIC
CELEBRATION /
COMMEMORATION EVENTS

Touching Lives

I wanted to send you a quick email to express my gratitude for the Back Home Box and the kindness of it. I will explain how much it meant.

My brother was recently in Inverclyde Royal Hospital, very unexpectedly – he had collapsed which is frightening enough for anybody but even more so for him. He has had lifelong severe mental health problems and has had struggles with that over the years. He wasn't in that long but got a box given to him on discharge. I can't tell you how much it meant to him, if you had seen and heard his reaction to it you would have been so moved and would have known that what you are doing is amazing.

He leads a very isolated life and has very little contact with anybody, when I went round to visit him he had a beautiful homemade card in pride of place on his unit, what a fabulous idea and also for the children who make them to give too

and understand about giving. He was so chuffed with it and he told me he'd even got jam and milk too and listed out the box items. It felt like a Christmas hamper! It's not even totally what is in the box but the very idea that somebody can be so kind to a stranger means the world and in a time of need such a tonic as well as being so useful as he hadn't been able to get the shops.

I will be donating items into the collection boxes you have and hope that it means as much to whoever gets them as it did to both my brother and me. I confess I even felt a bit tearful about it, in a good way! He gave me the heart to hang on my twig tree! So a huge thank you to you and everybody involved and the little girl from a school in Largs who made a beautiful get well card.

You are all stars.

The above feedback demonstrates how one box touches many lives. The report highlights many similar stories.

Milestones

2008

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Key Messages

While there is no real substitute for 'being there' and experiencing Compassionate Inverclyde first-hand, we are tasked with distilling key message for others, as follows:

- Compassionate Inverclyde is first and foremost concerned with ordinary people doing ordinary things for ordinary people to enhance the wellbeing of all local people, their relationships and the community as a whole
 - It centres around the values encapsulated in its logo, of being compassionate, helpful and neighbourly, with kindness increasingly emphasised as the super-nutrient for all
 - It is not policy driven yet aligns with multiple national and local policies, bringing to life the qualities and characteristics advocated by the overarching (and distinctly) Scottish approach to public policy
 - It does not espouse allegiance to or use the language of any leadership philosophy yet embodies the tenets of many and the key ingredient in this regard is humility
 - It was not driven by governance or procedural considerations, but loose supportive governance arrangements ensure compliance with all requisite procedures in a seamless way
 - It has not subscribed to a particular methodology or model of spread, yet its growth and reach have captured the attention of many onlookers
 - It purposefully rejected the imposition of a performance framework, instead listening to and placing its faith in the community, guided by intrinsic community values and four key objectives which were not rigidly adhered to but have evolved with learning on the ground
- It did not start with predetermined outcomes but allowed space to see what outcomes were generated; as it happens, individual outcomes respond to many existing evidence-based Scottish outcomes frameworks for adults and for children and young people (SHANARRI) as well as new distinct outcomes relevant to loneliness and bereavement. They align with our new National Performance Framework
 - It puts relationships at the centre and recognises that community is much more than the sum of individuals who live within it
 - It values community, relational and individual wellbeing as an end in itself and not merely something that may help to alleviate health and care system pressures, yet system contributions can be inferred
 - What is most striking about Compassionate Inverclyde is its success in bringing together local people of all ages and from all walks of life in an unprecedented way

Creating the Conditions

As the Compassion Communities Charter has long recognised, every community is different and every community will have to find its own way to unleash the passion in compassion. There are, however, a number of essential nutrients and enabling conditions:

- Integral to the success of Compassionate Inverclyde are the significant contributions of the many individuals involved, the Board, the lead and of course the 'army' of helpers and local people bound together by shared values
 - It takes a special person to lead it, a special Board and particular type of governance, notably a chair who is a positive role model for co-creation and decisiveness
 - Local knowledge and established networks are essential
 - What is most distinctive about Compassionate Inverclyde is that is truly driven by the intrinsic values of local people, their ideas, can do attitude and kind, friendly and neighbourly actions
 - It is fundamentally about taking the time to listen in an authentic way and uncovering, nurturing and appreciating the kindness that's already there
 - A community is much more than the sum of individuals – inter-personal relationships, networks of support, community groups and the social functions of the community all play an invaluable role
 - Its growth and spread is organic, relying on ordinary language, human connections, touching people's hearts, making things easy, accessible and enjoyable to do, giving permission, saying thank you with sincerity, continuously asking how else can we help people in a neighbourly way, and restoring confidence to offer someone a hand
- It does need a support strap to hold it initially, but this must be kept loose in an informal, non-bureaucratic yet decisive way of working, leaving space to breathe and knowing when to let go
 - An active social media presence is invaluable – as are skills in the curation and telling of stories
 - There are some pollutants and growing conditions to avoid – especially the permafrost of performance management in its increasingly rigid forms

Design Principles

In the list below we offer a set of design principles for anyone seeking to transfer the learning from Compassionate Inverclyde. However, this advice must be viewed as a 'compass' and not as a tool kit or route map. How you develop your own Compassionate Community must make sense of the unique strengths, ideas and passions of your local people.

Design Principles for creating a Compassionate Community:

1. Start with community conversations about what matters most to local people
2. Invest in development support from a trusted, compassionate, authentic and humble leader
3. Develop collaborative leadership at all levels around a shared purpose and intrinsic values
4. Anchor the movement with a local community organisation that has a trusted brand
5. Establish a courageous guiding coalition that gives permission to act, purposefully avoids unnecessary bureaucracy and enables risk taking
6. Connect as ordinary people, find creative ways to make it easy for local people to volunteer and for everyone to be kind, helpful and to have a can do attitude
7. Value and empower all contributors and ensure they have a strong and equal voice
8. Nurture community volunteers through peer support, reflective practice and wholehearted facilitation
9. Use the power of social media as a practical communication and self-organising tool
10. Stay curious and keep learning from other compassionate communities
11. Continue to pay attention to what matters to people and share stories that touch hearts and inspire people to be kind
12. Plan for a sustainable model of leadership and governance that can exploit synergies with other developments and minimises unintended consequences

Local Impact: Improving Lives

Improving Lives is the vision at the heart of the Inverclyde Health and Social Care Partnership. The approach spans the life stages and crosses traditional care groups. To some extent, Compassionate Inverclyde touches on all five of the strategic Commissioning Themes:

- **Employability and meaningful activity** – several volunteers spoke of an inability to take a paid job because of fluctuating health/caring commitments; many speak of the benefits from participating in terms of building confidence, self-esteem, morale and filling a void as a result of retirement, loss of employment or the need to leave the workplace.
- **Recovery and support to live independently** – practical help and kindness at times of crisis, loss or bereavement so that people feel valued, cared about, more hopeful, and better supported to recover and maintain their health and wellbeing.
- **Early intervention, prevention and reablement** – building resilience and connections to encourage physical and meaningful activity, friendships, noticing and kindness; high five wellbeing programme with children and young people; back home boxes and community kindness and support at critical moments in life.
- **Inclusion and empowerment** – listening and responding to people as individuals and as a community; positive applications of social media to increase and sustain connectedness and a sense of belonging; ordinary people reaching out through multiple individual and community acts of kindness, befriending and volunteering; a community support hub that welcomes people who are identified as lonely or isolated in the community; intergenerational work; and bringing people together from different walks of life through the cross-cutting concerns of death, dying, bereavement and loneliness.

- **Support for families** – no one dies alone companions; mobilising neighbourhood networks; support for families through high five programme in schools; work with prisoners separated from families and other absent friends.

Compassionate Inverclyde makes a strong contribution to the ambitions of Inverclyde Alliance, the local Community Planning Partnership (CPP), particularly the outcomes on community action, skills development, health and wellbeing, realising potential and a nurturing Inverclyde.



National Impact

Informing Policy

At the Compassionate Inverclyde event in March 2017, Scottish Government Minister Aileen Campbell noted the contribution it was making to improve the lives of local people and the potential to impact on a number of adverse outcomes associated with inequality.

"...wellbeing is created in wider society, in communities and across our public services, and we need all of these partners to work together."

The revised National Performance Framework (Scottish Government, 2018a) draws together the many different dimensions which influence wellbeing. It describes the Values that underpin Scotland's national Purpose, and the approach to delivering public services in Scotland.

"We are a society which treats all our people with kindness, dignity and compassion, respects the rule of law, and acts in an open and transparent way."

Recent work by the Carnegie UK Trust identifies how kindness and everyday relationships can effect change and support the wellbeing of individuals and communities (Ferguson, 2017). In the Scottish Government report A Connected Scotland, Minister Jeanne Freeman, now Cabinet Secretary for Health, notes the power of kindness and our collective responsibility "to ensure that our communities are more connected and cohesive, and that principles like kindness get greater traction in society. Whether it is saying hello to your neighbour, taking the time to get to know a regular customer at work, reaching out to someone you haven't seen in a while, or just a small act of kindness that can make a strangers day – all of this can go a long way to helping everyone feel part of their community" (Scottish Government, 2018b).

Or as Compassionate Inverclyde puts it: "ordinary people helping ordinary people". The so-called 'ordinary' people of Inverclyde have recognised the place of kindness in combating loneliness, tackling social isolation, fostering belonging, restoring a sense of meaning and purpose in the lives of many local people, building a stronger and proud community – and so much more.

A recent round table discussion hosted by the Carnegie UK Trust and the Alliance for Useful Evidence considered what is distinctive about the current policy context in Scotland and the implications for evidence generation and use (Coutts and Brotchie, 2017). The panel discussions indicated:

- The Scottish approach to policy appears to contribute to an interest in not only evidencing impact, but also explaining why and how outcomes are achieved.
- The concern with wellbeing as a multi-dimensional construct compels us to ask if we are making a difference for individuals and communities in the round.
- There is a need to go beyond traditional narrow, intervention-focused evaluations to consider wider contributions and contextual aspects such as such the focus on partnership and asset-based working.
- And a need to consider features and processes of successful collaborations as well as their outcomes –because knowing about these can support the development of more productive partnerships in future.

The panel recognised that generating and using evidence about the participatory, assets-based approaches valued in the Scottish policy context is challenging, as what works is often heavily context-dependent and interventions don't tend to follow linear

structures. Evidence is likely to include people's stories, information on community assets and the quality of relationships. This type of evidence by its nature can be challenging to work with and is not always highly valued in contrast to the typical basket of indicators for social programmes and projects that funders and decision makers have traditionally expected to see.

While there is a distinctly Scottish approach to policy, and to evidence, the panel considered that Scotland's expertise on participative, assets-based, outcomes-focused and relational approaches could be applicable to other jurisdictions too.

We suggest that the Compassionate Inverclyde approach, and the evidence generated, has far-reaching implications for public policy. The parallels that we observe between the key messages from Compassionate Inverclyde and the current policy discourse include:

- Attending to wellbeing in the round
- A commitment to equality – there is no them and us
- A willingness to listen and hear, to soften language to reflect everyday talk
- Privileging the quality of relationships
- Recognising the contribution of communities as more than the sum of individual parts – without shifting responsibility for certain socio-economic determinants of health
- Taking loneliness (in death and in life) seriously
- Restoring the central place of kindness and neighbourliness as our key local and societal values

Knowledge Exchange

Compassionate Inverclyde has graciously hosted many visitors who want to learn more about what has worked. It has a high profile in local media and reports have featured in national media. The considerable progress has been recognised by the award of Inverclyde Community Champion, by reaching the final shortlist in a number of local and national awards, and by winning the 2018 Excellent People; Excellent Outcomes CoSLA award.

Compassionate Inverclyde is firmly on the global map of compassionate communities and has established strong links across the UK, and with the Isle of Man, Australia, US and Spain.

"You guys have might want to have a look at how you have inspired our small rural community in Australia. Holbrook Meals on Wheels have just started Back Home Boxes in our local communities."

– Facebook post Oct 2018 by Holbrook New South Wales

Compassionate Inverclyde now has a wealth of knowledge and experience to share and is well positioned to facilitate and coach other communities who wish to take forward similar initiatives. As each community is different this could not be a traditional knowledge transfer that applies evidence based practice into another setting. It must be more of a social learning and knowledge exchange.

Action Learning

In September 2016, the International Centre for Integrated Care linked Compassionate Inverclyde with colleagues from the New Health Foundation, a not for profit organisation based in Seville which leads the compassionate communities movement in Spain and Latin America (Herrera–Molina et al., 2017).

The Spanish model is similar to the one developed by Inverclyde: based on cooperation, innovation and community involvement in a 'social lab' where citizens, local organisations, public institutions and other community work together to share experiences, understand each other's needs, create a common narrative of change and design actions for a better future through:

- Listening
- Co-creation
- Action and scaling up
- Evaluation and communication

The New Health Foundation has established an action learning community in Spain to bring together compassionate community leaders from different regions alongside their academic partners.

The team offer facilitation, coaching, advice on sustainability, guidance on education and evaluation, and broker peer support across the community of practice. The action learning extends to Latin America.

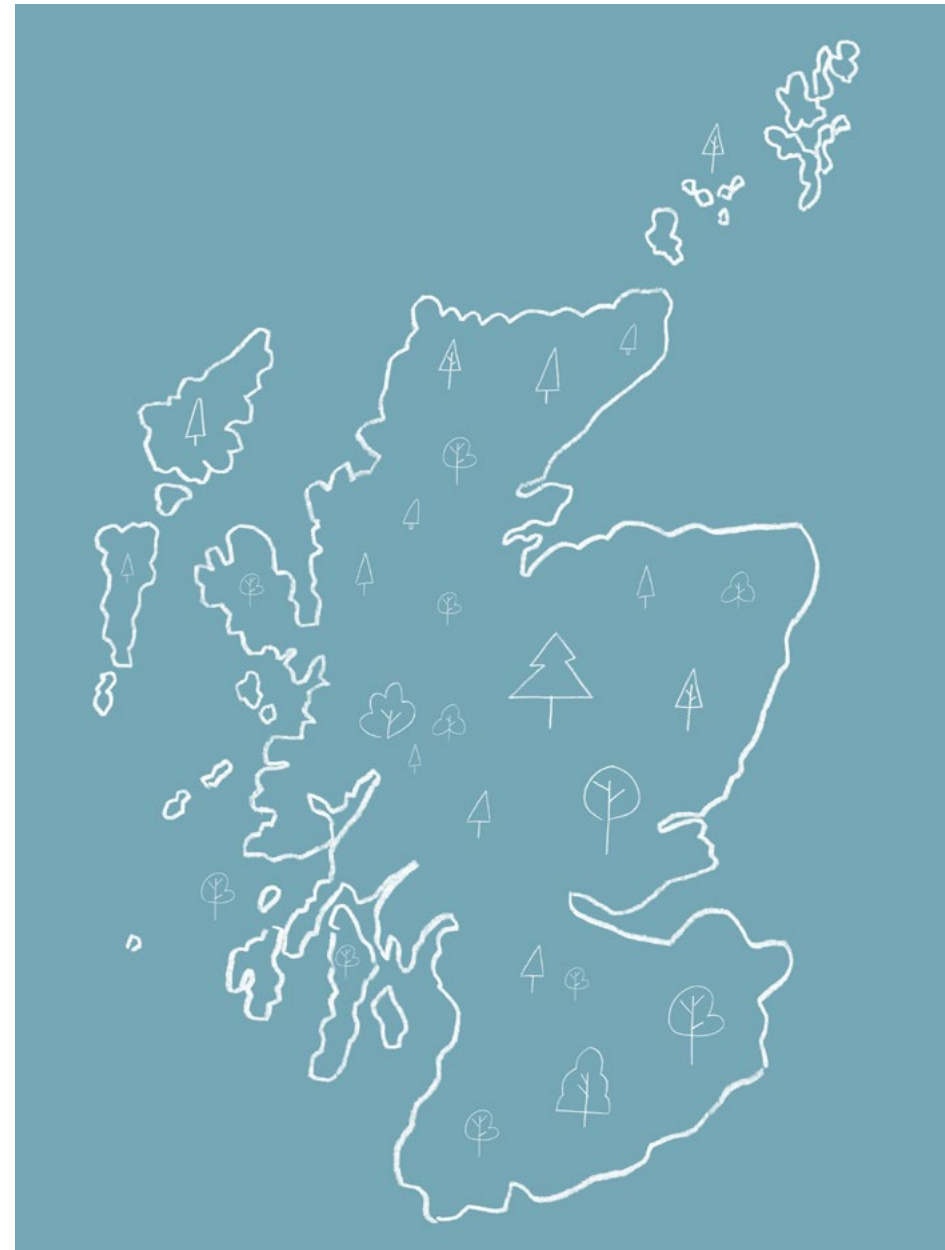
We suggest there is merit in taking this approach in Scotland, alongside partners who have already expressed interest – colleagues from the Isle of Man and the Republic of Ireland.

It is clear that the Compassionate Inverclyde approach resonates well beyond palliative and end of life care. It exemplifies our ambitions for place based and people centred integrated care at all life stages. Compassionate Communities featured in the first Practice Brief published by the World Health Organisation to support the Global Framework on People-centred Integrated Health Services (WHO, 2018).

Knowledge exchange can be facilitated through the International Centre for Integrated Care and their international special interest groups on Palliative and End of Life Care (led by Hospice Isle of Man); Self Management and Co-production (led by the Health and Social Care Alliance Scotland); and Frailty (with the European Joint Action on the prevention and management of frailty).

Compassionate Inverclyde, Compassionate Seville, Compassionate Getxo and Hospice Isle of Man have already hosted joint webinars and workshops. The New Health Foundation, the International Centre for Integrated Care, and the Scholl Academic Centre are planning a knowledge exchange study day in April 2019 in partnership with the University of Deusto in the Basque Country.

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