

Our vision is a world where all care homes are great places to live, die, visit and work.

Creating new futures with stories

My Home Life (MHL) aims to promote and enhance quality of life for older people living and dying in care homes, and for those visiting and working in them. This briefing paper sets out some of the ways that MHL works with stories as a key element of relationship-centred practice, appreciative inquiry, evaluation and engagement with health and social care partners.¹

Stories tell us what matters to people



Stories are descriptive first-person accounts of something that has happened or which is desired that tell us what matters to people. Feelings are often expressed through stories and we can be profoundly moved, making us curious to find out

more. In this way, stories provide new insights and help to shape deeper understanding of other peoples' experience. Considering other people's perspectives, helps us to work better together to shape how things are done. Sharing stories is the bedrock of relationship-centred practice. When people talk with each other about high points or challenges, they naturally build empathy, mutuality, respect, trust and genuineness – in short, they build high quality relationships and provide the insight and empathy needed for action.² Our willingness to listen to other people's stories creates a receptive environment for our own stories to be heard.³ In My Home Life, we pay a lot of attention to creating the right kind

of conditions for stories to be told and used for collaborative sense-making and action.

Many ways of gathering stories



Storytelling is a key part of everyday life; although stories are often told informally, dismissed as anecdotal, or simply lost. All the Caring Conversations Framework approaches and tools, including using images and emotional touchpoints are useful ways

to elicit stories, enhance relationships and promote better partnership working.⁴ These offer a wider emotional vocabulary that supports people to share their inner thoughts and feelings and both invite and express views which they might previously have felt to be 'tricky' to share or just difficult to put into words. Given the prevalence of cognitive frailty amongst residents (and some relatives) 'conversation' might include being especially attentive to the many ways in which people with advanced dementia continue to convey the things that matter to them.

So what, now what?

In appreciative inquiry, stories are sought with a purpose. The four stages of appreciative inquiry in Figure 1 (see over the page) offer a way of thinking about the purpose and usefulness of different kinds of stories.



Figure 1: Using stories in appreciative inquiry

Stage of appreciative inquiry	Collecting Stories: What kind of stories might we seek and what qualities of caring conversations might come into play?	Making Sense of Stories: What questions might we ask of these stories?
Discovery	Inviting stories to open-up dialogue and explore issues more deeply. Stories that celebrate how things are at their best, what we do well, high points, what people feel about a particular happening and so on. Being courageous and connecting emotionally with what matters to people. Staying curious.	What is there to celebrate in these stories? How do you feel about what you have heard? What stood out for you? What are you curious about? What surprises you?
Envision	Imaginary or prospective stories of the desired future help us consider how we would want things to be, by building on what works well and what is valued now. For example, 'If we could wave a Magic Wand, what might it look like?' creates a sense of shared hopefulness.	What does it show about what matters most to you and others? What does it show about what practices and actions need to continue? What does it show about how we might like things to be?
Co-create	Stories that express, share, develop and encourage ideas about how to bring what we have envisioned into being by drawing on the collective resources of all of those involved. Stories that allow us all to express our feelings about new ideas, testing them out and what might helpwork best for each of us.	How can we work together to make this happen? might things change so they are as we'd prefer them to be? What's the one thing that each of us could do today to help us move towards how we want things to be?
Embed	Stories that give feedback and provide evidence about what's working or not, what needs to change. A way of monitoring how things are working, celebrate what's positive and what is needed to sustain it. Acknowledging how change may make people feel.	What's working well now? What more needs to change to make it happen more time? If we could develop things in the future what will it look and feel like? Who would notice and care? What kind of evidence or feedback will convince each of us that it's been worthwhile?

Using stories for evidence and engagement

Stories are an integral part of MHL's approach to collaborative learning and evaluation that can help us capture new ways of thinking and more meaningful ways of acting.⁵ Noticing and recording small changes in practice, different ways people are engaging, changes in the atmosphere, as well as other tangible outcomes, can all provide evidence of change. Use the MHL Improving Experience Template to capture some of these stories of change and build a portfolio of evidence, for evaluation and promotion and for quality inspection by the regulator and commissioner.

Gathering and sharing stories and making links between them often allows new meaning to emerge. It is a good way to engage wide health and social care partners in dialogue, explore the linkages and trace the 'ripple effect' beyond the immediate care setting. Such story sharing will prompt further stories from others and enhance mutual understanding of each other's context. In this way, by sharing our stories, we can help to create a 'community of inquiry' amongst our partners to create and sustain the relationships and connections and enhance the mutually reinforcing contributions that need to be made.

To reference this briefing: Sharp, C, Dewar, B and Barrie, K (2017) Creating new futures with stories, My Home Life Briefing Paper 8

(Endnotes)

1 Sharp, C., Dewar, B., Barrie, K and Meyer, J (2017) How being appreciative creates change - theory in practice from health and social care in Scotland, *Action Research*, <http://journals.sagepub.com/doi/full/10.1177/1476750316684002>

2 Dewar B, and Mackay R, (2010) Appreciating compassionate care in acute care setting caring for older people *International Journal of Older People Nursing*, 5, pp299-308.

3 Mead, G (2014) *Telling the Story - The heart and soul of successful leadership*, Jossey Bass, p131.

4 <http://myhomelife.uws.ac.uk/scotland/wp-content/uploads/2016/03/3-Overview-of-My-Home-Life-conceptual-framework1.pdf>

5 <http://myhomelife.uws.ac.uk/scotland/wp-content/uploads/2016/03/4-Learning-and-Impact-Framework2.pdf>