



“Let’s talk about it”



Using stories to improve care
for older people: a practical guide

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Using stories to improve care for older people: a practical guide

This practical guide will support health and social care staff to improve care practices for older people. It is made up of two parts:

- 1 Story-based resources to help you engage others in conversations about the experience and practice of caring.
- 2 A framework which shows you how to explore and develop practice from an issue that you have identified in your care environment.

In the following pages you will find descriptions of the storybased resources and ideas of how to use them. You can then access the resources on your computer using the included CD-ROM, printing out any accompanying material you need.

You can also go straight to the framework on the CD-ROM to look at developing practice from a particular issue.

This Practical Guide is in its last stages of development and we welcome feedback to incorporate into the final version. Please complete the enclosed feedback form and return it to us in the self-addressed envelope.

Contents

Setting the Scene	1
Outline of Resources	4
Getting Started	5
Learning from stories.....	7
Exploring relationships	9
Exploring dignity	10
Exploring night time care	11
Exploring eating and drinking	12
Exploring death and dying.....	14

Contents of CD-ROM

1 Story-based resources

Whenever you see this logo  in the booklet you will find the relevant resource on the CD-ROM. Some are text resources you can print out, others are audio or video files.

2 Framework: explore your own issue

What is the issue?

What do we know already?

What is happening currently?

How do we attend to quality in our workplace?

What do I need?

What does my organisation need?

What does my team need?

How do I do it (methods and action)?

How do I evaluate what I have done?

Setting the Scene

Improving the quality of care for older people

Our population is aging. As we grow older, our physical and mental health changes. At some point in this journey, any one of us may need health and social care. Some of us will live in a care home. We will certainly experience a variety of care settings. It is in our interests to make sure that the quality and experience of care provided is at least as high as we would want, regardless of where that care takes place.

Over the years, attention has focused on developing a knowledge base of best practice that is available via books, journals, the internet, best practice statements etc. The hope is that by providing the information, improvements to care will automatically follow. Usually, this does not happen.

There is a growing recognition that health and social care staff need support to develop the knowledge and skills needed to lead and sustain change. The project Connect in Care¹ was designed to meet this need by providing opportunities for staff to share ideas, practice, experience and knowledge with a view to improving care.

The purpose of this Practical Guide

Lots of us find change quite difficult and probably feel that there is enough of it going on in our work places without creating more. So, if any improvements are to be made to the way that we care for older people, then we need to enable staff to answer this question:

Why is this change important and what does it mean to me?

In Connect in Care we used stories – told in lots of different ways – to engage staff in discussions around care practice in order to support and sustain change.



**“Change can’t happen without people having time to think and reflect.”*

“Relationships are central to care.”

“We need time to talk, relationships are necessary for learning and support.”

“It’s important to network because the solution to your problem may already be there!”

¹Connect in Care was funded by NHS Education for Scotland and NHS Quality Improvement Scotland with support from the Care Commission. Its aim was to support staff from across care settings to learn and develop practice around the care of older people.

*This and other quotes included come from people involved in the Connect in Care project



This Practical Guide pulls together the methods and processes we developed and shows you how to use them.

The resources outlined encourage reflection on work and social cultures and on the way we think, behave and relate to one another.

As such, they can be used in both health and social care contexts and with mixed groups of people including, in many cases, older people and their significant others.

Our approach to practice development

Individual care settings have diverse communities where people have different expectations, beliefs, educational and cultural backgrounds etc. We cannot know what change is most relevant and how best to go about it without involving all these people.

The approach we take to practice development assumes that every human being is capable of looking critically at the world in dialogue with others². The type and level of support that people need to engage in this way will differ. But that support needs to be given in order to facilitate meaningful change.

However, there is another more important reason why a care setting should encourage such involvement. If people are used to keeping quiet - about the issues that concern them, or the experiences that give them pleasure, or the unmet needs they have, or the knowledge they have gained, or the ideas they have - then the whole environment is impoverished. By actively engaging people in discussion about the world in which they live and work, a culture of curiosity develops rather than a culture of silence.

The story-based resources presented in this Practical Guide are all designed to stimulate people's imaginations, enlivening them to their own experience and to that of others.

Some underlying assumptions

In creating this Practical Guide we make a number of assumptions about the business of developing practice.

- 1. Relationship:** Care is always delivered through a relationship between the carer and the cared for. Quality of care is therefore shaped both by a practitioner's expectations about this relationship and the constraints that operate in the care environment.
- 2. Curiosity:** Human beings are naturally curious. We learn and adapt and make connections by asking questions. Care environments however, tend not to encourage curiosity and they need to learn how to do so.
- 3. Creating Connections:** Older people are cared for in complex contexts involving multiple care settings, professionals, agencies, cultures and practices. Communication is critical and yet very challenging. We need to limit ambitions to start with by working with small mixed groups of staff. Once they have made useful connections, then more people can be included.
- 4. Facilitation:** Engaging people in discussions around care practice and experience is central to practice development. Thus, the capacity to facilitate that kind of process is also central.

So use this Practical Guide to stimulate people's curiosity, explore the meaning of relationships, introduce involvement processes, support engagement and develop facilitation skills.

Active Learning

Another important assumption we make in this Practical Guide is that learning is more effective when it is active and experiential.

Traditional approaches to learning focus on feeding the brain knowledge and relying on lots of written information.

²This approach is called Emancipatory Practice Development (McCormack & Titchen 2006). It stems from the theory and practice of community development (Beresford & Croft 1993, Ledwith 1997, Blears 2003) which in turn is informed by the work of educator Paulo Freire (1970).



This makes the learner passive. In contrast, active learning methods are designed to engage the whole person (body, emotions, senses, intellect) in the learning process.

Active learning is concerned with experience (of doing and observing) and dialogue (with self and others). It is also concerned with how learning can be translated into sustainable change to work practice.

This assumption is reflected in the kind of stimuli we use (e.g. audio stories and observation exercises) and the guidance given to facilitating dialogue.

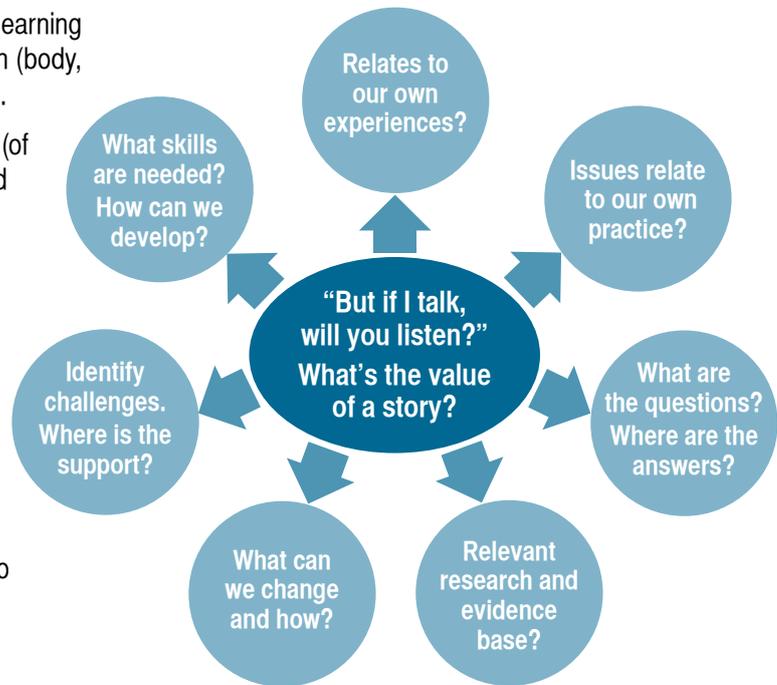
Using Stories

The telling and sharing of stories is fundamental to the way in which we:

- communicate and build relationships
- make sense of experience

An ability to relate to stories is a facility we all have regardless of how different we are from one another.

- A story provides a good starting point for getting people to explore and express their experience and to think about what life may be like for someone else.
- Stories are accessible. Anyone can engage with a story (if told in the right way) regardless of their confidence with reading, writing and speaking in a group or their cultural background or history.
- One story can provide a link to investigate a whole range of issues. What people notice and respond to and the connections they make will differ widely and that in itself provides good learning for a group.
- Stories encourage people to share their own experience and to engage emotionally with the issues you want to explore.
- Stories help people to look at a situation from different perspectives and so widen the field of interest.
- Stories help us to understand the value of research and what to do with it and also the value of our own practice.



In this Practical Guide we introduce you to stories told in different ways. There are first hand tales of an individual's experience; stories that have been told several times and have developed with each telling; fictional accounts in the form of plays, based on research, which offer multiple perspectives.

The stories here will energise people. The facilitation notes supplied will help you to focus this energy towards reflection, learning and action.

What will help you take the next steps?

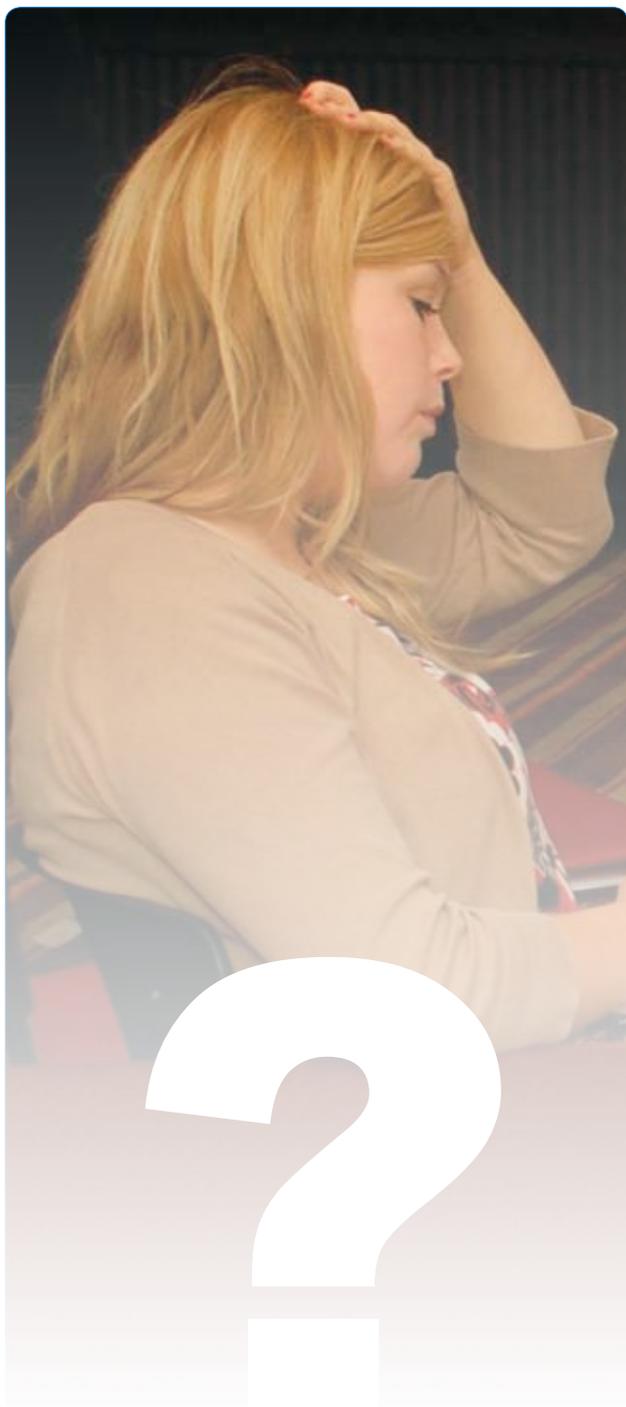
From the following pages you can choose a story-based resource to open up discussion. You may want to do this because it supports a training workshop you are delivering or simply to get a group of people talking together.

That process may then give you some actions to follow. You can find out what the next steps might be by following the framework on the CD-ROM.

This framework will help you to understand some of the theory and ideas of practice development and give you tips and tools for making change happen.



Outline of Resources



The following resources are designed to stimulate personal reflection and group learning about:

- **Our beliefs and values:** Why do we do what we do? What makes it meaningful to us? What is our individual and collective care philosophy?
- **How we think in and about our work:** What are our attitudes towards colleagues, other professional groups, those we care for, our organisation?
- **What we do:** How do we behave as individuals? What are the cultural practices we operate? How do we make decisions?
- **How our behaviour impacts on others:** on colleagues, on those we care for.
- **Systems & processes:** How do the systems and processes (including management structures) support or undermine our ability to improve practice and therefore the quality of experience of care for older people?

In order to start considering these things we need a stimulus which we can then reflect on. What we provide below are audio plays, pieces of film, images, stories and active learning exercises.

The resources are organised under a number of broad headings which indicate how they can best be used.

Getting Started

Learning from stories

Exploring relationships

Exploring dignity

Exploring night time care

Exploring eating and drinking

Exploring death and dying

Getting Started

Using any of these resources will involve bringing a group of people together for the purposes of learning. So no matter how informal your arrangements may be, you need to think about how you can create a good learning environment.

Preliminaries to any workshop



This resource identifies some of the things you should think about, including some tips on facilitation.

Warming up

You also need to think about how you can warm the group up by helping them get to know one another and focus on the topic you plan to address.

Getting to know one another



This resource provides some ideas of how you can approach this.

The Chair Exercise



This is a warm up exercise that helps the group to begin to explore beliefs and attitudes. You tailor it to whatever topic you are looking at and you can also increase the level of challenge involved.

Blind Lead



This versatile trust exercise helps people to:

- get in touch with their vulnerability
- experience directly what it is like to have restricted senses
- experience both sides of the care relationship and
- get in touch with the things that make them feel safe or unsafe

Both of these are useful preparation exercises for any of the topics covered in this Practical Guide.



*"I was really aware of smells and noise"
"I was pulling back, not wanting to be led."
"I felt safer when my hands were held firmly."*



You also need to think about how you can warm the group up by helping them get to know one another ...

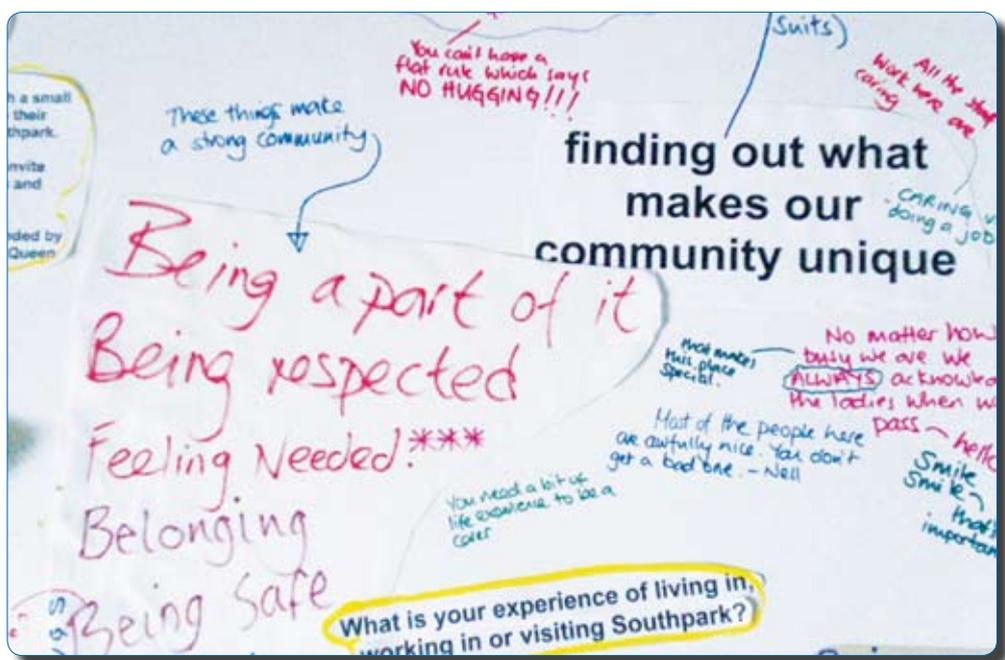
Setting preliminary work or homework

You can also set some preliminary work so that people can bring something to the workshop to discuss. Alternatively, the workshop may suggest follow up work that people can do. Here are some reflection and observation exercises which you can adapt to suit your own purposes:

- An exercise to explore transitions 
- An exercise to explore community 
- An exercise to explore identity 
- An exercise to explore end of life care 

Using Graffiti Walls

This resource shows you how you can record discussions, encourage involvement and identify actions.





Learning from Stories

In the world of health and social care a great emphasis is placed on making services flexible and responsive to the needs of the public who use them. One important way of doing this is by gathering stories about people's experiences so that the organisation can learn what it needs to do to improve services.

The resources here will introduce you to some techniques to help staff and those using services to share and learn from stories.

Using drama to learn from stories



This resource applies simple drama techniques to explore a story that describes the experience of an older person. It will introduce you to the potential such techniques have for helping staff (across social and health care settings) to use the experience of older people to learn from and to develop practice.

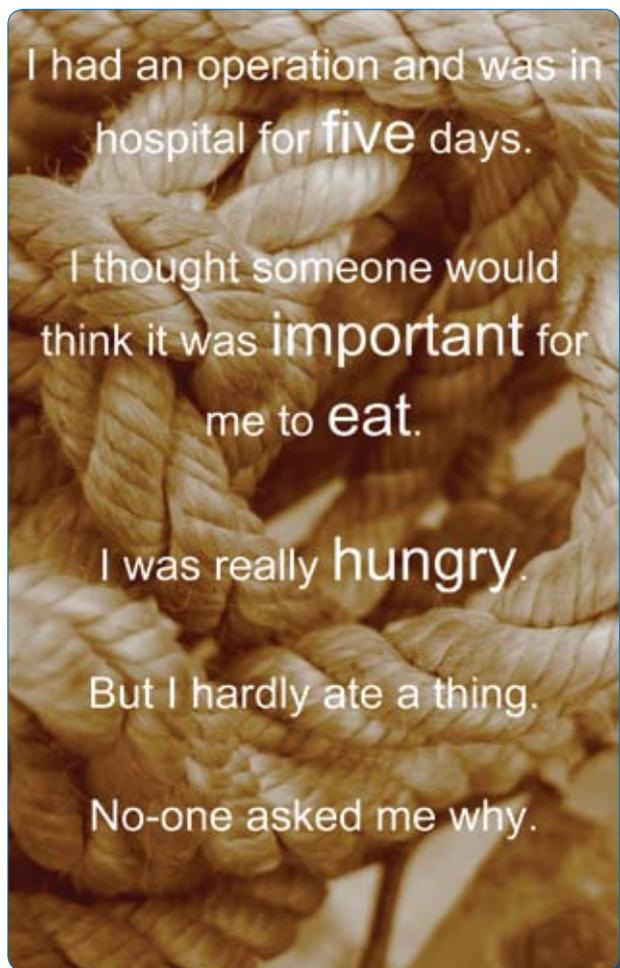
Once you have tried out the techniques you can apply them to any story. The process will help staff to:

- access what they know and understand about 'how these things happen.'
- imagine themselves into the shoes of the people involved (whether they be staff members or older people and their families) to understand how they may have felt and why they may have behaved as they did.
- take the heat out of complaints or contentious topics by viewing an incident as a whole event in which many people played a part rather than focusing on who is to blame.

Walk on By



This story postcard (see right) raises a fundamental issue about care environments: important things are missed because people do not ask questions. The workshop outline provided will help you to facilitate a discussion leading to ideas for action.





“Often the work culture stops you from asking questions and then over time you no longer notice that a question is needed”

I'd never do that!



This resource is a development from “Walk on By.” It takes as its starting point the observation that when we read or hear about a story that has happened but has nothing to do with us, we feel much freer to ask questions (and pretty challenging questions at that).

We have opinions about why it happened and who is responsible and what we would have done about it. These often conform to any existing prejudice we have about other groups of professionals or care settings etc. We might also claim that “nothing like that could ever happen where I work!”

We can all be experts when it comes to other people's troubles. Of course, the reality is that in these circumstances we only ever have partial information. On that basis fixes are easy to find.

If we want to learn from other people's experiences, then we need to try to understand other people's actions. This resource helps you to see the difference between staying with your judgements (“I'd never do that!”) and moving to a place of curiosity and understanding (“how did this situation come to pass and what can I usefully learn from it?”)

Tell my story



This resource outlines two simple techniques for gently encouraging people to share their experience of work, life or being cared for. These techniques create a safe environment where uncomfortable thoughts or experiences can be expressed anonymously and yet be made available for the organisation to address through action.



Exploring relationships

In a Fankle

This short film, as the name implies, is about the disconnections that happen between people and the impact these can have on the experience of caring and of being cared for. It is about the common experiences that we all share regardless of the role we have: e.g. being under stress, managing life transitions, dealing with other people's attitudes towards us, becoming ill. The people in this film could be any one of us.

The main themes it explores are:

- The experience of losing one's identity;
- The experience of life transitions;
- The experience of being cared for;
- The struggle for relationship-based care;
- The labels we apply to ourselves and others.



I always say "where is your evidence for that?"

This story was told by Donna Morrison (Senior Nurse, Royal Dundee Liff Hospital) about a formative experience she had early on in her career which taught her how dangerous it can be to label patients.

You can use it to open up discussions about the process of labelling and the impact on care and decision-making.

Catch my Eye

This audio play explores the experience, often reported by visitors to hospital, of trying to find a knowledgeable member of staff from whom they can get information about their loved one. One woman, when describing her failed attempts to catch the attention of staff, summed up her bewilderment by asking "are they trained not to look?" This question became the starting point for the play.

Talking Points: communication support needs

A significant minority of people who use health and social care services have communication support needs. They may have a physical disability which prevents them from using natural speech or a learning disability or a condition that leaves them temporarily in need of support to communicate.

This resource is designed to support practitioners to have conversations with people despite such challenges. It is designed for use by multi-disciplinary teams, building on practitioners' existing knowledge and skills to develop capacity and confidence levels.

Exploring dignity

Who Cares?³



Who Cares? was designed to look at dignity in the context of care culture and practice, allowing you to identify the impact on older people and staff alike.

It was developed with nurses from the Older People's Directorate, NHS Lanarkshire. They decided that such a resource would enable them to raise awareness and understanding of the issues around 'caring with dignity' with their teams and colleagues.

The resource is made up of:

- A film shown in four scenes.
- An interview with a couple (the husband has Alzheimer's) about their experiences of hospital admissions.
- Interviews with nurses about their views and practice.
- A facilitation guide.

Although it is designed to explore dignity, it can be used to explore a whole range of topics like:

- Team working
- Managing Difficult Situations
- Conflict Management
- Leadership
- Therapeutic Relationships
- Zero Tolerance

The following story was told to us by a woman in her 80s following her discharge from hospital.

"I was in this ward with a whole lot of old ladies like me and in came these two ebony black men and one of them said 'hello ladies we've come to get you up' and can you imagine what we all felt – we were shrinking in our beds terrified! It's not right to make old people face things like that."

Why is it important to confront situations like this rather than to ignore them?

How could such situations be managed in a way that both discovers and addresses the patient's fears while also respecting the care staff involved?

"I found the material in 'Who Cares?' extremely powerful and the learning opportunities and outcomes significant. This resource would be of value to all grades of staff in all areas. The video is brilliant at outlining the major communication issues in this type of environment.

The facilitator's pack is excellent since this type of learning will require strong facilitation."

The interview with the Browns was extremely powerful. A host of discussion points could come from this interview."

(Lecturer in Nursing, University of the West of Scotland)

³Who Cares? was funded by NHS Quality Improvement Scotland.



Exploring night time care

Night and Day

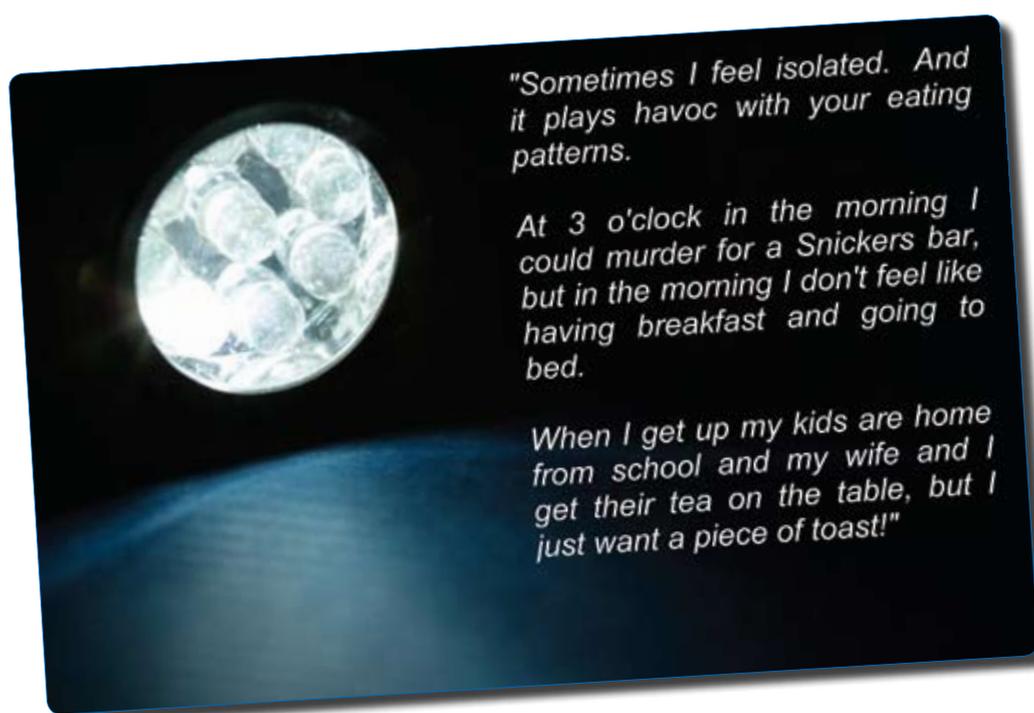


The resource **Night and Day** provides the audio play, facilitation notes and executive summary of the research report.

Care homes provide a 24-hour service. Many research projects have focused on day-time care and provision in care homes, but little is known about night-time care practices and provision, especially the views and experiences of residents and the views and practices of night care staff.

A team from the Universities of Edinburgh and Stirling⁴ explored night-time care in three care homes in Scotland. The project was funded by the Joseph Rowntree Foundation and made public in April 2008. It is called "Supporting Older People in Care Homes at Night."

For the project's launch event, the funders commissioned a play – Night and Day – to dramatise the key findings. Night and Day is now available as an audio play for anyone who is interested in improving our understanding and practice around night-time care.



⁴Diana Kerr, Heather Wilkinson (Edinburgh) and Colm Cunningham (Stirling).

Exploring eating and drinking

Our experience of eating and drinking is a personal matter as well as being bound up with our culture and background. This makes it vital that, when we are in the position of being cared for, those responsible for our nutrition understand that it means more than putting food and liquid into our bodies.

I am what I eat



This story postcard (see below) provides a starting point from which you can explore a whole range of issues that relate to food and nutrition. It can be used to help social and health care staff to consider questions like these:

- Why is it important for me to know what someone in my care likes and dislikes in terms of the taste and texture of food, or the manner in which food is presented, or the environment in which food is eaten, or the time and frequency of eating?
- What is the impact on my ability to care for that person if I do not know these things?
- How does my own culture and experience around food and eating affect my own attitudes to this most basic (and important) human activity?
- What can we learn about the culture of our own care setting by looking at the way in which we manage the activity of eating? And how does that support people to eat or hinder them from eating?

"I associate food with pleasure - fun, chat, sharing and love. I really enjoy food but loath eating anything that wobbles!!" (Speech & Language Therapy Manager)

"I can clearly remember going home for lunch in the winter times in particular when I was at Primary School. My mum always had home made soup then a milky pudding which I always called "cosy pudding". (Care home manager)

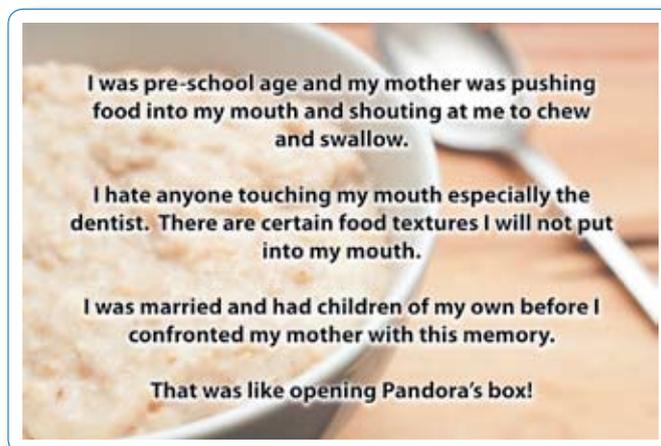
"My all-time favourite was "tattie" soup with beef and oatcakes followed by semolina with cinnamon. I used to run home to have lunch and to this day I still get that warm homely feeling when mum makes me my favourite soup and pudding even though I'm now 42 and married. Mums always know how to make a bad day good." (Care Commission Officer)

"After morning mass on a Sunday morning, we used to go to grandmother's house where we would all sit round the fire.

My grandmother would be in the kitchen preparing a large bloomer loaf. She used to remove the top and inside she would place smoked bacon and a tin of baked beans. She would then put the top back on the bread, wrap it in tin foil and place it in the oven.

While waiting on the bread, we would all discuss what we had done during the week. This became a weekly gathering. The best bit was biting into that hot bread. The smell and the taste have never left me." (Dietician)

"I was always hungry when I was wee. Now I never feel full." (Care home staff member)

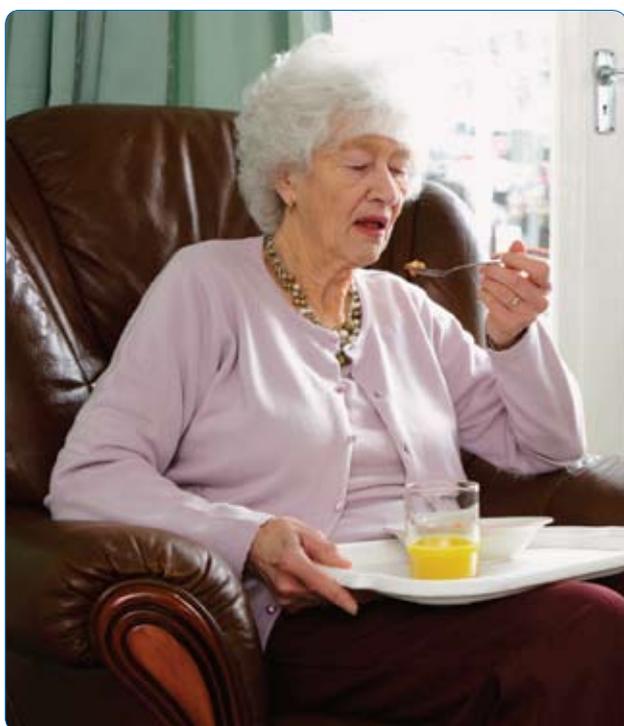




Protected mealtimes



This resource presents a story, told by a care assistant, about his experience of working in a long stay ward. It can be used to open up discussion about how mealtimes are managed in your care setting and how change might be introduced.



Mary's Lunch

By Hazel Higgins⁵, Assistant Manager, The Abbey Care Home

*"Come on now Mary, it's time for your meal
Nutrition's important for your ulcers to heal!"
I'm sat at the table and ready to eat.
Oh! Here's the lady to look at my feet.*

*The soup is now cold and not very tasty
So it's replaced with peas, chips and pastry.
With fork at the ready I'm just going to start
When the doctor appears to check on my heart!*

*My feet have been checked and my heart it is good
I'm back at the table but where is my food?
Along comes the cook and puts down my plate
But before I can start, here's the nurse to check
on my weight!!*

*I'm back at the table and ready and willing
For that meal that looks juicy, tasty and filling.
And just as my fork hits the tatties and gravy
A voice in my ear shouts "Pills Mary Davie!"*

*That's it. I give up. The system has won.
Forget your Nutrition my hunger has gone.
I'm back in the lounge, was lunch just a dream?
Did I really have soup and peaches and cream?*

*No, I did not and I've just got a hunch
That they'll write in their book
'Mary's eaten no lunch'!!*

⁵Hazel participated in the project Promoting Nutrition in Care Homes which was organised by the Care Commission with funding from the Scottish Government. The report can be found on the Care Commission website.

Exploring death and dying

There are lots of cultural taboos around death and dying. Taboos encourage us to avoid talking openly about this inescapable aspect of human experience. As a result, most of us have never developed the language or the confidence to speak about our mortality in a matter of fact way. Instead, we dodge the issue in our attempt not to cause offence or upset.

It's curtains for you

This story postcard (see below) is designed to open up discussions about the attitudes and cultural practices that operate in care settings. It will help you to:

- identify what these practices reveal about the beliefs and values in operation
- consider how they impact on the experience of those who are dying and of their loved ones
- consider how the cultural practices accord with staff's own attitudes towards and feelings about death and dying

We used to draw the curtains round the dying patient's bed to shield them from the other patients.

In my new ward, I was surprised when the staff asked the dying person what he wanted. He said he wanted his curtains left open because it made him feel a part of things. We could then ask his fellow patients whether *they* wanted *their* curtains open or closed.

I thought that this was a much better way of responding to the business of dying.

I don't know how to talk about it

This resource presents an interactive story through which you can support a mixed group of people to talk about death and dying. It was originally used in care homes with staff, residents and relatives.

The resource takes the form of a facilitation guide and a set of posters that you can print out and use in your care setting.





Acknowledgements

Partner Organisations

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The Connect in Care Team

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Alison Forbes, the project co-ordinator, made all the practical arrangements, ensuring that people were in the right place at the right time with the right information.

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The Care Commission (2008) *Promoting Nutrition in Care Homes*

Websites:

<http://www.connect-in-care.net/>

<http://www.jrf.org.uk/>

<http://www.carecommission.com/>



Using the CD-ROM

This CD-ROM is designed for use on recent versions of Windows and Mac OS X computers. It is not for use in a CD or DVD player.

The CD-ROM will usually autorun soon after being placed in your computer's cd drive. Where this is not the case, please navigate to browse the contents of the CD-ROM and run the following application file, by double clicking on it:

Windows: TalkAboutIt.exe

Mac OS X: TalkAboutIt.app

A detailed A4 sheet should be included with your pack, giving further instructions for running and using the CD-ROM. This Practical Guide is in its last stages of development and any feedback on using the CD-ROM would be welcomed. Please include these comments on the feedback form and return it to us in the self-addressed envelope enclosed.

