



The Power of Stories

Tales for telling and sharing

An outcome evaluation with staff and
managers of residential homes

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Structure of this report

The report comprises 4 sections:

Focus and facts:

- The L4A Project: The Power of Stories
- This evaluation

Findings:

- How storytelling was used
- Gains for residents
- Gains for staff
- Insights and learning

Conclusion:

Summary: overall outcomes and impact

- Benefits for residents
- Benefits for staff
- Benefits for establishments

Appendix:

- Storytelling / techniques – potential to contribute to CQC assessments

“

It's fun...it's lightness...it's laughter...
It livens up... it lifts the atmosphere.
It's freedom – and freeing.
It's planned spontaneity.
Communicating and connecting.

”



L4A project facts: what was done, why, how, and when

Origins

In August 2015 Learning for the Fourth Age (L4A) began a storytelling pilot project in a small number of care homes in Leicestershire, funded by Awards for All. It soon became apparent that storytelling is a powerful way of engaging and enthusing care home residents, regardless of their cognitive abilities. It is an activity in which everyone, especially those who have dementia, can feel included and involved. There are no barriers to participation.

L4A was then invited by the Big Lottery to apply for further funding from The People's Projects and, following an ITV appearance and public vote, was one of three winners in the Central East area. £43,600 was awarded to develop "The Power of Stories – Tales for telling and sharing" in a further 10 care homes. This included a slight shift in approach to ensure a legacy from the project by focusing on sharing storytelling skills with staff and then training and supporting them to put these skills into practice within their roles.

At the same time, L4A was fortunate enough to receive additional funding from Santander, which enabled the continuation and development of storytelling in the homes from the original pilot project.

What was done

Programme design

L4A funded two professional storytellers, one of whom

is experienced and accredited as a trainer. Both have a particular interest in the application of storytelling with different service user groups in various settings. The programme has been a three phase learning experience offered over approximately 14 weeks.

Phase 1: Awareness of storytelling and its effects in a specific context: staff observing and participating in storyteller-led sessions. These were usually weekly spread over weeks 1-5. Sessions were entirely responsive to residents' and homes' needs. Most were group storytelling sessions but some were one to one sessions.

Phase 2: Training in storytelling skills. A one day off-site group training session in week 6 or 7, marking the start of the accredited training programme.

Phase 3: Coaching and mentoring. The storyteller worked with care home staff in their respective establishments for weeks 7-14 to support and develop their storytelling skills. This was individualised and responsive to staff member need, work role and context, with phased spacing of sessions to support increasing independence of delivery.

A project celebration was held at the end of the programme to recognise the achievements of everyone involved. Certificates were formally presented to individuals and a workshop was facilitated to share ideas and feedback between different care settings.



Who was involved and how

L4A invited managers of residential care and nursing homes across Leicestershire to become part of the project. Key conditions were asked of managers. These included nominating specific care home staff to be involved in the 14 week programme; these staff being involved in the sessions with residents, attending an off-site training day and committing to working with the storyteller to develop their own storytelling skills, ideally to complete the accredited training programme. Other requests were to provide a suitable space for a weekly session, enable residents to attend the sessions, and the managers' willingness to share insights from the process at points throughout.

13 homes signed up. 11 were involved in all three phases; 2 found they were unable to meet some or all of the conditions and withdrew from the programme early on. Establishments ranged from small (under 20 residents) to very large (over 100 residents). Some are care homes, some care homes with nursing, all have residents with a range of impairments, many of whom have cognitive impairments. A faith-based home and a home for those with visual impairment were included. Some homes had existing links with L4A, others were new to the organisation.

10 homes nominated their activity workers to join the programme; a total of 17 activity staff plus one L4A activity volunteer participated in the project. A home without specifically designated activity staff nominated 3 of their care staff who also organise activities. As the programme progressed, 2 of the establishments also involved members of their care staff. One large home where an activities manager had done the training, involved 3 care staff, and a home where 'whole staff' training was the norm involved 2 care staff. In total 5 specifically care staff participated in the project. From the 11 homes, 2 had managers participating; one, an activities manager and from the other, the manager and her deputy.

The project ran for 10 months from June 2016 to March 2017. During this period across the 11 establishments, over 150 residents and 30 staff were involved in over 140 sessions with a professional storyteller and countless other storytelling sessions were facilitated by care home staff.



This evaluation

This evaluation focuses on staff and managers' experiences and views of the project¹. Through appreciative inquiry the intention is to understand the positives and the pitfalls from those directly involved. The focus is on gains – insights, outcomes and impact – for each group involved. Learning for residents, staff, the care homes and for L4A is also identified.

Who was involved?

25 face to face interviews were undertaken by 3 interviewers (which included the evaluator). Interviewers were fully briefed beforehand by the evaluator to ensure consistency throughout. The interviewees comprised 9 managers and 16 staff. Of the 16 staff, 11 were activity staff, 4 were care staff and 1 was a volunteer.

Interviews took the form of a reflective review lasting 30 to 40 minutes. These were based around the following prompts:

- **What have you done?** With whom, how and in which contexts.
- **With what effect?** For care home staff: outcomes; gains for the residents; gains for you; learning from the training and coaching.

For managers: the benefits of storytelling for the organisation; applicability to care staff and activity staff; links with CQC standards and/or other policies or initiatives.

- **Future use and future needs?** Are they planning on continuing the work? How, and what do they anticipate the benefits going forwards to be? Do they have any key messages to others, recommendations or needs from L4A?

Interviews were undertaken in February and March 2017. Homes commenced their involvement in the programme at different times, so whilst most establishments were in phase 3 of the programme, two had joined more recently and were in the earlier stages. Interviews were recorded and transcribed. The external evaluator and the core team reflected on the data together in order to draw out the significance. The evidence which follows is presented by the evaluator.

Conventions

All interviews are drawn on in this report. Quotations are unattributed. Where there are multiple quotations on a page, they are from different people and, in most cases, from different establishments. All names used have been changed to protect identities.

¹For ethical reasons staff observations of gains for residents are used as proxy indicators. Residents' views were not gathered by the evaluation team, except where this happened spontaneously.



“Care tasks are about keeping residents alive; activities are about helping them live their life.”

How storytelling was used

Storytelling was implemented in different ways in different homes; it is a dynamic and highly flexible process. This is a snapshot of how staff were using it in February and March 2017.

As an activity: In all but two homes, storytelling features as an activity. This is an 82% take up rate.

- Staff use storytelling as an activity to entertain and to engage residents. They use it both in groups and one to one.

Here is how a manager who has done the training described a recent session:

‘I’ve done the Lion and the Mouse, and the Dragon’s Egg story. They laugh, they’re interested and they ask questions. They offer responses to the story - oh, that cheeky mouse! And they found me comical. They found me funny as well as the story. It was a genuine way of connecting. It evokes conversation too. It led on to eating too much and being full. We talked about dinner today – roast chicken - and that led on to our likes and favourite foods. The residents were leading this. It works with the full range of dementia, including the middle and late stages, as well as people without a cognitive impairment. Everyone can take from it and take different things. A lady in the later stages was giggling because we were talking about a mouse and someone else was thinking about the desert they saw on holiday. People pick up on the atmosphere.’

Staff-facilitated groups take various forms.

- In a very large establishment where sessions are advertised, 20 or more residents can arrive in the activity room voluntarily. An activity worker explains she has been surprised about who comes – people who she would not dream would be interested come along and they love it. She reflects on the challenges of large numbers in a group, suggesting a group of 8 to 10 is a number where everyone can contribute. In most homes, groups are this size or slightly larger.
- In two settings storytelling is woven in to a weekly session with residents who are not ‘joiners’. In one setting this is facilitated by a L4A volunteer. Both she and the residents value this time where each session has a focus, be that a discussion topic, a resource-based topic or creative writing:

‘Once I knew I could have free rein, I knew this was for me. I tell them I’m not the engine driver - rather the oily rag! When I knew I didn’t have to be the clone of the professional storyteller I was away!’

‘We used Wallis Simpson’s secret diary to share stories about history they’d lived through. Another time I asked them about their first fridge, then I told them a story about my experiences which provoked a lot of sharing.’

One to one sessions happen with individuals in groups and also with residents in their rooms.



- Much testimony is how storytelling engages people when other communication is more challenging. An activity worker gives this example:

'We've got a lady who is really difficult to engage in activities because of her dementia. She's not always aware of what's going on around her, but we found out that when we go to her and we do expressive storytelling it's one of the things she really engages in, and that's so lovely because a lot of other things we've tried don't work. She doesn't often speak – so often you are talking to her and she won't notice you're there, but when you start telling a story she'll be looking at you and nodding and really engaging.'

- Here an activity worker recounts a conversation with a resident whose room she went into. She slipped straight into using her storytelling skills:

'May has dementia and she chats away about a chef who lost a leg, about buying a cottage and having a garden. It's all made up but she talks as if it's her life. She's just got married and bought a cottage. The other morning I went in and she said, quite aggressively, – 'What you want?'

So I said, 'How are you? Have you been in the garden?' She said, 'Are you getting those bulbs from the garden centre or not? I've been waiting an age for them. They need planting.' So I said, 'Ok. We'll go to the garden centre right now.' So I start telling a story from there and we worked off each other.

I say, 'Oh good morning Mrs X' and I say it all funny. And then in my own voice I ask May if she heard the funny way the assistant spoke and she says she did and we have a giggle together and carry on.'

Storytelling as facilitating person-centred communication:

Activity workers across each setting highlight the power of storytelling sessions for residents. They see the potential in storytelling to open doors for two way communication with residents. And how this can lead on to resident-led contributions, conversation and comment within a group or one to one.

- An activity worker who does one to one and group sessions tells how through storytelling she knows about residents' experiences at work and at home, about holidays they've had or even bands they've played in. A story can prompt reminiscence. Facts and feelings are shared; some can be surprising and many are enjoyable.

'Storytelling gets people happy and thinking and remembering. They are living and they are smiling and they are acting daft or watching me acting daft. It's triggering memories like splashing in a puddle or sticking your tongue out of the back window of a car having fun when you were a child. It's reminding of the freedoms of childhood and they smile about those things.'



- Storytelling is a vehicle for engaging residents with some surprising results.

'My colleague went to the dementia unit. She did two stories and one gentleman – he can communicate verbally - said "I preferred the second one to the first one, and I'll tell you why!" And when my colleague was telling me this I was really surprised. I didn't expect him to go to that level with it. I thought he would engage and look and listen, but for him to say "can I give you some critical feedback"... just to say that sentence... it just shows that you should never doubt that someone's still 'got it'. I don't doubt that they've still 'got it' – but to see that storytelling can take them to that place where they can say that, it's great. Because you'll tell relatives and they'll be going: "there's no way they'd say that", and I'm going "...but yes... they really did".'

- Staff in two homes identify storytelling as the 'added value' activity among their repertoire. Similar points are made by managers in two further settings. One identifies the attention gained by and given to residents as significant contributory factors to their greater engagement. The other reflects on the active involvement of residents being related to the newly confident demeanour and upbeat manner of the activity staff when they are storytelling. He comments:

'Care tasks are about keeping residents alive; activities are about helping them live their life.'



“If someone’s upset you pass them a tissue; well storytelling should be like that. Just do it.”

As part of everyday communication:

- Care staff who are also responsible for activities talk readily about how storytelling builds communication between staff and residents within group sessions and outside it. One explains:

‘People with dementia get stuck with words and with memories. This gives different avenues for them to tell you. The pictures, the story sparks something from their past. It might be even a colour or a fabric... That they had a budgie..They tell you all sorts of things about themselves.’

These interchanges help build a stronger relationship with residents. One carer tells how it was in a storytelling session where she saw a resident laugh for the first time. He went on to sing the whole of ‘What shall we do with the drunken sailor’ correcting the staff when they forgot the words. In this sense, storytelling and storytelling skills have provided a firmer footing for resident and staff communication. Staff in this home are drawing on it at mealtimes, at bedtimes and in care tasks.

- Several staff explain they are using participative storytelling as ‘fillers’ when there are gaps or delays.

‘In forty five minutes before lunch we tagged a story. I started and K (colleague) followed on – and the residents all joined in. It created a great atmosphere. It was a traditional story they all knew.’

Another explains how she told a story spontaneously

on a trip when residents were on the bus waiting. Instead of getting anxious or irritated, residents were involved in something. In another establishment two different staff describe how they have used storytelling techniques to reduce residents’ apprehensions when waiting for the lift. One encouraged imagination by describing it as a magical elevator leading to a magical garden (plants on a balcony); the other built a conversation by sharing a short story.

‘When you’re on the bus going on an outing and we’re stuck in a traffic jam it’s nice to think we’ve got something that will back us up that’s not I-Spy, or ‘how many people can you count at the bus stop?’. It’s something we can use when everybody is a bit bored waiting for someone else to arrive. It cheers them up, it gives them a purpose, time to think about something different; it takes their mind off waiting. A short story will fill the gap, and a longer story will lead into a conversation and other things.’

- Staff in one establishment share how storytelling enables common ground between residents and staff to be more evident: genuine, often spontaneous, communication can facilitate this. As well as the example below, this member of staff describes how when she asked for ideas for her stories, a resident now thinks of names for characters and tells her as they occur to him. One character was Cedric and now, occasionally, she calls the resident Cedric as this was a moment of shared humour.



'There's a place for being silly and off the wall. My colleague asked the residents what Goldilocks did while the three bears were eating the porridge. It might sound bonkers but it was such fun. We all have humour and we can tap into people's sense of the ridiculous. Asking that gave us a moment of real humour and it's genuinely something everyone shared in together. Those times are usually rare.'

'It's something where people are on the same level and they can have an enriching shared enjoyment of

something together. It's special for both of them. We are all lumped together here. We share a vocation and we share a space but we rarely really have common ground. This gives us common ground – we can all find something in common through a talking point. And it's not specialist. In an ideal world, I want to move to a point where storytelling is in the culture. I don't want it to be a thing – where someone says to me I did a story today like it's something to be ticked off a list. I want it to be the norm not a big deal. If someone's upset you pass them a tissue; well storytelling should be like that. Just do it.'



As therapeutic activity

- Therapeutic use is mentioned by carers, an activity worker and a manager in four settings. A manager is keen to explore the effect of storytelling at a time of day when residents may become agitated:

'A story can change the atmosphere. We're working on the sun-downing effects of dementia. Late afternoon we're popping in a story and trying it out as a calming thing to avert behaviours that can go with this, like agitation or aggression or wandering or being tearful. We're seeing if one hour's storytelling can be a calming and relaxing time or maybe serve as a positive distraction for those affected. And we'll try different types of stories.'

- Carers and an activity worker in different establishments tell how they are using stories in end of life care. Each describe how stories with a focus resonating for the particular individual have a calming and relaxing effect.

'I know this lady comes from Ireland and I found some Irish stories. I couldn't do the accent but I used the stories. She was agitated and restless and her whole body relaxed. She smiled and opened her eyes and looked sideways at me. Then she closed her eyes again. I could just see she was listening and she was happier.'

- In a different setting carers describe using residents' own stories as they work with them:

"We had a lady who loved Scotland and who'd talked a lot about this. We retold her own story to support and calm her... 'Imagine the men in their kilts, in the boat on the loch with the wind in your hair and the sun shining.' We'd tell her she could smell the heather and dream away with the sun on your face... It made her smile. At her life's end we did that too. We had Scottish music playing in the background too so we were setting the scene. I do hope it took her there. Her family are taking her ashes to Scotland..."



Carers

In the three establishments where carers are using storytelling skills, the staff who are doing it are emphatic: it transforms their work.

'It's a far better way of communicating through actions and laughter; at that moment they take it in. It opens up the mind to communication. Storytelling helps wipe the wrinkles away.'

- In each of these three establishments carers explain the value of storytelling skills across the full range of personal care tasks: when assisting with washing, dressing and toileting; when turning or hoisting; when offering medication, feeding or maintaining hydration. They tell how it reduces the focus of the task and the frustration; how giving attention reduces resistance.

'You can use it when dressing or undressing to calm things down, to get cooperation... one sock off and one sock on..... One, two, buckle my shoe....'

You can use it when you're getting people up and they're a bit unmotivated, you get talking, bring a story out and before you know it, they're dressed and it puts them in a good mood. And when someone's poorly and you're feeding them, you tell them a story and it makes them feel a bit better. And when you're getting somebody ready for bed, you tell them stories and it's calming and they nearly always take over and start telling you one.'



Gains for residents

Staff involved in the project are unequivocal: residents gain from storytelling. On a scale of 1 to 10 (low to high), staff perceive the benefits for residents to be high: of 12 respondents the average scale point is 9.

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
|--------------------------------------|---|---|---|---|---|---|---|---|---|----|----------------------------|
| Number of times scale point selected | | | | | | 1 | 1 | 3 | 2 | 5 | Range = 6-10 Median = 9 |

N=12

N.B. Scale points are vehicles for self-report; they have no numerical significance in themselves.

In-session benefits: immediate gains

Specifically, staff identify benefits as promoting residents' enjoyment, psychological wellbeing and their involvement in group and one to one sessions. These are evident in residents' behaviour and their body language, as well as in what they say. Residents are more responsive and contribute in unpredicted ways: they are more alert, they listen and attend for longer, they fall asleep less, participate more, some offer extended and pertinent comments and contributions.

Residents appear happy in the sessions and 'lots of laughter' is frequently noted. Residents reveal their humour and wit, snippets of remembered poetry, of proverbs, sayings or clichés, and the words and tunes of songs. Stories linked to events and special days

promote reminiscence and personal tales. With only minimal prompting from staff, conversation is often resident to resident within the group. Staff in two settings thought storytelling was the most powerful of the activities they used.

Sessions can be sociable events for residents and also visitors. Two settings highlight how family and visitors comment that a storytelling session gave them something to share and talk about with their resident. One noted how helpful this is and how it is clearly evident their relative enjoyed the session a great deal. She talked both more, and more positively, than was usual. The activity worker identifies how she valued visitors broadening the conversation and contributing to her snowdrop story.

'That everyone was drawn in made it a richer experience all round'.



Staff from one establishment recorded these responses from residents in storytelling sessions:

'Jack has shown a lot of interest and enjoyed the storytelling. He tends to attend other activities but requires a lot of staff interaction whereas he followed the stories with ease and comfort. He would express it if he didn't wish to stay. He has shown his humour in the storytelling and especially enjoys the singing along. He has stayed awake throughout every session, when attending other activities, even though they are shorter, he falls asleep. He has said how much he enjoys it as well and his posture changes in the session, he sits upright and slightly forward instead of slumped and back into his chair. He likes handling the props and taking part with the joining in bits.'

'David responds to animated people, his daughter is like that. Unless he is fully engaged he drops off - and he doesn't sleep in story sessions. He is very bright and smiley.'

'Barbara likes to sit next to [the storyteller] and be physically involved in the stories - wearing hats and holding props and enjoying the banter and the jokes. She likes the playfulness in the sessions but I don't think she would be as happy and involved if she wasn't able to sit next to [the storyteller] and keep being included.'

'Ian enjoys everything and is always pleasant. In the staff story session when [the storyteller] wasn't here, he was so easy, just enjoying himself. He's really changed over the last few months, he used to be always worrying, constantly anxious and preoccupied and he wasn't walking, he seemed to have no energy. Now this behaviour has gone, completely stopped

and he is walking around and enjoying every activity. The storytelling and music sessions have been really good for him and he enjoys the art too. He is more awake, alert and active and much happier and relaxed.'

'Joan has enjoyed coming to the groups. She started off quite indifferent and her interest wavered during the sessions. As the weeks have gone on, Joan has got more interested, week by week. I feel that this group has really lifted Joan's mood and enabled her to enjoy other activities. She laughs a lot more and really enjoys the funny stories. More and more of her sense of humour has come out as the weeks have gone on.'

'May has enjoyed the storytelling group but her reactions depend on her mood that day which can change due to a multitude of reasons. She does however stay awake for the whole session, which is unusual for May if she is not being attended to by a member of staff. She often gives her opinion on the stories, she enjoys being witty and her sense of humour has really come to the fore.'

'Anna really benefits on the day from the storytelling and her mood improves after it. At the beginning, she was quite sarcastic about it and rude and felt she was being treated like a kid but she quickly became interested and started requesting stories that she could remember. She even recites parts of the stories from the sessions over the week. She is resistant to activities but always goes to story sessions and gave us a lot of support when we did the session without [the storyteller]. The stories have got Anna talking very openly about her life, especially her work in Africa.'



Out-of-session outcomes and impact

We are told many residents remember they enjoyed sessions and want to come again. Not only do they have positive associations with the sessions, some remember story lines and revisit them between sessions. Others request familiar stories, and in some groups residents share stories themselves. These might be stories they remember being told or recall telling their children. Conversation can be wide-ranging; staff point to how residents with or without dementia contribute.

In several homes we are told of residents who decline to attend or participate at the beginning of the project, or who may be on the edge of a group hovering to see what's going on. Over time they join of their own volition; some of even the most trenchant refusers make u-turn choices when they see or sense what is happening. Some of these residents then turn into the most stalwart of storytelling supporters.

In two settings storytelling appeals to residents who do not associate with any other activity. A manager in one of these settings notes that this group has reduced the number of complaints she gets. The volunteer who facilitates the session remarks that for all of them the weekly group is a keenly anticipated event. She comments how the warmth of anticipation is akin to adolescents relishing time spent with special friends doing special activities. The variety in her sessions is responsive to residents' interests and abilities. As well as mentally stimulating, it is fun.

One manager reflects how multiplier effects are at work; residents who go to storytelling are mixing with others they may not usually associate with. This helps with integration and inclusion, reducing cliques. Another manager comments that members of staff storytelling with residents who are likely to stay in their rooms, get to know these residents and pass their likes and interests on to other staff. This helps the home provide better care.

Carers explain how they use storytelling techniques in their work. They tell how it makes relationships more person-centred, easier and happier.

'We had one lady who loved reading but then her eyesight got too poor. Reading to her sent her to sleep but this is different; she is with you and involved.'

'We can hold their hands and you feel them relax as you re-tell their own stories. It helps so much as it's hard to have random conversations as they often go nowhere.'



Gains for residents from the project

Activity and care staff explain the benefits of storytelling in terms of the difference it makes; how it engages residents enabling them to enjoy the moment and also to share their own experiences.

'They've gone for a minute somewhere else. They are having a really miserable day and then before you know it they are there in the story. They laugh a lot and they start to tell their own stories. It can really be like a piece of magic...'

'It's educational, and it helps with people's wellbeing. It can encourage others if you can get them to tell the stories as well. By others I mean anyone that's around that wants to join the conversation – staff, residents, volunteers. Because there's an old saying isn't there: one story leads to another... but it really does.'

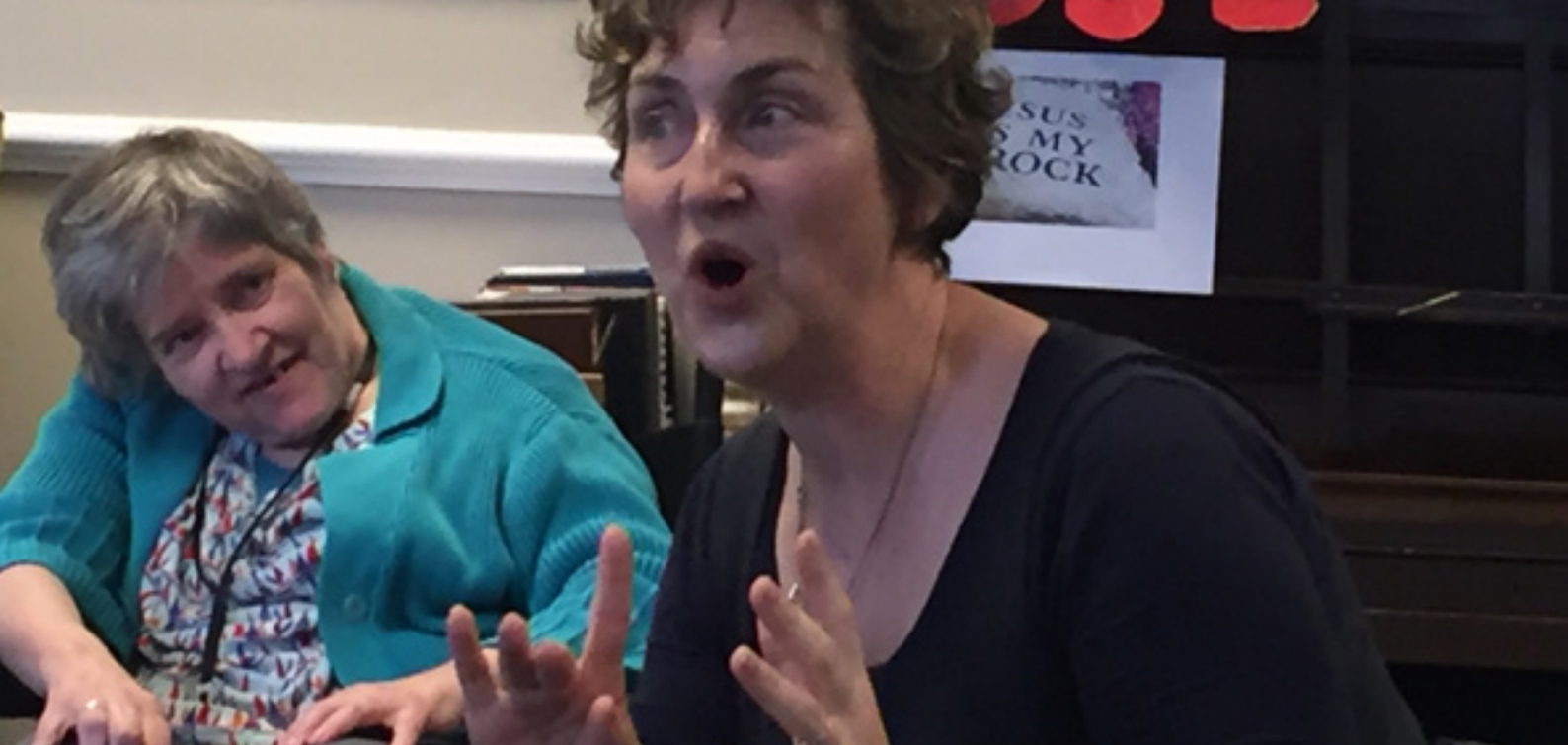
'I think some stories can take them away, obviously the way they're living now... and especially the people we see with dementia, they're pretty miserable at times; they're feeling at a loss, they're feeling upset, and sometimes when you tell them a story and it captures something – it takes them and makes them feel like they're in that story or in that moment, so they feel like they're there. Especially when you're helping them with props, and helping visualise it with actions, you're transporting them to another place.'

'They are involved; they participate; they've had input. They've given us their ideas. It's made them think; it stirs memories. We had [the storyteller] in today and one of our residents told him the song about pigs she remembered. [The storyteller] couldn't believe he then remembered it himself from when he was a boy; so she triggered a memory in the storyteller!'

'It's about gaining cooperation without confrontation or being abrupt. I think it keeps people more independent in what they're doing. For people with dementia it makes them happier. Instead of saying 'eat your pudding', we can add details and p-zaz. We can have a giggle and it becomes joyful rather than a chore. I use hand gestures and may say something like they'll have strength to fight the world. It's a far better way of communicating through action and laughter. At that moment they take it in.'

*'Hope - is what residents gain from storytelling – nothing stands still; things carry on. They **can** remember things, they **can** have a laugh, they **can** tell stories.'*

'I'd say it's helped bring some people back to life.'



Gains for staff

Gains for staff

Staff response to the storytelling training and coaching is enthusiastic and highly positive. In relation to visualising what they knew and how they felt about storytelling before and after the programme, on a scale of 1 to 10 each participant indicated movement from low (not a lot) to high (much more). This is represented here and detailed examples follow:

Before:

| | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
|-----------------|---|---|---|---|---|---|---|---|---|---|----|-----------------|
| Range = 0-5 | 2 | 1 | 4 | 4 | 1 | 2 | | 1 | 6 | 6 | 1 | Range = 7-10 |
| Median = 2.5 | | | | | | | | | | | | Median =8.5 |

n=14

After:

Distance travelled:

| | 0 | +1 | +2 | +3 | +4 | +5 | +6 | +7 | +8 | +9 | +10 | |
|-----------------------|---|----|----|----|----|----|----|----|----|----|-----|-----------------------------------|
| scale points moved | | | | 1 | 1 | 4 | 4 | 2 | | 1 | 1 | Range = 3-10 Median = +6 |

n=14

N.B. Scale points are vehicles for self-report; they have no numerical significance in themselves.



“A significant number of staff tell how they are reading more and enjoying reading for themselves. Some have joined the library.”

Recall of the training is impressive. In several interviews, staff spontaneously and enthusiastically recount details of the activities and what they learned. Techniques for memorising stories; an exercise on using imagination; the importance of variety, intonation and body language; plus the need to select stories which have meaning and relevance were mentioned most frequently. Examples were recounted without hesitation. Clearly, learning was significant and has stuck.

Everyone identified the training as valuable and enjoyable.

“We laughed a lot and fair hopped along when we left. We’ve been bubbling about it ever since”

was the verdict of two carers, which was not untypical. The training was also full of challenge, and several recall their initial apprehensions:

‘I had to go on my own and that was an issue. I hate any training, but she promised I wouldn’t be made to do anything I wasn’t comfortable with. I nearly died when we had to do the first activity...’

The learning was active and experiential. This took people out of their comfort zones. There were no hiding places and no option but to get involved. However, the tasks, the pace, the tenor and tone reinforced trust and rapport. Participants worked together on tasks and activities.

Back at their work places staff talked, and continue to talk, about their training day experiences. One manager reflects on the style of the training:

‘It’s not sit down and look at this Powerpoint...

it’s active and involved. It challenges you and alters the way you think about yourself. Another manager quipped wryly, ‘I wish all our training met with such positive responses!’

The weeks following the training were designed to help the participants implement storytelling techniques in their establishments. The goal was for them to become sufficiently competent to work independently and to be able to sustain this over a number of sessions. The process was time limited and in line with the requirements of the accreditation: skill development teaching (5 hours); coaching and mentoring (4 hours); demonstrating independent application over a time period (4 hours).

Participants know more, can do more or do things better, and think and feel differently about themselves, their residents, and storytelling.

Staff feel up-skilled. They worried about forgetting storylines; now they have memorising techniques. They feared talking in public and appearing ‘silly’; now they face the fear and get over it. They can embellish stories - ‘fluff them up’, ‘spin them out as long as it’s in an interesting way’. They can add layers to a story – reminiscence, conversation, a song. They can add a story to other activities, such as chair-based exercises. Many indicate they are far more able to start a conversation with residents who find communication difficult. Most can search and find stories online or in books or they can ask for resources from the storyteller. Some see opportunities for using stories in a way they didn’t before; some use storytelling flexibly outside sessions and see huge potential in it.



Staff think and feel differently about themselves. Insights participants shared with us include: everyone feeling more confident, some having a more positive self image; many feeling better about their work, feeling they are doing a better job. Some say they are feeling happier and less stressed; days at work are more positive especially where they work together with others. A number say they have discovered positive things about themselves, some have also rekindled existing skills and talents.

Staff think and feel differently about their residents. Everyone is enthusiastic about the potential storytelling has to connect with residents in a meaningful and purposeful yet upbeat way. There is a sense of welcome surprise and profound relief in what they say about discovering techniques that work with a wide range of residents, especially people with dementia and other cognitive impairments and/or physical disabilities. Some reflect on the impact of finding common ground with residents, dispensing with 'needs' and 'tasks' and dependency and revelling in the joy of sharing moments reciprocally as two adults. Several admit to having more interest in their residents, respect for them and feeling more connected with them because of the gains they have from this programme. A manager identifies his staff are now more fulfilled and reflects on how increased confidence breeds better communication.

'Many of our residents have dementia and conversation can be quite random. These staff are now less wary of having strange conversations with somebody and/or of being overheard having one. They are far less self-conscious now.'

Many want to develop and extend their storytelling skills. They want to link with each other and hear how storytelling skills are used in different places. They want to build their competence and repertoire. They know that every storyteller and every storytelling session is different; most have taken that into their own practice and many find a freedom in it. They know the importance of the meaning and significance of a story; some are keen to use more stories exploring other cultural themes and different periods in history.

There are unanticipated outcomes and impact too – carry over benefits: One carer says she is noticeably better on the phone. She is less anxious and doesn't worry that she may say 'the wrong' thing, she knows now she can pick it up in another way. Her manager has noted her increased confidence and her willingness to deal with phone calls.

Over half the staff tell of how their families are involved in the preparation they do; children help with making artefacts, whole families act as audiences and advisers and welcome the task. Two staff have taken their child or grandchild to work to tell a story with them and one of the children then went on to describe their experience at school.



Several staff share how they are also using storytelling techniques at home: a 'use your imagination' prompt provoked more than flying carpets as children tell how they got to school driving a tank or in a F1 car. One grandmother is the newly favoured story reader when it comes to bedtime for her grandchild. Another tells how her adult daughters, both in different forms of health care support, are keen to use storytelling in their work having heard about its potential.

A significant number of staff tell how they are reading more and enjoying reading for themselves. Some have joined the library. Several say they are reading different sorts of books - fiction rather than non-fiction or vice versa. In relation to storytelling, several staff are seeking out and appraising books more critically. One reflects on a discovery that children's books have a great deal of wisdom in them and another on how the artwork and illustrations in books can be a source of ideas for storytelling. A carer explains how she is casting the net wide to create artefacts and items to enhance storytelling; she has purchased aroma sachets to stimulate different sense associations. Bonfire, summer gardens and Christmas are aromas she and her colleague have used to date.



**"I think and feel differently.
I feel more positive about things"**

Gains for staff from the project

'From the training I'm learning how to shift it from entertainment to activity. Knowing, say, three stories and adding layers to them – weaving in props, songs, reminiscence and conversation – so residents are involved – asking them for ideas of characters etc.'

'I know about dissecting a story: there are at least seven main points – beginning, middle, end. Find the moral of the story, the wisdom in the story. Once you've got the main points then you can make it what you want.'

'On the training I was completely drawn in to one story [the storyteller] told. I was listening and I could visualise it like a film in my head. I really loved it – It seemed to me it was a treat and an indulgence and I think if I enjoyed it that much surely they [residents] will enjoy it. I think of storytelling like a spa-day!'

'I think and feel differently. I feel more positive about things. You look at a resident and you think – what are their needs? What sorts of things do they appreciate? You question yourself and think – what can I do to make things better for them? In terms of storytelling I think - what topics can I turn into a story? If I hear about somebody who has a granddaughter who is getting married, then you can bring love and marriage into it – my brain starts ticking. What stories can I tell? What songs can I sing?'

'I do think differently... it has inspired me to think of more things we can do. I'm surprised that from storytelling how much information you can get from residents. It's surprised me what their minds are capable of; people have more stored away than they are given credit for.'

'I've realised that there are so many different ways to tell a story. We can tailor it towards our residents because we've got quite a variety of abilities – some are really independent and some are later stage dementia, and we can adapt our stories to each of them.'

'It's made me more confident talking to residents. I'm better at starting a conversation and not over-thinking what I'll say. The training and the coaching has made me think differently about storytelling. It's not a thing, it's a process. It's not a set thing where I have to worry if I'll mess it up. I use it as a change, a different way of communicating. I am not worried now that I have to keep to a script.'

'I can make a story out of anything now; it just comes. It's like my brain is working differently now. I get all these ideas and I don't want to sound over the top, but I think this has made me a lot happier and less stressed. I love it. It's such a good way of getting through to people.'



Insights and learning

L4A has learned a great deal from this time-limited immersive experience. The project has been fruitful and rewarding for participants in different ways and at different levels. It is popular with managers, staff and residents. A large majority consider it highly worthwhile and are keen to continue storytelling.

Testimony throughout is of many gains and much progress. Green shoots abound yet, understandably, currently roots are relatively shallow; some (fewer) are fragile. It takes time to embed the outcomes of a new initiative into any practice. A short-term funded initiative such as this is influenced by a number of factors: context, culture, staff, residents and resources. These interrelate in dynamic ways according to wider influences and time and place. Even one thing changing can have adverse domino effects, sometimes quite rapidly. Changes of manager and turnover in wider staffing are a reality, as are departure and arrival of residents. Demands are high, time and resources are limited; in many places staffing is under pressure. L4A are grateful to the homes involved for the time they have enabled their staff to commit to this project.



Green shoots and flourishing

A key focus of the project has been to offer and hone skills development and support to each participating home and its staff. The way homes are using storytelling depends on the individual staff member and their environments. Factors which promote storytelling flourishing appear to be:

- Manager buy-in, interest, awareness and support
- Working with another or other colleagues
- Opportunity and encouragement to talk about experiences to develop insights and action
 - Accreditation and coaching
 - Reflection and reflective practice
- Working in an establishment where ‘whole-establishment’ training is a norm²

Manager awareness and support is of key importance in terms of how and where storytelling is most likely to be thriving. This indicator appears to be more significant than the length of time staff have been storytelling or individual motivation.

Working together is the second most influential factor. It enables staff to cooperate and collaborate, which is personally rewarding as well as productive. Where staff are working with another or with several colleagues, storytelling skills are more often, more widely and more creatively used. In many instances the outcome is far greater than the sum of its parts. There are numerous

examples of staff helping each other out:

‘We needed to wing this a bit and decided we’d be sisters and when we said a particular word, the other would carry the story on. It worked brilliantly!’

In several homes staff explain working together enables more depth and variation in a storytelling session;

‘We were doing Cinderella and a resident so wanted to squeeze her foot into the shoe, it was just so wonderful to watch.’

In this session staff did a double act – one told the story and the other went round with the shoe.

Staff tell of helping each other face their fears and deal with nervousness; one buoys the other up; they are both in it and go for it together. They have each other to share the joy and relief when it goes well. They both see and hear the residents’ responses; together they have inspiration and enthusiasm for what next. Staff working on their own find implementation a lot harder.

Talking and listening: Accreditation and coaching. Active learning linked to accreditation was an important part of this project. It comprised observation and participation in storytelling sessions and training in storytelling skills and techniques, followed by a minimum of four sessions of personalised coaching. The programme was time-limited and linked to units of accreditation. 19 certificates were awarded at the final achievement event. In total, 27 staff including 3 managers and 5 carers will receive accreditation from this project.

²Only applicable for two of the participating homes



Staff are enthusiastic about the certification and what it represents to them. Some note it as a benefit to their CV and as a contribution to their job marketability; others comment on the value of the process of gaining the accreditation. Having small units to achieve was motivating and built confidence cumulatively. The coaching increased awareness of storytelling skills and tenacity to achieve; the accreditation outcomes were a focus, and the ‘plan, do, review’ approach at each visit kept the practice bubbling. There was little opportunity for procrastination especially as the L4A storyteller was flexible in her arrangements, going out of her way to meet everyone’s needs. Staff note how supportive and successful the coaching sessions were. They are grateful for the tailor-made suggestions for resources and the books that the project supplied. They value the warm and upbeat approach of the storyteller and the solution-focused guidance she always offered. Jointly, the storyteller with each individual tracked and recorded the specific skills achieved. These were captured on the certificates in the participant’s own words thus making them truly individual records.

Reflection and reflective practice was integral to this project, including the evaluation. The project was well conceived and well received. In large part this appears to be due to the whole being well-managed, well-led and well-resourced. This is at two levels – L4A with the storyteller and the storyteller with the care home staff. The project and the infrastructure of L4A around the project mirrored each other in processes

and practices. The main storyteller supported the care home staff and was herself supported by the L4A Project Manager. The storyteller mentored and coached each individual, reviewing and action planning with them. Her individual and affirmative approach with interest, attention, and joint purpose, validated and extended practice. The storyteller received regular supervision from the Project Manager who offered direction, skilled listening and a reflective and resourceful approach. The storyteller used this as a sounding board, fuelling her tenacity and facilitating a clear head. This enhanced the practice; solutions were found and flexibility did not jeopardise time frames or the budget. Hallmarks of both these processes were respect, responsiveness, willingness, energy, effort and time.

The process of reflective action planning is directly transferable to other aspects of care practice. Arguably it also has the potential to contribute to supporting a community of practice raised by participants as a welcome legacy from this project.

Establishment-wide training is part of some initiatives – where administration, activities, care, housekeeping and maintenance staff are all made aware of, for example, a particular method or approach. Two homes in this project have experience of this but it is not widespread. It is mentioned here, as activity staff in one of these homes instinctively involved their care colleagues in their venture into storytelling. This came from the need for information and expertise with particular residents.



With two exceptions, care home managers in this project did not consider storytelling to be relevant for care staff. This was not explored in the evaluation - possibly matters of cost and cover are of significant concern. Arguably the title 'storytelling' or even storytelling skills, are possibly not the best descriptors. Association with children and bedtime (and perhaps even lurking memories of how long this could sometimes take), plus, on the face of it, a seeming complete incompatibility with care tasks which need to be undertaken routinely and often at some speed.

However, a key recommendation from care home staff involved in this project is for L4A to roll it out specifically for carers (in addition to activity staff). This may or may not be feasible or desirable. Those who work across team boundaries identify the benefits of using storytelling skills to lighten communication and thus to gain cooperation. They note emphatically it is not time consuming, *'Talking doesn't take more time. In fact it adds to everyday care so it can take less time. When giving meds I use my imagination to say something like: this one will make you grow taller, this one happier and this one will help you fly over the moon. I get that 'yeah right', smile! It's just better than saying this one is for your moods, this one for your depression, this is to stop you forgetting...'*

Staff enthusiasm for the project is not differentiated by role or responsibilities. Carers are just as much advocates of the work as managers who have undertaken the training. Budding storytelling ambassadors are found across the programme participants.

A related view is given by one of the home managers who herself has done the training. She points out that if activity and managerial staff facilitate storytelling sessions which benefit residents, then care staff should have fewer incidents of difficult behaviour to deal with. So in this way both staff groups and the whole home benefit.



Benefits for organisations in terms of quality

Managers were asked if storytelling work contributed to any quality standards, for example CQC assessment categories or other ageing well policies. 6 managers felt it did. In general terms they identify storytelling extending choice and voice: active engagement of residents; potential to be person centred; promoting enjoyment; increasing happiness and wellbeing and increasing communication with residents regardless of barriers of impairment, illness or disability. In addition storytelling provides opportunities to involve residents' families, volunteers, and local organisations in the establishments, thus 'bringing the outside in'.

One manager highlighted the potential in storytelling for it to be person-centred. He had seen how responsive residents were when the storyteller worked off observations and cues from individuals in the session, as well as how engaged residents were. He saw the personal focus being the way it linked with CQC assessments. Another feels his staff are now asking for and acting on residents' suggestions. He sees greater partnership in their work – communication and cooperation between resident and activity worker - and activity worker and visitors. As a result of the storytelling training he says his staff are more likely to think out of the box and are less reliant on the traditional residential home activity offer.

A manager who has done the training says the local authority contract compliance manager is entirely affirming, saying storytelling contributes very positively to their requirements. A manager in another setting refers to its relevance in PIRs (Provider Information Returns) and QAFs (Quality Assurance Frameworks) for the local authority, citing Activities, Engagement and Empowerment. In relation to CQC assessment standards, one manager says storytelling is definitely an important contribution in their strategy to move from Good to Outstanding³.

³See Appendix 1



Community involvement

One home manager working with an L4A volunteer highlights the value of an external person coming in to the home. She notes the value of them being a fresh face and being able to engage residents with *'a number of things happening in the world'*. The benefits of widening horizons, contributing to keeping minds sharp, and having different skill-sets is also noted by another manager. She explains how very many residents have no visitors and how she would welcome older volunteers in addition to the young people who already volunteer. Companionship and time to share in a resident's interests are much needed.

In phase 1 of the project, the storyteller led sessions with groups of residents and staff were observing. One to one storytelling conversations took a similar form. The storyteller selected stories with general appeal and involved residents in a myriad of ways (actions, repetition of well-known lines, conversation, songs). In a storyteller-led session, albeit a participatory one, the storyteller can be seen as a community arts entertainer. One manager – like the staff in this project - said he was most impressed by the storytellers' performances and is pleased to know such roles exist. It was a new opportunity for residents to experience a professional performance. Although this wasn't the main focus of this project, there is no denying the power and impact of professional storytellers; as one member of staff reflects:

'They are actors and their acting presence touches people. It lifts the atmosphere.'

Residents in different establishments concur:

'We love it when you people come in. We look forward to it so much.' *'The sun comes out when you come in.'*

The project enabled staff to see a professional in action. Many said they were awed by this but in a good way; rather than being daunted, they found it inspiring. Many were excited by what they saw in the residents' reactions. Excitement turned into inspiration and motivation to do something similar. These early sessions undoubtedly served as a positive and skilled hook into the storytelling process.



Looking to the future

As part of this evaluation and at the final achievement event, staff were asked to look to the future and suggest action for L4A. Unanimously, staff recommend, firstly: rolling it out to carers, and secondly: increasing managers' awareness of storytelling and its benefits. For themselves they want to continue to consolidate their practice and many want to extend it. To achieve this they want to stay in contact and share experiences and resources. They think this could be done via social media facilitated by L4A. To maintain momentum they recommend top up training events where they see other storytellers in action, share techniques and build their own skills. Some go further: a manager recommends staff and residents undertaking reciprocal storytelling trips to each others' establishments. Another suggests an L4A storytelling festival – an umbrella event where staff and residents could celebrate, showcase and share practice.

Energy and enthusiasm were palpable at the final event. Several staff are keen to spread the word; many are sharing the benefits within their establishments and outside. Several staff are acting as informal advocates, and some managers are championing it across their companies or family of homes.



Conclusion: overall outcomes and impact

Evidence from this L4A project is that storytelling and storytelling skills and techniques are powerful interventions which benefit residents' wellbeing and staff job satisfaction. Seemingly these are valuable enhancers for successful care homes.

Benefits for residents

Positive relationships are fostered through storytelling and storytelling skills. The connections built through group storytelling sessions, one to one storytelling sessions and by care staff using storytelling skills in personal care contribute to residents feeling happier, more stimulated and better known.

This is evident in people living with dementia as well as without. Staff and families report storytelling being a particularly valuable key to communicating with some of the most cognitively impaired residents who, previously, they had been at a loss to engage with.

Successfully engaging with residents with particularly challenging needs contributes to reducing their isolation and loneliness, and has the potential to reduce disruptive behaviour.

For all residents, storytelling has the potential to make a personal connection. It lifts the spirits and can be a multi-sensory means of sharing in a positive experience and atmosphere.

In its different guises, storytelling involves residents and staff in mutual communication keeping minds active and alert, flexing the imagination and firing memories and recall in a way which often prompts sharing, as well as genuine enjoyment.

Benefits for staff

Staff value the opportunity the project has given them to develop skills and techniques which enable them to build meaningful, rewarding and engaging relationships with residents.

Staff identify they know more about storytelling now, and about their residents. They welcome the skills and techniques they now have to facilitate activity sessions which promote resident enjoyment and involvement. Several are using these skills flexibly and responsively in wider aspects of their work. Care staff who are using techniques in their daily tasks report how this improves communication and cooperation and results in easier, happier and more productive encounters.

Most staff see considerable potential to develop and expand the use of storytelling in social care work. The majority want to continue using it and to consolidate and extend their repertoire of skills and resources. Some are acting as informal ambassadors for storytelling, its uses and potential.



All staff are excited by what they have gained and most are energised by how they see residents responding. Most staff identify they are more confident in using storytelling techniques and a significant number report feeling happier and more fulfilled at work.

Several say the L4A project has enabled them to see residents in a different light; they have a greater respect for them, interest in them and feel more connected to them.

The project emphasis on facilitating staff to develop their own storytelling voice through training and individual coaching was particularly effective. The coaching was responsive and tailor-made to each participant's role, organisation and residents. This was empowering. Many staff feel more positive about themselves and their abilities and recognise how to use this appropriately at work. For some the project is a motivator to explore more training opportunities.

Benefits for establishments

Evidence from this L4A project indicates that outcomes from using storytelling and storytelling techniques usefully contribute to

- Staff feeling more competent and confident, happier and more able to communicate effectively with residents

- Residents being more engaged in communication in different ways with an increased sense of wellbeing, including residents with cognitive and other impairments.

Although peripheral to this evaluation, there is evidence that families and visitors recognise the benefits of storytelling for their residents and for their own interactions with them too.

Where storytelling and storytelling techniques are understood and supported, outcomes usefully contribute to CQC quality standards and to local authority commissioning requirements.

Participation in an intensive short-term project such as this has the potential to energise and enthuse staff. The legacy of this may be fertile ground on which to further extend relationship-based person-centred care in and across establishments.



Appendix 1

The CQC asks five questions in their inspections:

1. **Are they safe?** Are people protected from abuse and avoidable harm?

Evidence in this small-scale study is that storytelling and storytelling techniques support bonding, building relationships and respect. This is between staff and residents, and potentially, between residents and staff/residents with their families. A consequence of this is increasingly person-centred care contributing to a safer environment.

2. **Are they effective?** Are people supported to make choices in how they live their lives? Do they experience best possible health and quality of life outcomes?

Storytelling activities and interventions can contribute to a sense of meaning for people. Staff and families note how residents enjoy storytelling sessions, some look forward to them and many are happier as a result of them. Staff report they know residents better and are better equipped to offer person-centred and holistic care due to expanding their repertoire of skills and abilities via the storytelling Project.

3. **Are they caring?** Do staff involve and treat people with compassion, kindness, dignity and respect?

Several staff report they are happier and more fulfilled at work, and more engaged with residents because of the skills and techniques they have learned in this Project. Some report they have greater respect for their residents as they have learned ways to communicate better with them and understand them better. Participative storytelling supports residents to communicate about themselves and their histories. Storytelling can improve mood, and has the

potential to help alleviate feelings of isolation and may be able to alleviate distress.

4. **Are they responsive to people's needs?** Are services organised so that they meet people's needs.

Testimony in this study is that participatory storytelling and use of storytelling skills in personal care work lifts the atmosphere, can improve mood and reduce confrontation. Staff and some families report that residents are happier and more engaged during and after the storytelling sessions. Care staff describe the positive contribution storytelling techniques can make to everyday personal care tasks as well as end of life care for some people.

The option of participating gives people choice and control, the storytelling connects people to themselves, to others present and to the wider community.

5. **Are they well-led?** Does the leadership, management and governance of the organisation ensure high-quality person-centred care, support learning and innovation, and promote an open and fair culture.

Storytelling in care homes is innovative and exciting. All those involved are constantly learning – from stories, from the sharing of stories and from the whole experience itself. This L4A Project has enabled participating staff to extend their repertoire of skills; many have discovered new things about themselves and are proud of their talents. Many transfer this into their work where it is evident as energy and determination to offer the very best to their residents and to continue to increase and extend their own knowledge and skills.



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South Lodge

West View



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