Storytelling Guide

Working with Children and Young People

Patient Stories are personal accounts of an individual or families experience of the care and support they have received from Health Services. Patient Stories should be led by the storyteller in a way that is most comfortable to them and in a way that gives the storyteller autonomy and choice over how the story is collected, held and shared. For a more detailed definition of storytelling, please see the National Digital Storytelling Toolkit via the links below.

|  |
| --- |
| This guide has been developed in partnership with Digital Storytelling Network for Wales and was developed to support the National Digital Storytelling Toolkit.  It is intended to act as a supporting tool for practitioners working with children and young people through digital and other forms of storytelling.  It is very important that we do not exclude children and young people from having the opportunity to share their stories and experiences, through digital storytelling and other storytelling methods. We know from research there are a number of potential benefits in giving these opportunities to young people in a safe and nurturing way, enabling them to feel heard, respected and listened to.  This guide should not be read in isolation and it is advised that all facilitators/practitioners work in line with their own organisational policies and best practice guidance. Working with children and young people who are sometimes more vulnerable and complex, may require facilitators/practitioners to seek additional advice, guidance and support from qualified professionals working in the relevant fields.  In this guide we have highlighted some of the important factors when considering both the benefits and risks to children and young people. However, we advise that any plan to support a child or young person through storytelling, should be done based on the child or young person’s individual strengths, needs, communication preference and circumstances. Storytelling with children and young people should never be a one size fits all standardised approach.  For more information about ‘Digital Storytelling’ and advice on key areas on how to complete digital storytelling in practice, please see the National Digital Storytelling Toolkit for Wales here: [Toolkit - Storytelling in Health (artsinhealth.wales)](https://www.artsinhealth.wales/toolkit.html) |

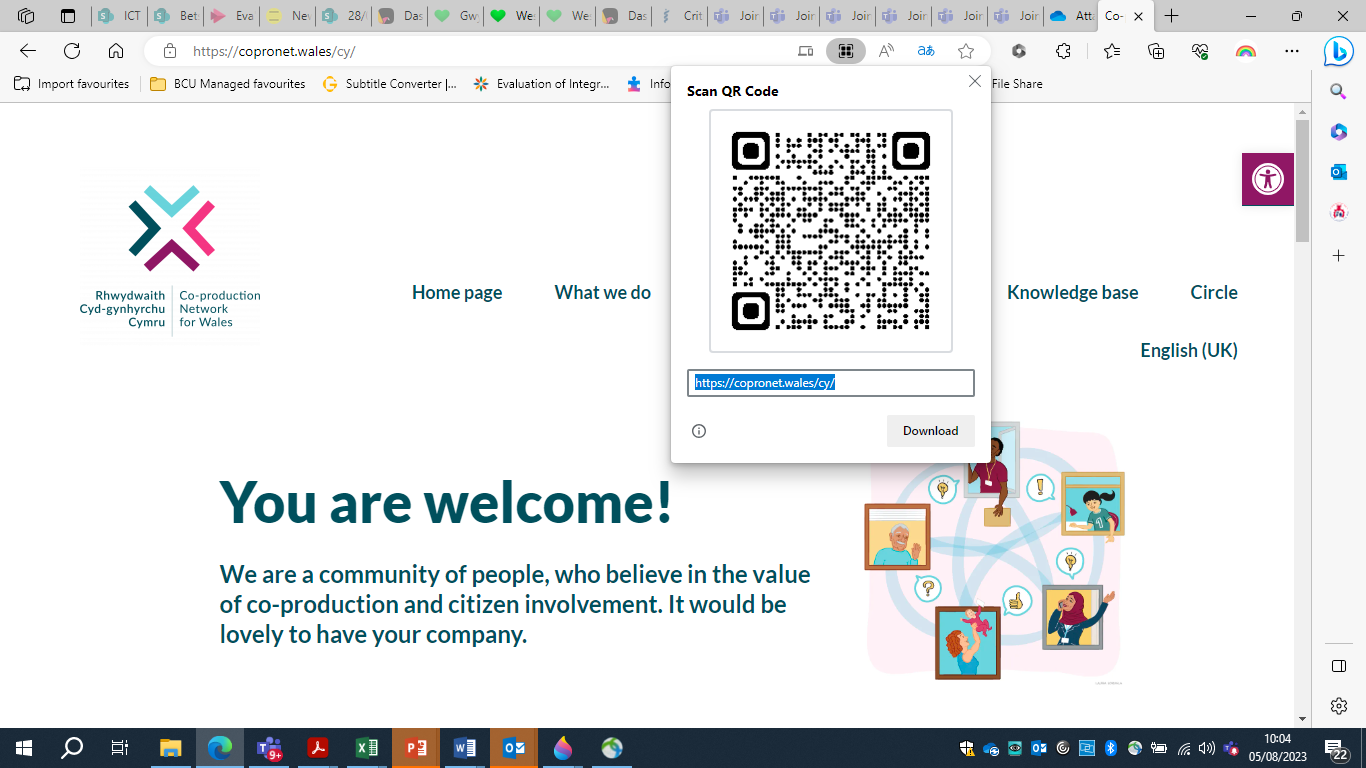
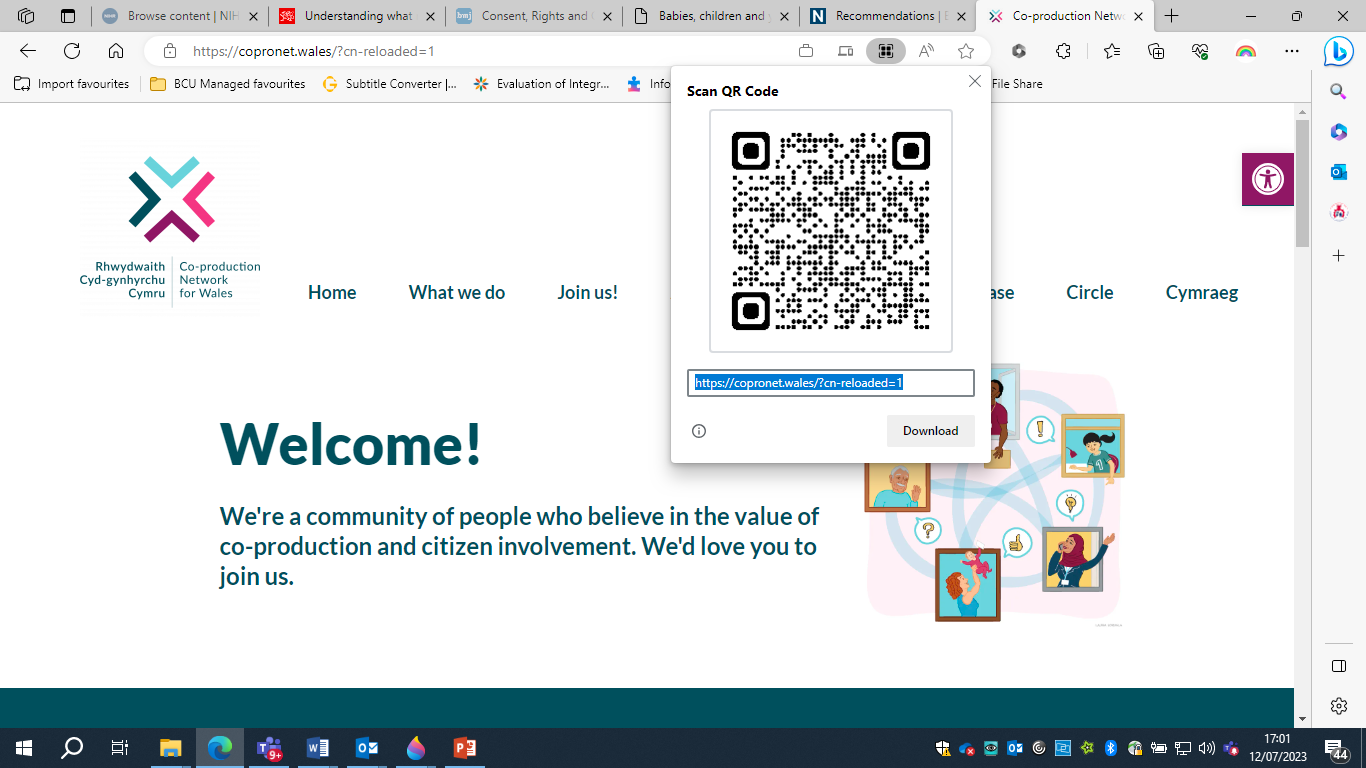
Step 1. Engaging with Children and Young People

Some people believe that the starting point to storytelling with children and young people is consent, but the truth is there is a step that comes much sooner than consent. This step links strongly to making sure we have fair and accessible processes in place, so that children and young people are made aware they can take part in digital and other forms of storytelling.

It might be helpful to think about the following when beginning your journey in developing your storytelling materials for children and young people:

* **Is our information child-friendly and easy to read and understand?** It is good practice to think about the different age groups and communication needs of the children and young people you will be working with. There are some great examples of creative ways to let children and young people know about storytelling and how to access it. This could be through pictorial storyboards, film and audio recordings, creative posters, leaflets/magazines etc. If you do not have child friendly materials in place, this would be a great time to think about working with children and young people to co-produce these materials.

The Co-production Network for Wales can be a great place to gain advice and support. Access via the QR code below



English Cymraeg

* **Where is the information that lets children and young people know about storytelling?** Where will young people hear and see this information? Is it displayed in places they might see? Or in places they might access? It is worth thinking about this for your organisation. How are you reaching the children and young people you intended to? It is important to think about language, poverty, disability, race, religion, culture, seldom heard communities and other factors that might present challenges for young people in accessing your information. Working with partners can be a helpful way to get good quality information to children and young people.
* **How do children and young people access more information about storytelling?** Very often children and young people will require support from a parent or carer to access services, but this isn’t necessarily what all children and young people want or have. Are we making it easy for them to get in touch with us? Many young people don’t always have access to credit on their phones or have regular access to the internet. Have we got a number of different ways children and young people can find out more, in an inclusive way? Is it free to get in touch? Do we have any face to face options? do the people in our organisation have the right information to share with children and young people and link them to our storytelling? Where appropriate have we given options for a child or young person to contact us directly, via text messaging or via their preferred communication method?
* **It is a good opportunity to let children know there rights!**   
  When developing your materials, it is great to think about how you promote children’s rights at the same time. Under Article 12 of the UNCRC children have the right to have their voices heard in decisions that affect them. It is important we take opportunities to inform children and young people and parents and carers of their rights where possible, supporting a rights based approach for Wales.

|  |
| --- |
| **Useful reading and Resources**:  For more information on providing Information to Babies, children and young people please follow this link to the Nice Guidelines: [Recommendations | Babies, children and young people's experience of healthcare | Guidance | NICE](https://www.nice.org.uk/guidance/ng204/chapter/Recommendations#communication-and-information)  For more information on Children’s Rights follow this link to The Right Way- Children’s Rights Approach from the Children’s Commissioner for Wales:  [The Right Way - A Children's Rights Approach - Children’s Commissioner for Wales (childcomwales.org.uk)](https://www.childcomwales.org.uk/resources/the-right-way-a-childrens-rights-approach/) |

Step 2: Thinking about Consent & Capacity

Consent can be a difficult area to navigate at times and there is no specific legislation or case law on consent in storytelling. However, there are a number of resources, guides and research studies that can support you and provide helpful insight into best practice in this area. **See sections 9, 15 and 16 of the National Digital Storytelling Toolkit and click on the useful reading and resources table below for more information.** **Please always seek advice from your organisation on what their consent polices and processes are.**

[NICE](https://www.nice.org.uk/guidance/ng204/chapter/Recommendations#involvement-in-improving-healthcare-experience) guidelines and guidance from the [General Medical Council](https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/0-18-years) (GMC) advise that capacity to consent depends more on a child or young person’s ability to understand information and weigh up options, than on age. When assessing a child or young person’s capacity to consent, it is important to remember that a young person who is aged 16 can be presumed to have the capacity to consent. However, it is still important to assess maturity and understanding on an individual basis and have regard for the complexity and importance of the decision that is being made. In circumstances where a child or young person is under 16, they may have the capacity to consent, depending on their maturity and ability to understand what is involved. It is very important that the child or young person is able to understand any risks or long-term implications related to the storytelling process.

In some cases a child or young person can have the capacity to understand some risks and not fully understand others, particularly the longer term risks they may experience as an adult. You must make a professional judgement as to whether a young person is able to understand the nature, purpose and possible consequences of making and sharing their experience through storytelling. Only if they are able to understand, retain and use the information given and then proceed to weigh up the risks and benefits and communicate their decisions to others, can they consent.

If a child or young person lacks the capacity to consent, you should ask for their parent or carers for consent. You must ensure any person providing consenting has [Parental Responsibility](https://www.bma.org.uk/media/1840/bma-parental-responsibility-oct-2008.pdf) (PR) for the child. It is usually sufficient to have consent from one parent/carer. If parents/carers cannot agree and disputes on providing consent cannot be resolved informally, you should seek legal advice from your internal legal services. Even when parental consent is provided, it is still important to ensure you have the assent from the child or young person and they are fully involved in all discussions and decisions. It is not always appropriate to ask a child or young person to sign a written assent form, in many instances just making a record of their wishes and feelings can be enough, but it is important to speak to the child or young person about what they think and feel would be best for them. If a child or young person makes any indication that they are not happy to proceed, this should be respected.

Where possible it is best practice to have consent from both the parent or carer and the child or young person. You can talk to the child or young person about involving their parents/carers in making important decisions, however you should usually abide by any decision that the child or young person has the capacity to make themselves.

It might be helpful to think about the following, when putting in place your consent and capacity processes for children and young people:

* **Is there a benefit for the child or young person? Is it in their best interests?**The guiding principle of the [Children Act 1989](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1000549/The_Children_Act_1989_guidance_and_regulations_Volume_2_care_planning__placement_and_case_review.pdf) is that the child's best interests are of paramount importance in all decisions. This principle remains in place, working alongside the principles of the [Social Services and Wellbeing (Wales) Act 2014](https://socialcare.wales/resources-guidance/information-and-learning-hub/sswbact/overview). This principle runs through all practice when working with children and young people and should be applied consistently in the arena of storytelling. In all cases we should be thinking about the potential benefits against any possible risks and only undertaking storytelling with children and young people when it is in their best interests and where there is a benefit to their overall wellbeing. There are many benefits for children and young people to be able to share their story, but digital storytelling may not be the best options at all times. It is important to explore with the child and young person how best they would like to share their experience, this may be through creative and artistic mediums, written stories and storyboards etc. It is important we explore all options with children and young people to ensure they have choice and control over the whole storytelling process. We must also consider the child or young person’s individual circumstances and consider with them whether this is the right time to complete the story.
* **Does the child or young person understand?** Competence to understand will be heavily influenced by how the information is presented to the child or young person, and the language used [(UKRI, 2023](https://www.ukri.org/what-we-do/good-research-resource-hub/research-with-children-and-young-people/)). It is vital to ensure that we maximise a child / young person's chances of understanding what is involved in storytelling and the risks and benefits. Wherever possible you should ensure that you are using child friendly materials and language when explaining what is involved in storytelling. You should always base your materials and communication methods, on the child’s individual’s needs, communication styles, preferences and level of understanding. It is also important we are adapting these methods and materials as the child’s age and understanding levels develop. It can be helpful to create a toolkit with lots of different resources that suit the needs of different children and young people for your team, as well as some handy facilitator’s guides to share. Consent forms and information sheets are really important here.
* **Do we have child friendly and easy read versions?** Do they outline the risks and benefits? And have we discussed these with the child/young person in a way that they can understand? It’s good practice not to make assumptions about literacy levels and take an active learning approach, working from the child or young person’s own individual needs and preferences.
* **Does the child or young person have or need an Advocate**? Many children and young people require help and support to make decisions and communicate their wishes feelings and views. Some children and young people will be eligible to access a formal advocate under the [Mental Health Act 2007](https://www.legislation.gov.uk/ukpga/2007/12/contents), the [Social Services and Wellbeing (Wales) Act 2014](https://socialcare.wales/resources-guidance/information-and-learning-hub/sswbact/overview) and the [Mental Capacity Act 2005](https://www.scie.org.uk/mca/introduction/mental-capacity-act-2005-at-a-glance#:~:text=The%20Mental%20Capacity%20Act%20(MCA)%202005%20applies%20to%20everyone%20involved,vulnerable%20people%20who%20lack%20capacity.). However for children and young people who do not fall into this eligibility criteria, it is still essential to ‘Actively Offer’ and explore all forms of potential advocacy, including [informal advocacy](https://socialcare.wales/resources-guidance/information-and-learning-hub/learning-resources/social-services-and-well-being-wales-act-2014/advocacy/advocacy-for-non-professional-advocates). Talking to the child or young person about whether a trusted adult, friend or relative who could support them is best practice. This can also be a professional who knows the child well, for example a teacher, doctor, coach, nurse etc. The important thing is that the child takes the lead whenever possible, in identifying who their trusted person is going to be. It is also an important time to think about if there is anything we can do to support the child or young person in developing their self-advocacy skills? Could we be providing some training, online resources and support in enabling children and young people to develop these skills as part of the storytelling process?
* **How many times should we be asking for consent**? Research from [Aline C. Gubrium, PHD, Amy L. Hill, MA and Sarah Flicker, PHD, MPH (2014)](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4151912/) into the ethics of digital storytelling supports that putting in place processes to check and where possible re-confirm consent is good ethical practice. Confirming consent in how a story is developing and how it is going to be used is one of the key areas to keeping checking on. When a story is complete the child or young person may feel differently about whether they want to continue, we should ensure children and young people and their families have time and space to make decisions. **Please see the National Digital Storytelling Toolkit for more information on this area.**
* **Does the child or young person or parent, carer know how to withdraw their consent**? Have we made it clear at the beginning how the child or young person can withdraw from the process and are we repeating this information so that children and young people are reminded and fully understand this? Best practice guidance from the [(UKRI, 2023](https://www.ukri.org/what-we-do/good-research-resource-hub/research-with-children-and-young-people/)) advises that withdrawal processes should be clearly communicated in a way that the child and family can understand and at multiple points whilst working with the child/young person and family. In most cases it is important that the child or young person and their family understand they can withdraw without the need to provide any explanation or reasoning for their decision. It should also be clear at what point a person can no longer withdraw their story, for example if the story is shared in the public domain, where it is likely that full control over how the story is used and shared will be lost by the Author.
* **Does GDPR Matter**? **Yes!** As much as the General Data Protection Regulations (2018) or [GDPR](https://www.gov.wales/docs/wefo/publications/180525-wefo-gdpr-en.pdf) feels like a minefield at times they really do matter. In order for any child, young person, parent or carer to give valid consent, they must fully understand how their personal information and story is going to be held and shared. This includes discussing the timeframes for holding information and can include agreeing specific departments, persons and partners who can access the information. Please seek guidance from your Information Governance Team, who can support you in understanding your organisations policies and processes. **You can also refer back to the National Digital Story Tool Kit, Sections 9, 15 and 16 for more information.**
* **Do you know where to get advice on consent in your organisation?** As a story facilitator it is helpful you know where to get more support on consent and capacity in your organisation. Your Patient Experience Service or Safeguarding Teams are a good place to start in getting further information. The National Digital Storytelling Network can also be accessed for advice and guidance.

|  |
| --- |
| **Useful Reading and Resources**:  For more information on consent considerations when working with Babies, children and young people please follow this link to the Nice Guidelines: [Recommendations | Babies, children and young people's experience of healthcare | Guidance | NICE](https://www.nice.org.uk/guidance/ng204/chapter/Recommendations#consent-privacy-and-confidentiality)  For more information on consent considerations when working with children and young people from 0-18 please follow this link to the General Medical Council guidance: [0–18 years: guidance for all doctors (gmc-uk.org)](https://www.gmc-uk.org/-/media/documents/gmc-guidance-for-doctors---0-18-years---english-20200211_pdf-48903188.pdf) . (*Please note this guidance has been developed specifically for doctors, however the key insight and learning from the guidance will be of interest to all those working in a health setting).*  For more information and to learn more about Parental Responsibility (PR) Please follow this link to the British Medical Association Guidance: [Parental responsibility (bma.org.uk)](https://www.bma.org.uk/media/1840/bma-parental-responsibility-oct-2008.pdf)  For some interesting for reading on gaining assent from children and young people See Research Guidance published by the UKRI by following this link. [MRC-010322-MRCESRCJointGuidanceInvolvingChildrenResearch.pdf (ukri.org)](https://www.ukri.org/wp-content/uploads/2022/03/MRC-010322-MRCESRCJointGuidanceInvolvingChildrenResearch.pdf)  The UK Research and Innovation have identified a number of ethical considerations when working with children and young people, which are useful to consider across a range of fields. Please follow this link to the UKRI guidance for research: [Research with children and young people – UKRI](https://www.ukri.org/what-we-do/good-research-resource-hub/research-with-children-and-young-people/)  If you are interested in learning more about the area of non-professional or informal advocacy there are some great resources that have been developed by Tros Gynnal Plant  Follow the link to them through Social Care Wales here:  [Advocacy for non-professional advocates | Social Care Wales](https://socialcare.wales/resources-guidance/information-and-learning-hub/learning-resources/social-services-and-well-being-wales-act-2014/advocacy/advocacy-for-non-professional-advocates)  You can find out more about Children and young people who are eligible for formal advocacy and the Mental Capacity Act 2005 and the Mental Capacity Act 2007 by following these links: [Mental Capacity Act 2005 at a glance | SCIE](https://www.scie.org.uk/mca/introduction/mental-capacity-act-2005-at-a-glance#:~:text=The%20Mental%20Capacity%20Act%20(MCA)%202005%20applies%20to%20everyone%20involved,vulnerable%20people%20who%20lack%20capacity.) / [Mental Capacity Act - Social care and support guide - NHS (www.nhs.uk)](https://www.nhs.uk/conditions/social-care-and-support-guide/making-decisions-for-someone-else/mental-capacity-act/)  You can find out more about Part 10 (Advocacy) of the Code of Practice for the Social Services and Wellbeing (Wales) Act 2014 by following this link: [part-10-code-of-practice-advocacy.pdf (gov.wales)](https://www.gov.wales/sites/default/files/publications/2019-05/part-10-code-of-practice-advocacy.pdf)  See the full paper developed by Aline C. Gubrium, PHD, Amy L. Hill, MA and Sarah Flicker, PHD, MPH (2014)in the link here, this is an important paper and tool for anyone working in the field of digital storytelling **:** [A Situated Practice of Ethics for Participatory Visual and Digital Methods in Public Health Research and Practice: A Focus on Digital Storytelling - PMC (nih.gov)](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4151912/)  Interested in learning more about the General Data Protection Regulations (2018) please follow this link: [180525-wefo-gdpr-en.pdf (gov.wales)](https://www.gov.wales/docs/wefo/publications/180525-wefo-gdpr-en.pdf) |

Step 3: Creating a Child Led Story

The research from Aline C. Gubrium, PHD, Amy L. Hill, MA and Sarah Flicker, PHD, MPH (2014) has highlighted that a key consideration when working with people through storytelling is that there can imbalance of power between the storyteller and story gather or the nature of the storytelling environment, can influences the content, messaging, and authenticity of the story from the storyteller’s own perspective. This is an important consideration when working with children and young people, where very often there is an imbalance of power by the nature of the adult/child professional/patient relationship.

All children and young people should be considered and treated as equal partners and co-creators throughout the storytelling process. The aim as a facilitator is to empower their voices and perspectives, remembering they are the experts in their own stories.

It might be helpful to think about the following, when considering how to ensure children and young people can lead the storytelling process:

* **Are we actively involving children and young people at all stages of the storytelling process**? This includes in planning, editing through to publication. It is best practice to ensure the child and young person are in control of the design and selection of the images, captions, and/or quotes that are used. Whenever possible we should use the child or young person’s verbatim words and voice in story messaging and captioning. When working closely with children and young people the key things to keep in mind are to:   
  - work at their pace, a step at a time  
  - actively and openly listen

- provide technical advice and support

- communicate in the language, style and preference chosen by the child/young person and ensure that there are safety measures in place, including social and emotional support. [(Aline C. Gubrium, PHD, Amy L. Hill, MA and Sarah Flicker, PHD, MPH, 014)](file:///C:\Users\pr002590\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\4CZEP4XH\A%20Situated%20Practice%20of%20Ethics%20for%20Participatory%20Visual%20and%20Digital%20Methods%20in%20Public%20Health%20Research%20and%20Practice:%20A%20Focus%20on%20Digital%20Storytelling%20-%20PMC%20(nih.gov))

* **Have we taken the time to build trust and a relationship?** Getting to know a child or young person’s story and building trust is important way of creating a safe, respectful and open environment, that a child and young person can feel reassured and confident to both share their story and check and challenge the process itself. It can also help the facilitator better understand the child’s needs, the context and people involved. This is an important time to understand the reasons why the child or young person wants to share their story and how they want it to be used. Building time into storytelling work plans is a good way to ensure you can move things forward at the pace the child or young person is comfortable with. It is good to think about whether we have discussed with the child and young person their preferences, things like the time and place that is comfortable and convenient for them? Have we explored any challenges with them, on what might be difficult for them in attending sessions or sharing their story? Is there any remuneration we should be considering? Carefully consider ways to recognise the time and work the child or young person has committed, considering means that are not exploitative and that do not reinforce an unequal power dynamic between facilitator and the child and young person is important. ([Dignified Storytelling Handbook, 2021).](https://dignifiedstorytelling.com/wp-content/uploads/2021/12/Dignified-Storytelling-Handbook-English-Dec-2021.pdf)
* **Have we worked creatively based on the child’s or young person’s needs and preferences?** Children and young people don’t always gravitate to the idea of sitting in a stuffy hospital room with a stranger, to talk about their experiences and then be recorded. It’s good to think about how we can work differently through play, creative arts and using outdoor spaces, giving children and young people the opportunity to plan a storytelling process that is right for them. This can be an inclusive and flexible approach that allows children and young people with different needs, strengths and challenges to lead the approach. Minecraft worlds, motion capture animation and poetry can all be used to develop stories. There is a great example outlined by [Gorman et al (2022)](https://journals.sagepub.com/doi/full/10.1177/14687941221110168) who describes the way that parents and carers were supported to develop their story through stop motion animation.
* **Have we thought about confidentiality?** Its important children and young people have full choice, control and options on confidentiality. Audio and visual recordings can limit complete confidentiality. Have we created some flexible options for publication? This may include the use of voice narrators, written transcripts, options for anonymity, changes in names and possible identifiers and varied consent options with regard to media. Consider a clear release of materials policy to support your work and support children and young people to understand the nature of their consent. ([Wallack et al, 1996)](https://www.jstor.org/stable/45049686)).
* **Feedback!** One of the key area’s children and young people often value is gaining feedback and insight into when and where their story is shared and an explanation on how their input has supported the outcome they were wanting to achieve. This could be in terms of changes to services and practice and is recommended as part of good practice within the [Nice Guidelines, 2021](file:///C:\Users\pr002590\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\4CZEP4XH\Recommendations%20|%20Babies,%20children%20and%20young%20people's%20experience%20of%20healthcare%20|%20Guidance%20|%20NICE).

|  |
| --- |
| See the full paper developed by Aline C. Gubrium, PHD, Amy L. Hill, MA and Sarah Flicker, PHD, MPH (2014)in the link here, this is an important paper and tool for anyone working in the field of digital storytelling **:** [A Situated Practice of Ethics for Participatory Visual and Digital Methods in Public Health Research and Practice: A Focus on Digital Storytelling - PMC (nih.gov)](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4151912/)  See the full paper developed by Gorman et al (2022) by following this link: [Stop-motion storytelling: Exploring methods for animating the worlds of rare genetic disease - Richard Gorman, Bobbie Farsides, Tony Gammidge, 2022 (sagepub.com)](https://journals.sagepub.com/doi/full/10.1177/14687941221110168)  See the full paper developed by Wallack et al (1996) by following this link: [Media Advocacy: A Strategy for Advancing Policy and Promoting Health on JSTOR](https://www.jstor.org/stable/45049686)  You can see all the recommendations from NICE on working with babies, children and young people’s experience of health care here and if you are specifically interested in the area of feedback go to point 1.7.4 in the link: [Recommendations | Babies, children and young people's experience of healthcare | Guidance | NICE](https://www.nice.org.uk/guidance/ng204/chapter/Recommendations#involvement-in-improving-healthcare-experience) |

Step 4: The principle of ‘Welfare’

When working with children and young people in Wales their ‘Welfare’ is the paramount consideration and is the foundation of all practice and professions when working with babies, children and young people, strongly aligning to the UNCRC. This principle is further supported by the ‘[The George Ewart Evans Centre for](https://storytelling.research.southwales.ac.uk/) [Storytelling](https://storytelling.research.southwales.ac.uk/)’ and ‘[Dignified Storytelling’](file:///C:\Users\pr002590\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\4CZEP4XH\dignifiedstorytelling.com) who advise that the best interests and safety of individuals and communities, must always be placed above any other consideration in storytelling.  Accordingly, it is recommended by the Dignified Storytelling Guidance to avoid any behaviour or information-sharing that could cause or aggravate risk, harm, or mistreatment of any individual or group. ([Dignified Storytelling Handbook, 2021).](https://dignifiedstorytelling.com/wp-content/uploads/2021/12/Dignified-Storytelling-Handbook-English-Dec-2021.pdf)

It is important to recognise any potential risks to children and young people should be considered not only during planning stages, but throughout the gathering, developing, processing, and publishing of any story. It is important to acknowledge that specific groups of children and young people can be at greater risk and may require a more comprehensive plan of support to safeguard against identified risks.

It might be helpful to think about the following when considering how to embed this principle in practice:

* **Should we be considering a risk assessment?** It is important to think about completing a risk assessment when needed, to consider all of the potential risks to a child or young person, including any, emotional distress, anger, social reprisal and other potential negative responses to story publication now and in the future. To accurately assess risk, this should be done where appropriate with the child or young person and their family. All options to mitigate any risks should be discussed, agreed and put in place. Any decision reached to not share a story or to not work with a child or young person through a storytelling process, should be made together with the child/young person and where possible their family. Risk assessments should also consider some of the wider potential consequences of the story, for example whether the story reinforces any misconceptions and stereotypes regarding a person or community, listener safety and any language, terms of phrases which may cause offense. [(Aline C. Gubrium, PHD, Amy L. Hill, MA and Sarah Flicker, PHD, MPH, 014)](file:///C:\Users\Ch069864\Desktop\A%20Situated%20Practice%20of%20Ethics%20for%20Participatory%20Visual%20and%20Digital%20Methods%20in%20Public%20Health%20Research%20and%20Practice:%20A%20Focus%20on%20Digital%20Storytelling%20-%20PMC%20(nih.gov)). **You can find out more advice and information on listener safety in the National Digital Story Tool Kit under Section 16.**
* **Do we have things in place to offer support?** It is important to recognise that whilst storytelling can have many benefits for children and young people, it can also sometimes have unintended impacts on emotional health and wellbeing. Whilst most experienced facilitators identify these instances as rare, it is important to ensure that we are working with the child/young person’s existing support networks to create a safe and supportive storytelling process. Working with the trusted adults around the child or young person can be a good way of engaging support and ensuring we understand the child or young person’s emotional needs and how they are responding to the storytelling process. You can seek advice from professionals who know the child best and it is always good to consult with your Children and Adolescent Mental Health Services if you have any concerns. Developing regular check ins, reflective discussions and using mood card updates, can be a good way to keep offering a child or young person ways to communicate how they are feeling regularly. There may be a need to ensure a child or young person has access to professional support, such as counselling or in cases of distress a referral to Children and Adolescent Mental Health Services (CAMHS) should be considered.
* **Should we work with children and young people who have experienced trauma?** The work of[Victoria Thornton (2014)](https://chicagopolicyreview.org/wp-content/uploads/2014/09/Domestic-violence-and-young-children.pdf) highlights the importance of hearing the child’s perspective on their own experience, including the experiences of children who have experienced trauma, which is supported by [(Goddard & Bedi 2010).](https://onlinelibrary.wiley.com/doi/10.1002/car.1084) There can be a tendency for professionals to shy away from working with children and young people who we consider to have experienced trauma or be more vulnerable for multiple reasons. However, the study above focuses on the need to move away from collecting quantitative data and experience from a parental perspective alone, stating that there can be a risk in assuming the child’s perspective is identical to the parents/carers. What is essential when working with children and young people who may have experienced trauma is that you do not do so in isolation, but get support advice and guidance from colleagues and professionals in relevant fields to support your work and approach or to ask yourself am I the right person to be taking this story and in some instances the answer will be no and you can work with others who may be more appropriate to support the child and young people in sharing their experience. It is also well documented that children and young people who have experienced trauma are likely to struggle to put their experiences into words. ([Van Der Kolk, 2005 & Moore 1994](https://www.scirp.org/(S(czeh2tfqyw2orz553k1w0r45))/reference/ReferencesPapers.aspx?ReferenceID=2178115)). Children communicate their experience of trauma often through play/art and fantasy lives. You can access some great support and advice from Art’s in Health Teams and Arts Therapists to support you in developing safe and flexible approaches. We think it is important to note here that, whilst professional support is extremely valuable, the storytelling process should always be led by the child or young person and where possible their family, they know themselves and their experiences best and it is important not to lose sight of this.
* **Please remember:** Recognisingthere are documented risks in storytelling with children and young people and working with children and young people more generally. As a storytelling facilitator we must always be working to fully understand these risks and safeguard children and young people from any harm. However we feel it is very important to say at this time that it is equally important to recognise that we should not be excluding the voices of children and young people and denying them their rights by creating a risk adverse system or medicalised model of storytelling. Where possible we should always be working collaboratively with children and young people to enable them to share their experience, stories and views in the way that is most comfortable for them. “Denying children the opportunity to make their voices and needs heard, has the potential to lead to harm of a different kind”. Preventing children and young people from sharing their experience can mean that they do not have the opportunity to inform and shape services and interventions created by adults. [(Mullender et al, 2002)](https://research-information.bris.ac.uk/en/publications/childrens-perspectives-on-domestic-violence). This is contrary to the UNCRC and national rights based legislation. It is therefore essential that we all continue to work together on ensuring we are developing safe, supportive and nurturing storytelling opportunities and approaches, that are inclusive for all children and young people here in Wales.

|  |
| --- |
| **Useful Reading and Resources**:  For more advice guidance and resources follow this link to the George Ewart Evans Centre of Storytelling: <https://storytelling.research.southwales.ac.uk/>  For more helpful tools and resources follow this link to Dignified Storytelling, which includes the Dignified Storytelling Handbook: dignifiedstorytelling.com/[Dignified Storytelling’](file:///C:\Users\Ch069864\Desktop\dignifiedstorytelling.com)  See the full paper developed by Aline C. Gubrium, PHD, Amy L. Hill, MA and Sarah Flicker, PHD, MPH (2014)in the link here, this is an important paper and tool for anyone working in the field of digital storytelling **:** [A Situated Practice of Ethics for Participatory Visual and Digital Methods in Public Health Research and Practice: A Focus on Digital Storytelling - PMC (nih.gov)](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4151912/)  See the full paper developed by Goddard and Bedi (2010) by following this link: [Intimate partner violence and child abuse: a child‐centred perspective - Goddard - 2010 - Child Abuse Review - Wiley Online Library](https://onlinelibrary.wiley.com/doi/10.1002/car.1084)  See the full paper developed by Van der Kolk (2005) by following this link: [Van der Kolk, B. A. (2005). Developmental Trauma Disorder Toward a Rational Diagnosis for Children with Complex Trauma Histories. Psychiatric Annals, 35, 401-408. - References - Scientific Research Publishing (scirp.org)](https://www.scirp.org/(S(czeh2tfqyw2orz553k1w0r45))/reference/ReferencesPapers.aspx?ReferenceID=2178115)  See the full paper developed by Mullender et al (2002) by following this link: [Children's Perspectives on Domestic Violence — University of Bristol](https://research-information.bris.ac.uk/en/publications/childrens-perspectives-on-domestic-violence) |

|  |
| --- |
| Thank you for taking the time to read this guide, we hope you have found it helpful and it has provided some valuable insight. This guide is a short guide to storytelling with children and young people and is intended to support others to think about how they might develop their own practices, tools and resources.  It is not intended to be an unlimited guide that includes all practice considerations. We have highlighted here what we feel are some of the key elements of working with children and young people, however we would encourage you to continue to research and develop your own guidance, tools and resources that will support us and other storytelling facilitators to learn and grow in Wales. There are more research studies and best practice guides you can draw on, [The George Ewart Evans Centre for](https://storytelling.research.southwales.ac.uk/) [Storytelling](https://storytelling.research.southwales.ac.uk/) can be a good place to ask for direction on what is the most up to date research and best practice guidance available.  Thank you to all members of the National Digital Storytelling Network who supported the development of this guide. Your time and commitment is truly valued and appreciated. |