

# Oxfordshire Storytelling Project - Report

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## Executive Summary

The Oxfordshire Storytelling Project supported members of the Oxfordshire Comms Group – including Achieve Oxfordshire, Home-Start Oxford, Healthwatch Oxfordshire, West Oxfordshire District Council, Rethink Mental Illness, and Oxfordshire County Council - to learn about the Storytelling methodology and use it to collect stories from 5 people involved in different ways in mental wellbeing support – staff, volunteers and recipients of support. This report reflects the learning from a participatory analysis of these stories with local partners in June 2022. This includes 11 key learnings:

- 1. Valuing listening** – having someone you can speak to openly who listens without judgement is paramount to mental wellbeing. We need to nurture and value active listening skills in professionals, volunteers and wider members of the community.
- 2. Supporting joined-up, community-based work** – volunteers and community members in front-facing roles are often the first to hear about someone’s struggles with mental wellbeing. These people need the skills to listen and be supportive, but also to know the limits of their responsibility, and where to direct somebody who is struggling for more appropriate or specialised support. This means effective communication and joined-up working between individuals and services, and ensuring smooth and timely transitions for those accessing support.
- 3. Kindness, compassion, and self-love** – self-worth is the foundation of mental wellbeing, and derives from being valued by others. This means that kindness and compassion should underpin how support is designed, communicated, and delivered. Professionals and volunteers should be able to respond flexibly to individual need, but also feel justified in safeguarding and improving their own wellbeing as part of their role.

4. **Using everyday language** – it can be more powerful to hear people speak about their mental wellbeing in their own words. We need to be careful to avoid inappropriate clinical jargon and instead focus on language that is human, relatable and every-day.
5. **Diversity improves accessibility** – to be more accessible to communities that engage less with services, we need to diversify staff and work with trusted members of the community from different backgrounds.
6. **Lived experience is expertise** – having relevant lived experience can be a key motivation for staff and volunteers and can be an asset when supporting others and informing the design of services. We need to value this experience and support those with lived experience, so that they can be meaningfully involved in the delivery of mental wellbeing support.
7. **Meeting basic needs is essential** – people need to feel confident that basic necessities (such as food, clothing, shelter, heating and financial security) are taken care of, or mental wellbeing is not possible. The stories show that social interaction, and knowing that somebody is thinking about you, are also essential. They also show the relevance of sleep to everyone’s mental wellbeing.
8. **Small things can make a big difference** – the stories show that helping someone with seemingly small things (like an hour’s respite for a cup of tea, or a trip to the park) can make a big difference to someone’s mental wellbeing.
9. **Helping others can help yourself** – volunteers and staff found that helping others in turn helped them – to pursue work that they felt passionate about and develop confidence and skills. It was also motivational for volunteers to hear about the positive impact that their work had had on people. We need to collect stories from both volunteers and beneficiaries so that people are able to reflect on their work, and hear about what the support that they offer means for others.
10. **Providing support for staff and volunteers** – we need to value the role of staff and volunteers, and ensure appropriate training and support systems are in place. This could include reflective practice, peer support, furthering areas of personal development, and supporting staff to look after their own mental wellbeing. This means fostering a culture where people have permission and space to reflect, learn, grow, and pursue things that aren’t necessarily perceived as core to their work, but are central to their wellbeing and ability to do the role.
11. **Supporting early intervention** – the stories show that people often knew they needed support long before they asked for it or it was available to them. They also highlight that many people’s support needs aren’t diagnosed until further down the line, if at all. We need to find ways of making it easier for people to offer and access support sooner, which isn’t contingent on a diagnosis.

In many respects, the learnings are inextricable from the stories and the process from which they emerged. For this reason, we feel that the only way to truly engage with the learning is to read about the methodology through which it came to light and, above all else, read the stories of those involved, told in their own voices and words.

## Introduction

The Oxfordshire Storytelling project was led by members of the Oxfordshire Comms Group<sup>1</sup> in collaboration with the Old Fire Station. The project aimed to:

- Support partners to understand the storytelling evaluation methodology and how to put it into practice.
- Amplify the voices and perspectives of those closest to the work, informed by the Oxfordshire Mental Wellbeing Needs Assessment 2021.<sup>2</sup>
- Use the learning emerging from the stories to develop our understanding of local needs, how change happens and inform future communications and support services related to mental wellbeing.

Over the course of 9 months, members of the Oxfordshire Comms Group<sup>3</sup> were trained in using the Storytelling methodology, including how to collect and edit stories. They then collected stories from people involved in different ways in mental wellbeing support – parents, community researchers, staff members and volunteers. In June 2022, we brought together colleagues from a range of local partners to discuss the stories, focussing on what we could learn from them about mental wellbeing support. This report captures the key insights and learning which emerged from this process.

## Section 1: Background & Introduction

### Storytelling Evaluation Methodology

The Old Fire Station (OFS) is a centre for creativity which encourages people from all backgrounds to understand and shape the world in which we live through stories, creativity, and connecting with others. As part of this work, OFS trains and supports partner organisations to use the Storytelling methodology to evaluate impact and amplify voices.

The Storytelling methodology is based on the Most Significant Change (MSC) technique<sup>4</sup>. MSC is used in international development circles, and in Asset Based Community Development (strengths-based) work. It involves the collection of stories of significant change from participants and the participatory interpretation of these stories.

Unlike conventional approaches to evaluation, MSC does not employ quantitative indicators developed in advance – the storytellers decide what the most significant impact is for them. MSC is particularly effective for measuring change that is intangible or fuzzy – unexpected, emergent, personalised or diverse – as well as understanding how change happens.

The methodology involves the following key stages:

1. **Identifying storytellers** – people who represent a range of different perspectives on the project being evaluated.

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<sup>1</sup> Achieve Oxfordshire, Home-Start Oxford, Healthwatch Oxfordshire, West Oxfordshire District Council, Rethink Mental Illness, and Oxfordshire County Council.

<sup>2</sup> [Mental Wellbeing Needs Assessment 2021 | Oxfordshire Insight](#)

<sup>3</sup> Mia Waldock (Achieve Oxfordshire), Sarah Jordan (Oxfordshire Mind), Emma Duckett (Home-Start Oxford), Emmy-Lou Brossard (Publica Group), Heather McCulloch (Publica Group), Vicky Tilley (Healthwatch Oxfordshire), Deborah Smart (Rethink), Lisa (Rethink), Claire Gray (Public Health, Oxfordshire County Council), Rachel Denis (Oxfordshire County Council), Lucy Richens (Oxford Health), Zoe Watts (Thames Valley Police).

<sup>4</sup> <https://www.mande.co.uk/wp-content/uploads/2005/MSCGuide.pdf>

2. **Collecting stories** – each storyteller meets with a trained OFS story collector. They have a conversation about their experience, what has changed for them through their involvement, how this change came about, and what we can learn from it going forward. Crucially, this is not an interview but a discussion – relaxed, informal and on the teller’s terms.
3. **Editing stories** – these conversations are recorded, transcribed and then edited down into 1–2-page stories, which aim to:
  - Faithfully reflect the teller’s insights on the impact of the project
  - Accurately keep the teller’s ‘voice’ in the story – telling it in their own words
  - Vividly capture the reader’s attention

The stories are then sent to the storytellers for their input and approval before being shared.

4. **Discussion Session** – we hold a facilitated discussion which brings together people with different perspectives and experiences on the project to discuss the stories and the themes and learning emerging from them. These discussions form the basis of an evaluation report.

## Oxfordshire Comms Group and Storytelling

In January 2022, members of the Oxfordshire Communications Group were trained in using the Storytelling methodology. From February to May, Emma Duckett (Home-Start Oxford), Claire Gray (Oxfordshire County Council), and Vicky Tilley (Healthwatch Oxfordshire) collected 5 stories from people involved in different ways in mental wellbeing support – parents, community researchers, staff members and volunteers.

They had conversations with these individuals (the storytellers) about their experience of support, guided by 5 key questions:

- What’s been your involvement?
- What’s changed for you?
- Why was that change important?
- How did it happen?
- What more do you think needs to change?

These conversations were recorded and transcribed, and then edited down into shorter stories which aim to faithfully reflect the storyteller’s insights while preserving their ‘voice’.

### Learning from the Storytelling approach

One of the aims of the Storytelling project was for partners to learn together about the approach. The group shared the following reflections on the methodology and their experience:

- Collecting someone’s story was different to capturing a case study. The process offered an opportunity to reflect together, something people usually don’t have time to do. The experience of collecting someone’s story helped people to connect on a human level with the reality of mental wellbeing support and the work of their organisation.
- Storytelling marked a shift away from a more traditional interview style, to open, fluid conversation led by the Storyteller. This felt more authentic, helped to build trust, and gave people space to talk about what mattered most to them.

- People found it valuable recording the conversations as it meant they could focus on listening rather than note-taking.
- The stories felt genuine and brought evidence and data to life. It was powerful having material which demonstrated impact in people's own voice and words, and could be used to engage boards, commissioners and wider partners in the work.
- It was a valuable experience for the storytellers – people were proud and moved when reading their stories back.
- As a process, people valued the opportunity to learn and collaborate with partners – it helped people to understand one another's work, build cross-sector learning, and to develop skills together.
- There were challenges throughout the project when it came to availability and capacity, as time given to the project went above and beyond people's day-to-day roles.
- An unexpected outcome was the impact it had on volunteers - reading the stories helped people to recognise the difference they made, and to feel valued.

"The team are really keen to use storytelling to help retain volunteers. We've honestly come so far over the last year in terms of sharing stories! One of the volunteers said 'Wow! Sometimes you just don't know the impact you're having on someone's life. What an opportunity and a pleasure to make a small difference.'" *Emma Duckett, Home-Start Oxford*

## Section 2: Learning and Impact

### What struck people on reading the stories

People were struck by how honest, open, passionate and recognisable the stories were. They felt very different to reading a report – they were emotional, human, and at times hard to read. The stories were able to articulate change over a longer period of time, and captured outcomes that otherwise wouldn't fit into standard evaluation and outcome metrics.

The stories reinforce the impact that meaningful support can have on people's mental wellbeing – it gave people the strength to cope, built people's confidence, enabled them to support their family, reach their weight-loss goal, and be a role model for their children. This wasn't just the case for those providing support, but also for those in support roles, who found it a mutually beneficial experience.

Whilst the stories reflect lots of examples of positive change and the impact that effective support can have on people's lives, they also recount times when people were let down and didn't receive support when they needed it.

"I really enjoyed listening, engaging in the conversations, as it had the 'human touch', having empathy and understanding that sometimes it's the small differences that has the biggest impact, and why we need to listen at a grassroots level, and why supporting early intervention is key to our well-being." *Clr Mark Lygo, Cabinet Member for Public Health & Equalities.*

### Themes

**The importance of listening** – the stories reinforce how important it is to have someone you can speak openly with, who listens confidentially and without judgement. Having space to vent frustrations and share feelings aloud is helpful in and of itself. Starting with listening, rather than offering services and solutions straightaway, can also help people to process and articulate their own needs and find a way forward.

*“That’s one thing I’ve learned. I have to say it how it is now. This morning was a bad day, the usual refusing to go to school, the shouting, the aggression, smashing up the house, not wanting to get dressed – and that is every single day. After the school drop off, I go to my sister-in-law’s and we drink coffee, or we talk outside the school gates, just sort of rant, rage, talk about it. When I have a bad morning, and I feel very tearful, and then I speak to my friends, it just makes me feel a bit better.”*

**Value of social networks and non-professional support** – the stories show how vital social connections are to people’s mental wellbeing, and the importance of knowing someone is there and thinking of you. They also show that some people find it easier to reach out to a stranger when they’re struggling – whether a local barber, a community researcher or a volunteer.

*“Sometimes I’ve thought ‘Oh god I just can’t cope with this situation’ but then I’ve had my Home-Start volunteer to fall back on. I’ve phoned them and they’ve said ‘Look, it’s OK, I’m here’ sort of thing. It’s all about having the relationship with them and trust, and that’s something I struggle with a lot due to my past. The support I’ve had from Home-Start has built up my confidence a hell of a lot. I wouldn’t have been able to speak like this before. Wendy my Home-Start Coordinator said I seem totally different to when she first met me. It’s changed me so much.”*

**The small things can make a big difference** – the stories show that even the small things – like an extra pair of hands so you can take the kids to the park – can make a big difference to someone’s mental wellbeing.

*“I’ve always wanted to take the kids to our local café for a hot chocolate. But I can’t do it on my own because Theo’s a runner. So we did that one time. And then I always struggle leaving the park, because Theo will run and then I’m left with Henry and Evelyn. So she started every Friday coming to the park with me.”*

**Meeting basic needs is essential** – the stories illustrate that feeling mentally well is not possible if basic needs are not taken care of.

*“Then there’s the practical stuff too. I’ve had a big problem with my gas and electric going on for months. I was making phone calls every day and getting nowhere and it was causing me a hell of a lot of stress. The kids were freezing and I couldn’t even cook them dinner. It was just a nightmare to be honest, and Susan’s really helped me with sorting that out. She helped me with citizen’s advice too when I had a bit of a crisis situation and helped me get funding for a new oven – it’s stopped me feeling totally overwhelmed.”*

**Sleep counts** – across the stories, from parenting to weight loss, people mention the impact of sleep deprivation on their mental wellbeing and health. The stories show that sleep is complex and not always straight forward to fix. There is a need for more training and expertise in how to support people with this.

*“One thing I’ve come to realise is that sleep is one of the most overlooked things in mental health and physical health. It really affects someone’s journey and their eating. A third of your life is spent*

*sleeping. And it's one of the most difficult habits to build, especially with a lot of the medications that people take."*

**Supporting whole family groups** – several of the stories touch on the pressures and expectations experienced by mothers, and how hard it can be to admit when you're struggling. They also illustrate several practical barriers around access to mental health support for people with disabilities and those caring for them. They show that disability can impact every member of the family, and whole family support can improve overall standards of care for everyone.

*"With Theo I was just finding life challenging. It was like treading treacle every single day. I didn't quite understand him. Even between me and my husband, things were really bad. My husband's got Asperger's, and he doesn't quite understand Theo himself, although they're very close and they understand each other's silence. But he doesn't understand his needs. And so it broke down the family. We're still together, but it was a really stressful situation. My daughter was saying she wanted to go live with her dad. Theo was just so needy, twenty-four hours a day. And once the anger and his aggression kicked in, it just made family life even worse."*

**Self-esteem, self-confidence and self-love** – the stories show that self-love and self-worth is at the heart of mental wellbeing. Across the stories, just knowing that someone is in your corner looking out for your wellbeing can be validating, and contribute toward someone's belief in their own self-worth. Similarly, building support around a 'principle of self-love' can help to ensure this is central to how wellbeing support is communicated and approached.

*"My ideal program, the one that I think would make the most change, would be based in self-love. Because if you truly love yourself, then you will see the areas that you need to change. And I do think it's a lot. It's deep work. It's heavy work. But it would cause a lot more ingrained change, working from the inwards outwards, rather than just focusing on the surface level things."*

**Person-centred approaches** – the stories show that there is no 'one size fits all' approach, and being able to provide support that responds to individual, shifting needs is crucial.

*"Everyone's different. You have to create an environment where everyone can be the way they want to be. There's a lot of work to be done. I've heard what proposed changes the regulatory body plan, especially in terms of communication, which is mainly interpreters, translators, and trainings on diversity and inclusion. But the thing is, I haven't actually seen it implemented yet. We still have other women that have given birth recently, saying it was bad. You can tell me, we're going to do this change, we're going to do that change. Well. I want to see it happen. That's what I'm waiting for."*

**Early intervention and supporting undiagnosed conditions** – the stories show that often people knew they needed support long before they asked for it or it was available to them. They also highlight that many people's support needs aren't diagnosed until further down the line, if at all. This can make it hard for staff and volunteers to feel equipped to support. In some instances, people's needs were not yet advanced or severe enough to access the support they needed. Instead, we should be aiming to take preventative approaches which support people's needs earlier and are therefore easier to manage and support.

*"Even though our services don't take on people with eating disorders, a lot of people don't get diagnosed. And it's very fluid. That's an area of health that is still quite difficult to navigate, especially*

*in this profession when you're talking about obsessive patterns or really unhealthy patterns with food."*

**Accessible language** – the stories reflect how powerful it is to hear people describe their mental wellbeing through everyday language and experiences. People don't talk about 'mental health' but instead about 'it being ok to not being ok', 'self-love' and confidence. The language in the stories reinforces the human, relational aspects of mental wellbeing, and the importance of using everyday language instead of jargon.

*"It's not my fault, and it's okay not to be okay. It just taught me that these negative feelings, this resentment towards my son, in periods of my life was normal."*

## Section 2

As part of the Discussion Session we looked at the impact and learning emerging from the stories in relation to 4 key areas of focus:

- Understanding how to be accessible to communities who engage less with mental wellbeing services and support
- Developing knowledge, skills, and confidence amongst communities and professionals
- Using inclusive language and reducing stigma around wellbeing
- Working together to ensure a joined-up approach

These key areas have come from the Oxfordshire Mental Wellbeing Needs Assessment recommendations.

### Understanding how to be accessible to communities who engage less with mental wellbeing services and support

The stories share the experiences of a single-mother from a low-income household, the parent of a disabled-child, and a community researcher working to understand the experiences of maternal support for women of African heritage. They highlight the following things as key to engaging people in mental wellbeing support.

*"Women don't speak up because they know that it probably wouldn't go anywhere. And that's because they can't see diversity in where they're going to complain. They can't see diversity in the staff that are standing next to you. Do you think that if I'm a midwife, and I walk in while a Nigerian is giving birth, do you think they're going speak to any other person? They will speak to me in a way that I will understand what their pain is and what they need. But it's not there. They haven't been able to express how they feel and what they felt."*

- **Increasing diversity of support staff** – having staff from different backgrounds and heritages (in this instance African heritage) that people can relate to and turn to when they need support.
- **Making time to build trust and relationships** – the importance of giving time to get to know people and listening to their needs and experiences.
- **Proactively engaging specific groups and individuals** – seeking out people who are less inclined to engage through normal channels to understand barriers and build connections.

- **Ensuring staff are equipped to support additional needs** – specific training for staff in how to support disabled clients and their families can make a big difference to a family’s ability to care for one another.
- **Compassion and kindness** – creating an inclusive and welcoming environment isn’t just about equality, diversity, and inclusion training, as this alone doesn’t necessarily translate into understanding for people from diverse backgrounds. We need kindness, empathy and compassion.
- **Investing in community researchers and leaders** – one of the stories in particular shows the value of investing resources in people with passion, connections and lived experience to lead research in their communities.
- **Meeting people where they’re at** – whether in people’s homes, the park or at the barbershop, we need to empower people in front facing roles who interact with people on a day-to-day basis to feel able to respond, sign-post and support others.
- **Using language people can relate to** – the stories reinforce the importance of always returning to the human or relational aspects of mental wellbeing, using everyday language instead of jargon, and emphasising self-love and confidence-building.
- **Being adaptable and responsive to individual needs** – many of the barriers to access can be emotional and psychological, and these need to be overcome on an individual basis through building trusting relationships and responding to individual circumstances and needs.

## Developing knowledge, skills and confidence amongst communities and professionals

*“After a year of education you're a qualified barber or hairdresser, and you're 17 and you're in the industry, and you've got people telling you certain things that you might have never been told before. And the weight that you then carry from that conversation, it affects you. I definitely feel like, from doing the training and from other people doing the training, it gives you that... what's the right word to use? Not filter... but it teaches you how to safeguard yourself, like with the information that you're learning. Having the right questions to ask and knowing that you have asked them. Having the right information to give people, and knowing that you have listened correctly, things like that. I feel like the training safeguards you to know that you've done everything for that person that you could do in that time that you were there with them.*”

*When you're a hairdresser, like myself, quite often you're thinking about: A) you're doing your job, B) you got a client coming in in 30 minutes, and this person's really talking and you're going to run over and what does that client want? And C.) then you've also got to pick the kids up at three and cook for dinner. So, while someone is talking to you, and you're thinking about 10 different things you're not present in the moment, so it actually teaches you how to put some thoughts to the back of your mind and really listen to people, and the right body language and words to use as well. So, it's really interesting to just open up and make those connections and listen to other people and absorb what they're saying.”*

- **Investing in training for non-professionals** – from hair professionals to family support volunteers, the stories show the role that non-professionals play in supporting people with their mental health and wellbeing. Training people in front-line roles (such as hairdressing) to listen actively, signpost to other services and have better conversations (as opposed to just more clinically focussed mental awareness training) can make a big difference. It offers immediate support for people who are struggling, and supports front-line workers to manage potentially challenging situations, whilst at the same time building confidence and motivation.

- **Developing empathy and listening skills** – the stories emphasise that there is a skill to active, mindful listening, which is something we need to value and support people to develop.
- **Valuing lived experience** - for the volunteers and professionals in the stories, their motivation and ability to support people was often rooted in their own experiences – whether it was something they’d lived through themselves, or seen happen to someone close. These experiences were an asset when it came to being able to empathise with and support others. We need to support people with lived experience to bring this to their role and when people don’t bring lived experience, we need to explore opportunities to work alongside others that do.
- **Supporting staff and volunteers with their own wellbeing** – staff and volunteers need to be supported to look after their own wellbeing and practice good self-care. This could include reflective practice, peer support or furthering other areas of development. In order for this to happen we need to foster a culture in where people have permission and space to reflect, learn, grow, and pursue things that aren’t necessarily perceived as core to their work, but are central to their wellbeing and ability to do the role.
- **Recognising the positive impact of work** – the stories highlighted to staff and volunteers the impact of their work. Volunteers in particular found it motivating to see the difference their support made and why it mattered.
- **Making it ok to fail** – in order to develop skills and confidence, staff and volunteers need to be able to take risks, make mistakes, get it wrong and adapt. We need a culture of ‘marvellous mistakes’ where we learn from what didn’t go well and improve.
- **Understanding how to support people who aren’t diagnosed** – the stories show that often people knew they needed support long before they asked for it or it was available to them. Staff and volunteers need training in how to feel confidence to signpost and support people above and beyond their specific area of focus or expertise, and service providers need to recognise the value of early intervention before someone’s difficulties escalate to the level of a formal diagnosis.

## Using inclusive language and reducing stigma around wellbeing

*“But with the support I’ve had, I think Jude taught me I am a good mum. And Wendy’s been like my big sister. I just felt like she had my back. And Jane’s very much like you’re doing a great job, we can do it. So she gives me the confidence. It’s not my fault, and it’s okay not to be okay. It just taught me that these negative feelings, this resentment towards Theo, in periods of my life was normal. You end up spending all night laid in bed crying, thinking, ‘I’m such an awful mum.’ And I just have to think, ‘Well, my other three kids are okay.’ So I didn’t do that much of a bad job. I am a good mum.”*

- **Providing opportunities to speak confidentially** – the stories reflect how hard it can be to say aloud that you’re struggling with your mental wellbeing. In the context of these stories, this was particularly the case for mothers who experienced stigma and guilt around failing those that relied on them, or admitting that they were the cause. The stories reinforce how important it is to have people you can turn to outside of your immediate network who you can speak openly to and feel reassured that ‘it’s ok not to feel ok’ and that these feelings are normal.
- **Normalising conversations about mental wellbeing** – making it possible to request a hairdresser who doesn’t speak to you, and equipping staff and volunteers not to feel overwhelmed when someone does open up – both of these examples in the stories help to lower the threshold around asking for help and make it easier and more common place to communicate your needs or share when you’re not ok.

- **Moving away from clinical language** – one story in particular shows how speaking about weight loss in terms of motivation and self-love is far more effective than using scales and numbers.
- **Using everyday language** – using everyday rather than clinical language to talk about mental wellbeing can further help to normalise talking about mental wellbeing as something relatable and common place. Using familiar language can help people to articulate their own experiences – for instance in one of the stories a mother goes from not sharing her experience with anyone for years, to having the confidence to say, ‘I say things like they are’ and ‘it’s ok not to be ok’.
- **Educating people on inclusive language** – Within the first few lines one of the stories refers to ‘losing their friend to suicide’. We need to support and make it commonplace to use inclusive language that helps people to find the words to talk about mental wellbeing with others in a way that feels safe and inclusive.

## Working together to ensure a joined-up approach

*“The Home-Start support’s ended now, because of the age thing, now we don’t have any kids under five. I’m gutted. It was just so nice, someone actually thinking about us and our daily struggles, it was just nice to know that people were there caring for us.”*

*“I’m hoping in the future they will invite someone like me to actually walk around the ward and talk to the women and introduce myself and ask them what their experiences are before they leave. Or, when the visitors or the midwives go home, let the women know there is this group that runs every Wednesday or every Thursday. If you really feel like you can’t share your experience with me, you can go there and speak to a lady who can listen to you and hear you.”*

*“Part of what the Lions are doing is signposting people to other resources that are already available. So, it’s building awareness of us within other charities, and showing people that other charities are there that they’ve never been aware of.”*

The stories show the complexity of people’s circumstances, and that in order to sufficiently support people in a way which is person-centred we need more joined up ways of working.

- **More joined up working between partners** – supporting people to be part of networks can be an important way of building inter-organisational/departmental understanding of what support is available – whether it’s knowing what’s out there or having a place you can go to ask people what to do.
- **Better transition between support services** – one story explains how their support was stopped when their child reached a certain age, despite the family’s need for on-going assistance. This suggests a need for better pathways and transitions between support services.
- **Agency** – staff and volunteers need to have power and agency to respond to basic needs – like how people can access support with bills and food.
- **Involving people with local connections and relationships** – to help bridge the gap between services, and hear the perspectives of people who engage less, we need to involve people from local groups and communities that people have existing relationships, who people can speak to openly.
- **Operational barriers for organisations** – there are some pragmatic barriers that can get in the way of joined up working that need to be considered – staff turnover, funding, data sharing – but shouldn’t deter collaborative working.

- **Seeking opportunities to learn together** – the stories mention the importance of feedback. The storytelling discussion session is an example of people coming together from across organisations, departments and roles to learn together in a joined-up way.
- **Involving non-professionals** – the stories reinforce the importance of community researchers, volunteers and wider members of the community in supporting people with mental wellbeing. Joined up working includes supporting people to share their perspectives and expertise in a non-professional capacity.

## Taking Storytelling forward

During the Discussion session the group also reflected on how Storytelling could be used going forward. Ideas included:

- Seeking opportunities to share stories with funders and donors
- Capturing the impact that telling and collecting stories has on storytellers and story collectors
- Sharing and building networks between partners using Storytelling so people can share learning, resource and insight into how to make it sustainable
- Using stories as part of an exit interview to capture the impact for staff and volunteers
- Giving people more opportunities to develop and practice story collecting skills
- Finding creative ways to present and share the stories more widely– visuals, infographics, recordings, podcasts
- Training more people in story collecting so that they can be drawn on by partners across the network
- Considering how to make the stories more accessible, for instance translating the stories into different languages and easy read versions
- Continuing to collect stories and bringing different partners together for discussion sessions – it’s a valuable collaborative learning experience

“Cross sector working has never been so more important, especially since the pandemic. The collaboration between voluntary sector, private and public sector has meant joint resources have reached more people, amplifying the impacts and results, and coming together we can pool our resources and knowledge to learn from each other.” *Cllr Mark Lygo, Cabinet Member for Public Health & Equalities*

## Conclusion

The Oxfordshire Storytelling project created an opportunity for partners from across the county to come together to learn about the Storytelling methodology. The stories that were collected brought to light valuable insights into local mental wellbeing support.

The stories reinforce the impact that meaningful support can have on people’s mental wellbeing. It can help people to cope – building their confidence, supporting their families, reaching their weight loss goal, or being a role model for their children. This wasn’t just the case for those providing support, but also those in support roles. The stories reinforce that the following learnings are key to delivering meaningful wellbeing support:

1. **Valuing listening**
2. **Supporting joined-up, community-based work**

3. **Kindness, compassion, and self-love**
4. **Using everyday language**
5. **Diversity improves accessibility**
6. **Lived experience is expertise**
7. **Meeting basic needs is essential**
8. **Small things can make a big difference**
9. **Providing support for staff and volunteers**
10. **Helping others can help yourself**
11. **Supporting early intervention**

The opportunity for partners to come together to learn about the Storytelling methodology was valuable – partners were able to learn more about each other’s work and build skills together. As an approach, the focus on listening embodied by the methodology felt apt for helping us to learn about mental wellbeing. There is a great potential in training wider partners and members of the community in story collecting, and creatively sharing the stories and the insights more widely.

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**And all project partners:**



*Written by Sarah Cassidy, Old Fire Station, Oxford, August 2022*

