

Storytelling with older people – some tips and hints

What is 'older'? Care home residents and those with dementia may be younger than you think. Mixed groups may have people from their forties to over 100.

With, not to. Though performance may be enjoyed, the more valuable thing you can do is promote inclusion and conversation, with sharing of participants' own stories. Be always aware of people's comfort zone though, invite participation but do not force. On the other hand people may be unused to being heard yet would like to be, so be an active listener. Create a safe space based on trust, where people feel they can share their stories.

Pay attention to age-related needs. Participants might be suffering from sensory losses and other age-related changes, including arthritis, dementia and confusion. Here are some tips of what can be done to counter these problems.

Hearing-loss: put those with hearing problem close to you, or opposite to enable lip reading. Cut background noise; ensure the room is not too big.

Sight: draw curtains to cut bright sun which distracts and also makes lip reading hard. It helps if you wear less busy patterned clothing or hair distractions (they function as visible noise). Avoid background movement (such as window cleaners!)

Physical needs: Some people are immune suppressed, so make sure you scrub hands and use disinfectant gel, be clean and do not do the session if you have a cough or cold. Some may have physical frailty, so ensure they can see you while sitting comfortably,

without a need to twist. Ask for lap trays or tables for tea and to display items on. Seat participants near enough to each other to be able to exchange words, share pictures, other items and responses.

Mental/emotional: You will be often asked what are you here for. Be clear and reassure. If a distressing personal issue is shared, avoid glib responses like 'its ok'. It may not be for them. Acknowledge and report to staff, get to know individuals' verbal loops or obsessions as well as their interests to go with their flow, but also making sure not to lose the thread for others. Ask the leader for group news: illness of one of the members, someone who is in pain or just out of hospital, or death of a relative (sympathise and celebrate the person if it seems right).

Work in circle formation and leave space for wheelchair users to come in and space to get out to toilet. Some may want to be 'satellites', not part of group. Respect that. Keep groups small, 6-10 participants maximum unless you have lots of helpers.

Feelings: validate participants' feelings and share your own. Show empathy rather than sympathy. Unknown emotional stories may emerge and it's good to share and acknowledge these experiences and feelings.

Use music. Find out which songs they can all sing and then sing them, this will allow members to bond. Then introduce other songs to enlarge repertoire, leaving space for participants to suggest their own songs. Trying to learn totally new songs is very hard, reminding them of ones they knew in youth is much easier and satisfying and it can elicit memories. Find out the ages of the participants from the leader to know what pop song era they relate to (it will most likely be when they were aged 10-30). You can use music as they come into the room and they leave, as cues for start and end of the session.

Material. Use short, rhythmical, familiar, funny or emotional stories to

highlight common experiences and to prompt discussion. Follow or illustrate with physical props that the participants can handle. Find objects that illustrate your story and also relate to their own life experiences, so your stories combine. Take time to show things round the group and allow time for responses, allow space for their own tales: listen, note, record, learn, reflect. Use your own personal life tales to give permission to others to respond with theirs.

Box of delights: you could have an interesting container (wicker basket?) which you open and explore together each session.

Stimulate all the senses. **Smell:** Turps, carbolic, pine, rose, cinnamon, nutmeg, pipe tobacco. **Touch:** Nursing item– fluffy things and dolls; shells, wood. **Sight:** flowers to share, wally dugs, real pets, model boat, old jars, shiny shoes. **Taste:** old fashioned softer sweeties, clootie dumpling (but check with staff about diabetics and people with false teeth, and also about care home catering regulations). **Hearing:** recorded sounds such as birdsong, waves, motorbikes, music (big band, folk song - be aware of regional differences).

Arts and craft: making some simple craft items together can be incredibly affirming. Be hands on.

Beginning and end of the session: Factor in some time for leisurely settling in and exiting. Have a closing and opening routine to help people feel comfortable with something familiar.

Go slow, repeat. It takes some time for some people to start following what going on, so use short poems and riddles but be prepared to repeat them several times.

Use patterns in stories. In this way participants can follow more easily and predict where the story is heading, and sometimes be happily surprised when the story takes an unexpected turn.

Be in the moment, be flexible: share the narrative of the day. We can create connection with the wider world. What is going on for everyone at the moment? Weather, seasons, festivals...

Finally, I am happy for you to contact me if you need more info or ideas to make good sessions.

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