Our vision for Ottawa: “A compassionate Ottawa supports and empowers individuals, their families and their communities throughout life to live well and to die and grieve well”
This document was created on behalf of Compassionate Ottawa by Jim Nininger with the assistance of Mary Lou Kelley and Cal Martell, volunteers of Compassionate Ottawa, and Paula Campbell, Operations Coordinator.

Individuals are free to download, copy and share any part of this Handbook. The Compassionate Ottawa Story video and Handbook can be used in any way that is helpful for noncommercial purposes.

The Handbook and Video can be accessed at [www.compassionateottawa.ca/resources](http://www.compassionateottawa.ca/resources)

Please cite this report as follows:

# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>1</td>
</tr>
<tr>
<td>Lessons Learned</td>
<td>2</td>
</tr>
<tr>
<td>Figure 1: The Compassionate Ottawa Logic Model</td>
<td>6</td>
</tr>
<tr>
<td>Overview of Compassionate Ottawa</td>
<td>7</td>
</tr>
<tr>
<td>Figure 2: The Circle Diagram</td>
<td>8</td>
</tr>
<tr>
<td>Milestones, Activities and Guidance for Others</td>
<td>10</td>
</tr>
<tr>
<td>Conclusion</td>
<td>15</td>
</tr>
<tr>
<td>Appendix A. Developing A Compassionate Community: A Conceptual Model</td>
<td>16</td>
</tr>
<tr>
<td>Figure 3: Compassionate Community Development Model (The Tree Model)</td>
<td>16</td>
</tr>
<tr>
<td>Appendix B. The Compassionate City Charter</td>
<td>24</td>
</tr>
<tr>
<td>Appendix C. Additional Resources</td>
<td>26</td>
</tr>
</tbody>
</table>
INTRODUCTION

The purpose of this Handbook is to complement the video of the Compassionate Ottawa Story. The video provides a high-level perspective of why we have embarked on a pathway to becoming a compassionate community. The Handbook is designed to provide more details about our approach, and most importantly, lessons learned that may be of value to others wishing to consider such an approach.

Sharing the Ottawa experience provides community groups with an example and starting point for local discussions about developing their compassionate community.

What to Expect from this Handbook

The Handbook describes the Compassionate Ottawa Story in a number of different ways.

1. The first section describes the key lessons learned from the experience of Compassionate Ottawa.

2. The second section provides an overview of the structure and activities of Compassionate Ottawa as of November 2021.

3. The third section is for those who want more detailed information on the development of Compassionate Ottawa from 2016 to 2021. The development is divided into 10 phases and provides milestones, activities and guidance for others.

4. The final section provides some concluding comments on the Compassionate Ottawa experience.

The Handbook contains three appendices that provide useful resource material:

A. Developing A Compassionate Community: A Conceptual Model authored by Mary Lou Kelley, MSW, PhD.

B. The Compassionate City Charter, authored by Professor Allan Kellehear.

C. A list of select publications and websites on compassionate communities.

Want More Information?

Please let us know if you would like more information or would like to discuss any aspect of our experience. You can contact us through our website www.compassionateottawa.ca

“A compassionate Ottawa supports and empowers individuals, their families and their communities throughout life to live well and to die and grieve well”
LESSONS LEARNED

In this first section, we stand back and reflect on our development and offer some overall lessons we have learned from our experience to date. It is hoped that our experiences will be helpful to any group wishing to nurture a compassionate community.

Keep in mind that there are different ways of nurturing a compassionate community. One is building an initiative that is affiliated with a residential hospice. Compassionate Ottawa, however, was developed as a community wide, volunteer driven, initiative without affiliation to another organization. This was not based on a preconceived plan but evolved as we progressed in our development. Therefore, our experience may be most relevant to other communities that desire to create an independent community-based and volunteer driven initiative.

Our Lessons Learned are grouped into three areas: 1. Why a Compassionate Community? 2. Gauging and Growing Interest. 3. This is a Journey.

1. WHY A COMPASSIONATE COMMUNITY?

The focus that initially brought a number of volunteers together was the unfortunate state of palliative care in Canada, and the heartbreaking impact this had on the experiences of many dying Canadians and their families. The need to improve peoples’ experience at end of life was supported by published studies, the work of a number of associations, conversations with palliative care physicians and researchers, and anecdotal stories told by our volunteers and others. It was clear that palliative care was inadequate in three areas: access to services, the equity of access to these services and the quality of care.

In creating Compassionate Ottawa in late 2016, we felt that there was a need for the community to come together and play an important role alongside health care providers and social agencies in helping those who were dealing with serious illness, caregiving, dying, death, loss and grief.

We learned from health providers that they felt that they could not deal with these issues alone. The same was true of social agencies in the community.

As we look back, we can see just how real the need was when we came together in 2016 and how that need has only intensified since that time. The need has been exacerbated by the aging of the population on the one hand and the pandemic on the other. The impact of the pandemic on long term care homes and other vulnerable populations in particular, has been devastating.

As well, as our work has evolved it has taken us beyond palliative care as we normally think of it from a health services perspective. Our work took us to community institutions such as our schools and our workplaces, where issues of aging, serious illness, caregiving, dying, death, loss, grief, caregiving and compassion have a significant impact on a day to day basis.

Our work has also led us to better understand the importance of living well as we age. One of our volunteers describes it this way: “How do we live as long as we can as well as we can with the supports in the community that can make this happen”.

We have also learned about the importance of inclusion in our work. It is critical to have strategies to work with groups that face systemic discrimination of any sort or who have been marginalized in our community.

“How do we live as long as we can as well as we can with the supports in the community that can make this happen”.
Our work in understanding the role of the community in helping with these issues has been greatly enhanced by work of Professor Allan Kellehear, who has written extensively on the role of the community. Since he published his book in 2005, entitled Compassionate Cities, he has mobilized an international group of individuals who are working towards his vision. Several years ago, he created the Public Health Palliative Care International Association, as this has become a worldwide social movement. The first International Compassionate Communities Day was held November 1, 2021. To summarize, it is clear that the need to assist those who face serious illness and who are dealing with issues of caregiving, dying, death, loss and grief is very real. It is also clear that the community has an important role to play in helping with these issues.

2. GAUGING AND GROWING INTEREST

We found that there are a number of important factors that have an impact on engaging the community and developing support for Compassionate Ottawa.

a. Developing an Inspiring Vision

One of our first tasks was to develop a Vision and Mission. Fifteen of our volunteers from various backgrounds came together to work with a facilitator to do this work. It was a very challenging session as the participants had quite different views about what were about. We worked through these differences in a constructive manner and arrived at draft statements. These were taken to a large community meeting of 85 individuals from diverse sectors of the community. Supported by the same facilitator and working in small groups, the draft statements were critiqued. This process resulted in strong support with few changes. The agreed upon Vision was the vision for Ottawa, not Compassionate Ottawa. It states: “A compassionate Ottawa supports and empowers individuals, their families and their communities throughout life to live well and to die and grieve well” This Vision was developed in mid-2017, 6 months after we embarked on our journey and has not changed. Interestingly however, the emphasis on the words has changed. At first, the emphasis was on death and dying and this has shifted more recently to living well. Here is an expression of this:

“Compassionate Ottawa is a community movement that works to change the way we think about living well, dying, death, grief and caregiving and to strengthen the capacity of people to care for each other in times of serious illness and loss. We passionately believe that everyone should have the opportunity to enjoy wellness and self-respect until the end of life”

b. The Readiness of Your Community

It is important to respect the readiness of your community to embark on a compassionate community initiative. The pace of movement that many of us desire needs to be tempered when working with the schedules and priorities of individuals and organizations with whom we wish to work. This can be frustrating but patience usually pays off.

c. The Importance of Key Principles

As our journey continued, we realized that we needed to incorporate three fundamental underpinnings into our work, namely: community development and capacity building, end of life as a public health issue, and a social model of caring. Compassionate communities need to be rooted in community development principles and practices. It is the community that determines its own needs and develops its own strategies for dealing with its needs. It is very much a bottom up as opposed to a top down approach. This can be a slow process but it has been shown that sustainability will occur only if the community owns the process.

Appendix A contains a description of the community development process by Professor Mary Lou Kelley illustrated using her ‘Tree Model’. This is a conceptual model that can be adapted and used as guidance on a bottom up and inside out approach. The model can be used in any city, town organization or community because it is
grounded in the local culture and context. It has been validated in rural communities, long term care homes and first Nations communities.

The HELP Ottawa project was put in place to gain experience in applying this concept to end of life issues. The Healthy End of Life Program (HELP) is a three-year research project that is implementing a community development approach in four settings: two faith communities and two community health centres. The project is sponsored by Compassionate Ottawa, funded by the Mach-Gaensslen Foundation, and carried out by Pamela Grassau PhD. from the Carleton University School of Social Work. Learnings from the four sites will help inform the future work of Compassionate Ottawa.

Another project, Let's Talk about Later Life, was funded by the Canadian Frailty Network. It allowed Compassionate Ottawa to create resources for use in community engagement to promote end of life conversations and to assist in changing social attitudes and behavior. These resources include a book chat, digital care giving stories and a video of the Compassionate Ottawa Story plus this Handbook.

Information on both of these projects can be found on the Compassionate Ottawa website.

Compassionate communities need to become part of the public health approach to end of life care. It needs be viewed as a population health issue where it is implemented as part of a more comprehensive approach to improving health outcomes, working with other parts of the health system. This is sometimes referred to as a health promotion approach. Key public health principles are prevention, early identification, harm reduction and rehabilitation. Related to end of life issues, this means the prevention of distress and complications, early identification of needs and mobilization of appropriate supports and care, and maximizing independence and quality of life to the very end of life.

A compassionate community can be thought of as a social model of caring. The so called 95% rule demonstrates this point. When someone is faced with a serious illness, they will spend approximately 5% of their time with their clinical team and the other 95% of the time, with their families, friends, work colleagues and other social networks. Abel and Kellehear describe what they refer to as a social model in depth in a forthcoming book titled Oxford Textbook of Public Health Palliative Care. Kellehear, in his Compassionate City Charter, says the following:

“A compassionate community is one where its residents recognize that care for one another at times of crisis and loss is not a task solely for health and social services, but is everyone’s responsibility”

d. Build on Existing Community Resources

In our very early days we visited some 25 organizations in Ottawa to discuss Compassionate Ottawa. Some were health providers, some were social services agencies and others community-based organizations. We asked three questions: Was there a need for this initiative in our community? Are we competing with anyone else in this field? Will you partner with us? The answers were Yes, No and Yes. This was very encouraging.

It was immediately obvious that a number of organizations were working in fields related to the work of a compassionate community and had been doing so for a long time. We needed to develop a relationship with these organizations so that we could partner with them. We have worked
hard at this with some considerable success. In some cases, we have delivered our workshops in advance care planning, and grief and bereavement, to members of partner organizations.

e. Supporting Our Volunteers.
Critical to our success to date has been the importance of supporting our volunteers in their work with us. This has included orientation to the work of Compassionate Ottawa, exploring where volunteers wish to contribute, providing training for volunteers who wish to facilitate our workshops and keeping them informed of the progress of the organization. The Champlain Hospice Palliative Care Program has been very helpful in working with us in the training of facilitators. Also important has been the semiannual meeting of our volunteers and a monthly update memo on our activities.

3. THIS IS A JOURNEY

Developing a compassionate community needs to be viewed as a long-term journey. Raising awareness let alone changing attitudes on living well, dying well and grieving well in a city of one million citizens is no small task. Some experts in the field talk about such an undertaking as taking at least a decade or more.

The journey is not likely to be linear. It is much like the process of innovation. It is dynamic and changing as you learn and experiment with the initiatives on which you are working.

As the journey continues it is important to balance order, discipline and oversight with flexibility that is needed for a bottom up, community driven model to work. This sometimes requires being responsive to an opportunity even though your work program is full and your resources are already committed.

Don’t forget to evaluate your work. Early on, through the persistence of one of our academic volunteers we developed a Logic Model. A logic model is a diagram that represents a program or project. It typically describes the problem or issue that the program intends to address, the resources required and what you plan to do, what you hope to accomplish, and how you will measure if you are successful. An excellent resource for understanding and creating logic models can be found at betterevaluation.org. (https://www.betterevaluation.org/en/search/site/logic%20model). We highly recommend that every compassionate community group create a logic model for their own work.

Compassionate Ottawa’s Logic Model was a very valuable tool to guide our journey in our early development and helped us to evaluate the impact of our work over time (short and longer term). The logic model has gone through various iterations as we have evolved, which is normal. The most recent version is included as Figure 1.

We are now focusing on evaluating the effectiveness of our workshops in advance care planning and grief and bereavement.
As we move forward we are exploring how best to evaluate the impact of our work at the broader community level.

Learn from others with experience. While the compassionate community movement is relatively new in Canada, other countries, specifically the United Kingdom and Australia have been working in this field for some time. The good news is that there is a well-developed body of knowledge that is very accessible. Organizations like the International Public Health Palliative Care Association, the Groundswell Project in Australia, Palliative Care U.K., Compassionate Communities U.K., the BC Centre Palliative Care in British Columbia, provincial palliative care organizations, such as the Hospice Palliative Care Ontario, and Pallium Canada offer helpful information.
OVERVIEW OF COMPASSIONATE OTTAWA

Compassionate Ottawa is a community model of caring. As stated by Allan Kellehear, founder of the Compassionate Communities social movement, “we recognize that care for one another at times of crisis and loss is not a task solely for health and social services but is everyone’s responsibility”.

Our Vision for Ottawa: “A compassionate Ottawa supports and empowers individuals of any age, their families and their communities to live well and to die and grieve well’.

The Mission of Compassionate Ottawa: “We are a movement that builds the capacity of the citizens of Ottawa to be more capable and confident of helping themselves, their families and their communities to live well and to die and grieve well’. Our goals are to:

- **Change Attitudes and Behaviour.** Change the way we think about dying and death so that we can be better prepared and thus improve our quality of life. Encourage individuals to prepare their end of life wishes and communicate these to their families and others.

- **Educate, Support and Empower.** Engage Ottawa’s many and diverse communities and provide support as they develop their own approaches to become compassionate communities. Develop a shared understanding in the broad community of the need to work together to help Ottawa to become a compassionate community.

- **Engage Community Partners.** Work with partner organizations with common interests to increase the impact of our collective work. Engage with health providers, social organizations and other community partners to enhance connections and reduce isolation.

The Values of Compassionate Ottawa are:

- Compassion for all
- Living well and dying well
- Leadership in an engaged community
- Building on evidence
- Collaboration
- Inclusion
- Empowering community.

THE CIRCLE DIAGRAM

We developed the Circle Diagram (see Figure 2) to describe Compassionate Ottawa for community presentations and to orient new volunteers. It has grown more complex as our activities have expanded and as our learning about compassionate communities has evolved.

The Center of the Circle: Who is our Target Audience?

Ottawa is one community but is made up of many and diverse communities. These include smaller geographic communities or neighborhoods as well as communities of interest such as ethnocultural, linguistic, and communities of interest as examples. Inclusion is one of our core values.

In sum, our target audience is the community and communities of Ottawa.

The Inner Circle: How do we connect with our community and communities?

The inner circle describes our community facing programs, aimed at increasing community-wide knowledge related to aging, dying, grieving caregiving and compassion. All of our programs are developed, lead, implemented and evaluated by teams of volunteers.

Our first program was providing **Advance Care Planning (ACP)** workshops which include having difficult conversations. A number of our volunteers were interested in becoming ACP facilitators. We were fortunate to have the assistance of the Champlain Hospice Palliative Care Program who...
provided training for our facilitators. This has gone on to become our largest program which has transitioned to virtual workshops offered in both French and English. ACP resources are described on our website.

The second program we developed offers workshops in grief and bereavement, which also includes having difficult conversations. We were fortunate to have a number of experienced volunteers who came together as a team to develop materials and offer workshops virtually. Grief resources are described on our website.

Our third program area is caregiver support is in its early stage of development. By support we mean information sharing that will empower caregivers to make good choices and act to give and to get help. This team is working with our faith team in exploring how best to offer discussion groups for faith community caregivers.

Our focus going forward will be to continue to strengthen these programs and offer them to a wider cross section of the Ottawa community.

In addition to the knowledge areas we have a number of other programs. One is our initial work on a major city-wide event, to mark the relaxing of the COVID pandemic restrictions, hopefully to be held in person in the spring of 2022. This event will bring the citizens of Ottawa together to remember and honor those we have lost, thank those who helped get us through a hard time, reflect on what we have learned during the pandemic and to imagine a hopeful future.

A second is our Conversations with Leaders, which involves one of our volunteers interviewing local, national and international experts in a field related to compassion. This series has been well received and attracts a wide audience from Ottawa, other parts of Canada and internationally. Recordings of past Conversations can be found on our website.

A third program offers periodic community awareness events where we will partner with another organization to cosponsor events of broad interest to the community. Two such events have been co-sponsored with Ottawa Inner City.
Health and the Ottawa Public Library. The first was a screening of the film “Blue Roses”, a documentary that highlighted end of life issues and compassion amongst the marginally housed. The second was a presentation on the book “Talking about Death Won’t Kill You” by the author Kathy Kortes Miller PhD.

A further program is our sponsorship of funded projects. At the present time we sponsor two funded projects. One is HELP Ottawa, being carried out at Carleton University. The other is a project funded by the Canadian Frailty Network. Information on these projects can be found on our website.

We are following Professor Kelleher’s Compassionate City Charter for an important part of our work. The Charter is contained in Appendix B. We have started with three Charter priorities. One is faith communities and the team in this area has worked with the ACP and grief and bereavement teams in offering workshops to faith communities.

A second priority area is schools. With a grant, we developed teaching materials for use in the two French school boards in Ottawa. These materials are to help initiate conversations about death, dying, loss, grief and compassion among the school community. The materials address the needs of four groups: administrators, social workers, teachers and students. Using a train the trainer model a number of initial workshops were held before the pandemic and the plan is to continue these as resources permit.

A third priority is for workplaces. The team in this area started to offer workshops just as the pandemic took hold and are gearing up to offer virtual sessions.

In the next phase of our work we plan to engage Ottawa’s many and diverse communities. These include neighborhoods where we live as well as the many communities that gather to share common interests, values and beliefs. Of particular importance will be those who often have been left out or who face discrimination of any sort. Inclusion is one of our core key values.

The Outer Circle

The outer circle describes our work that is designed to build the capacity of Compassionate Ottawa as an organization to offer its programs. There are seven such areas. Each one is overseen by a team of volunteers.

The first is the evaluation of our work. As previously described, at the outset we developed a Logic Model which has been modified a number of times as we gained experience. Going forward our evaluation work will include not only the assessment of individual activities, but also the impact of our work, and that of others, on the broader community.

Second is financial sustainability. We have been fortunate to have received excellent initial financial support from our community to support our work. We have received funds from private donors, foundations and government funded programs. It is important that this support continues and broadens as we move forward.

Next is volunteer engagement. At the present time we have some 80 volunteers who carry out our work. Ensuring that we have a strong program to recruit new volunteers, provide thorough orientation, offer ongoing development, and opportunities to meet as a group on a regular basis will remain a priority.

Fourth is our French language programs. With the leadership of our francophone volunteers, we have been able to build a strong program of offerings to our francophone community.

Fifth is building partnerships. Our Mission statement includes the importance of building partnerships with community organizations and working with them to deliver collaborative program offerings.

Sixth is governance and leadership. We started our work with a small steering committee overseeing our work. We evolved into an incorporated not for profit organization led by an experienced board of directors, all volunteers, and supported by our volunteers and our paid staff of two.

Lastly is marketing and communications. This team oversees our two websites, one French and one English, as well as all of our social media and other communications programs.
MILESTONES, ACTIVITIES AND GUIDANCE FOR OTHERS

This section of the Handbook describes the key milestones and activities and suggested guidance for others considering establishing a compassionate community. It divides our development into 10 phases covering the period 2016 to 2021.

**Compassionate Ottawa Development 2016-2021**

<table>
<thead>
<tr>
<th>General time frames</th>
<th>Time line</th>
<th>Main focus of CO/theme</th>
<th>Activity</th>
<th>Guidance for Others</th>
</tr>
</thead>
</table>
| Phase 1             | Spring/summer 2016 | • Learning about end of life issues and the role of compassionate communities. | • One of the co-founders developed an interest in end of life issues in April, 2016 after attending a seminar.  
• Explored the subject, read the literature, held informal meetings.  
• Invited co-founder to join in exploring interest in launching a compassionate community initiative.  
• Held an informal meeting of 15 community leaders from different sectors in mid-2016 to explore the topic of compassionate communities. | • Need one or more champions to lead exploration of community interest.  
• Complimentary skill sets of co-founders worked very well for CO.  
• The leadership skills and community connections of the original start up group, was essential to building a good understanding end of life issues and community development. |
| Phase 2             | Fall/winter 2016/17 | • Exploring and testing the idea with other potential volunteers and community organizations.  
• Mobilizing interest. | • Held community leadership meeting in November 2016 with 45 attendees.  
• Overwhelming support and offers of help from Ottawa Community Foundation and OutCare Foundation (office space and accounting services).  
• Co-founders subsequently met with 25 community organizations and health providers to further test interest and support. | • Hold early community meeting to test interest and support.  
• Meet with community organizations to explore need, gap in services and willingness to partner.  
• Assess if conditions in the community are favorable to move the initiative forward. Conditions include: collaborative culture amongst people and groups, good health and social services willing to partner and support, community has a history of identifying and solving problems on their own (motivated to make change from within), presence of strong volunteer leaders, good informal networks already exist that can be engaged and strengthened. |
<table>
<thead>
<tr>
<th>General time frames</th>
<th>Time line</th>
<th>Main focus of CO/theme</th>
<th>Activity</th>
<th>Guidance for Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 3</td>
<td>Spring/summer 2017</td>
<td>• Creating draft vision and mission. • Confirming with community.</td>
<td>• 15 volunteers met to draft vision and mission. Facilitated session. • Held second broad community meeting with 85 participants. • Vision and mission confirmed by community along with guidance for next steps and suggestions as to who should be at the table. • CO would be a volunteer-led community-based social model of care.</td>
<td>• Recruit volunteers with a variety of skills to help develop the initiative (passionate, well connected and respected, knowledge of community, leadership experience). • Leadership group needs balance of backgrounds. • Recruit a few retired health providers who are committed to the importance of a community model of caring. • Confirming community buy in is critical.</td>
</tr>
<tr>
<td>Phase 4</td>
<td>Summer/fall 2017</td>
<td>• Developing CO as a community-led and driven organization.</td>
<td>• Initial structure put in place with a 4-person Steering Committee and volunteer group. • Determined initial Program priorities (ACP, schools, workplaces, faith communities). • Developed infrastructure (logic model, website and social media). • Developed initial partnerships. • Secured initial funding from a private donor which allowed autonomy to develop CO without requirements or conditions. • Made presentations at two end of life conferences in Ottawa in September (one international and one national).</td>
<td>• Keep structure informal with character of a social movement. • Volunteer group was critical in building support and undertaking the work of CO. • Continue learning about subject matter. • Create partnerships with community organizations to work together on meeting needs. • Seek opportunities to participate in conferences and network with leaders in the field.</td>
</tr>
<tr>
<td>General time frames</td>
<td>Time line</td>
<td>Main focus of CO/theme</td>
<td>Activity</td>
<td>Guidance for Others</td>
</tr>
<tr>
<td>---------------------</td>
<td>-----------</td>
<td>------------------------</td>
<td>----------</td>
<td>---------------------</td>
</tr>
</tbody>
</table>
| Phase 5             | Winter/spring 2017/18 | Continuing development of CO initiative. | • Signed MOU with Champlain Hospice Palliative Care Program (CHPCP) to deliver ACP programs (CHPCP to train CO facilitators).  
• Received funding from Ottawa Community Foundation for Schools Project in partnership with the two French School Boards.  
• Held key meetings with health providers to discuss community (social) model of care to work separate from but in collaboration with providers.  
• Continued to develop volunteers (which then numbered 35), through semiannual learning events and other training.  
• Continued to make presentations on CO to community organizations.  
• Received additional donor funding which allowed CO to engage part time staff to support volunteers. | • Ensure balance of organizational flexibility and innovation with need for structure and focus.  
• Understand the importance of supporting volunteers in their roles as program leads, facilitators and other activities.  
• Collaborate with more established community partners to provide credibility in the early phases of development and gain visibility as an organization. |
| Phase 6             | Summer/fall/winter 2018 | Building capacity to seek funding for major projects. | • Developed proposal for three-year HELP Ottawa project.  
• Received funding of $640,000 from a private foundation for a three-year HELP Ottawa project sponsored by CO and carried out by Principal Investigator at Carleton University.  
• Formed volunteer group to recommend future needs of CO to support growth. Proposed moving to a board of directors and institute a volunteer development program.  
• Incorporated CO with a 9-person board. Volunteers become the Advisory Council. | • Seek funds for projects to support core programming. Seek volunteers with a fundraising skill set.  
• Evolve the organization’s structure to meet the needs of growth and complexity.  
• Limit initial program priorities to maintain focus.  
• Volunteer Group needs to meet periodically to provide community input. |
<table>
<thead>
<tr>
<th>General time frames</th>
<th>Time line</th>
<th>Main focus of CO/theme</th>
<th>Activity</th>
<th>Guidance for Others</th>
</tr>
</thead>
</table>
| Phase 7             | Winter/ spring 2019| • Managing significant funded projects.                                                 | • Publicly launched HELP Ottawa at Carleton University with attendance of 200. Excellent media coverage. Op Ed article by a CO volunteer at same time highlighted the importance of a social model of care to compliment the provider model.  
• Awarded a three-year grant by Ottawa Community Foundation for volunteer development. Grant included development of two new initiatives in grief and caregiver support.  
• Implemented monthly meetings of Board of Directors.  
• Partnered with Ottawa Inner City Health in public showing of ‘Blue Roses’ documentary on end of life care in rooming houses. Had a repeat showing. | • Recognize that developing a community-led initiative is not easy and takes time.  
• Sponsor and learn from research projects like HELP Ottawa, which enables communities to support people, and their caregivers, who wish to receive end of life care in their home, or in the community, for as long as possible.  
• Critical to maintain a skilled, experienced, and diverse board to execute governance responsibilities.  
• Maintain partnerships with established community organizations to aid in visibility and credibility. |
| Phase 8             | Summer/ fall/winter 2019 | • Expanding CO activities as resources permit.  
• Ensuring structure supports expanded services.                        | • Hired two full time staff to support the work of the volunteers.  
• Presented CO experience at two major end of life conferences, one national and one international public health palliative care conference in Australia.  
• Partnered with the Ottawa Public Library on a city-wide event with the author of the book ‘Talking about Death Will Not Kill You’.  
• Emphasis on coordinating the work of 13 volunteer-led teams implementing programs, and activities of CO (see Circle Diagram).  
• Awarded grant, with matched funding, from Canadian Frailty Network to create 3 new community education resources to promote awareness of issues of dying, death, loss and grief.  
• Board launched major branding project.  
• Expanded French language outreach rapidly with new volunteers, website materials, training of facilitators, workshops and partnerships.  
• Recognized the need for staff resources and an Executive Director to manage expanding activities. Board Chair assumed many of these tasks making it a time intensive commitment. | • Seek opportunities to partner in sponsoring city-wide event to raise awareness about the importance of a compassionate community.  
• Explore alliances with health care providers to work together to support those dealing with dying, death, grief and loss.  
• Create team structure to allow for significant engagement of volunteers in CO activities.  
• Organization needs to be properly resourced with staff, to support the work of volunteers.  
• Share experiences with other compassionate community initiatives to assist in developing the movement. |
<table>
<thead>
<tr>
<th>General time frames</th>
<th>Time line</th>
<th>Main focus of CO/theme</th>
<th>Activity</th>
<th>Guidance for Others</th>
</tr>
</thead>
</table>
| Phase 9             | Winter/ Spring/ summer/ fall 2020 | - Responding to COVID-19 rapidly. | - Created a Board led Rapid Response Team on COVID 19 which implemented a multi-pronged plan to deliver services in a virtual setting and trained facilitators to lead community programs in a new virtual environment.  
- Offered virtual advance care planning/conversation workshops in the late spring.  
- Developed a new program in grief and bereavement. Trained facilitators.  
- Continued branding project with major redesign of website.  
- Recognized the importance of incorporating the idea of ‘living as well as you can’ into our messaging.  
- Recognized the need to pay special attention to communities and groups which have been disproportionately impacted by the pandemic. | - Recognize COVID-19 had a major impact on everyone including not-for-profit organizations. The ability to respond quickly to the new environment has been essential for the survival of many organizations.  
- There is a need to incorporate the idea of ‘living as well as you can as long as you can’ into messaging.  
- There is a need to pay special attention to communities and groups who have been disproportionately impacted by the pandemic. |
| Phase 10            | Winter/ Spring/ Summer/ 2021     | - Expanding programs and launching new initiatives in social marketing and communications.  
- Planning for financial sustainability. | - Received charitable organization status.  
- Continued offering Conversations with Leaders sessions and posted them on website subsequent to session.  
- Established a major Financial Sustainability initiative and created material for use in fund raising.  
- Continued offering virtual ACP and grief sessions including working with partners with offerings for their members.  
- Launched a new website and enhanced social marketing activities to reach a wide cross section of the Ottawa community.  
- Established a group to explore a city wide event in 2022 to honour those we have lost, thank those who helped us get through a difficult time reflect on what we have learned during the pandemic and imagine a hopeful future.  
- Engaging the passion of our volunteers has enabled our successful growth. Our volunteer group currently numbers 80. | - The current level of activity requires careful coordination on the part of the board and team leads.  
- A focus on securing sufficient funding to support the organization has become a priority. This includes funds for operations. |
CONCLUSION

In looking back over our first 5 years, there are two overarching conclusions we have reached. The first is that the community has a critical role to play in helping people deal with issues of caregiving, dying, death, loss and grief. The second is the importance of the community working in collaboration with health providers in improving the health outcomes of those in need.

We have devoted the largest part of our work to date on the first of these two areas. We are developing a community movement that works to change the way we think about living well, dying, death and grief and to strengthen the capacity of people to care for each other in times of serious illness and loss.

We do this through our workshops on advance care planning and grief and bereavement, our Conversations with Leaders series, the sponsorship of two learning projects and a variety of other community events. This work has been undertaken by our volunteers, often working with community partners. All of this work has benefited from critical financial support from our community.

As we move forward, we will continue to prioritize the building of a community model of caring for Ottawa. We will also increase our efforts in developing partnerships with health providers and community agencies to improve health outcomes.

The pandemic has highlighted for us, as everyone, that too many people remain socially isolated, disconnected from social networks of care and support and unable to access health care services. Consistent with a community development and public health approach, we seek to listen to people and their communities, understand their needs, priorities and strengths and to help them build capacity.

This also includes ensuring that physicians become more aware of the resources in the community that exist that can be of real help, for example, in sending patients back into the community after hospitalization. The bridges between providers and the community are more critical than ever and need to be understood and promoted. A compassionate community can assist healthcare providers create a mutually beneficial relationship in which providers understand the role of the community and vice versa. It is then that we will provide a continuum of care in a way that supports the patient and family.

Our discussions to date have indicated strong support for collaboration with health care providers. And there is evidence that where provider organizations and community-based initiatives work collaboratively, there can be significant improvements in system performance.

We look forward to the next phase of the work of Compassionate Ottawa with much anticipation.

“As we move forward, we will continue to prioritize the building of a community model of caring for Ottawa. We will also increase our efforts in developing partnerships with health providers and community agencies to improve health outcomes.”
APPENDICIES

APPENDIX A. Developing A Compassionate Community: A Conceptual Model

Mary Lou Kelley, MSW, PhD.
Professor Emeritus, School of Social Work,
Lakehead University,
Thunder Bay, ON
Email: mlkelley@lakeheadu.ca

What is this Model?

The Developing a Compassionate Community Model is a new version of what is known as the Kelley Model, or often simply as the “Tree Model”. It has been specifically created for developing a compassionate community. It is based on watching and learning from the experience of Compassionate Ottawa and other compassionate community initiatives around the world. Sharing this conceptual model in this Handbook is another means of offering guidance for others who are developing a compassionate community. The Model is presented below as Figure 3:

Figure 3: Compassionate Community Development Model (the Tree Model)
The Model is a theory of change. It uses concepts to explain the change process that communities go through as they organize to improve care for people who are dying. As any theory, the goal is to describe what has happened in the past and describe what is expected to occur in a future situation. Thus, the Model is intended as a tool to explain the compassionate community development process.

The Developing a Compassionate Community Model incorporates the capacity development principles and bottom-up structure of the earlier Kelley Models. However, the Developing a Compassionate Community Model depicts a much broader and more inclusive understanding of community. This broader sense of community is consistent with Allan Kellehear’s meaning of a compassionate community.

Kelley’s Model has been validated and adapted over time to fit different community environments. It has become widely used to guide community capacity development related to care for dying people in a variety of community settings.

The Kelley Model represents a Canadian example of a public health approach to care in the community where aging, dying, grieving and caregiving is everyone’s responsibility. Therefore, the Developing a Compassionate Community Model became the logo for the 5th International Public Health and Palliative Care Conference held in Ottawa in 2017.

How was this Model Created?

Mary Lou Kelley, a researcher and social worker, worked with multiple communities over many years using a community development approach. The goal was always building community capacity for end of life care. Working directly with community members, she was able to understand and document the process of change in their communities. The model was always co-created with the community members and customized to fit local circumstances. This process is called participatory action research.

Mary Lou developed the original version of her model in 2002 while working with rural communities. Over the next fifteen years, she immersed herself in understanding other types of communities and created adaptations of the “Tree Model” to reflect unique contexts. There are variations of the model for use in rural communities, long term care homes and First Nations communities. It is now adapted to be used for developing compassionate communities.

In 2017, while a Compassionate Ottawa volunteer, Mary Lou began to adapt the Model to capture the experience of developing a compassionate community. By 2021, the Developing Compassionate Communities Model has evolved to be as presented in this document. It now offers a conceptual guide for communities as they build community capacity to care for people dying at home in their own unique situation. It adds to the practical knowledge contained in the Handbook.

Why is the Model Presented as a Tree?

Mary Lou carefully chose the tree as a visual image. Trees share many common characteristics, however, there are many different kinds of trees. Each tree looks different. Trees are also organic and grow slowly from the bottom up. You cannot grow a tree from the top down!

The rate of a tree’s growth is greatly affected by conditions in the environment. Growth can be nurtured by sufficient rain and sun, or stunted without it. Trees can die if the conditions are poor.
The invisible conditions in the soil (like nutrients) determine the potential (readiness) for successful growth. Growth to maturity takes time and the process of growth and change is dynamic and never ending. Thus, the tree is an appropriate metaphor for compassionate community development.

**What is Community Capacity Development?**

The Model incorporates the principles of community capacity development. Community capacity development is a process of bottom up social change. It starts with everyday citizens who want to make positive changes in their lives and their community. Individuals and groups become empowered through gaining the knowledge, skills and resources they need. The community mobilizes around finding solutions rather than discussing problems. Passion drives the action and commitment fuels the process.

The catalyst for change is local leaders who have an inspiring vision and can mobilize other people around them. Community capacity development builds on local community strengths, respects community values and beliefs, and draws on a broad range of local community resources (social, cultural, educational, economic, health). Because of this, the specifics of the development process are unique in each community.

The pace of change is determined by the readiness of the community and the ability of local leaders to generate collaborations, mobilize a group of like-minded champions, and manage barriers. The strategy for change is engaging, empowering and educating community members to act on their own behalf. It requires engaging and mobilizing networks of family, friends and neighbours across the community, wherever people live, work or play. Community networks are encouraged to prepare themselves for later life and for giving help to their family, friends and neighbours.

Capacity development differs from providing services in that community members determine their own needs and create their own solutions. The focus is on self-help and helping each other (mutual aid). Outsiders (when involved) provide help or expertise in a collaborative role. Experts such as health care professionals are partners in the process.

While external facilitators can help the community to organize themselves, they do not control the process. Community ownership sustains commitment. Development is always doing things WITH the community, and not doing things FOR the community. Thus, the change process in capacity development is not only bottom up but it is inside out.

**How Can I use this Model?**

This model is intended as a general description of how compassionate communities develop. It is not based on one specific community. The Model is made up of concepts or ideas, which makes it applicable in a variety of community contexts. The activities can be adapted by a community to fit their unique circumstances. Thus, the Developing a Compassionate Community Model could apply in communities of any size, culture or location.

The Model is intended to guide people in their thinking about doing community capacity development. It is not intended to be prescriptive. Make the path forward your own!

Everyone is free to use the Model for non-commercial purposes. It is intended for communities to use in their own compassionate community work. There is no requirement to ask for permission, however, please cite the author and source as follows:

Overview of the Model:

The Model has 4 components (presented bottom to top):

1. The Community Environment: 8 Elements that shape development and determine a community’s readiness for change (shown below soil, in the roots of the tree)
2. The Activities in a Compassionate Community: 4 Activity streams (shown in the foliage of the tree)
3. The Values That Guide the Work (depicted by the Eagle)
4. The Phases of Developing Community Capacity: 6 Phases of development (bottom up, shown in the side panel on the right)

Each of these four components is now explained.

The Community Environment:

The Model describes eight elements that together shape the compassionate community development process and determine the readiness of change. In the diagram, they are shown below soil line, in the roots of the trees.

The eight elements are:

1. Individual, family, community and culture
   The work of developing a compassionate community requires a deep understanding of the current values, beliefs, perspectives, and priorities of community members related to end of life issues. Find out: What are the current practices of individuals, family and community when someone is caregiving, dying or grieving? What is culturally appropriate? Previous research has shown that successful capacity development respects and adapts to individuals, families, community and culture.

2. Vision for change
   Having a strong, compelling vision for change is essential. The vision provides the motivation for others to become involved. Powerful visions usually come from the lived experiences of community members, either their good experiences or their bad experiences. Previous research has shown that in communities where people are generally content with their current situation, they do not see the need for developing a compassionate community. Progress in that case is unlikely.

3. Local leadership
   Having strong local leaders is essential. They need to be well respected in the community and well connected with others. These leaders will have the ability to mobilize a group of people and will be able to create partnerships and collaborations. Previous research has shown that where leadership comes from outside the community (not inside), little progress is made and the community does not take responsibility.

4. Empowerment
   The goal of community capacity development is to prepare and mobilize people to act on their own behalf. Community members need to be motivated to solve their own problems, to make changes in the community that will benefit them. They need to believe that death and dying is everyone’s responsibility. They
need to be willing to make a commitment to change. Previous research has demonstrated that in communities that want professionals and health services to take responsibility for end of life issues, little progress will be made to develop a compassionate community.

5. Natural helping networks
It is the family and community who provide 95% of the care and support to people who are seriously ill, dying, grieving and caregiving. The network of people who rally around a person or family is called a natural helping network. Recognizing, encouraging, strengthening and supporting these networks is an important role in a compassionate community. Previous research has demonstrated that communities with strong natural helping networks are most successful in becoming a compassionate community.

6. Collaboration
Compassionate community development requires collaboration and partnerships with individuals, groups, organizations, local government, business and more. Collaboration is how the vision spreads and a social movement gets created. Compassionate community work can happen everywhere people in the community live, work or play. Previous research has shown that communities with the broadest and strongest collaborations are the most successful in creating a social movement. A social movement is an organized effort involving the mobilization of large numbers of people to work together to create a desired change.

7. Health and Social Services
Health and Social Services continue to play an important role in a compassionate community. Although the community provides 95% of care and support, the specialized knowledge and resources of health and social services remain very important. Communities lacking health and social services face a greater challenge supporting people at end of life. Previous research has shown that communities without accessible, effective health services and social care are less confident and less able to provide community care to the end of life.

8. Community Infrastructure
Community infrastructure means the buildings and spaces that provide services, activities and opportunities for people. Some examples include public parks, schools, recreation facilities, clean and safe water, good roads and public transportation. People living in communities with good infrastructure experience better health, well-being and quality of life. Previous research has shown that communities lacking infrastructure have more challenges providing community care to the end of life.

The Activities in a Compassionate Community:
The Model describes a fully developed Compassionate Community as having five general activity streams. The activity streams are depicted in the foliage of the mature, fully developed tree. However, these activity steams will have developed gradually over time, following the bottom-up and inside-out process described.
The activities of a Compassionate Community are:
1. Promoting community participation and action
2. Strengthening community helping networks
3. Engaging, empowering and educating community members
4. Building partnerships with health and social services
5. Championing a social model of end of life care

The order and manner in which these activities evolve will vary by community, depending on local priorities and opportunities. Activities will likely come on stream gradually over several years at a pace determined by community readiness and available resources. Communities set their own priorities. Activity streams are ongoing (never ending). The specifics of the work in each activity stream will vary over time, and from place to place. Compassionate Ottawa’s work provides many excellent examples of activities.

The Values That Guide the Work:

The values that guide the community development process are represented by the Eagle landing on the top of the tree. Values have the highest position on the Model because values are overarching in compassionate community work. Community values shape the vision of every compassionate community. Shared values inspire, motivate and mobilize the community members who will work to create change.

Values shape all of the activities undertaken. Everything done in the compassionate community development process should align with community values. That is why, in the end, no two compassionate communities will be exactly alike. Each compassionate community must develop in a way that respects its individual, family, community and culture values. Diversity and inclusivity need to be considered.

The eagle (community values) was added to the Model in 2011 by First Nations communities working with Mary Lou. To the First Nations involved, the eagle on top of the tree represents a spiritual being that warns of impending danger and is a symbol of strength. The eagle watches over all and is a connection to the Creator. In many cultures and throughout human history, the eagle has been used as a symbol of vision, strength, resilience, perspective, courage, spirituality, and power. Every community should determine what the eagle represents to them or replace this symbol with one more meaningful to them.

The Phases of Developing Community Capacity:

The Model is sequential and is described in six phases, from the bottom to the top. That is because community capacity development is a bottom-up process. At the same time, the development process is dynamic and evolutionary, not rigid and linear. Phases blend into one another. Work in each phase is also ongoing, that is, it is never complete. For example, while the first phase inspiration would precede getting people working on compassionate community initiatives, the need to keep people inspired is ongoing. Assessing the community is also ongoing as community needs and resources change over time.

### Phases of Developing a Compassionate Capacity

**PHASES OF DEVELOPING COMMUNITY CAPACITY**

6) Championing a Social Model of Care in the Community where aging, dying, grieving & caregiving is everyone’s responsibility

5) Creating, Promoting & Mobilizing Local Compassionate Community Initiatives

4) Listening to & Respecting the Community’s Priorities, Practices & Values in all decisions & actions

3) Assessing the Community’s Readiness, Strengths & Needs

2) Engaging a Change Team & Partners in the Work

1) Becoming Inspired to Develop a Compassionate Community
The pace of movement from one phase to the next is influenced by the community environment. Opportunities and supports can speed up movement through the phases. Barriers can slow things down since these barriers need to be managed before moving on. Change is gradual but incremental.

**Phase 1: Becoming Inspired to Develop a Compassionate Community**

Inspiration is the catalyst for change in compassionate community work. It can be the inspiration of one person or a group of people who want to create change for people in their community at the end of life. The inspiration usually comes from a powerful life experience that causes that person or group to want to mobilize others to join them. The powerful experience can be death of a loved one, education or attending a compassionate community event. The catalyst is always personal and impactful.

**Phase 2: Engaging a Change Team & Partners in the Work**

Once inspired, the next phase involves engaging a larger group of community people who are committed to work together to achieve a shared vision for developing a compassionate community. Ideally, the initial group includes “influencers”, meaning people who are respected in the community and others will follow. Community organizations are ideal places to start engagement (e.g. community centres, recreational groups, cultural associations). Organizational partners can also be very valuable to engage right at the beginning. Partners could have relevant experience such as community development, caregiving, or end of life issues. Partners may also have access to resources such as meeting space and help give the citizen group credibility. It is important, however, that the community members continue to drive the process.

**Phase 3: Assessing the Community’s Readiness, Strengths & Needs**

This phase involves doing a scan of the community environment. How ready is the community for this work? This involves considering the eight elements of community environment outlined in the Model. It requires time spent observing, listening and reflecting before acting. For compassionate community development to be successful, activities must meet the needs of a large number of community members. Doing the environmental scan further helps identify facilitators and barriers to change, and can inform where to begin work or indeed if the time is right to begin compassionate community work.

**Phase 4: Listening to & Respecting the Community Priorities, Practices and Values in all decisions and actions**

The compassionate community vision must be consistent with community values, culture and priorities. The vision must build on and celebrate the strengths in the community, such as natural helping networks and caregiving practices. Consideration also needs to be given to competing priorities in the community. To engage, the community members need to be motivated and also have capacity to get involved. Any planning must consider this. For example, is social isolation, poverty or lack of affordable housing a more pressing issue for people? If so, how can the compassionate community work also address people’s priority needs?

**Phase 5: Creating, Promoting and Mobilizing Compassionate Community Initiatives**

This phase is where the grass roots community work begins, assuming the readiness of the community. Most communities are not homogeneous. Communities are usually organized into smaller communities by geography (neighborhoods), culture or language, or shared interests such as art or recreation. Thus, there are many communities within communities. Some communities may be ready and others not. Work can begin with those who demonstrate interest. Community development is an incremental process, built on many small initiatives. If these initiatives are all consistent with the overall vision, then they will all be heading towards the same outcome and merge over time. Evaluation is a valuable tool to ensure work is on track. Evaluation also gathers examples as evidence of success for use in Phase 6.
Phase 6: Championing a Social Model of Care in the Community where Aging, Dying, Grieving & Caregiving is Everyone’s Responsibility

Building on the work underway in Phase 5, this phase focuses on celebrating successes, disseminating examples and promoting messages about compassionate community work. Other community members learn from seeing successes and the benefits of the social model of care. Ideas can spread through personal contact and sharing stories. Promoting community awareness can also be done through community events, media (social media and traditional media), websites, digital stories and many other ways. Community partners can be valuable allies in giving messages a broad reach. Health and Social Service providers and organizations should be made aware and this can strengthen collaborations. Government leaders at the municipal, provincial and federal level should also be engaged in an effort to influence social policy.

Conclusion

The Developing Compassionate Communities Model provides a conceptual model of community change. The development process described in the Model is independent of any particular community or socio-cultural context. In fact, according to the Model, development grows out of each community’s specific strengths and resources, and it builds on the capacities of the local people who are engaged in developing a compassionate community.

The Model clearly demonstrates the principles of capacity development:

- Change is incremental and in phases, but nonlinear and dynamic
- The change process takes time
- Development is essentially about developing people
- Development builds on existing resources
- Development cannot be imposed from the outside
- Development is ongoing

The Model offers communities an approach to thinking about developing a compassionate community. It can help guide community development, and aligns well with the practical examples provided by Compassionate Ottawa in the Handbook.
APPENDIX B. THE COMPASSIONATE CITY CHARTER

Author: Allan Kellehear, PhD. Emeritus Professor, University of Bradford, United Kingdom

A CHARTER OF ACTIONS

Compassionate Cities are communities that recognize that all natural cycles of sickness and health, birth and death, and love and loss happen daily within the orbits of its institutions and regular activities. A compassionate city is a community that recognizes that care for one another at times of crisis and loss is not simply a task solely for health and social services but is everyone’s responsibility.

Compassionate Cities are communities that publicly encourage, facilitate, supports and celebrates care for one another during life’s most testing moments and experiences, especially those pertaining to life-threatening and life-limiting illness, chronic disability, frail ageing and dementia, grief and bereavement, and the trials and burdens of long-term care. Though local government strives to maintain and strengthen quality services for the most fragile and vulnerable in our midst, those persons are not the limits of our experience of fragility and vulnerability. Serious personal crises of illness, dying, death and loss may visit any of us, at any time during the normal course our lives. A compassionate city is a community that squarely recognizes and addresses this social fact.

Through auspices of the Mayor’s office a compassionate city will - by public marketing and advertising; by use of the cities’ network and influences; by dint of collaboration and co-operation; in partnership with social media and its own offices – develop and support the following 13 social changes to the cities’ key institutions and activities.

1. Our schools will have annually reviewed policies or guidance documents for dying, death, loss and care
2. Our workplaces will have annually reviewed policies or guidance documents for dying, death, loss and care
3. Our trade unions will have annually reviewed policies or guidance documents for dying, death, loss and care
4. Our places of worship will have at least one dedicated group for end of life care support
5. Our city’s hospices and nursing homes will have a community development program involving local area citizens in end of life care activities and programs
6. Our city’s major museums and art galleries will hold annual exhibitions on the experiences of ageing, dying, death, loss or care
7. Our city will host an annual peacetime memorial parade representing the major sectors of human loss outside military campaigns – cancer, motor neuron disease, AIDS, child loss, suicide survivors, animal companion loss, widowhood, industrial and vehicle accidents, the loss of emergency workers and all end of life care personnel, etc.
8. Our city will promote compassionate communities programmes to engage neighbourhoods and local streets in direct care activities for their local residents living with health crisis, ageing, caregiving, and grief.
9. Our city will create an incentives scheme to celebrate and highlight the most creative compassionate organization, event, and individual/s. The scheme will take the form of an annual award administered by a committee drawn from the end of life care sector. A ‘Mayor’s Prize’ will recognise individual/s for that year those who most exemplify the city’s values of compassionate care.

1 Downloaded from the Compassionate Communities U.K website on November 8, 2021.
10. Our city will publicly showcase, in print and in social media, our local government policies, services, funding opportunities, partnerships, and public events that address ‘our compassionate concerns’ with living with ageing, life-threatening and life-limiting illness, loss and bereavement, and long term caring. All end of life care-related services within the city limits will be encouraged to distribute this material or these web links including veterinarians and funeral organizations.

11. Our city will work with local social or print media to encourage an annual city-wide short story or art competition that helps raise awareness of ageing, dying, death, loss, or caring.

12. All our compassionate policies and services, and in the policies and practices of our official compassionate partners and alliances, will demonstrate an understanding of how diversity shapes the experience of ageing, dying, death, loss and care – through ethnic, religious, gendered, and sexual identity and through the social experiences of poverty, inequality, and disenfranchisement.

13. We will seek to encourage and to invite evidence that institutions for the homeless and the imprisoned have support plans in place for end of life care and loss and bereavement.

Our city will establish and review these targets and goals in the first two years and thereafter will add one more sector annually to our action plans for a compassionate city – e.g. hospitals, further & higher education, charities, community & voluntary organizations, police & emergency services, and so on.

This charter represents a commitment by the city to embrace a view of health and wellbeing that embraces social empathy, reminding its inhabitants and all who would view us from beyond its borders that ‘compassion’ means to embrace mutual sharing. A city is not merely a place to work and access services but equally a place to enjoy support in the safety and protection of each other’s company, even to the end of our days.
APPENDIX C. ADDITIONAL RESOURCES

There is an extensive literature on compassionate communities and community approaches to end of life care. It is beyond the scope of this Handbook to review this literature. However, there are a number of reports that may be of interest. These reports are more comprehensive reviews of compassionate community initiatives. They are outlined below along with a number of websites that may be of interest.

Reports

All of these reports are available at no cost on the internet. You can find them by cutting and pasting the reference below into your computer browser.

- Building Compassionate Communities in Australia, Groundswell Project, December, 2020
- Compassionate Communities: An implementation guide for community approaches to end of life care, Department of Health, Australia, Nous Group, July 2018
- Final report: Compassionate Communities Feasibility Study, Department of Health, Australia, Nous Group, July 6, 2018
- Hassen, Eman, The Public Health Approach to Palliative Care, Principles, Models, and International Perspectives, A White Paper for The BC Centre for Palliative Care, August 2015
- Researching Compassionate Communities in Australia, A short-term longitudinal study, Debbie Horsfall, Helen Psychoglos, Helen Rankin-Smith, Niki Read, Kerry Noonan, Western Sydney University, October 2020

Websites

International:

- Public Health Palliative Care International  https://www.phpci.org/
- Compassionate Communities UK  https://www.compassionate-communitiesuk.co.uk/
- Groundswell Project  https://www.thegroundswellproject.com/
- Good Life, Good Death, Good Grief  https://www.goodlifedeathgrief.org.uk/
- The Conversation Project  https://theconversationproject.org/
- Death Literacy Institute  https://www.deathliteracy.institute/

Canadian:

- BC Centre for Palliative Care  https://bc-cpc.ca/
- Canadian Hospice Palliative Care Association  https://www.chpca.ca/
- Hospice Palliative Care Ontario  https://www.hpco.ca/
- Pallium Canada  https://www.pallium.ca/