verbal
EVERY STORY MATTERS

The Community Foundation

Life Story Post-Project Report

Evaluating the Effectiveness of a 12-Week Shared Reading Programme to improve carers wellbeing.

Table of Contents

Executive Summary

This report evaluates the outcomes of a 12-week shared reading programme delivered to carers in Northern Ireland, designed to improve their mental wellbeing, resilience, emotional regulation, and social connectedness. The programme employed Verbal's Shared Reading Model, which uses guided readings of literature and structured psychological discussions to create a safe and supportive space for participants to reflect on their experiences and develop coping strategies.

Carers, who provide unpaid support to older, disabled, or seriously ill loved ones, often experience significant mental health challenges, including stress, loneliness, and emotional strain. These challenges are exacerbated by limited access to resources and social support networks. The programme aimed to address these issues by fostering resilience, reducing stress, and promoting meaningful connections among participants.

Key findings demonstrated significant improvements across several areas. Participants reported a 50% increase in mental wellbeing, with notable gains in feeling calmer and more relaxed. Resilience scores also improved significantly, with 91% of participants stating they were better able to adapt to changes and bounce back from hardships.

The intervention reduced feelings of loneliness, with participants reporting greater connections with others, less social isolation and showed an improvement in overall mental wellbeing. Additionally, stress levels declined, and participants experienced improved emotional regulation, with many feeling less overwhelmed during emotionally challenging situations.

While the programme had a positive impact, some areas for improvement were identified. Participants with complex caregiving challenges showed less pronounced improvements, suggesting the need for tailored interventions for more vulnerable subgroups. Challenges in data collection, such as a low completion rate for post-programme questionnaires, highlighted the importance of robust protocols to ensure comprehensive evaluation in future iterations.

Overall, the shared reading programme effectively enhanced the wellbeing of carers, providing them with practical tools to navigate the emotional and social challenges of caregiving. The findings reinforce the value of arts-based interventions in improving mental health and quality of life. This report underscores the potential of Verbal's Shared Reading Model as a scalable and impactful approach to supporting carers across Northern Ireland and beyond.

Introduction

In Northern Ireland, carers manage the physical and emotional health requirements of elderly, disabled, or critically sick people while offering vital assistance to family members and loved ones. Every year, their commitment saves the public health sector billions of pounds, yet their own physical and mental health are frequently overlooked. In Northern Ireland, more than 220,000 people provide unpaid care, putting in hundreds of thousands of hours every week. Many carers describe their lives as a never-ending battle for help and acknowledgement, despite the vital job they do, with grave consequences for their health and well-being.

A recent report by Carers NI paints a stark picture of the challenges faced by carers. More than a quarter (27%) rate their mental health as “bad” or “very bad,” with this figure rising to 31% among those providing care for over 50 hours a week or more than a decade. The emotional toll of caregiving is profound: 84% of carers with poor mental health report persistent low mood, 82% experience feelings of hopelessness, and 71% regularly feel tearful. Alarmingly, 68% of carers in poor mental health live with a sense of fear or dread, while nearly half (49%) experience clinical depression. Compounding these challenges, 65% of carers report that the rising cost of living has negatively impacted their health. Yet despite these struggles, nearly three-quarters (73%) of carers in poor mental health continue to provide care, often at great personal cost.

The impact of caregiving extends beyond mental health to social isolation and financial strain. Half of all carers report feeling lonely, and fragmented social care services leave many without reliable support networks. Carers also face financial hardship, unable to pursue higher-paying jobs due to the demands of caregiving. These intersecting challenges underscore the urgent need for targeted interventions that address the holistic needs of carers, including their mental health, emotional resilience, and opportunities for connection.

Engaging people with the arts can improve mental health and quality of life while reducing feelings of loneliness and social isolation (Vella-Burrows, 2016; Fancourt & Finn, 2019; Greaves & Farbus, 2006; Wikström, 2002). This is achieved through a number of factors such as fostering social connections and promoting tenets of positive psychology such as life satisfaction, a sense of purpose, autonomy, optimism, resilience, and self-esteem (Fredrickson & Losada, 2005; VanderWeele, 2017).

The aim of this project is to deliver arts-based interventions directly to adult carers within Northern Ireland to improve their mental wellbeing, resilience, connections, stress management and emotional regulation.

Methods

Shared Reading Model

Verbal's intervention for improving wellbeing in an aging population was developed using Verbal's Shared Reading Model. This model is derived from Affective Bibliotherapy (Shectman & Nir-Shfrir, 2008, Heath et al., 2005), a process involving the guided reading of literature combined with targeted discussions. Shared Reading fosters change and understanding in others by gently breaking through defence mechanisms to help develop insight (Shechtman & Nir-Shfrir, 2008). Stories act as an "intermediary object" between the person and their problems (Gray et al., 2016), offering a less direct but appropriate way of discussing their emotions and experiences in a safe and inclusive environment (Detrixhe, 2010).

Participant Group: Carers

The CFNI Carers Support Programme was established to assist carers throughout Northern Ireland, tackling issues such as stress, isolation, and emotional management. Carers in this programme assist persons with diverse complicated requirements, encompassing dementia, chronic illnesses, physical disabilities, and mental health issues. Numerous carers endure considerable emotional and psychological strains as a result of their caregiving responsibilities.

It was offered to a pilot group of carers, with the aim of creating a sustainable, scalable model for future delivery. The programme aligns with CFNI's strategic goals to foster positive community impact and support vulnerable populations.

The Programme

A 12-session intervention designed to improve mental wellbeing, resilience, connections, stress management and emotional regulation was delivered in community centres across Northern Ireland. This intervention was designed to instil and encourage the following tenets of emotional wellbeing in the target population:

- Understanding and managing stress
- Problem-solving and goal-setting
- Managing fears and worries
- Self-care and self-esteem
- Breathing techniques
- Seeking help from others

Participants were encouraged to complete a questionnaire before and after taking part in the intervention. Questionnaires contained the same psychological measures to allow direct comparison pre- and post-intervention. These measures are:

WHO-5 Well-Being Index and Carer Well-Being Support Questionnaire

This is a five-item measure designed to assess psychological wellbeing (Bech, 2004), with high scores indicating positive wellbeing. The WHO-5 has been used in a range of studies worldwide and is a useful measure for recognising symptoms of depression in older people (Topp, Østergaard, Søndergaard, & Bech, 2015). The CWS subscales measured self-care, emotional wellbeing, and stigma.

Connor-Davidson Resilience Scale 10-Item

A validated and widely used tool for measuring adaptability and emotional strength. This scale evaluates an individual's ability to cope with adversity, recover from setbacks, and maintain emotional stability under stress. Higher scores indicate greater resilience, reflecting stronger capacity to adapt and thrive in challenging circumstances. The CD-RISC-10 has been applied across diverse populations, making it a reliable measure for understanding carers' resilience.

De Jong Gierveld 6-Item Loneliness Scale

This scales measures both social isolation (the absence of meaningful social contacts) and emotional loneliness (the lack of a close, emotional connection). This scale is widely used in research on social well-being, offering insights into the different dimensions of loneliness experienced by carers.

Kingston Caregiver Stress Scale (KCSS),

A comprehensive tool that examines stress related to caregiving responsibilities, family dynamics, and financial pressures. This scale is tailored to the caregiving context, providing a nuanced understanding of the unique stressors faced by carers.

Difficulties in Emotion Regulation Scale (DERS-16)

A 16-item measure that assesses key dimensions of emotional regulation, including impulsivity, emotional clarity, and coping strategies. The DERS-16 is a reliable tool for identifying areas where individuals may struggle to manage and process emotions effectively, particularly in stressful caregiving environments.

Programme Development and Training

Literature was selected by Verbal's Literature Team to align with the mental health themes previously outlined. In the Shared Reading Model, discussions are guided by psychologically-informed annotations written by Verbal's Psychology Team to prompt personal and group growth, healing and understanding. These annotations are guided by key psychological frameworks, including Cognitive Behavioural Therapy to change unhealthy thoughts and behaviours, and Acceptance and Commitment Therapy to accept and/or change emotions and behaviours.

This programme was delivered in community groups by facilitators. Facilitators were provided training on Verbal's Shared Reading Model and how to read stories aloud. Additionally, Verbal provided fold staff with Shared Reading training to help them understand more about session delivery and how it could benefit the participants. Facilitators were also provided with Safeguard Training and AccessNI background checks before entering delivering the sessions. Verbal's Project Officers observed facilitators delivering sessions typically at the midpoint of the programme to ensure a high quality of session delivery and to check for any difficulties the facilitator may be having.

Procedure

This programme took place between **December 2023 and December 2024** and was delivered to carers within community groups across Northern Ireland. Members of Verbal's Project Team liaised with community organisations to organise and provide taster sessions to carers. If the community groups wished to continue the programme after the taster session, carers who were eligible to participate were invited to complete consent forms. Those who completed consent forms were then invited to complete the pre-intervention questionnaire.

Each session was facilitated by Verbal's trained volunteers and staff. Carers participated in storytelling sessions where carefully selected stories, chosen by Verbal's Literature Team, were read aloud. Structured breaks during the sessions encouraged discussion and reflection on the story's themes. Questions for these discussions were developed by Verbal's Psychology Team to prompt reflection on key emotional and psychological topics.

The programme was delivered over the course of **12 sessions**, typically on a weekly basis where possible. At the end of the programme, participants who had completed consent forms were invited to complete the post-intervention questionnaire.

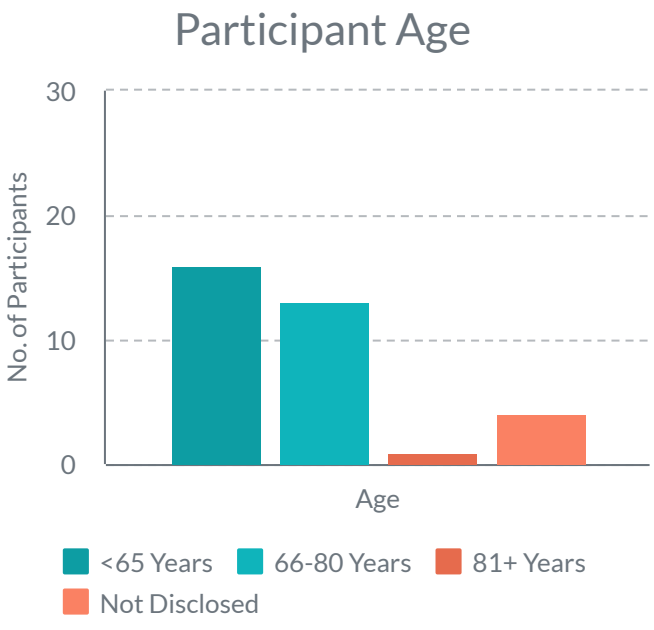
Data Analysis Strategy

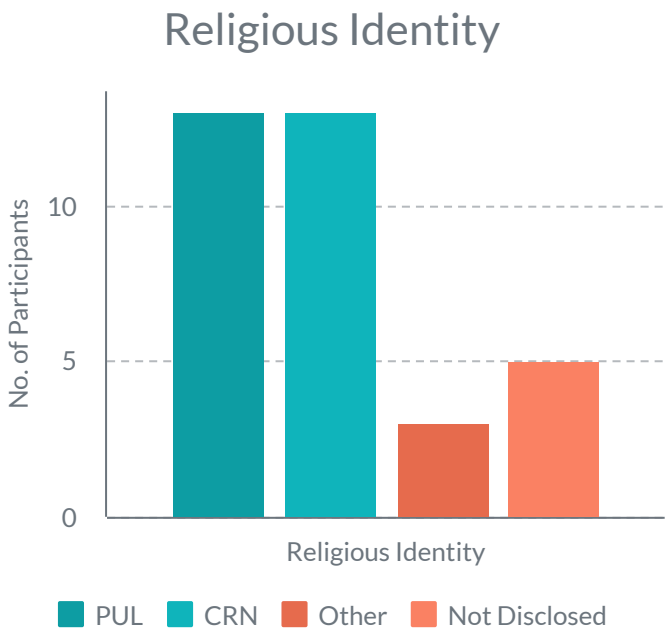
Quantitative data were entered, cleaned and statistically analysed by the Verbal Psychology Team using a combination of SPSS Version 28 and Mplus Version 7. Descriptive statistics were computed to examine baseline characteristics and offer an overview of the participant cohort. This involved analysing demographic data, including age and caregiving setting, as well as computing means, standard deviations, and ranges for each psychological assessment. The numbers underscored the difficulties encountered by caretakers before the programme, providing significant insight into their initial experiences.

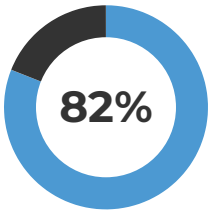
To assess the programme's impact, paired samples t-tests were performed to see whether statistically significant changes occurred in carers' ratings on the psychological measures between pre- and post-programme questionnaires. Cohen's d was computed to evaluate the practical importance of observed changes, offering further insights into the meaningfulness of programme outcomes beyond mere statistical significance.

Statistical significance was explored when analysing data. Statistical significance refers to the probability that a finding happened due to a specific cause, most likely the result of the programme. In alignment with established guidelines, results were considered as statistically significant if $p<.05$. This means that we can be at least 95% sure that a finding was not due to chance or coincidence. Statistically significant findings in charts and graphs were denoted using an asterisk (*).

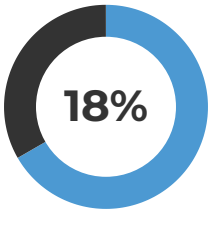
Results: Participant Overview







Female



Male

This sample was ethnically homogenous as all participants were white.

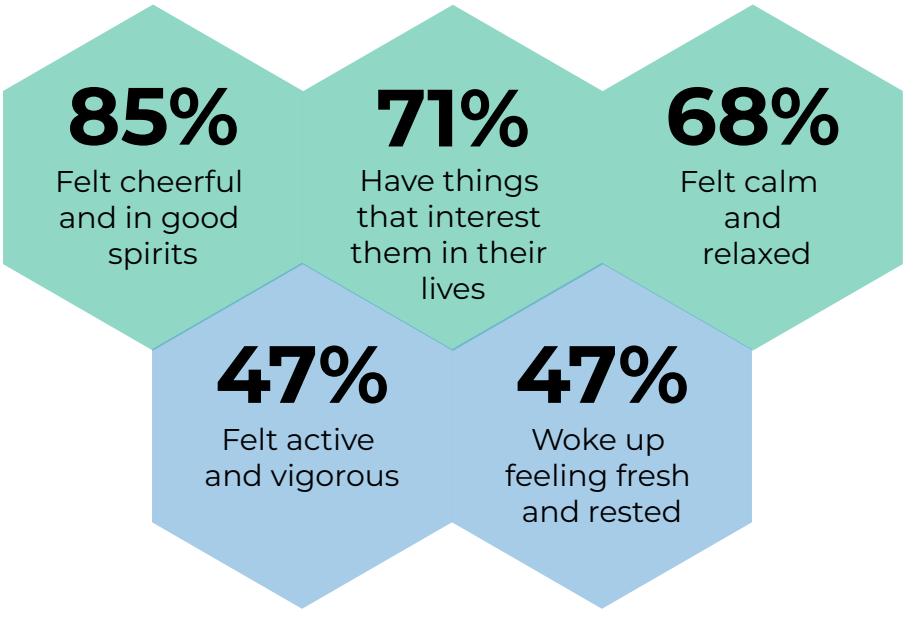
39% of residents identified as a member of the Protestant community, and this was the same 39% for the Catholic community.

Over 80% of residents who took part in the project were women, and only 18% were male.

Results: Mental Wellbeing

Baseline Results

Questions on mental wellbeing from the pre-programme questionnaire were analysed to explore participant wellbeing before taking part in the programme. The results showed moderate to high scores:



Programme Results

Despite high levels of wellbeing before taking part, **mental wellbeing scores increased in 50% of participants**. The largest increases in mental wellbeing were observed for questions on feeling calmer and relaxed.

↑50%
Increase in mental wellbeing

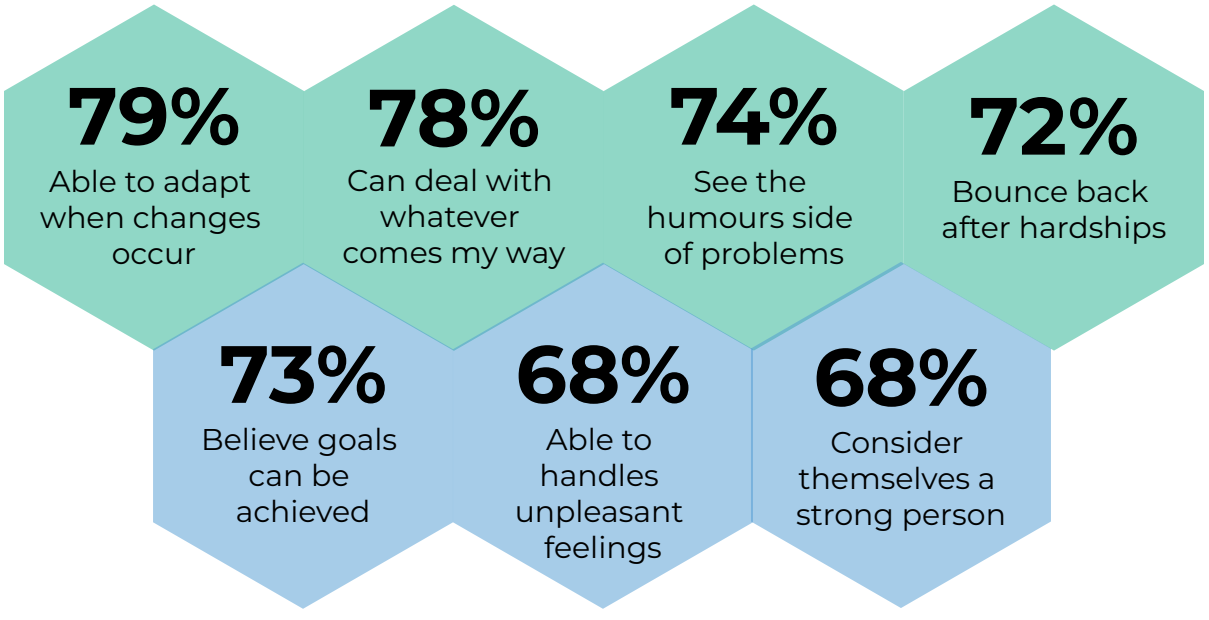
↑40%
Felt calmer and more relaxed

↑35%
woke up feeling fresher and rested

Results: Resilience

Baseline Results

Resilience from the pre-programme questionnaire were analysed to explore level of resilience prior to taking part. We found that participants tended to report moderate to high resilience levels.



Programme Results

While analysing the resilience questions we observed a positive trend in resilience showing people reported higher levels in response to some questions. Post scores reported:

↑ **90%**
Able to adapt when changes occur

↑ **85%**
Can deal with whatever challenges come their way

↑ **83%**
Believe coping with stress can make them stronger

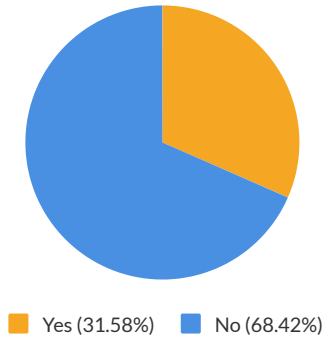
↑ **91%**
Tend to bounce back after illness or hardships

Results: Loneliness

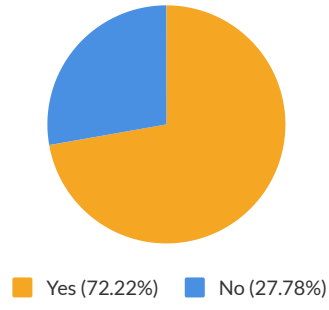
Baseline Results

Loneliness from the pre-programme questionnaire were analysed to explore level of resilience prior to taking part.

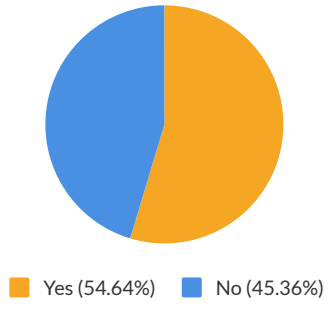
I often feel rejected



There are enough people I feel close to



There are plenty of people I can rely on when I have problems



Programme Results

Post programme results found positive results in relation to loneliness scores:

↑100%

Responded no when asked 'I often feel rejected'

↑100%

Responded yes when asked 'There are enough people I feel close to'

↑80%

Responded yes when asked 'There are many people I can completely trust'

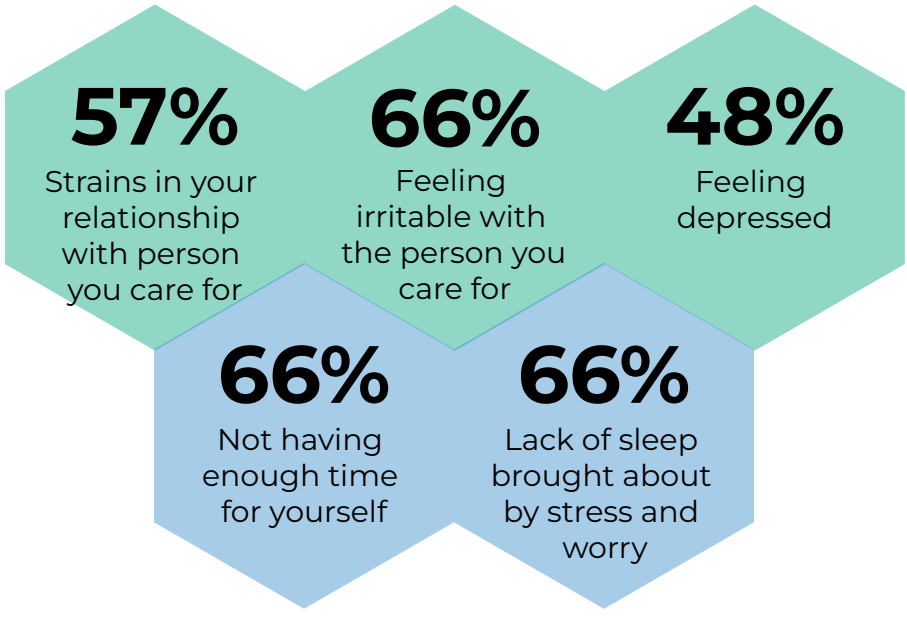
↑60%

Responded yes when asked 'There are plenty of people I can reply on when I have problems'

Results: Stress

Baseline Results

Stress questions from the pre-programme questionnaire were analysed to explore whether participants felt stressed prior to taking part. These results show moderately, a little to not at all responses to the questions.



Programme Results:

Participants reported significant improvements in their caregiving experience, with 80% feeling less irritable with the person they care for, 60% noting more time for themselves, and 40% experiencing less sleep disruption due to stress and worry. These results demonstrate the positive impact of the programme on reducing caregiver strain and enhancing well-being."

80%
Feeling irritable with the person you care for

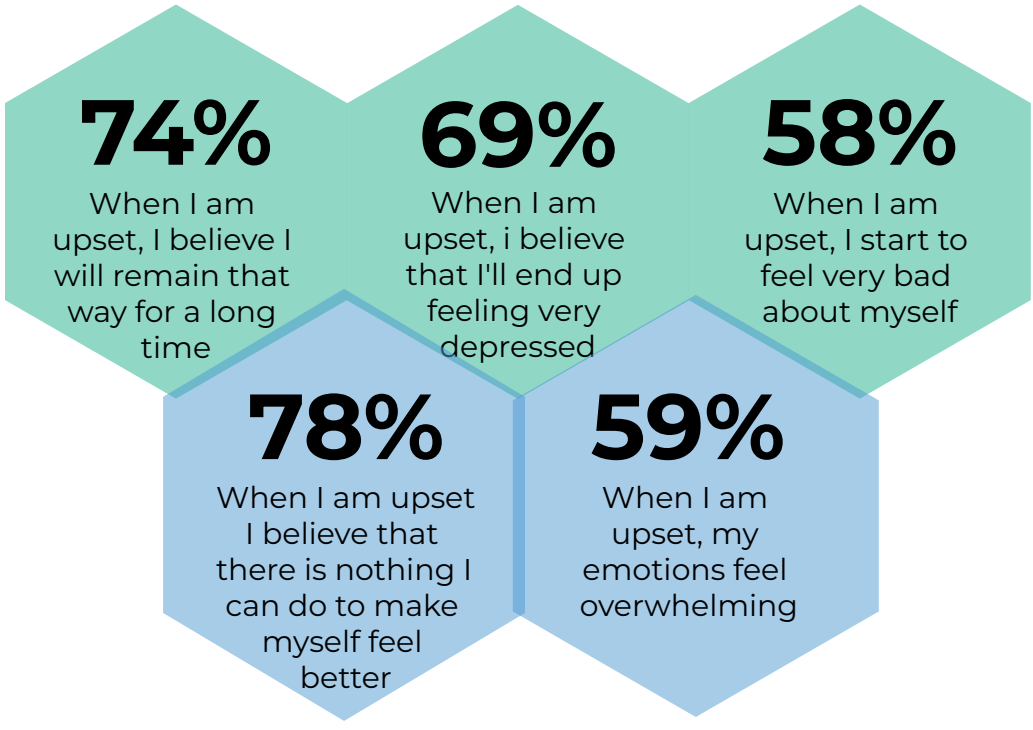
60%
Not having enough time for yourself

40%
Lack of sleep brought about by stress and worry

Results: Emotional Regulation

Baseline Results

Emotional regulation questions from the pre-programme questionnaire were analysed to explore whether participants felt able to control their emotions prior to taking part. The results show at baseline what participants reported either never, rarely or sometimes feeling this way.



Programme Results:

After participating in the program, a significant percentage of participants reported experiencing less emotional distress. These results show the participants who reported 'rarely' or 'never' feeling this way in the past 2 weeks.

100%

When I am upset, i believe that I'll end up feeling very depressed

80%

When I am upset, I start to feel very bad about myself

80%

When I am upset, I believe I will remain that way for a long time

Discussion

The outcomes of the 12-week shared reading programme implemented for carers in Northern Ireland align with existing literature on the benefits of literary engagement and arts-based interventions for enhancing mental well-being and social connectivity. Our findings observed positive increases in participant, resilience, emotional regulation, loneliness and overall mental wellbeing which correlates with numerous findings from previous studies. This demonstrates the programme's effectiveness as it aligns with much existing research and literature.

For instance, Bal and Veltkamp (2013) demonstrated how fiction reading can significantly increase empathy among readers. This is relevant to our findings on enhanced emotional regulation and social connectedness, as increased empathy is a likely contributor to these outcomes. Additionly, Billington et al. (2016) found that shared reading activities can help enhance quality of life and reduce psychological distress of participants supporting our observations of improved mental wellbeing and resilience among carers.

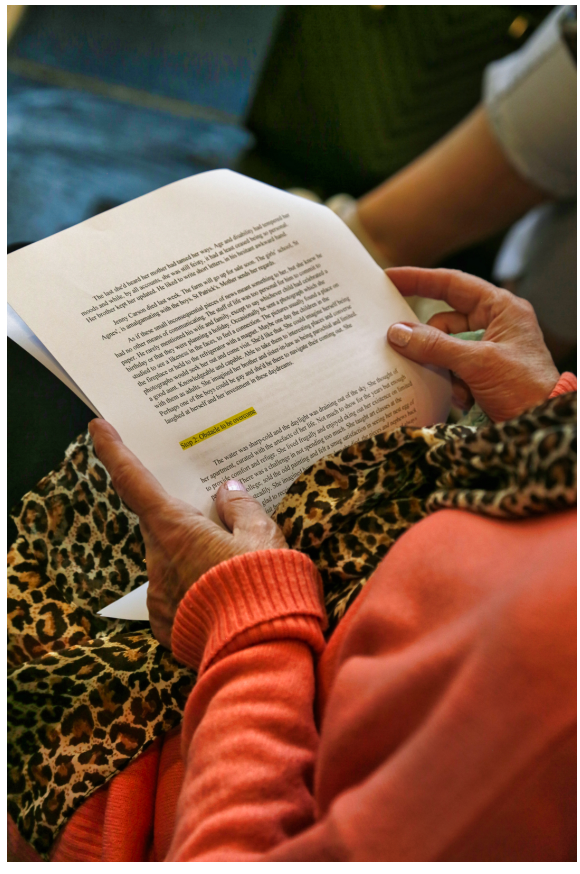
The review by Fancourt and Finn (2019) on the role of the arts in health and well-being further confirms our findings, stressing that arts involvement not only decreases anxiety and depression but also produces significant gains in cognitive and emotional well-being.

This corresponds with our findings, since individuals indicated a greater sense of calmness and relaxation following the intervention. Moreover, Heidinger and Richter's (2020) study on loneliness among the elderly during the COVID-19 pandemic illustrates the effectiveness of social interventions in reducing loneliness. This aligns with our findings that the shared reading sessions functioned as a social catalyst, alleviating feelings of isolation among carers.

However, while our programme showed significant benefits, it was not uniformly effective for all participants. This observation calls for the development of tailored interventions that can address the specific needs of these subgroups, as suggested by Fredrickson and Losada (2005), who discussed the importance of creating positive interactions to sustain human flourishing.

The beneficial outcomes of this shared reading programme are consistent with the numerous studies that demonstrate the therapeutic value of reading, but the lower completion rates of post-programme questionnaires and a small sample size affect the overall impact. Future projects should concentrate on improving data collection and customising the programme to accommodate the various needs of all carers so that the advantages of shared reading can be fully realised for this vulnerable group.

The findings suggests the development of a specialist curriculum focused on stress management for carers, given the significance of the stress-related concerns highlighted by the programme outcomes. Stress-reduction techniques that may be easily integrated into everyday activities, such as mindfulness, relaxation techniques, and coping mechanisms, must be covered in this curriculum. The curriculum may contain suggestions on effective time management, conflict resolution, and emotional self-regulation in order to directly address the root causes of stress for carers. By combining these elements, carers will have the resources they need to carry out their responsibilities more effectively while maintaining their mental and emotional well.



Additional programmes to improve the wellbeing of carers could strive to address limitations of this current project. Verbal has identified robust data collection as a key goal for all future projects, and any future work would aim to capture feedback from at least 75% of participants. This will involve implementing a new data collection protocol and training facilitators on the importance of collecting data both pre- and post-programme. Training will also encourage facilitators to empower residents to provide feedback and share their story.

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Thank you

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