

# Storytelling: the 3Ss of co-production

Shaping through storytelling

How can stories change the health and social care landscape?

## Background

Some of our most successful ways of communicating the current reality of Personalised Care are through people sharing their stories. These stories may be examples of successful Personalised Care, or where the lack of Personalised Care has had an impact on someone's quality of life.

A lot of big health and social care events invite people with lived experience to share their stories alone or alongside presentations by professionals. There is a value placed on lived experience within the professional space of Personalised Care but do these accounts have the impact they could have on the delivery of Personalised Care?

Stories are so powerful, and each individual one has the potential to bring a real change to another person's experience of a condition or a treatment pathway or how they support a friend or family member.

Stories are unique to each storyteller and can be changed to fit the context, depending on the audience and current trends.

Some of the key questions we can ask are:

- Who is telling the story?
- Who is sharing the story?
- What changes did they want to see?
- Who is the audience?

It's difficult to provide evidence that stories have made a tangible difference in bringing about system change. However, there are many examples of stories effecting changes in public behaviours, such as:

Jade Goody - increased uptake in cervical screening, which effect latest almost a decade.

Dame Deborah James - 10 x increase in visits to online information about bowel cancer after she passed away.

These demonstrate public behaviour being influenced by stories, but there is less evidence of system change as a result of stories.

*I have received feedback that my story has made people understand things a different way, but often with the caveat that 'there's nothing I can do' to make actual change.*

Katie Clarke-Day - Coalition for Personalised Care

## Discussion

Participants collaborated in breakout rooms to answer the following questions.

[The answers were collated on this Jamboard.](#)

How do stories change personalised care? How do they compare to other types of evidence?

- Lived experience provides an authentic, unique perspective.
- Stories provide personal context which taps into our humanity.
- Personal stories are relatable.
- Stories provide a holistic big-picture viewpoint, which also includes fine detail which may otherwise be lost.
- Stories bring data to life, and work best when combined with qualitative evidence.
- Stories enable focus on outcomes and what matters most to people.
- Hearing about personal experience is a way to connect to the feelings and emotions behind the story.
- Stories are indisputable because they are personal experience.

*Storytelling brings data to life. You can read quantitative data, but when you hear someone's story, it makes it real.*

Are multiple or louder individual voices more effective? Why?

- This depend on your objectives and how you are using the stories.
- A combination of both loud voices and many voices might be best.
- Loud voices can attract others with similar experiences and encourage them to speak up.
- Multiple voices can offer diverse perspectives and highlight different aspects of experience.
- Very loud or 'viral' voices can be catalysts for big changes.
- There may be issues with louder voices:
  - Discourage people with less confidence.
  - Need to be highly reputable to be reliable.
  - One story shouldn't be taken as a singular truth about everyone's experience.
- The strength of the voice may not be as important as the willingness to listen.

*If trying to influence politicians and /or public opinion then you need both loud and many voices. Multiple voices help create a groundswell for change and individual louder voices reach more people.*

## What is a better catalyst for change, positive or negative stories? Why?

- This might be different for various contexts, depending on what needs to be changed.
- Because a culture focuses on problem-solving, negative stories are the ones most likely to trigger change.
- Media tend to promote negative stories more widely.
- Negative stories bring about rapid, short-term change, whereas positive stories might be more effective in the long term.
- Positive stories can be inspirational and demonstrate that change is possible.
- The most effective stories might combine both a negative experience with a positive outcome for maximum impact.

*Both are useful but negative feedback tends to be more honest and structured. It's a challenge to get people to expand on the nuances of a positive experience.*

## What are our target audience/s for stories when looking for change and why?

- People with the power to make changes such as:
  - decision makers
  - politicians
  - clinician
  - service providers
  - strategy writers
  - planners
  - trustees
  - commissioners
- Everyone can benefit from hearing stories, not just those with 'influence', because stories enable us to learn about what matters to people.
- The best audience depends on what change you are hoping to make. It might be necessary to change the audience depending on the context.

*Decision makers of course but the scope of lived experience should be wider than that, all staff benefit from hearing about real experiences as do other service users and carers.*

## Resources

[Telling your story](#) (online course) -The Recovery College, Gloucestershire

[Living Libraries](#) - Lancaster University

[Self-Management](#) - NHSE Gloucestershire

[East Riders peer support group](#) - #DCAN

[Reflections on impact & evaluation of public involvement: Who, Why, & What?](#) - NIHR Centre for Engagement and Dissemination event (7 March 2023)