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## ORIGINAL PRACTICE DEVELOPMENT AND RESEARCH

Moving Stories: Exploring the L.I.F.E. Session Storytelling Method as a way of enhancing innovative, generative outcomes in practice

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### Abstract

**Background:** Storytelling is an important tool for enacting relational approaches to Practice Development in care homes. Using storytelling methods in Practice Development can enhance care home communities' capacity how this method can lead to enhanced practice.

**Methods:** The method described in this article is the Learning and Innovating from Everyday Excellence (L.I.F.E) Session method developed as a culture change initiative by My Home L.I.F.E Facilitators in Scotland. L.I.F.E Sessions aim to take stories from everyday practice and use a structured format of 4 questions, to help people talk about the ideals collaboratively and practical ideas that can be taken forward to benefit those who live, work in or visit the care setting.

**Description and reflection on storytelling method using illustrative examples:** Fourteen L.I.F.E (SnipChat) Sessions took place as part of a broader study exploring community in care home research study, the Kinctions Project. Key reflections elicited using illustrative examples from 3 of these storytelling sessions are that the storytelling sessions (1) helped move stories from the specific (one resident) to the universal (practice development and culture change that can benefit everyone in the home) (2) involve a process which could in itself support development of connection among those involved in the session (3) inspired and encouraged people to feel confident to bring their learning and ideas into practice in a timely way.

**Conclusion:** This article illustrates how the L.I.F.E Session method can be used to structure a discussion that uses a short everyday story as the route into a generative conversation, that can inspire innovation in practice.

### Implications for Practice:

- L.I.F.E Sessions provide a format for illustrating the significance and potential for learning and development from ordinary, everyday experiences in care homes that can be facilitated reasonably quickly, with a wide range of people and across a wide range of topics.
- L.I.F.E Sessions can facilitate generative experiences and encourage generative outcomes through those involved feeling inspired and enabled to take forward small, tangible ideas and actions.

**Keywords:** Storytelling, generativity, appreciative inquiry, care homes, learning, community

### Introduction

Storytelling is a natural, human endeavour; a *primaeva* means by which wisdom and culture have been shared through the ages (Sole and Wilson, 2002). The telling of stories is recognised as a core human skill in the creation, sharing, management and use of knowledge, knowledge management, within organisations (Beckman and Barry, 2009; Escalfoni et al., 2011). As outlined by Sole and Wilson (2002), some significant potential contributions of storytelling in organisations are listed in Table 1 below. Through the outcomes outlined in Table 1.0, stories can simplify the complex, whilst still holding onto the nuanced, emotion-based and core aspects of the story's content (Snowden, 2000).

[Table 1.0 Contribution of Storytelling in Organisations (Sole and Wilson, 2002)]

Sharing stories about innovation can deepen peoples' understanding of the processes that support innovative practice. (Escalfoni et al., 2011) Inherent to sustained innovative change within organisations is a curiosity about what enabled the innovation to occur. Escalfoni et al. (2011) add that the value of that more in-depth understanding, which is arrived at through exploration of the story, is then realised when it leads to sustained innovation replication. Stories are also said to support innovation or change in workplace culture through their ability to create connection; whereby those providing care can connect with those receiving care experiences and through this sharing, practice can be changed (Murray and Tuqiri, 2020). The use of story-sharing within organisations can be applied across the staffing spectrum as it can enhance learning among experienced colleagues, alongside being valuable when mentoring less-experienced colleagues (Hayes and Maslen, 2014). Indeed, in a meta-analysis of themes within the literature on what helps organisations to be 'learning' organisations', the application of storytelling has been frequently referenced, particularly in European contexts (Thomas and Allen, 2006).

Storytelling; particularly digital storytelling, is telling a person's story through a short video that can include the use of photographs, animation, sound, music, text, and a narrative voice (Association for Progressive Communications (A.P.C.), 2020). It is increasingly being used as a pedagogical tool in the training of health and social care staff. Digital storytelling has been used for example to simulate online social work practice (Goldingay et al., 2018) and explore professional identity in health, social care and teacher education (Marin et al., 2018). A specific professional development area in which storytelling is effective is enhancing moral reasoning, empathy, and ethical judgment (Fairburn, 2002; Fairburn, 2005). Within research, the exploration of stories is central to methodologies, such as Narrative Inquiry and Appreciative Inquiry (Bushe, 2001; Murray, 2009; Kim, 2015). An example of this type of research work includes capturing stories from nurses and midwives and using them to inform the development of a reflective resource to foster care and compassion across the whole healthcare system (Murray and Tuqiri, 2020). Cardiff et al. (2018) incorporated storytelling sessions facilitated by the nursing team members, within a participatory action research study on relational approaches to leadership within clinical nurses. In another study, stories of older people's healthcare experiences, gathered using narrative inquiry, were used by healthcare teams to inform practice and service developments (Hsu and McCormack, 2012).

Sole and Wilson (2002) also highlight some potential issues with the use of storytelling. These potential issues include: the story's attractiveness can hinder the listeners' ability to analyse it or apply it to their context critically. Furthermore, the story's relatability can be impacted by the understanding that stories are usually told from one person's perspective and that there can be limits to the impact stories told in written form can have. Other words of caution about the use of storytelling are offered by Carr and Ann (2011) who distinguish between two approaches to sharing stories, 'storytelling' and 'storyselling', neither of which need to be mutually exclusive. 'Storyselling' is a strategy by the storyteller to 'sell' a particular narrative or agenda, through the story, making it difficult for the listener to question. Carr and Ann (2011) highlight the role of reflexive processes in avoiding situations where the story sharing is used to persuade, rather than serve as a route into a dialogue which allows for mutual sharing of perspectives and ideas.

When used to create, share, or manage knowledge or information within an organisation, storytelling could be said to have resonances with a 'technical' practice development methodology. The primary intention within technical practice development is to enhance the end-users' experience or measurable outcomes (Manley and McCormack, 2003); this could manifest in stories being used as case examples to devise measures to improve a service. Emancipatory practice development is also

focused on service improvement. Additional areas of intent within emancipatory practice development are capacity-building within people and organisations for a cultural transformation that addresses inherent power imbalances (Fairbrother et al., 2015). As has been described, storytelling methods are a well-recognised approach within the field of practice development. The storytelling method detailed in this paper uses a format that forefronts a future focus. The story is used as a catalyst for a generative conversation about future possibilities in practice development.

#### The context within which the Storytelling Sessions Took Place

The storytelling sessions on which this article is based took place as part of a three-year Appreciative Inquiry study exploring community in care homes, focusing on people living with dementia (Kinnections Project 2017-2020). The Storytelling sessions were used in this study to engage in further exploratory work around several emergent, tentative themes of what helps to enhance community in care homes. The focus of the stories explored in the storytelling sessions was broadly on three of these emergent themes; first 'Learning Each Person's Language' focused on tapping into the ways people, particularly those living in care homes, communicate beyond words. A second theme, 'Time Makers and Investors', centred on the concept of 'having time' in care homes, and how we talk and think about time. The third theme of 'Opportunities for Connection' was focused on the possibility for rich connection with people living with advanced dementia. Therefore, alongside the SnipChat Sessions being a method for Practice Development within an A.I. study, they were also serving a dual purpose of gathering data to sense-check and deepen understanding of these tentative themes. The purpose of this article is to report on the storytelling method used in the study, rather than on presenting findings concerning the broader study topic of community in care homes.

#### Theoretical Frameworks informing the Development of L.I.F.E Sessions

The theoretical frameworks which informed the development of L.I.F.E Sessions were Caring Conversations and Appreciative Inquiry.

The Caring Conversations Framework (Dewar, 2011; Dewar and Nolan, 2013; Dewar and MacBride 2017) is a framework for relational conversations. This framework emphasises celebrating what is working well, considering the perspectives of all those involved, connecting emotionally, being curious and holding judgement, being courageous and taking positive risks, collaborating to make things happen, and compromising to focus on what is real and possible. In a multi-phase programme of research which analysed the implementation of the Caring Conversations Framework across a range of health and social care settings, staff outcomes included: greater self-awareness during interactions, greater self-confidence, development of stronger relationships, and more open dialogue that supports relationship centred practice (Dewar et al., 2017).

Appreciative Inquiry views that the starting point to generating capacity for change is to take a strengths-based approach, working with people to explore what is working well and valued within the current system (Ludema et al., 2001). Beginning an inquiry (for example Practice Development initiative) from this positive stance then opens up space for people to explore new or previously unconsidered ways to take forward small actions or ideas to co-create their desired positive developments change (Trajkovski et al., 2013). There are discernible similarities between A.I. and other strengths or asset- or solution-focused approaches to health, social work, community development, workforce development, service design, coaching and leadership development (Sharp et al., 2016). Appreciative Inquiry is not purely a research methodology; it offers principles and practices relevant to practice, organisational or culture development initiatives that do not have a research component. Some fundamental underpinning principles of Appreciative Inquiry, which are enacted within the storytelling initiative described in this article are that:

- (a) Questions are powerful- to ask a question is an intervention in itself as the question has the potential to invite new ways of thinking about or making sense of the past or present, these new perspectives can then influence future developments (Whitney and Trosten-Bloom, 2003)
- (b) What we focus on grows and expands- therefore the words we use and the stories we choose to tell have the potential to influence the future we create (Bushe, 2013)

Also, Appreciative Inquiry centres on values, ideas, and emotional-awareness to bring about change (Bushe, 1995; Bushe 2013). Action for change occurs within self-organising systems where people autonomously take forward small, meaningful actions (Bushe and Kassam, 2005).

Within A.I., storytelling and the choices made concerning the stories which are told, are viewed to be choices that hold significant power. The stories we choose to tell and importantly, how we choose to tell these stories within organisations, is considered within A.I. to hold potential, which could be seen as a moral or ethical matter, to shape people's realities in positive and hope-filled ways (Whitney and Trosten-Bloom, 2003).

A fundamental reason for using stories within A.I. is to enhance the capacity for generativity. Generativity can be summarised as the capacity to see things anew, by raising core questions about what we can learn from 'when things work well' and 'what people value' and open up new possibilities for the future (Gergen, 1978). Zandee (2013) further describes how generative questions and actions inquire into the 'small things' with due regard for previously unheard voices; with a generative outcome characterised as people thinking or acting in new ways (Bushe, 2013). The following paragraphs describe the L.I.F.E storytelling method, underpinned by A.I. principles, which used generative questions to evoke generative actions and outcomes.

## Methods

This article's storytelling method is termed a Learning and Innovating from Everyday Excellence (L.I.F.E) Session. It was first developed in My Home L.I.F.E, an international initiative to promote quality of L.I.F.E for those living, dying, visiting and working in care homes through relationship-centred and evidence-informed practice. It was tested out in practice in a large hospital setting in New South Wales, Australia and as part of a Scottish-based project (Rights Made Real) exploring human rights in care homes (Sharp et al., 2020). Figure 1.0 details the development of the L.I.F.E Session method. The essence of a L.I.F.E Session is that it:

*... shows how to make best use of the everyday stories and conversations to explore more deeply what matters and what is valued. It uses the experience of residents, their relatives, the managers and staff of care homes and the wider community, to help us all talk about the ideals and practical ideas that can be taken forward to benefit everyone who lives, works in or visits the home. (Sharp et al., 2020, p 3)*

Some of the benefits of L.I.F.E Sessions identified in the Rights Made Real project include that the process united people around discussing how to make a difference to the quality of care and L.I.F.E for all and promotes:

- Making human rights an everyday reality
- Trying things out together
- Sustaining innovation through local ownership
- Development of new practice-based knowledge
- Valuing staff
- Spreading curiosity

(Sharp et al., 2020)

A L.I.F.E Session structure involves a group of people coming together, for approximately 60-90 minutes, to discuss a short story from everyday L.I.F.E in the care home. Participants in the discussion may include a range of people from the following groups: care home staff, residents, relatives and friends, as well as those who are connected to the care home, for example, inspection staff or visiting health or creative practitioners.

The story discussed at a L.I.F.E Session was collected from an observation or account of an everyday experience or event in the care home. Before the L.I.F.E Sessions taking place, the L.I.F.E Session facilitator visited the care homes involved in the study to invite staff, residents, relatives and friends to take part, explaining the nature of involvement, and also capturing an initial observation or account of practice that would form the starting point for the initial L.I.F.E session. This observation or account of practice was initially broadly related to the broader study's emergent themes described earlier. It was often an aspect of care home L.I.F.E that was happening every day but had perhaps not previously been verbalised. Any stories generated were discussed with those involved in the observation/account of practice and consent was gained to use the L.I.F.E Sessions story. After that, other stories were generated during the L.I.F.E sessions themselves by those taking part as the very act of exploring stories resulted in more stories being shared. Working with those taking part in the L.I.F.E Sessions, the facilitator would purposefully notice what stories created energy and discuss and agree with those involved. Stories would then be taken forward to the future L.I.F.E sessions. Stories used are concise, usually no longer than a few sentences long, and focus on a particular moment in time rather than giving a detailed background to the specific experience or event.

An example of a story could be:

*When I introduced Jane (a new resident) to two other ladies in our home, I stayed with them at the table until they found things to chat about and then I left them to it and they chatted away for ages, and have since become great friends.*

The L.I.F.E. Session begins with an 'opening-round', whereby a creative resource such as KeyCard questions (Kinnections, 2020) are used to invite people to share something about themselves. This facilitates relationship-building among the group, and also ensures that the session begins with everyone having a chance to speak.

The L.I.F.E Session follows the format of people reading the story, and then responding, in turn, to 4 questions. The My Home L.I.F.E team developed the four questions in alignment with generative questioning within A.I. and the Caring Conversations Framework. The framing of these helps people to notice what works well and what is valued, however small, and foregrounds curiosity and tentativeness rather than delving into detailed judgement about why something might not be as people would like it to be.

The four questions are:

- What was there to celebrate in the story?
- What are you wondering about after hearing the story?
- What would you like to see happening more of the time?
- What one thing would we like to ask/ think about/ try out after discussing this story?

The person guiding the L.I.F.E Session invites each person who wishes to respond to the first question without further discussion about what others have said. It is timed to encourage people to keep their response focused on the story being discussed. After each person has responded to the question, the guide may ask for further responses to Question 1 that anyone would like to add. This process is repeated for each of the subsequent three questions. In responding to the fourth question, people

are invited to think of some idea/question/action they may like to take forward on their own or with others. They are not required to come to a consensus on this, as each person may wish to explore something slightly different. The person facilitating the L.I.F.E Session also responds to each of the questions, which may differ from other Practice Development discussions where the facilitator may remain silent.

The person guiding the Session takes notes on people's responses which are placed where people can see them, as a reminder of people's previous responses, so that each question is building upon what has been shared thus far in the discussion. The Session closes with a 'closing' round', which may involve for example, people sharing how they feel at the end of the discussion. Notes from the discussion are subsequently shared with those involved. A video example of a L.I.F.E Session conversation can be found at [L.I.F.E Session Video](#).

Table 2.0 outlines a range of 'pointers', developed from the work in the human rights project in care homes (Sharp et al., 2020), to guide those wishing to use the L.I.F.E Session method in their own practice. One adaptation was applied to the L.I.F.E Sessions in this study: the name SnipChat was used instead of L.I.F.E Sessions. The reason for this name was twofold: firstly, to highlight the informal nature of the conversation, a *chat*, which would take place, and secondly, to incorporate the idea that all we needed to begin the conversation was a *snippet* of a story. This name change reflected the prefacing within Appreciative Inquiry of experimenting with language to try-out different words to explore what options best reflect the reality we wish to create. While a different name was used for the storytelling sessions in the study reported in this article, the essence and process were in keeping with the L.I.F.E Session method.

A summary of the terminology used in this paper is given below.

<b>Term</b>	<b>Description</b>
Story	A short account of a particular moment in time or experience from everyday L.I.F.E in a care home
Storytelling Session	A group discussion where people engage in exploration of a story from everyday practice
L.I.F.E Session	A Storytelling Method developed by My Home L.I.F.E Scotland Team
SnipChat Session	The name given to the L.I.F.E Session method as used in the study discussed in this article

Table 2.0 Practice Pointers for Trying out L.I.F.E Sessions in Practice (Sharp et al., 2020)

An initial plan was that after the SnipChat Session, those involved would speak with others in the care home about the conversation. Over the following weeks, staff would fill in a poster with some prompts to pick up information on how the SnipChat Session had rippled out. Examples of these prompts included on the poster were:

*What I've heard people saying about the SnipChat is .....*

*One thing that seems to have touched people about the SnipChat was ....*

*An example of a small difference I've noticed in how people are since the SnipChat would be*

It quickly became clear that this poster had not caught people's attention and was not being used. As an alternative, the research team member facilitating the conversations worked with care home staff to come up with one question that had emerged from the SnipChat Session which could then be shared and discussed with others, not at the session. This question was shared informally by those at the SnipChat Session, with other care staff in the home. An example of this question was 'What helps

you feel comfy?" It arises from Illustrative Example 1. This highlighted the importance of working closely with care home staff to generate ideas for how the SnipChat discussion would ripple out in the home.

### Ethical consideration

Ethics approval was granted by the School of Health, Nursing and Midwifery Research Committee, the University of the West of Scotland ID: 256587. The ethics process included the provision of written participation information and gaining written consent. The researchers gathered field notes from the SnipChat Sessions, and obtained process consent through verbal checking if participants were comfortable with data being included. All names have been changed in this article to preserve anonymity.

### Description and Reflection on Method Using Illustrative Examples

The following paragraphs will present three illustrative examples of the SnipChat Session storytelling method as it was applied within the study. In total, fourteen SnipChat Sessions took place; plans for a further 10-15 sessions were interrupted due to lockdown restrictions resulting from COVID-19. These sessions were attended by a range of people including: care home staff, residents, relatives & friends and external therapeutic practitioners who were engaging in work with residents in the care homes. Numbers of participants in each Session ranged from three to nine people. The following three illustrative examples convey the process and outcomes of using this method. Therefore, the focus is on the method itself rather than analysing the various topics discussed in each session.

### Illustrative Example Number 1

The first illustrative example was explored in a SnipChat Session on the theme of 'Learning Each Person's Language'.

*One lady places her hands under her jumper and likes to rub her tummy when she is sitting in the lounge.*

The SnipChat Session took place with eight care home staff, including nursing and care staff, domestic staff and activity co-ordinator and one member of the research team.

[Table 3: Discussion of Illustrative Example 1]

In this example, the exploration of this story from everyday practice created space for staff to affirm their shared valuing of the importance of residents' freedom to express themselves and comfort themselves. The conversation also generated connections between staff when some shared examples of their habits and sources of comfort, and others expressed appreciation for this new learning about their colleagues. The conversation about staff's habits was a deviation from the structured round of responding to the four questions. However, it did appear to be an extremely energy-full point in the conversation, which potentially influenced staff's capacity to think about exploring habits and sources of comfort more widely in the home.

While this one-line story focused on one resident at the start, by the end of the discussion this short story had expanded and had developed questions and ideas for possible next steps that had relevance for all residents. This resonates with the Appreciative Inquiry principles that 'questions are powerful in themselves'; and so an apparent energiser for action from this storytelling session was the idea of asking residents more often about what brings them comfort.

### Illustrative Example Number 2

The second illustrative example is drawn from a story on the theme of time, and 'Time makers and Investors'. This SnipChat Session involved two residents, four relatives/friends of residents, one staff member and one member of the research team.

*The local school children were visiting the care home and we were knocking balloons about. One resident looked a little nervous, when a child was hitting the balloons towards her. I took the time to sit with the resident, and show her how to bounce the balloon back to the child. The next time the child directed the balloon her way she bounced it back and you could see the smile on her face – she looked like she was enjoying herself.*

[Table 4.0: Discussion of illustrative Example 2]

Time is often discussed from the position of there not being enough of it and possibilities if there was more time. That element of time appeared in this SnipChat Session, along with some other aspects. These other aspects included: a recognition that connections between people and time spent together is not solely the responsibility of staff. A private area may further enhance connections between residents for conversation, and that activities are something that can be shared with relatives who may be interested. The conversation moved from focusing mainly on what could happen if staff had more time, to thinking about small snippets of time, residents spending time with each other, and how involving relatives in activities could be an option. This, of course, has its challenges now in light of restrictions on visiting in care homes. 'Time' often has the status of being the enemy as in 'time being against us'. This storytelling method invited people into a space of acknowledging the challenges of not having enough time and talking about time in ways that may not be part of the typical rhetoric, which opened up new possibilities. It is possible to draw connections between this story and the A.I. principle of 'what we focus on grows and expands'. By focusing on talking about 'time' in new ways, this can potentially lead to the growth and expansion of the new possibilities which emerge when thinking about time in different ways.

During the SnipChat Session, one of the participants, a friend of a resident called Phyllis, discovered that Phyllis had connected with another resident in the care home and that they enjoyed spending time together. This new information for this person, brought comfort and pleasure to know that her friend had connected with someone in this way. This example illuminated occasions where just by investing time in gathering with others to explore stories, without need for any further action, had a positive impact in the care home.

### Illustrative Example Number 3

The third and final illustrative example is drawn from another SnipChat Session on the theme of 'Learning Each Person's Language'. The session took place with three staff members, two of whom were care staff and one member of the household staff team, as well as a member of the research team.

*Anne (a resident living with dementia) went up to the mannequin\* and was carefully fixing and feeling the material on the mannequin's dress. She looked at the face of the mannequin and said 'oh, you're beautiful'.*

\*The care home staff had placed a L.I.F.E-sized adult mannequin, dressed in a multi-layered brightly coloured yellow taffeta skirt, in the corner of one of the living areas in the care home. This mannequin was dressed in different outfits throughout the year, based on the year's season or special celebrations such as Easter.

[Table 5.0: Discussion of Illustrative Example 3]

In this session, staff participating responded to the fourth question by focusing on what other people would have to do for the 'injection of colour' to be possible. At this point, facilitation of this session became about a gentle challenge to those participating to hone in on what was possible for them to do. So they arrived at the ideas described in the response box above. This gentle challenge was an invitation for people to think of their potential to enact change autonomously. Ten minutes after the

session ended, two of the staff members involved were in the lounge with ribbons in their hair, one had gone for a dazzling look and the other for a neat, pretty style. After the session, they had decided to immediately go to the craft cupboard, see what was instantly available, and use that as a starting point for bringing texture and colour into the home. This example demonstrates how the use of the storytelling method can help generate ideas and energy for action. This action can be owned and initiated by staff members of all grades. The illustrative examples above, resonated with findings from the other SnipChat Sessions, the benefits of this approach were in keeping with those reported by Sharp et al. (2020).

### Conclusions and Implications for Practice

The context for each of the SnipChat Sessions outlined in this article was the care and support of people living with dementia in care homes. It is well recognised that the care and support of people living with dementia, particularly advanced dementia, is complex (Brown et al., 2020). It can involve tapping into the embodied ways in which the person living with dementia is communicating (Kontos, 2004), which can require intuitive and tacit knowing on the part of the person providing care and support. The storytelling process described in this article has been designed to help articulate this intuitive, tacit, embodied knowing for it to be a source of imagination for what might be possible in the future.

Storytelling has been identified as a method of accessing what has been previously hidden (Sole and Wilson, 2002). While a story may be simply a few lines of someone's experience, storytelling can move beyond simplified understandings and open up possibilities for deeper understanding. Each of the illustrative examples are representations of brief moments in time, short interactions, and yet through the mining of the story for learning, powerful insights and ideas emerged. In this way, the storytelling process bestowed significance to these everyday happenings, in a context whereby those who live and work in care homes can feel under-valued or over-looked (Ross et al., 2016; Dromley and Hochlaf, 2018). The action of taking time with their stories was in itself an act of building connection within the care home community. Whilst there were overarching themes to the stories at the centre of the SnipChat Sessions, the illustrative examples convey how different each of the conversations and the ideas originated from them. This suggests the questions asked, and the format of the sessions are sufficiently open to supporting a wide breadth of topics to be discussed and for each conversation to be uniquely shaped by the participants.

In many ways, the storytelling process outlined in this article addresses the concerns about storytelling raised by Sole and Wilson (2002) and Carr and Ann (2011) described in the introduction of this article. The format allowed staff residents and relatives to come together as equals to share their perspectives on how a story from everyday practice could inform future developments within the home. It may be argued that the facilitator, in the case of this study, two researchers, also contributing to the discussion may in some sense sway how people respond. Discussions between the two researchers involved (TM and ER) on this point, led to a re-visiting of the appreciation within A.I. concerning the expertise that each person brings (Carter, 2006). These discussions highlighted that core to the approach of the facilitators' contributions is a tentativeness, which honours the insight the facilitator holds whilst also holding this insight lightly knowing that it needs to be checked out as to its relevance to the current context. It is also in keeping with the maxim within a collaborative dialogue, of 'working with people, rather than 'on them' and so SnipChat Session facilitators celebrated, practised curiosity and imagined possibilities alongside the other participants.

The story or snippet is moved from written words on a page, to be re-awakened in new ways through people's wonderings and imaginings of what might be possible. This storytelling method idea for innovation within practice was developed quickly, with all the storytelling sessions taking less than one hour. As is the natural human tendency, one story led to telling many other stories and what may

be considered 'diversions' from responding to the set four questions in a round. For example staff members sharing what brought them comfort, or the conversation in Example 2 where the resident's friend talked about how she hadn't known that her friend had made new friends in the home. Both these 'diversions' were rich and valuable. So as with the facilitation of any Practice Development initiative, there is a balance between adherence to the discussion plan and being attuned to aspects of the discussion that appear to be generative.

The decision in this study to try-out calling the sessions SnipChats was an effort to move away from the term 'story' as multiple different meanings can be attached to the word 'story' and such as associations with 'a lengthy tale', 'something that is made up' or an 'experience that is extraordinary in some way'. Both the SnipChat name and the 'everyday excellence' in L.I.F.E Session acronym represent a playing around with language to de-mystify, whilst also bestow value and significance on, the idea of exploring stories from everyday L.I.F.E in care homes (or other health and social care settings).

Innovation and cultural transformation is supported by people feeling supported to autonomously develop and take forward small change ideas (Bushe and Kassam, 2005). Although this article does not report on how these storytelling sessions went on to inform practice, the examples suggest that these sessions had elements of a generative experience with the potential for generative outcomes, namely that those involved had felt able to (i) re-consider some previous ways of thinking (ii) make connections between this story and enhancing day-to-day L.I.F.E in the home (iii) identify tangible questions, ideas or areas for further consideration that they were taking away.

### Implications for Practice

Storytelling can provide a useful means to develop practice in an ever-changing care home environment where flexibility and innovation are required, such as caring for and supporting people living with dementia.

L.I.F.E Storytelling methods (on which SnipChat Sessions were based) offer a useful format for illustrating the significance and potential for learning and development from ordinary, everyday experiences in care homes that can be facilitated: reasonably quickly, with a wide range of people including residents, relatives, friends and staff involved in different roles.

L.I.F.E Sessions can facilitate generative experiences and encourage generative outcomes through those involved feeling inspired and enabled to take forward small, tangible ideas and actions for change.

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