

**M A R G E**

# **Reading is Caring Evaluation (Year 5)**

**Written by independent evaluator  
Marge Ainsley for Scottish Book Trust**

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This executive summary has been written using the Scottish Book Trust's accessibility guidelines. As a result, there is minimal use of design features, with alt text added to any infographics to allow for ease of readability on screen readers.

The findings relate to evidence captured and made available between April 2024 and March 2025.

Please note that this report includes direct testimonials and content related to palliative end-of-life care which some readers might find triggering.

Any enquiries about this report should be directed to Katherine Wilkinson, Head of Research & Evaluation.

# Table of Contents

<b>1</b>	<b>About the programme .....</b>	<b>4</b>
1.1	Headline facts and figures .....	5
1.1.1	Profile .....	5
<b>2</b>	<b>Key findings.....</b>	<b>5</b>
2.1	Person Living with Dementia (PLWD).....	6
2.2	Family Care Partners .....	6
2.3	Professional Care Partners .....	8
2.4	Pilot Flagship Organisation (QME) .....	9
<b>3</b>	<b>Concluding recommendations.....</b>	<b>10</b>
3.1	Sample testimonials .....	12

# 1 About the programme

Reading is Caring (RiC) uses reading to support people living with dementia and anyone who cares for them. Through a free training programme, family and professional care partners are trained to create personalised and shared reading experiences for those they look after. The ultimate aim of the programme is to use reading in a positive way, to support the relationships and wellbeing of people living with dementia (PLWD), and those who care for them.

This executive summary shares evaluation insight highlights from year 5 of the programme, covering the period April 2024 – March 2025. In a slight change to previous years, and in direct response to the needs of care partners identified in year 3 and 4, training sessions for participants were adapted to take the following new format:

- A half day (2 – 3 hour) online training session, either as a 1-1 or in a small group. In these tailored sessions, participants are encouraged to explore the life story of the PLWD. As a result they have time to reflect on their relationship, learn shared reading story skills and gather specific reading materials and objects for life story (and often sensory) book boxes.
- A 1-hour, optional one-off sessions delivered online. These operate as a bespoke follow-up, giving RiC staff the opportunity to source reading materials which are personalised and targeted to the needs of the PLWD as explored in the initial training session.

A pilot with a flagship care organisation<sup>1</sup> was also delivered this year in the Scottish Borders. Training sessions for professional care partners at the pilot flagship were delivered in person.

In addition to a variety of meetings and information sessions within the community<sup>2</sup>, the RiC team also delivered several in-person training workshops for community, health and place-based partners this year e.g. Borders General Hospital, Day Care Centre Tranent, NHS Fife. These were all delivered in person.

Reading is Caring is delivered with the support of The Nancie Massey Charitable Trust, The National Lottery Community Fund, The D'Oyly Carte Charitable Trust, The W M Mann Foundation and other funders including trusts and foundations, private groups and donors.

A logic model framework for RiC was refreshed at the start of year 5<sup>3</sup>. It outlines a series of intended outputs and outcomes for people living with dementia (PLWD), Family Care Partners (FCPs), Professional Care Partners (PCPs)<sup>4</sup> and the pilot flagship organisation. The independent evaluation assesses whether the outputs and outcomes from the logic model have been met, to review whether the programme has achieved its overall aim. It also considers unintended outcomes for each beneficiary. A short process evaluation was also conducted at the mid and end point to reflect on: project aims and ambitions, the recruitment process, project design, project management (including evaluation) pilot flagship specific learning, and staff support.<sup>5</sup>

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<sup>1</sup> <https://www.qmecare.org/>

<sup>2</sup> These figures are included in section 3.1.8.

<sup>3</sup> Available on request.

<sup>4</sup> Outcomes are defined as the benefit, difference or change the project team want to make for beneficiaries as a result of the programme activities.

<sup>5</sup> See limitations in 6.1.

## 1.1 Headline facts and figures



### 1.1.1 Profile

Although there are no set targets based on profile, findings suggest that the programme is reaching those in the most deprived communities of Scotland (with nearly three quarters of trainees in year 5 residing or working with PLWD in SIMD 1 – SIMD 3<sup>6</sup>). The majority of trainees were aged between 55 – 64 years old, identified as female, heterosexual, and White/White Scottish/White British<sup>7</sup>.

## 2 Key findings

The below narrative provides an overview of the top-level insight findings structured by the target beneficiaries<sup>8</sup>.

<sup>6</sup> SIMD 1 being the most deprived, and SIMD 5 being the least deprived.

<sup>7</sup> See section 6 for more detail on profile.

<sup>8</sup> There are several limitations within the methodology which should be noted: these can be reviewed in the main report along with the list of data sources drawn upon for evidence.

## 2.1 Person Living with Dementia (PLWD)

Although we are reliant on feedback from FCPs and PCPs rather than the PLWD themselves, there were several highlights of note in the findings:

- People living with dementia enjoyed the process of shared reading, according to both FCPs and PCPs. A range of non-verbal and verbal cues were described that indicate enjoyment - such as smiling, laughter, and joining in. Shared reading was enjoyed most when it took place in a comfortable setting, at the right time of day, with varied and visually engaging materials, sensory elements, and Life Story Book Boxes that sparked conversation and reminiscence. Personalisation was attributed as a key factor in ensuring the enjoyment of those being cared for.
- There were two isolated references where the PLWD had not enjoyed their experience, however these were examples where personalisation had not worked quite so well, and the care partner had then gone on to find alternative approaches (often with support from the RiC team).
- RiC has regularly created powerful moments of connection - for example, non-verbal individuals joining in, unexpected memories surfacing, and new opportunities for family members (including different generations) to engage meaningfully with the person living with dementia. The findings show how shared stories, spontaneous conversations, and small expressive moments - such as finishing a line of poetry or recalling a past experience - can significantly deepen that connection.
- The report finds that the person-centred approach of the RiC programme helps people living with dementia reconnect with their identity by supporting them to find new ways to continue enjoying their hobbies. There are examples where RiC has built confidence and given meaningful choice, which in turn has fostered a greater sense of self and independence. The skill, empathy, and dedication of RiC trainers has played a key role in achieving this. Significant time has been invested in sourcing personalised materials and sharing ideas tailored to each individual.
- Reductions in anxiety and distress were frequently reported, especially during times of confusion or agitation (e.g. sundowning). At the pilot flagship, a professional care partner used shared reading to successfully encourage a PLWD to follow a medical recommendation of raising her feet - something she would not do without the RiC intervention. Both FCPs and PCPs noted calming effects and improved mood in people living with dementia following shared reading sessions. Overall, the report finds that the RiC programme continues to meet four of the five recommended daily actions or steps of the NEF Five Ways to Wellbeing (2008),<sup>9</sup> as it has in previous years.

## 2.2 Family Care Partners

The impact of RiC on FCPs is one of the strongest areas of evidence in the evaluation:

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<sup>9</sup> <https://neweconomics.org/uploads/files/five-ways-to-wellbeing-1.pdf> and <https://neweconomics.org/2008/10/five-ways-to-wellbeing>

- FCPs consistently described RiC training as enjoyable, with this predominantly attributed to the empathy and skillset of the trainers, pace of the training and the quality of content. The bookshelf analogy and options for tailored, personalised approaches were commonly reported highlights this year, with the former regularly described as a 'light bulb moment'. Several FCPs found the training itself a cathartic experience and a period of useful 'time out' from their care roles.
- Similarly, there were high levels of enjoyment for FCPs who had gone on to try shared reading. The report highlights the importance of satisfaction in terms of word-of-mouth generation and future bookings. Positively, trainees had either already recommended the training or intended to do so.
- Family care partners often mentioned that they wished they had known about the programme earlier, which not only shows their satisfaction with it, but emphasises that there is an opportunity (and potential demand) for SBT to intervene earlier wherever possible to support families.
- There were very few suggestions for improvement to the RiC programme from FCPs. Where ideas were given, these tended to relate to the barriers that FCPs themselves face in terms of time e.g. the time needed to put Life Story Book Boxes together. Improved communication to remind FCPs of the 1-hour follow up sessions was however recommended.
- Increased general confidence in understanding dementia and skills development with shared reading were significant outcomes. FCPs learned practical shared reading techniques, gained insights into dementia and felt better equipped to communicate, connect, and cope with certain scenarios on a day-to-day basis. Increases in confidence were regularly attributed to the skill of the RiC trainers in making the reading aloud process less daunting and providing a great aftercare service, where resources or suggestions for reading materials were made.
- Some family care partners were initially unsure how relevant RiC would be for them, but left the training feeling confident, inspired, and ready to adapt the approach for their loved one. Findings highlight the ongoing challenge of explaining the benefits of RiC in advance and the importance of word of mouth in driving participation.
- FCPs consistently reported a renewed sense of connection with their PLWD, and as a result felt that time spent together had been of a higher quality than usual. There are cases where this improved connection is attributed to developing a greater understanding of dementia through the training (and therefore having more patience).
- A new finding this year is that some FCPs (and PCPs) lacked confidence early on, as they felt unsure about the PLWD's history and therefore which reading/Life Story Book Box materials to use. While training eased these concerns, the report highlights that this may be a barrier to engagement for potential trainees that should be addressed during recruitment.
- Family care partners who had already tried RiC activities described how it had simply made 'life easier' including being 'given permission' to spend quality time together on something both individuals enjoy. It has become a valuable tool for many FCPs to cope with emotional

or stressful situations, improve the atmosphere, or engage in more active and meaningful engagement activities. Many said it gave them a reliable, go-to activity that strengthened connection and eased difficult visits.

- There is some evidence to suggest that FCPs also found RiC helped them reconnect emotionally with loved ones, especially during the transition into residential care which would otherwise have been difficult.
- RiC is positively impacting the wellbeing of FCPs and continues to meet four of the five recommended daily actions or steps of the NEF Five Ways to Wellbeing (2008),<sup>10</sup> as it has in previous years. Findings suggest the programme particularly contributes to improved emotional wellbeing, reduced anxiety and enhanced mood.
- There were several notable unexpected outcomes for FCPs. These included using RiC to help complete forms such as 'Getting to Know Me'<sup>11</sup>; developing a renewed or new interest in reading as a result (including material they might not ordinarily have chosen); and being inspired to become a befriender.

## 2.3 Professional Care Partners

The programme continues to be well received by PCPs working across care homes, hospitals, and community settings:

- There were high levels of satisfaction with both the training and delivery of RiC - and a willingness to proactively recommend the training. This was primarily attributed to the fact the training is free; the personalisation of reading materials; and the flexibility of the training delivery which was adapted to meet the needs of different types of professional carer.
- PCPs felt cared for, respected and appreciated by the trainers. However, there were various instances where trainees arrived late due to meetings running on or were held up and distracted during the training due to caring commitments. This shows the ongoing barriers that exist for PCPs in taking part.
- Where improvements were suggested, these primarily related to practical or technical aspects with the training presentations, for example changing the video sizes, reducing the session time and having access to online resources afterwards.
- Professional care partners reported gaining practical and meaningful skills from the RiC training, similar to those valued by family care partners. These included shared reading techniques, sourcing appropriate materials, using reading to prompt memory and conversation, and - perhaps surprisingly - understanding the emotional impact of dementia through tools like the bookshelf analogy. The use of sensory elements also stood out as a powerful addition to the 'toolbox' for PCPs. Importantly, the training helped to reinforce the belief that shared reading can positively impact those that they care for (and in turn, this helped drive word of mouth with colleagues).

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<sup>10</sup> <https://neweconomics.org/uploads/files/five-ways-to-wellbeing-1.pdf> and <https://neweconomics.org/2008/10/five-ways-to-wellbeing>

<sup>11</sup> <https://www.alzscot.org/our-work/dementia-support/information-sheets/getting-to-know-me>



- There were various examples of how professional care partners had been inspired by RiC and subsequently taken it upon themselves to develop and flex the model. For example, there were several references where PCPs had either already used shared reading, or wanted to use shared reading, in groups.
- RiC training significantly boosted professional care partners' confidence in using shared reading and Life Story Book Boxes. Many felt newly empowered to try shared reading, adapt it to different settings, and promote it to others. They appreciated the practical techniques and evidence-backed approach, which gave them greater belief in its value.
- PCPs reported delivering sessions more confidently, both 1-1 and in groups, and began advocating for the programme within their workplaces and communities. Some have even developed their own initiatives, such as creating generic storybook loan boxes to share with families in the community.
- Whilst most respondents gained confidence, professionals with English as an additional language expressed hesitancy. This suggests a potential opportunity to deliver an extra layer of tailored support or follow-up to ensure these PCPs can fully participate and feel comfortable delivering RiC activities.
- Professional care partners commonly described RiC as a way to be 'present' with the people they care for, resulting in more meaningful engagement. Positively, nearly three quarters of PCPs felt that RiC had made a difference to the relationship with those they care for.
- Qualitative feedback revealed unexpected benefits for PCPs. The training boosted staff morale, helped some feel more valued, and led to positive changes in how they connected with residents. Initial scepticism among some staff often shifted once they saw its benefits in practice, underscoring the importance of peer recommendations and positive word of mouth.
- There were also several unexpected outcomes for PCPs. These included working with local museums to implement RiC into loan boxes and incorporating RiC into a funding bid for staff training.

## **2.4 Pilot Flagship Organisation (QME)**

Due to delivery timings, the evaluation of the pilot flagship organisation focused largely on process. However the report findings suggest that some early progress has been made towards the intended impact outcomes:

- The pilot flagship organisation has currently trained 27 members of staff and estimate that they have used RiC with 26 residents. However at the time of writing, the training programme was yet to be completed with the flagship, and it is early days in terms of roll-out.

- In terms of visibility, RiC is promoted on a permanent noticeboard by the entrance to each building. It has also been publicised in staff training newsletters, relative newsletters and will feature during Care Home Open Week in June 2025.
- At the time of writing, the pilot flagship was still completing their initial training programme with SBT. There is therefore little evidence yet of advocating to FCPs on a standard and scale as initially intended. However, the pilot flagship lead reported that 'Place and Space' (a community group that uses the space at QME) has adopted Reading is Caring which is a positive finding at this stage of the partnership. The RiC team continue to work with the pilot flagship lead contact to encourage more FCP referrals, including through information events.
- RiC is not yet part of formal staff induction processes but has been made a mandatory training activity for all staff. Staff champions are helping to embed the approach.
- In terms of unexpected outcomes, the programme has inspired new volunteer initiatives, adaptations to existing and new group activities, and rather significantly, is seen as enhancing the care home's appeal to prospective residents and families.
- Several learning areas related to the process of setting up and delivering the pilot flagship are suggested in the report. These include successes and challenges with gaining buy-in, communication and devising a 'good' exit strategy. Developing a case study once RiC is further embedded, which includes the first-person accounts of a range of trained staff, is recommended.
- It should be recognised that the pilot flagship model has been a huge piece of engagement work given the size of the RiC team, and also incredibly significant for SBT. The RiC team reported that it is typically challenging to work in the Scottish Borders, however they have made positive inroads - not only with the flagship itself but the impact that the partnership has had (and will have) on audience development for SBT wider services in this geographic area.

### 3 Concluding recommendations

The report suggests several recommendations, informed directly from the evidence reviewed:

- The RiC team have successfully surpassed their targets for year five, with the new financial year model and changes to training delivery format having had no demonstrable negative impact on beneficiaries. However, delivering to a highly personalised, top-quality standard has required a high level of administration and this has added pressure on staff at times due to limited capacity. Given the demand for the service (which may grow considering the projections in the number of people living with dementia by the Scottish Government<sup>12</sup>) coupled with the cumulative impact of previous year's marketing, SBT will need to decide how and if it is possible to sustain the programme within the current funding and staffing model. The continued success of the programme relies on the dedication and skill of RiC staff. Additional investment in staffing (and also wellbeing support) is recommended to help meet this growing demand and maintain quality.

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<sup>12</sup> <https://www.gov.scot/policies/mental-health/dementia/#:~:text=Dementia%20affects%20an%20estimated%2090%2C000,mental%20health%20and%20wellbeing%20impact>

- It will be necessary to do further exploratory research and evaluation into the pilot flagship model before deciding whether to extend the approach and invite other flagship partners onto the programme. A case study could be developed in collaboration with the pilot flagship organisation once RiC has become more embedded to advocate the benefits to potential flagships of working with SBT. There is also an opportunity to do further exploratory research around the impact of delivering RiC in the Scottish Borders on SBT's wider programme and audience development strategy.
- Develop a clear exit strategy with the current pilot flagship partner. This should include plans for embedding a greater all-staff approach to RiC, ensuring clarity of the RiC ambassadors role, and a clear pathway for FCP referrals.
- Given the early success of RiC flyers, introducing referral codes would offer a more effective way to track exactly which distribution channel has worked most effectively. These codes could be added to different leaflet versions (e.g. for flagship organisations, libraries, or link workers) with minimal additional design or print costs. This approach would provide a more accurate and reliable method for capturing referral pathways at the point of booking, offering stronger insight than relying solely on the post-training survey.
- Maintain personalisation as this tailored approach continues to be a core strength of the programme. It should remain central to the future delivery of RiC and promoted in marketing materials. Given the feedback from care partners who felt unconfident with RiC because they did not know about the PLWD's history, further standard guidance or checklists could be created and sent as a follow-up to training in order to give encouragement. Thinking more about how this barrier may impact on recruitment is also advised.
- Enhance communication around follow-up sessions to drive increased participation e.g. confirmation emails, optional reminders to improve participation, selling the benefits.
- Ensure aftercare support signposting is sent after training workshops as standard, especially for family care partners.
- With some care partners already using RiC in group formats (or intending to do so), the RiC team may wish to consider formalising some of the current guidance and recommendations given for group delivery, to ensure it is delivered to the best standard possible. Whilst RiC will always be more effective as a 1-1 activity, findings suggest that supporting group usage is likely to be more beneficial to the programme in the long run e.g. it meets the realistic needs of care partners, builds reputation, and increases further referrals for RiC training. It is likely that some trainees will try shared reading in groups whether advised to or not, therefore providing some kind of formalised guidance to those wanting group alternatives (albeit not promoted directly) may help towards ensuring it is delivered safely and effectively.
- Explore the feedback from care partners concerned about the inclusion of potentially sad or sensitive themes in reading materials. Establish a consistent approach or response between trainers to guide future trainees. Review existing materials to identify possible emotional triggers that may not have previously been considered.

- The reported propensity amongst some trainees to make one-off donations presents an opportunity for the SBT fundraising team to sensitively explore, including in terms of potential prospects for legacy giving.
- Further assessment to understand the benefits and impact of the inclusive content added this year e.g. LGBTQ+ could be useful to explore with trainees who have tried shared reading in future evaluations.
- Work with Early Years colleagues at SBT to share ideas and compare approaches regarding Life Story Book Boxes, especially sensory elements.
- Strengthen pathways to early access. Several participants reported that they wished they had known about RiC earlier (and this has cropped up in previous years too). Improving referral partnerships e.g. with healthcare providers or dementia link workers to promote the programme earlier in a person's dementia journey may help drive training bookings.
- The RiC team may wish to consider including an extra layer of tailored support within future training and follow-up sessions to help build confidence among professional care partners whose first language is not English. With an increase in staff capacity, this could include additional training to build confidence in reading aloud – or signposting to existing SBT services with literacy/EAL.
- Monitor and follow up the various recommended community partner recommendations and funding opportunities referenced by FCPs and PCPs in this year's evaluation. Consider how FCP advocates of the programme could be formalised as community ambassadors.
- Given the limited sample of FCPs completing the post-training survey, it may be helpful to introduce a more effective method of tracking whether they were referred through a professional healthcare or residential setting. This is currently monitored for referrals from flagship partners at point of booking but could be rolled out for all FCPs. This would provide more accurate data than the survey.
- Continue to amplify the voices of those who have taken part in the evaluation and wider programme. These can be used to advocate for the programme (both in driving training bookings and attracting further funding).
- It is recommended that a review of the evaluation strategy takes place before commissioning further work in 2025/26. The SBT team have the capacity in-house to continue a baseline level of monitoring for the programme through the existing data collection tools and sensitive evaluation strategy. With any additional budget available for external support, it may be useful to commission a longitudinal impact evaluation, a professional public health impacts study or focus solely on a 'deep dive' evaluation of the flagship model in order to inform future plans in using this approach.

### 3.1 Sample testimonials

***"My mum was really engaged in it and that time she said, "I would like to do one verse, and you do the other." Well, I could have wept with joy." (Family care partner, depth interview)***

*"My mum who has mixed dementia and is 93 years old was less angry and more like 'her old self'. She was reluctant to begin the shared reading but once we began it really made a difference, and she has talked about it long after we have finished. It has really had a positive impact on her and we both shared a relaxed and personal time away from the everyday care and daily routine. Thank you." (Family care partner, survey)*

*"The impact that it can have on the relationship of both people involved, as the carer and the person being cared for, can be quite significant." (Professional care partner, depth interview)*

*"Mum becomes more like herself. Anxiety reduces and it's like we've entered a different reality." (Family care partner, survey)*

*"...it's been, for me, of all the things we do it's the happiest that my mum is and the most relaxed." (Family care partner, depth interview)*

*"...the difference that reading made to that person was immense; with her behaviours, they calmed right down, they were listening." (Flagship lead, depth interview)*

*"My training was like having a 'light bulb' moment and the difference it has made to me and my mum is incredible. I hope others dealing with loved ones who have dementia can get involved and enjoy the shared reading time and the affect the Life Story Reading Box has had on my Mum." (Family care partner, survey)*

*"We're more likely to spend quiet time together, comfortably listening or in silence. It's like an important permission has been given." (Family care partner, depth interview)*

*"Now feeling able to do something to help is a great benefit. Previously I would have felt helpless. It has helped me feel better able to cope during my visits. I know I have the right material when mum engages and shows interest. I now have a few 'go to' pieces of writing and books that I have with me on every visit." (Family care partner, emailed feedback)*

*"...a bi-product of all of this is that when you're caring for somebody with dementia, you've got to be incredibly patient and tolerant, sometimes you've got to walk out the room, it's very – it can be very, very difficult. And I found that this has also been a bit of a stepping stone, not necessarily to acceptance, because acceptance is very, very difficult when you see somebody going through this. But it is – it's a stepping stone to, I guess, contented dementia for both of us, it's a stepping stone to kind of a tranquil experience." (Family care partner, depth interview)*

*"I couldn't believe the amount of time that was spent with me online, the literature that's been provided, it's been coming through the post, I haven't had to pay for a thing, which I don't know if there's a donation point, that would be something that I would be interested in knowing about." (Family care partner, depth interview)*

***“Thank you so much. It’s been one of the most engaging trainings I’ve had so far. Really fun.” (Professional care partner, training video)***

***“I felt really cared for - it was nice to experience the experience reading is caring hopes to achieve.” (Professional care partner, survey)***

***“It wasn’t at all what I expected. I think it was great, and it really helped me to think much more about reading and what it is to read and the pleasures that it gives you.” (Professional care partner, depth interview)***

***“Sometimes you give that advice of try reading, or whatever, but without a better understanding or physical copies... this has given confidence that there's research behind it and it works.” (Professional care partner, training video)***

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### **3.1.1.1 Project aim achievement summary**

<b>Project aim</b>	<b>Status</b>
<b>To support the relationships and wellbeing of people living with dementia and their carers through personalised shared reading and Life Story Book Boxes</b>	<b>Achieved</b>



**Marge Ainsley**

**Independent evaluator**

**[www.margeainsley.co.uk](http://www.margeainsley.co.uk)**