



compassionate
INVERCLYDE

EVALUATION REPORT
A DEEPER DIVE

Introduction

This report offers insights on various aspects of Compassionate Inverclyde – from the outcomes achieved to the policy fit, leadership considerations and the approach to community engagement.

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.

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.

Realising Outcomes and Value

Compassionate Inverclyde is fundamentally about ordinary people doing ordinary things for ordinary people to enhance the wellbeing of all local people and for the community as a whole. It is driven by the intrinsic values of the community, with actions based on community strengths and indigenous ways of thriving. Volunteers and local community groups have chosen the ways in which they wish their informal resources to benefit the community.

Compassionate Inverclyde has evolved in the context of measuring outcomes that matter. Therefore, although it has captured some information on inputs, activities and outputs, the relentless focus has been on capturing and sharing images and stories of positive outcomes in a language that resonates with local people.

Much of the information is gathered by volunteers using social media. Highlights are reported to the Board members to provide confidence that the strategic objectives are being progressed. Reporting has been light touch and agile and the process itself has helped to create connections and social capital. Reporting has affirmed the countless contributions of local people but has not attempted to attribute direct impact or estimate cost effectiveness.

Efforts to estimate social return on investment (SROI) attempt to produce a monetary value for the tangible and intangible results from investment in social programmes. This monetary value can then be compared to the resources required to set up and run specific programmes to ensure investments are made, to the correct extent, in the right programmes. A recent review of hundreds of projects in over 40 countries by Prosocial Valuation and Performance Research¹ identified the qualities which most influenced the projects' eventual value. These qualities are:

1. Audacity – envisioning big and bold solutions
2. Connectivity – deeply engaging with the community being served
3. Capacity – using data to understand and improve
4. Ingenuity – disrupting entrenched approaches
5. Tenacity – leveraging the time, relationships, resources required to persevere
6. Diversity – generating revenue and support from multiple sources.

Although Compassionate Inverclyde is still in its early stages, the data gathered through the evaluation process to date highlights that it has many strengths in areas which will lead to a positive SROI. It is clearly following a path which is likely to influence social value. Over time, it may be possible to set the impact of Compassionate Inverclyde against the investment. However, this is difficult because outcomes, by their very nature, tend to be long term and many are not easily pinned down or measurable; and even if they are measurable, it may not be possible to agree and place an appropriate financial value on them. It is clear that dozens of great outcomes are being experienced by hundreds (and in a smaller way thousands) of people of all ages.

¹ Ukman L, (2017). What is social capital value and how do we measure it? World Economic Forum. Accessed from: <https://www.weforum.org/agenda/2017/05/how-to-measure-the-value-of-the-homeless-world-cup/> [Nov 2018]

The Compassionate Inverclyde Voices evaluation report describes examples of the diverse outcomes achieved by volunteers, patients, carers, residents, and staff. The full report is available online at: www.ardgowanhospice.org.uk/compassionate-inverclyde

As Compassionate Inverclyde recognises that the wellbeing of any one person is highly dependent on the wellbeing of her/ his relationships and on the community in which she/he resides, the narrative clusters the outcomes around individual, relational and community wellbeing. These outcomes can be mapped to many national and local outcomes and to Scotland’s new national performance framework (Figure 1)² and to the nine national health and wellbeing outcomes³.

A logic model would not do justice to the breadth of ambition and scope of the outcomes from Compassionate Inverclyde. The relationship between cause and effect is not linear and there are many interdependencies. Therefore we have developed the concept of an Outcomes Rainbow (figure 2). This aims to refract the various layers of outcomes that can be viewed through a series of different lenses and illustrates Compassionate Inverclyde’s inputs, actions, initiatives and outcomes. These outcomes mirror the local outcomes for the Inverclyde Community Planning Partnership and find parallels in the national outcomes and values for Scotland.

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

Fig 1 National Performance Framework



² Scottish Government National Performance Framework (2018). Accessed from <http://nationalperformance.gov.scot/> [Nov 2018]

³ The National Health and Wellbeing Outcomes. Accessed from: <http://www.gov.scot/Publications/2015/02/9966/downloads>

Fig 2 Outcomes Rainbow

We are a society that treats all our people with kindness, dignity and compassion, respects the rule of law, and operates in an open and transparent way		
National Outcomes		
<ul style="list-style-type: none"> ❖ We grow up loved, safe and respected so that we realise our full potential ❖ We live in communities that are inclusive, empowered, resilient and safe ❖ We are creative and our vibrant and diverse cultures are expressed and enjoyed widely ❖ We have a globally competitive, entrepreneurial, inclusive and sustainable economy ❖ We are well educated, skilled and able to contribute to society ❖ We value, enjoy, protect and enhance our environment ❖ We have thriving and innovative businesses, with quality jobs and fair work for everyone ❖ We are healthy and active ❖ We respect, protect and fulfil human rights and live free from discrimination ❖ We are open, connected and make a positive contribution internationally ❖ We tackle poverty sharing opportunities, wealth and power more equally 		
National Indicators		
Perceptions of local area Places to interact Work related ill health Quality of public services Public services treat people with dignity and respect Scotland's reputation International networks	Loneliness Confidence Resilience Participation Social capital Influence over local decisions Trust in public organisations	Healthy life expectancy Premature mortality Mental wellbeing Healthy weight Health risk behaviours Physical activity Quality of care experience
Connected 	Kindness 	Empowered Wellbeing 
Compassionate Inverclyde Outcomes		
Community Wellbeing Community voice and identity - strong identification with CI Intrinsic community values are recognised, encouraged and celebrated Community capability awareness Community resilience Commitment to common good Intergenerational working and respect Increased community cohesion Community hope (and sense of possibility for next generation) Active youth participation in decision-making and community action Renewed community pride Local workplaces begin to have compassionate illness, carers and bereavement policies in place	Relational Wellbeing Affirming and enduring friendships Mutual nurturance and affection Norms of mutual support, caring and affection Respect for diversity Reciprocity Heightened attentiveness to the situations of known and unknown others within the community Stronger, increased networks of support Resilient neighbourhood networks of people who care and help each other Collaboration; collaborative norms Democratic participation in decision making processes	Individual Wellbeing Increased confidence Improved self-esteem / self-respect Being as well as I can Increased social contact Sense of belonging Sense of meaning and purpose/ having meaningful things to do Making a contribution Sense of significance More able to think and talk about dying, death and bereavement Reduced fear of dying / death Feeling reassured that a dying person is being cared for Feeling less alone

Compassionate Inverclyde Initiatives

No One Dies Alone companions
Back Home Boxes and helpers
Back Home visitors
Work with Schools, Colleges, Faith groups, Prison
Community support hub
High 5 Wellbeing programme
Absent Friends Festival
Compassionate Organisations
A&E companions

Collective Actions and Behaviours

- Hold open space public conversations to understand local values and priorities
- Promote wellbeing and kindness in schools and colleges
- Identify individual and collective opportunities to be kind, helpful and neighbourly
- Facilitate local awareness-raising and training events
- Create opportunities for people to build and nurture connections and relationships
- Support volunteers to use their caring skills and other talents to help other people
- Value and enable the contribution of compassionate citizens, befrienders and companions
- Support local workplaces to develop compassionate policies
- Celebrate achievements and hold an annual programme of public events and celebrations
- Implement an accreditation scheme across Compassionate Inverclyde partners



Fundraisers
volunteers
compassionate companions
befrienders
community cafes
schools and colleges
shops and businesses
churches and faith groups
prison
healthcare staff
hospitals
social care providers
ambulance staff
community leisure
transport
community police
Carer centre
Care homes

Attempts at attribution for specific inputs and activities against a particular outcome are fraught. However it is plausible to anticipate a contribution from Compassionate Inverclyde to many of these outcomes, now and into the future.

The health and social care partnership report on the national health and wellbeing indicators. A number of these may be expected to benefit from the transformative nature of Compassionate Inverclyde.

For example, the Back Home Boxes that support people who live alone to return home with hope, confidence and support may be expected to contribute to reducing avoidable early readmissions to hospital. In Figure 4 the partnership⁴ reports a lower (and reducing) rate for readmissions to hospital within 28 days of discharge – health and social care indicator 14.

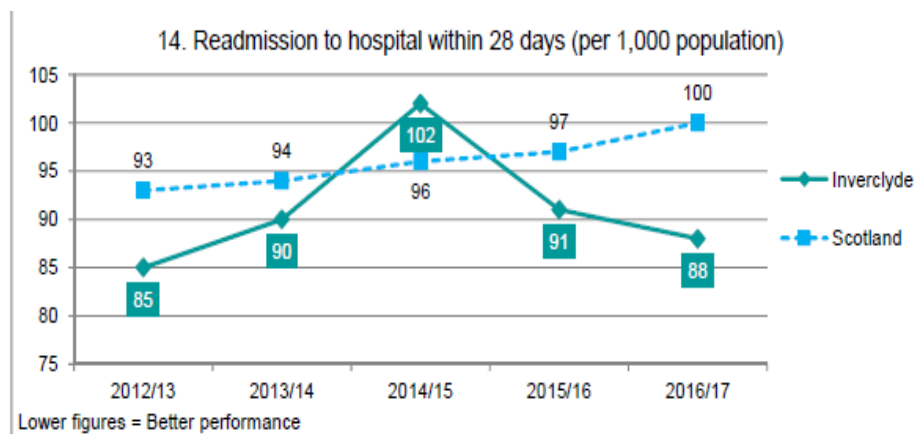


Fig 4 Source: Inverclyde Health and Social Care Partnership Annual Performance Report 2017-18

Another indicator that Compassionate Inverclyde may be expected to influence is the percentage of the last six months of life spent at home or in a community setting. Although there can be no direct attribution, figure 5 illustrates a modest improvement in this indicator over the period of the programme, albeit data for 2017/18 remain provisional.

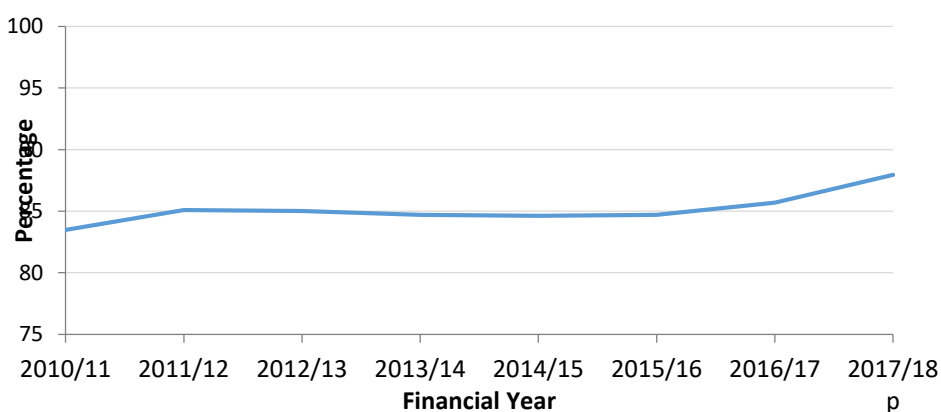


Fig 5 Source: Scotland Performs Data

⁴ Inverclyde Health and Social Care Partnership Annual Performance Report 2017-18

Inverclyde has an excellent performance in reducing the number of people whose discharge from hospital has been delayed. This reflects a history of very good partnership working between hospital and community staff, a strong shared commitment to reablement and support to live independently, and adoption of the Ten Actions to Transform Discharge described in the Home First approach.



- aiming to discharge within 72 hours of being fit for discharge;
- ensuring staff are empowered to make changes which improve discharge processes and reduce length of stay;
- ensuring returning home is the first and best option in the majority of discharge situations.

National data on delayed discharge from hospital suggest Inverclyde is holding the gains, in contrast to many other areas (Figures 6 and 7). The visibility of the Back Home Boxes and volunteers may prompt positive and risk enabling conversations at the point of discharge planning, supporting Inverclyde’s ambition for return home as the default.

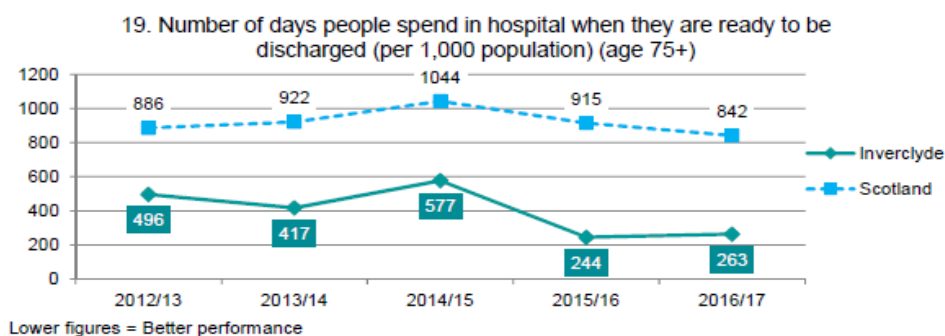


Fig 6: Source Inverclyde Health and Social Care Partnership Annual Performance Report 2017-18

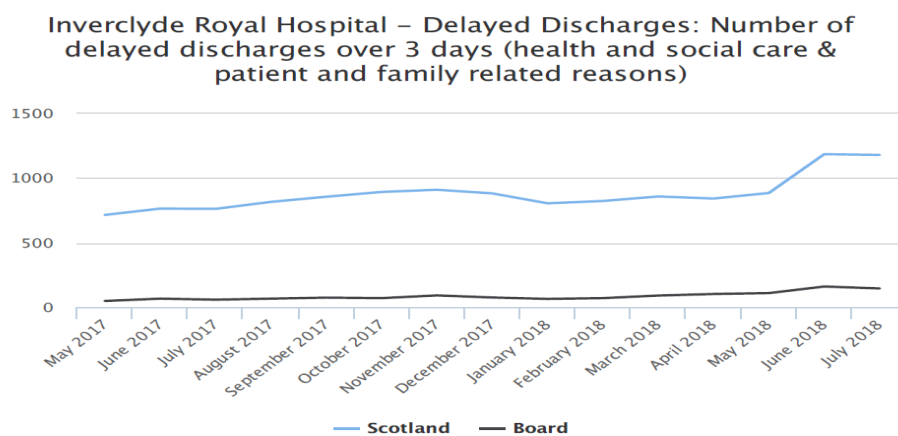


Fig 7 Source: Scotland Performs Data

Reflections on Leadership

Leadership is variously understood – as a quality or attribute of a person, a responsibility associated with role, as a practice and as a result accomplished by an individual or a collective. Leadership exists in all these forms across all aspects of Compassionate Inverclyde; is not driven by position or power but rather reflects a shared community desire; and is evidenced by attitudes, behaviours and actions which are authentic, passionate and transparent about wanting to see Inverclyde thrive, not simply survive.

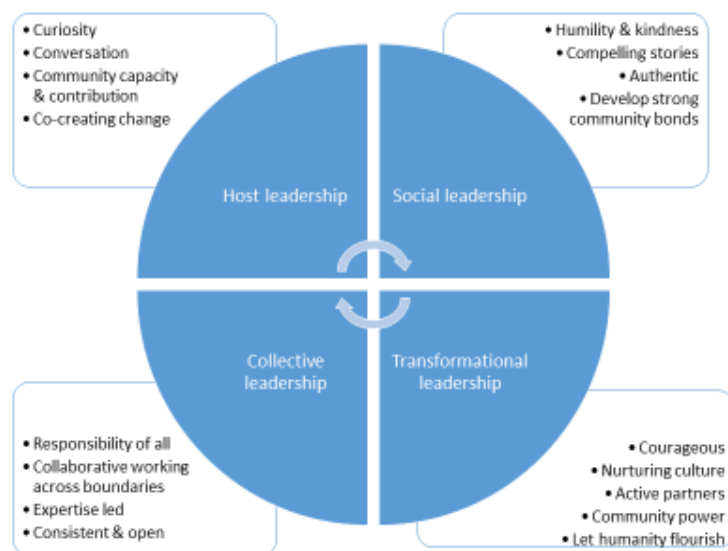
Reflecting on observations and feedback on what good practice leadership looks, feels and behaves like in Compassionate Inverclyde, we offer the following insights into a special blend of leadership ingredients which have enabled a significant shift in the culture of wellbeing, neighbourliness and kindness in Inverclyde.

The essence that we have observed is a Compassionate leadership that

“enhances the intrinsic motivation of people and reinforces their fundamental altruism. It helps promote a culture of learning where risk taking is accepted within safe boundaries, and where there’s an acceptance that not all innovation will be successful. Diametrically opposite to cultures of blame and fear and bullying” Professor Michael West, Kings Fund⁵.

The approach that we observed and heard about illustrates a blend of well evidenced leadership capacities and frameworks, illustrated in figure 8.

Intrinsic values and motivation is at the heart of all four.



⁵ West, Michael. Collaborative & Compassionate Leadership. The Kings Fund (May 2017)

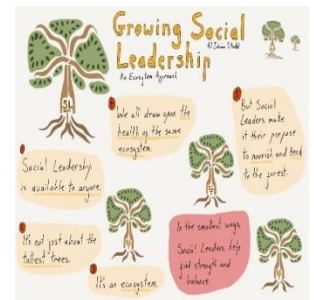
Host (not heroic) leadership⁶

- Compassionate Inverclyde is “spiritually driven” - its work is supported by meaning and purpose
- An “energy of kindness” prevails
- Leadership is a key enabler which has slowly but surely ignited curiosity, willingness and courage to try different approaches to developing an even greater compassionate community spirit to flourish.
- Harnessing the communities’ capacity to co-create change has been critical in providing the solutions.
- Positive role modelling at leadership level- practicing what is preached re compassion
- Barriers are unblocked and solutions found through the contributions of all
- Growth is based on a strong narrative- shared stories/invitations to be part of the movement



Social leadership⁷

- Engagement of the community: a shared leadership vision: inviting people to say what they want/need and actively listening and acting upon. This is a people-led community engagement and development approach which keeps human contact throughout and which understands the community and the intrinsic values of the people - social leadership
- A high level of emotional intelligence from the Compassionate Inverclyde leader is in evidence with highly tuned listening skills and an ability to recognise and nurture talent and interest and thus harness others’ desires to engage
- A leadership Board which is representative of the community
- Forging of strong, authentic relationships across the community, from local volunteers to local businesses and other community partner organisations
- People feel comfortable to offer their ideas and opinions and to contribute



⁶ McKergow, M. & Bailey, H. *Host Leadership-Six New Roles of Engagement* (2014)

⁷ Stodd, Julian: *Social Leadership* – 2nd edition (2016)

Collective leadership⁸

- Collective leadership with all partners demonstrating genuine interest, including community volunteers. Emphasis is on leadership at all levels not management of others.
- At Board level, there is an absence of organisational power dominance. People come to the table without an ego and are able to take collective decisions without undue deliberation or bureaucracy.
- Strong, committed and effective chairing of the Board which enables healthy debate and shared decision-making.
- Establishment of sub groups within the Board, trusted to take forward key agenda and decisions. The blend of skills, experience and having a common interest make this an effective means of progressing decisions and actions.
- Creating effective partnerships, not through persuasion but gently engaging over time to build trust and be active participants in developing the shared vision for C.I. There's a genuine desire to explore solutions and seek opportunities collectively e.g. volunteers; businesses, all sectors
- Volunteers take initiative, individually and collectively, taking forward ideas, having the self-confidence and permission to take reasonable risks and to act
- A sense of co-ownership, shared responsibility and togetherness, extending to nurses, ambulance staff, local businesses and local people



Transformational leadership⁹

- Value-based, innovative, courageous leadership. Respect earned through the achievement of key actions and driving Compassionate Inverclyde actively forward.
- Credibility and capability unquestionable in the Compassionate Inverclyde leader - strong CPD*
- Ability to “let go” of positional power
- The 5Ps’ are central: People, Place; Partnerships, Processes and Passion
- Clean language and informality reflect the style of engagement.
- Achieving movement towards culture change- preventative, co-produced, focus where humanity flourishes.
- Process rich but not process driven



⁸ West, Michael. Collaborative & Compassionate Leadership. The Kings Fund (May 2017)

⁹ Kouzes, M. & Posner, Z. Barry. The Leadership Challenge – How to Make Extraordinary Things Happen in Organisations (2017)

Theory U

The application of leadership to realise the ambition of a Compassionate Inverclyde resonates with the principles of Otto Sharmer's Theory U¹⁰. The seven leadership capacities are:

1. Holding the space of listening.

The foundational capacity of theory U is listening - to others; to oneself; and to what emerges from the collective. [Effective listening requires the creation of open space in which others can contribute to the whole.](#)

2. Observing.

The capacity to [suspend the "voice of judgment"](#) key to moving from projection to true observation.

3. Sensing.

The preparation for presencing requires the tuning of three instruments: [the open mind, the open heart, and the open will](#). This opening process is not passive but an active "sensing" together as a group. While an open heart allows us to see a situation from the whole, the open will enables us to begin to act from the emerging whole.

4. Presencing.

The capacity to connect to the deepest source of self and will [allows the future to emerge from the whole rather than from a smaller part or special interest group.](#)

5. Crystalizing.

When a small group of [key persons commits itself to the purpose and outcomes of a project, the power of their intention creates an energy field that attracts people, opportunities, and resources that make things happen.](#) This core group functions as a vehicle for the whole to manifest.

6. Prototyping.

Moving down the left side of the U requires the group to open up and deal with the resistance of thought, emotion, and will; moving up the right side requires [the integration of thinking, feeling, and will in the context of practical applications and learning by doing.](#)

7. Performing.

A prominent violinist once said that he couldn't simply play his violin in Chartres cathedral; he had to "play" the entire space, what he called the "macro violin," in order to do justice to both the space and the music. Likewise, organizations need to perform at this macro level: they need to [convene the right sets of players \(frontline people who are connected through the same value chain\) and to engage a social technology that allows a multi-stakeholder gathering to shift from debating to co-creating the new.](#)

¹⁰ Sharmer, Otto, C. (2018) Addressing the Blind Spot of Our Time - An executive summary of Theory U: Leading from the Future as It Emerges

Those about to embark on a similar transformational journey should consider the leadership attributes and capacities that they require to steer their work.

They need to reflect on the talent that they have in their community and consider how to 'Unleash their Alisons'. Undoubtedly such compassionate, collaborative leadership capacity exists in all communities. The trick is to spot the talent, empower the individual 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 they hold.

Investment in this leadership capacity at the outset of the journey is critical for success. However this is not a short term project. Investment in dedicated leadership should continue until there is sufficient maturity and sustained growth of the social movement by empowered volunteers and ordinary people.

“we zone in on the positive and promote it” (Alison- Volunteer co-ordinator)

The person spec for a Leader as initiator / catalyst for a Compassionate Community includes the following knowledge, skills and qualities

- Inspires a compelling vision
- Introduces systems and processes to support the realisation of the vision, including managing risk
- Commitment and passion – heartfelt, wholehearted and visible
- Clinical credibility- knowledge and expertise helps to open doors and build trust
- Local credibility- local awareness and use of diverse networks (“one of our own”)
- Ambition (for the initiative not self), proactive, determined, can-do attitude
- Experience of leading others; change management
- Courage and humility
- Good communicator and networker
- Inclusive – an ability to engage at all levels (skilled narrator – versus orator – listens, curates ideas, sees value and constructs and tells stories that serve as a call to action)
- Tenacity and resilience
- Emotionally intelligent relationship building-“ it comes from inside/out”
- Authenticity
- Empathy- ability to actively listen and empower action
- Honesty and integrity
- Inspire and develop the potential of others – through such support they enable a culture of autonomy, a leadership-at-every level culture to be nurtured.
- Good decision-maker
- Accountability- provides regular progress on activities and plans.
- Creativity, innovation and perseverance – a ‘can do’ attitude
- Catalyst for developing a compassionate, collaborative, trusting culture

Board Specification

Just as important as the role of the programme leader is the role of the Board. An effective Board provides enabling support, guidance, and visible collective leadership. Having reflected on the Compassionate Inverclyde Board's ways of working that we observed, we have framed a set of principles for others interested in taking forward a compassionate community initiative.

Ways of working and skills and qualities of members

- Working with a clear, focused agenda which grows organically as the Programme develops.
- Approach fosters flexibility, idea generation and tangible outcomes for the community.
- Strong, decisive chairmanship which enables healthy debate and shared decision-making, achieving agreement without undue deliberation or procrastination.
- Eased by a purposeful lack of formality and the development of trust built up over time.
- Diverse range of board members from the community who offer a blend of skills and experience, who have a common interest and drive to progress agreed actions.
- Decision making power/influence in members' respective organisations helps with achieving agreement/consensus.
- Volunteer representation is key.
- Establishment of sub groups within the Board, trusted to take forward key decisions.
- Having processes in the background, adhered to, but not used as performance management.
- Walking the talk at Board level, in terms of compassionate, collaborative leadership.
- No egos, siloed thinking or power plays in evidence.
- Conscious resistance not to overly bureaucratise the process is a refreshingly enlightened means of achieving results for the community.
- It also engenders a motivation to attend Board meetings where all contributions are actively sought and freedom extended to share responsibility for progressing compassionate actions.

Board Members

- ❖ Independent chair (local councillor)
- ❖ Ardgowan Hospice
- ❖ Community Policing
- ❖ Health and Care Alliance Scotland
- ❖ HM Prison Greenock
- ❖ Inverclyde Carers Centre
- ❖ Inverclyde Chamber of Commerce
- ❖ Inverclyde Community Health and Social Care Partnership
- ❖ Inverclyde Council for Voluntary Services
- ❖ Macmillan Cancer Support
- ❖ Scottish Care
- ❖ University of the West of Scotland School of Health and Life Sciences
- ❖ Volunteer leaders for each of the work streams
- ❖ West College Scotland
- ❖ Your Voice Inverclyde Community Care Forum

Knowledge Partner - International Centre for Integrated Care

Policy in Action

At the Compassionate Inverclyde event in March 2017, Public Health Minister Aileen Campbell noted the contribution it was already making to improving lives of local people. She welcomed the community led and collaborative nature of the approach and the potential to impact on a number of adverse outcomes associated with inequality. The Fairer Scotland Action Plan¹¹ is clear that community assets-based approaches alone cannot fully mitigate the adverse impact of poverty - the principal social determinant of ill health and the single biggest driver of poor mental health. The revised National Performance Framework¹² published in 2018 draws together the many different dimensions which influence wellbeing and offers a comprehensive, coherent and cross sectoral response to current policy challenges and aspirations.

The Framework describes the Values that underpin Scotland's national purpose.

'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.'

The Compassionate Inverclyde journey mirrors this bold and ambitious national policy and shares many of the characteristics of the distinctly Scottish approach to public policy. The synergies include:

- Attending to wellbeing in the round;
- A commitment to equality – there is no them and us;
- Privileging the quality of relationships;
- Political willingness to listen and hear and to soften its language to reflect every day talk;
- 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.

Compassionate Inverclyde contributes to a number of the national outcomes illustrated in figure 9.



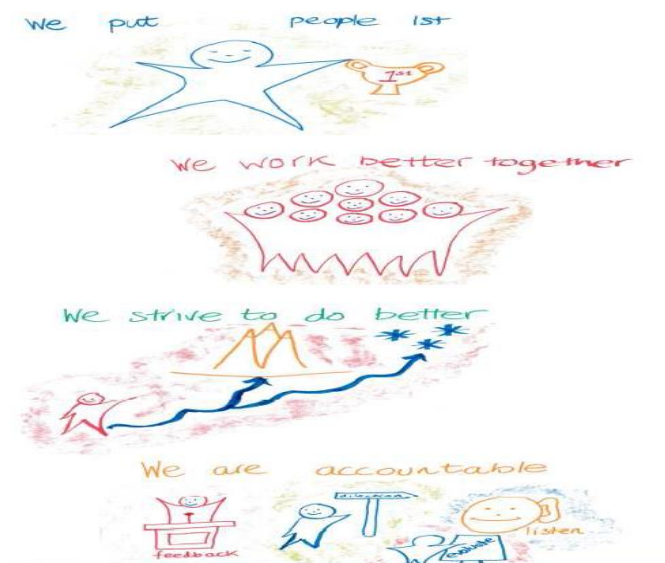
¹¹ Scottish Government. (2016). Accessed from: <https://www.gov.scot/publications/fairer-scotland-action-plan>

¹² Scottish Government National Performance Framework (2018). Accessed from <http://nationalperformance.gov.scot/> [Nov 2018]

Inverclyde

The Vision of improving lives is at the heart of the Inverclyde Health and Social Care Partnership. The Strategic Plan emphasises working with people to identify the best options and solutions that will help change or improve their lives - providing advice, putting them in touch with other services, providing direct support, and crucially, making it easier for people to do the things they want to, drawing on their own strengths and those of their family and community networks. This vision is supported by four values illustrated in figure ten. These resonate with Compassionate Inverclyde's approach that is relationship-centred, collaborative, continually improving, 'grass roots' led and focused on what matters to local people and communities.

Fig 10 Inverclyde HSCP Values



Although initially envisaged to focus on people at times of crisis and loss, Compassionate Inverclyde has evolved upstream in response to community concerns – listening, hearing and acting with those concerned. To some extent it touches on all five of the strategic Commissioning Themes.

Employability and meaningful activity – many volunteers 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. Several spoke of an inability to take a paid job because of their own fluctuating health / caring commitments

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, kindness; high 5 wellbeing programme with children and young people; back home boxes and community kindness and support at critical moments in life

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

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 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

Compassionate Inverclyde acts as a boundary spanner across these five themes – offering a truly joined up, approach that spans the life stages and crosses a traditional care group approach. It offers an agile and creative means of engaging ordinary people, drawing on their strengths, talents and inherent kindness, fostering relationships for the good of the community as a whole.

The Inverclyde Alliance, the local Community Planning Partnership identifies the priorities and issues which affect the lives of Inverclyde people and sets out eight outcomes which, when achieved, will improve their wellbeing and quality of life. Compassionate Inverclyde is making a contribution to some of these outcomes, with a particularly strong contribution to the outcomes on community action, skills development, health and wellbeing, realising potential and a nurturing Inverclyde.

- ❖ Communities are stronger, responsible and more able to identify, articulate and take action on their needs and aspirations to improve the quality of community life
- ❖ The area’s economic regeneration is secured, economic activity in Inverclyde is increased, and skills development enables both those in work and those furthest from the labour market to realise their full potential
- ❖ The health of local people is improved, combating health inequality and promoting healthy lifestyles
- ❖ A nurturing Inverclyde gives all our children and young people the best possible start in life
- ❖ All children, citizens and communities in Inverclyde play an active role in nurturing the environment to make the area a sustainable and desirable place to live and visit

The Board is an example of Community Planning in action: public agencies working well together and with the community, contributing to the vision for a Nurturing Inverclyde.



Specific Policy areas

Compassionate Inverclyde supports a wide range of policy goals in addition to the specific goals for improving palliative and end of life care:

Children & Family Strategy (updated July 2017)

Getting it Right for Every Child (GIRFEC) is the national approach in Scotland to improving outcomes and supporting the wellbeing of children and young people. This approach is further supported by the Government's aspiration for health and well-being in schools. "We want all children and young people to be able to learn about health and wellbeing to ensure they acquire skills to live healthy, happy lives by being responsible citizens and effective contributors to society."

Compassionate Inverclyde is working flexibly to assist schools in creating a culture of kindness, caring and compassion to each other and to the community - to family, friends, neighbours or strangers.

Mental Health Strategy 2017-2027

"This is the first national strategy in health and social care since integration. Underpinning this will be new opportunities for local areas to develop their own approaches, to innovate and to work across service boundaries to meet the needs of the local population"

This is currently happening within Compassionate Inverclyde through the engagement of volunteers working together with a common purpose to identify local needs, create solutions and improve their own mental wellbeing and that of others. An inclusive, intergenerational approach enables a more resilient culture to emerge from the various support offered, whether that be creating strong values based on kindness from an early age or opportunities for people to develop their self-worth as they learn new skills or help others:

- the High 5 well-being programme which receives support from teachers and pupils can be vital in helping ensure the mental wellbeing of children and young people;
- the Hub at St. Johns provides a community space for reflection, sharing stories and mutual support for volunteers and to welcome those who may be isolated;
- the Back Home Boxes provide practical and emotional support, hope and kindness for vulnerable people leaving hospital and a sense of purpose and connection for the many volunteers who contribute to the contents through knitting, donations, making tokens, or writing get well cards.

Health and Social Care Integration and Delivery Plan (December 2016)

The vision for health and social care integration is that people are supported to live well at home or in the community for as much time as they can and have a positive experience of health and social care when they need it. The delivery plan acknowledges that change must take place at pace and in collaboration with partners across and outside of the public sector, and that empowerment and partnership working is essential for the planning and delivery of sustainable care and support – "We need to move away from services 'doing things' to people to working with them on all aspects of their care and support. People should be regularly involved in, and responsible for, their own health and wellbeing.Moreover, it will not just be what services can provide, but what individuals themselves want and what those around them – not least families and carers – can provide with support."

Collaboration and empowerment are at the heart of Compassionate Inverclyde. It celebrates the value of reciprocity – human need to belong and contribute –to care and be cared for. People benefit as a result of being, and being a recipient of kindness, helpfulness and neighbourliness.

Reshaping Care for Older People: a programme of change 2011-2021

‘Older people are valued as an asset, their voices are heard and they are supported to enjoy full and positive lives in their own home or in a homely setting’. This vision sees high quality care and support for older people as a fundamental principle of social justice and an important marker of a caring and compassionate society. “Supporting and caring for older people is not just a health or social work responsibility – we all have a role to play”

Compassionate Inverclyde brings together families, neighbours and communities; providers of services like health, social care, housing, transport, leisure, community safety, education and arts; faith groups and also shops, banks and other commercial enterprises.

Changes in our society and modern life have made it harder to be kind, helpful and neighbourly.

Compassionate Inverclyde is dismantling barriers – real and imagined – making people a little bit braver – and more often than not when they do offer a hand it is welcomed and people want to be kind and helpful and neighbourly in return.

Good quality palliative and end of life care is an integral part of achieving the transformational change (and shift of resources) envisioned in Reshaping Care for Older People and in delivering the Dementia Strategy.

NODA support by trained companions is a tangible example of this transformation. Another is the contribution of the Back Home Boxes in promoting a Home First ethos and supporting people and families to have the confidence and support to return home from hospital. This shift upstream in response to community concerns about loneliness is an important step to being a kinder society.

Community Empowerment (Scotland) Act 2015.

Compassionate Inverclyde breathes life into the aspirations of the Act - helping to create an empowered community which has seen:

- greater participation
- increased confidence and skills among local people
- more people volunteering in their communities
- greater satisfaction with quality of life in the neighbourhood, amongst the “helpers” and those receiving acts of kindness and compassion.

The level of engagement and participation by the Inverclyde community has been extensive from the outset where they have helped create the ideas behind the movement including development of the processes, plans and indeed the review of progress made to date. This process has been carefully facilitated with an expert light touch by the programme lead. It is unlikely that reliance on organic relationships alone would have resulted in such progress across a wide range of activities involving many people and community groups.

The **Scottish Community Development Centre** refers to “Investment in community infrastructure being vital. Strong community organisations with skills, influence, networks and local connections are essential for the success of asset based and preventative approaches and for an increase in participatory democratic processes at a local level .” – *A true reflection of the spirit and activity of Compassionate Inverclyde. The result has been proactive local, intergenerational asset based community development that fosters better outcomes and better lives.*

Public Health Strategy (review)

The **Faculty of Public Health** defines public health as ‘the science and art of promoting and protecting health and well-being, preventing ill-health and prolonging life through the organised efforts of society’. – *whether it be art or science or both, Compassionate Inverclyde’s ambitious aims for promoting wellbeing and compassionate citizenship are realised by an “army” of helpers who, as a largely self-organised local society, offer compassionate support and kindness to a growing number of individuals and their families not only at the end of life but throughout the life stages.*

A Connected Scotland. Tackling social isolation and loneliness and building stronger social connections.

As society changes, there is increasing recognition of social isolation and loneliness as major public health issues that can have a significant impact on physical and mental health. Social isolation and loneliness can affect anyone - at all ages and stages of life. The draft strategy acknowledges that the biggest impact can only be delivered if communities are empowered to lead this work - people and communities know what is best for them. Stakeholder feedback to the Scottish Government engagement on the draft strategy stressed the importance of making space, clearing the way, creating the conditions for social connections, community cohesion and building a kinder society. This builds¹³ on recent work by the Carnegie UK Trust¹³ that identified the power of kindness, what contributes to creating kinder communities and what gets in the way.

Jeanne Freeman, now Cabinet Secretary for Health commented on 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.”

Or as Compassionate Inverclyde puts it: **“ordinary people helping ordinary people”**. These so-called ‘ordinary’ people have already recognised the place of kindness in combating loneliness, tackling social isolation, reducing loneliness, 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.

¹³ Ferguson, Z. *The Place of Kindness: Combating Loneliness and Building Stronger Communities*. Carnegie UK Trust, 2017. <https://www.carnegieuktrust.org.uk/carnegieuktrust/wp-content/uploads/sites/64/2017/07/LOW-RES-3110-Kindness-Overcoming-Risk-Report.pdf>

Community Engagement

The Compassionate Inverclyde lead initially engaged with four established local community groups. This dialogue helped to develop a brief questionnaire and four inquiry questions for wider engagement. Around 200 people of all ages with a wide spectrum of perspectives participated in 11 engagement events across Inverclyde. The discussions explored the concepts of compassionate citizenship, compassionate community, and the potential to combat loneliness. Responses to the four questions generated ideas that shaped the Compassionate Inverclyde work streams. This approach illustrates community development and coproduction, actively listening to what matters to local people, then working together to generate ideas and actions that may make a difference.

Q1: What acts do you think a compassionate citizen would carry out if someone was ill or dying at home?

“Sharing your life to enable the housebound person to feel they still belong to the wider community.”

“Knock the door and ask if they need anything.”

“Going back to the days of the old tenements, someone to get prescription”.

Practical Help	Listening/Companionship	Support for Family	Professional Support
Bring in newspapers/magazines	Have a blether	Family rota	Out of hours help from sheltered housing wardens
Do the shopping	Offer friendship	Support the family	Call emergency services
Bring in meals/ cook	Just be there	Phone the family	
Help with chores	Listen		
‘Do the washing’	Read to them		
Help with medication	Spend time		
Paint nails, style hair	Encourage to try new things		
Make a cup of tea	Home visits		
Walk the dog	Phone calls to check		
Go to chemist	Giving of your time		
Give treats like baking, sweets etc.	Write letters		
Neighbourly help	Cheer them up		
Take the bins out	Do activities		
Pay bills	Laugh and cry with them		
Help to dress			

Q2: How Compassionate is the Community of Inverclyde?

The three key words which featured throughout the feedback were adopted as the values of Compassionate Inverclyde: Neighbourly, Compassionate, Helpful. However, already the natural links with the language of kindness was visible. *“some people are **kind and compassionate**”*

- ❖ *People were always in and out of **neighbours** and got together to help if things were hard and your door was always open;*
- ❖ *Some people have good **neighbours** that look out for each other*
- ❖ *I have good **neighbours**, family is busy at work but **neighbours** look out for each other, have a cup of tea, help with walking the dogs, person down the road does odd jobs about the house and garden.*
- ❖ *Some people are aware of other people’s frailty, next door **neighbour** had cancer, used to take soup/porridge to him until he got to the stage he was taken to the Hospice.*
- ❖ *People have still got compassion, **helping** each other when they are in need*
- ❖ *Even if ill themselves, they still **help** other people; Very **helpful** tenants in sheltered housing*
- ❖ *Good groups that **help** such as Faith in through care, Salvation Army and 7 1/2 John Wood Street*

The responses identified some challenges and barriers that get in the way:

- ❖ *Society and Communities have changed, people’s lives are a lot busier therefore we are less likely to carry out acts of kindness as often as past societies where women may have been at home and had time to connect with neighbours and know who is ill and may need help.*
- ❖ *Sometimes people want to help but they find they are just so busy taking care of their own family*

A reluctance to get involved may also reflect the acknowledged barrier of personal or affective risk in opening up to others outside our direct family and friendship groups.

- ❖ *A lot of people keep to themselves, don’t want to impose on others, seen as nosey or interfering.*

Feedback highlighted a barrier from lack of confidence or understanding about how to respond in some situations.

- ❖ *People need to be confident in being compassionate*
- ❖ *Sometimes people may seem disinterested – this may be due to lack of knowledge or knowing what to say – what is appropriate etc.*
- ❖ *Many people do not want to upset people, so often avoid conversations about death, bereavement, dying, and this can often further isolate people – lonely & isolated at the time that they need to feel included the most!*

This theme was continued, recognising the need to encourage, support and train volunteers.

- ❖ *May need training / support to get the point that people feel able to be effective and efficient volunteers*
- ❖ *Encourage and support people to get to a place where we are not fearful of talking about illness / death*
- ❖ *Great when they have lived experience and they understand*
- ❖ *Need to encourage and support more people to get involved*
- ❖ *It’s getting everyone to realise and be more aware of families/friends/neighbours needs*

A third question explored views on involving volunteers at times of illness or at the end of life. The response was positive, with a few caveats about the local capacity: *“Not sure as we hear local children's football clubs brownies etc. are short of adult volunteers; We need to communicate better with the community and bring them in.”*

Q3: What are your thoughts about engaging volunteers as compassionate citizen's to help support people in the community who are ill or dying at home?

- ❖ *Befriending service volunteers are excellent.*
- ❖ *We don't have much information/ use voluntary services, but feel that anyone giving up their time on a voluntary basis is a great act of compassion and people should be encouraged to give a bit of their time to help others.*
- ❖ *They fulfil a really important role for people who are isolated and lonely*
- ❖ *Great if communities could work it out so perhaps once a week they had a get together in the persons home that could not get out*
- ❖ *Think volunteers are invaluable and make a huge difference to a person's life*
- ❖ *My mother has a friend who visits every week to keep her company and share with her what's been happening – this really helps her mood*
- ❖ *It's not something we should think about its something we should all be doing, we should all be compassionate citizens and have a responsibility.*
- ❖ *It is very important to have compassionate citizens as welfare services don't fill all the gaps i.e. home helps do not have time.*
- ❖ *Need to make better use of local assets / volunteers / we need them and we need them*
- ❖ *It's excellent that people give their time free and are willing to help other people. Most are retired themselves*

The community conversations conveyed a clear sense that a compassionate community was broader than compassionate citizenship at the end of life and had considerable potential to combat loneliness. This view was also evident in the feedback wall at the launch event in March 2017. *“How do we widen this initiative into other major issues facing Inverclyde?”*

Q4: What are your thoughts about Compassionate initiatives to combat loneliness?

- ❖ *More is required to identify those people who cannot get out and coordinate support either with family rotating visits/having volunteers help and to raise awareness of neighbours looking out for one another*
- ❖ *People need to be encouraged to seek out the lonely in their community and pop in including them in their live. We need to be more neighbourly.*
- ❖ *Many people lead such busy lives they don't know who is their neighbour and therefore are unaware if they are lonely or not.*
- ❖ *The biggest problem is identifying those who are lonely;*
- ❖ *Need to identify lonely and isolated people*
- ❖ *Need people to step in to target the lonely people and get them involved*
- ❖ *Loneliness can have very negative effects on your mental state of mind*
- ❖ *Loneliness is a huge problem manifesting itself in mental health and physical problems.*
- ❖ *Loneliness terrifies people; No-one should be alone*
- ❖ *It's a major problem for people who won't leave the house*
- ❖ *Isolation / loneliness is a danger to health – it's a killer*
- ❖ *Inverclyde elderly forum is excellent but loneliness affects younger people too. Perhaps we need to be more inclusive of all.*

Ideas for possible solutions

Participants shared their ideas on what could make a difference.

- ❖ *Assist / support people who are lonely / isolated to get involved as volunteers*
- ❖ *Befriending services are great for lonely people as a starting point to getting them more involved in their communities.*
- ❖ *Service should be advocated at doctors, hospitals etc...; leaflets through the door*
- ❖ *People need a social connection;*
- ❖ *Create opportunities for people to get involved*
- ❖ *Link lonely / isolated people with volunteers*
- ❖ *Assist / support people who are lonely / isolated to get involved as volunteers*
- ❖ *Build peoples skills and capacity to make a difference in and for the good of our community*
- ❖ *Intergenerational Work- all for it, letter writing, discussed receiving letters*
- ❖ *People with physical disabilities (through old age or otherwise) can be very lonely as there is not a lot of support to enable them to get involved. Transport is a huge issue, also that they may need assistance to get on and off transport.*
- ❖ *Me and my brother skype most nights to check in – great that we can do this as we live far apart*

These suggestions have been woven into Compassionate Inverclyde ways of working and are evident in several themes of the evaluation story:

- valuing reciprocity
- intergenerational work
- building skills and capacity of volunteers
- raising awareness of supports in the community
- using every day technology to connect people

A piece of advice from the community feedback wall at the launch event in 2017 captures the essence of the Compassionate Inverclyde approach– *“Be honest and listen and hear, respect choice, encourage engagement and support”*

There are two areas of feedback that may merit further exploration. First the recognition that to reduce isolation for people with disability may require work on the range of local transport solutions. This is a challenge shared by most areas in Scotland.

- ❖ *A lot of older people can be affected by loneliness, for the projects that already exist they would need assistance on transport and someone to support them – this is very rarely available therefore they remain isolated and lonely at home.*

Several items of feedback at the launch event suggested actions to maximise income are an important element of security and comfort. The collaborative Board offers opportunities to further align compassionate citizenship with established Inverclyde benefits advice and financial support.

- ❖ *Financial assessment, benefit check essential part of things*
- ❖ *Talk about funeral wishes plus costs*
- ❖ *Address funeral costs leaving family with debt*
- ❖ *Maximise income to allow comfort in journey for all surviving*

Improving Wellbeing

The Compassionate Inverclyde Lead and Emma Maxwell, an Essential Skills Lecturer at West College Scotland, devised a short programme based on the Five ways to wellbeing¹⁴ (taking notice and awareness; connecting with others; being active; giving; and keeping learning) from evidence for improving mental wellbeing published by the New Economics Foundation in 2008.



West College Scotland

The first pilot was part of a Working With Others unit for students and also aligned with a Values and Principles of Care unit. The students engaged well and found photo sharing was an excellent way of promoting discussion and sharing reflections. They set up and now administer a Compassionate Inverclyde Facebook page that allows members of the public to connect with the wellbeing initiative. https://www.facebook.com/CompassionateInverclyde/?hc_location=ufi

"I used to struggle to express myself in groups of people with big personalities. I have now learned that I myself have a big personality and can work with others well, express my opinions clearly and can resolve conflict easily in cases where personalities may clash. I managed to achieve my goals, particularly the ones surrounding confident individual skills and getting to know my classmates better. I feel over the past 6 weeks, this project has helped bring us all together and encourage genuine conversation about our lives instead of about our course. We all talked about how this project has helped us self-reflect and de-stress just at the right time as we were all feeling stress from final exams".

"I feel I will carry on the skills I have developed in this project with me for life and they will help me in the future to see things more clearly and maintain calm and less stressed. I feel that everyone took part each week and enjoyed the experience and that everyone gained a better understanding of mindfulness, and it has helped their wellbeing".

The success prompted Alison and Emma to roll the programme out across the wider community including groups who have experience bereavement, loneliness or social isolation, and to provide training for Compassionate Inverclyde volunteers to run their own groups.

¹⁴ New Economics Foundation (2008) *Five Ways to Mental Wellbeing*, Available at: https://issuu.com/neweconomicsfoundation/docs/five_ways_to_well-being?viewMode=presentation

Carers Centre

The next pilot was with a group of carers in Greenock. As well as improved wellbeing scores, participants reported new friendships and feeling more confident.

- ❖ *“ meeting new carers who became friends”*
- ❖ *“ More awareness and development of coping skills required for caring situation”*
- ❖ *“This course has given me a confidence to help more people instead of walking past”*

Your Voice

Participants in the third pilot with Your Voice also engaged well and reported many benefits.

- ❖ *“ Very enjoyable and interactive transferrable skills you can use in everyday life”*
- ❖ *“I found the course very helpful, made you more aware of things going on and taking more notice of people and their feelings and made you into a nicer person”*
- ❖ *“Very interesting, helps you become more self-aware and then allows you to check/change/motivate behaviour change for the better”*
- ❖ *“..simple and extremely effective. Find it easy to partake in, would be happy to facilitate it”*
- ❖ *“ A good course to be open minded to new ideas and a change of thinking to have compassionate care for others”*

Dolly Mixtures

The fourth pilot was with a group of retired employees of Ardgowan hospice.

- ❖ *“Feel more confident in talking to others”*
- ❖ *“gets you thinking about yourself and opening your eyes and mind to the world around you”*
- ❖ *“Awareness of being grateful, benefitted from the mindfulness especially at night”*
- ❖ *“Enjoyed the experience and am benefitting from using the mindfulness exercises. It feels good to be more alert and positive about day to day life”*

Each pilot programme encouraged participants to keep individual gratitude journals, to set weekly personal goals and to share photos of things which they had noticed during the week. Improvement in personal wellbeing is recorded by self-assessment as well as any changes in perceived confidence, self-esteem and their social skills. Each of the pilot groups proposed a name for the programme. Following a public vote, the programme became branded as High 5.

Two High 5 groups were then run with members of the public, many of whom had struggled with mental health issues, social isolation and loneliness.

- ❖ *“Teaches a new way of being.”*
- ❖ *Simple acts of kindness make a huge change to communities and my life”*
- ❖ *“I found many things that I was not aware of, I have already. This course has helped me realise what I could do, I no longer stay in bed all day and love to do favours for others”*
- ❖ *“This has been a very special period of learning and really hope the launch creates wide delivery of this course within our community. Kindness is free and definitely necessary”*
- ❖ *“Thank you so much for making me see me”*

One participant from the first group flourished throughout the programme and went on to help facilitate one of the childcare groups. This illustrates the value from the interconnected strands of Compassionate Inverclyde and the reciprocity that it nurtures.

Infant High 5

During 2017, the High 5 programme was adapted and delivered as a pilot to a primary 2 class in a local school. The 27 children who took part in the 5 week programme covered all five topics in a creative and fun approach tailored to their learning style and involving the following activities:

- Kindness Bear
- Friendship paper chain
- Frog Meditation
- Taking notice using pebbles, sweets or fruit
- Active games

A video was recorded to raise awareness of the programme and encourage interest by teachers in other Inverclyde primary schools. Engagement with school cluster groups was supported by a lesson plan and pack for teachers that frames the High 5 programme in the mental, emotional, social and physical wellbeing experience and outcomes of Curriculum for Excellence.

Amazon

Ten senior managers from Amazon Gourrock participated in a High 5 programme in 2017. This highlighted the opportunity for organisational benefits from the programme as well as the positive impact on personal and community wellbeing. This is an area that could be developed further as part of the work around Compassionate Organisations.

- ❖ *“Essential training for every organisation - the simplest act of compassion and kindness supports your team”*
- ❖ *“The course is the best thing I have completed in recent years; this will help me and my team on a personal and professional level”*
- ❖ *“Positive thinking, allowed me to bond with my team a bit more easily”*
- ❖ *“made me reflect more and transition negative thoughts into more positive ones”*
- ❖ *“Breathing and calming skills, thinking about how bereavement affects people differently”*
- ❖ *“It provided a reminder to take time to appreciate life and its many joys. It also let me know it is normal to get satisfaction from helping others”*
- ❖ *“Absolutely for the benefit you personally get in participating but also the onward wider benefit to society”*
- ❖ *“I am trying to be more generous daily and noticing both positively and negatively”*
- ❖ *“Worthwhile course that made me thankful for what I have but also more considerate of others who I can help”*
- ❖ *“(Alison) has been open and has ‘real life’ examples of kindness/compassion. I plan to continue with the lessons I have learned to have a more positive impact on people close to me and the community”*

The High 5 programme continues to thrive and has been introduced to high school pupils and in Greenock prison. Participant feedback illustrate how it serves to connect participants and their social network with the values of compassion and kindness, further growing the social movement.

“I would definitely recommend as I have found it useful to reflect on how I behave, and how to have a more positive, calm and kinder outlook and actions. I have found myself speaking about these values to my immediate family and friends”

Telling Their Story

The Compassionate Inverclyde lead has been a prolific ambassador giving presentations at numerous national, UK and international learning events. This has placed Inverclyde firmly on the global map of compassionate communities.

- Compassionate Communities Symposium, Sydney, Australia (Feb 2017)
- Integrated Care Matters international webinar (April, 2017)
- International Conference on Integrated Care, Dublin (May 2017)
- Palliative Care Conference Dublin (June 2017)
- Compassionate Communities Conference, Frome, Somerset (June 2017)
- Strategy day, Princess Alice Hospice, Surrey (September 2017)
- International Integrated care event, Ayrshire (Nov 2017)
- St Joseph's Compassionate communities conference (May 2018)
- International Conference on Integrated Care, Utrecht (May 2018)
- International Association of Nurses in Palliative Care Conference (June 2018)

There is a high level of interest from across Scotland and a number of partnerships have visited to learn about the approach. In addition, the lead has spoken at many workshops and seminars in other areas of Scotland, including:

- NHS Scotland Event x 2 parallel sessions (June 2017)
- NHS Lanarkshire Senior NMAHP Forum (August, 2017)
- Volunteering Network event (Scottish Health Council) (September 2017)
- Podcast on Your Small Voice Radio (October 2017)
- Hearing Loss Scotland (November 2017)
- Ayrshire Hospice Learning event (November 2017)
- St Andrews Hospice Airdrie (February 2018)
- Friends of the Hospice Ladies Lunch (February 2018)
- MacMillan Palliative Care Conference (March 2018)
- QNIS Conference (March 2018)
- SPPC Conference (April 2018)
- Staff partnership forum (August 2018)
- Pan Ayrshire Business planning workshop (August 2018)
- Glasgow City HSCP with Scottish care and Marie Curie (August 2018)
- Redesign with Glasgow University and Glasgow School of Art (September 2018)
- CVS Inverclyde Conference, the Beacon (September 2018)
- The international institute of graduate women (September 2018)
- NHS Grampian palliative care conference (November 2018) plenary speaker

Compassionate Inverclyde has been recognised in many local and national awards and media.

- BBC 2 Timeline programme featured NODA (February 2018)
- STV news (July 2018)
- Age Concern: Highly commended
- Inverclyde Community Champion: Winner
- Bees Knees award: Pride of Inverclyde: finalist
- RCN awards: finalist
- Excellent People; Excellent Outcomes CoSLA award: winner (October 2018)

They have produced a range of Audio Visual Materials that help to tell the remarkable story and can be accessed by the following links.

Clips on YouTube

COSLA Awards: LOCAL MATTERS Compassionate Inverclyde -

<https://www.youtube.com/watch?v=eOz54tf0yW8>

Compassionate Inverclyde - Proud To Be Inverclyde -

<https://www.youtube.com/watch?v=htq6VhiHeos>

Compassionate Inverclyde - A Place of Kindness (Health & Social Care Alliance) -

<https://www.youtube.com/watch?v=6yavTMw1Ch8>

Compassionate Inverclyde (Your Voice)

- <https://www.youtube.com/watch?v=GcxRbDUF5os>

Digital Story Work for the Evaluation report

- Volunteering with Compassionate Inverclyde by Charlie: <https://vimeo.com/260206689>
- Compassionate Inverclyde by Alison (Volunteer): <https://vimeo.com/260146177>
- Compassionate Inverclyde by Staff & volunteers: <https://vimeo.com/257931254>
- Developing a Compassionate Community by Alison Bunce: <https://vimeo.com/254568243>
- Back Home Boxes by Stacey: <https://vimeo.com/287450782>

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