Everyone Has a Story
Component 1
What we hear from the stories
and experiences

“I didn’t really want to talk about what went on at home at the time, but now it’s a bit easier because it’s starting to feel like something that happened in the past.”
Young person (aged 12 - 15)
This component gives more insight into the process followed and the learning gained by practitioners, both individually and collectively, as they gathered and analysed stories shared with them by children and young people. It contains two elements. The first covers key findings and themes from undertaking the action learning and the second is a practical guide to collecting and using stories and experiences. These resources have been written with and by the group of practitioners who formed the action learning set.

This is component 1 and forms part of the Everyone Has a Story action learning project.

All resources are available at www.ltsbfoundationforscotland.org.uk

- **Summary**
- **Component 1  - What we hear from the stories and experiences - action learning set practitioners**
- **Component 2  - What practitioners tell us - survey respondents**
- **Component 3  - How young people could share their story - young people**
- **Component 4  - What the evidence tells us - research**
- **Appendices**
## Contents

**Background**  
**Key Messages**  
**What we heard from children and young people**  
**What we took from the approach**  
**Children and young people’s stories**  
**Practitioner’s extra context:**  
**Introduction to the Stories**  
**What we took from what children and young people said**
1. Awareness of recovery  
2. I want you to listen when I’m ready to talk  
3. I have all these feelings  
4. They are my parents  
5. I don’t want to be different  
6. What is normal to me  
7. Being the adult  
**The approach to collecting and analysing the stories**  
**Listening to children and young people**  
**Reflecting on our active listening skills**  
**Some of our thoughts**  
**Methods for collecting, recording and analysing experiences**  
**Case Study from Edinburgh Young Carers**  
**Methods for collecting stories**  
**Methods for recording stories**  
**Methods for analysing stories**  
**Sharing stories: a framework**  
**Supporting materials**  
**Ethics: getting it right**  
**Action Learning Set Practitioner**  
**Keeping young people at the centre**  
**Case study involving young people: Alcohol and Drugs Action**  
**One practitioner’s experience**  
**Embedding this into everyday work**  
**Case study: analysing experiences as a team: Alcohol and Drugs Action**  
**Case study: Using the template to gather experiences: Action for Children**
A group of 14 practitioners from organisations across Scotland, volunteered to become members of the action learning set. The action learning was supported and facilitated by Evaluation Support Scotland (ESS). The action learning set was formed as a way to support the practitioners collate, reflect upon and analyse the stories of children and young people whose parents were on a recovery journey from problematic drugs and alcohol use. The practitioners met six times between April 2015 and March 2016, sometimes as two groups, sometimes as one.

They aimed to:

- explore how we could better collect and make use of children and young people’s stories (their experiences, feelings and thoughts) - getting the method right.

- capture and record a range of stories with a view to better understanding the support needs for children and young people when their parents are in recovery - collecting experiential evidence.

The original group reduced to nine regularly attending members.
Key Messages

What we heard from children and young people:

Young people don’t know what recovery is, but they do understand change and that’s what’s important to them.

Young people have strong feelings, many being negative but they hang on to hopes and wishes for themselves and their families. We need to be able to support young people to express both negative and positive emotions.

We can identify broader practice and policy issues from even a few young people’s experiences. It works, but we’ve only just started; we could do far more..

What we took from the approach:

We’ve learnt that listening to young people and really hearing them can be two different things. We have to recognise our own reactions and stop ourselves from jumping to action too quickly. We need to take time to both understand the emotions being expressed and what’s really important to that young person. Sometimes ‘hearing’ is enough. We should be led by the young person and respond to their cues.

It takes time to get on board with this process of formally collecting and using stories. We’ve had to challenge our own thinking and it has not always been easy to explain the approach to our colleagues. We hope this resource will help others to get on board more quickly.

We have had some healthy anxiety about the ethics of collecting and using stories. We want to ensure transparency, confidentiality and that we can provide extra support should issues be raised. However, concerns about ethics can stop us from really hearing and acting on young people’s experiences.

Young people have responded positively to being asked for their experiences. We have good protocols in place to ensure we do things right.

We found that the young people who engaged in the process also found it very empowering.

Action Learning Set practitioner

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Action Learning Approach 5
Children and young people’s stories

Chloe’s Story (age 9):

“I don’t really think about it very often but when it happens, it happens and THEN I have to think about it.”

“When mum was ill she was drinking wine and she dropped the glass – the glass smashed to pieces – it was a pity because it was a really nice glass and had a gold rim around the top. Luckily we have others the same, but that’s not really the point.”

“Because she has been sober for a year she is getting herself a new phone, but I think she deserved it at least a month ago! I think she should get a present every year and it should get better the longer she stays sober. It doesn’t have to be expensive ... or even bought, it could be something I made her. Made presents are better because they are made by the people you love.”
Practitioner’s extra context:

Chloe then wanted to draw a picture for her story and made it into a sort of story book for others to read.

She thought it would be a good idea for teachers to read the stories that children wrote so that if they had pupils who had a similar experience to her they would know what to do.

She called the story ‘The Problem’, but because she used bubble writing there wasn’t enough room to fit the whole word in one line if it was all the same size, so her writing went really small.

Chloe said this was like real life because the problem starts really big but then it gets smaller.
Introduction to the Stories

In this section we talk very briefly about the process of collecting stories and what we collected. It focuses mainly on what the children and young people said themselves about their lives in relation to their parent’s recovery journey. We were interested in what felt important to them about the experience and, subsequently, were able to reflect on what implications this might have for practitioners and policy-makers.

What we heard

The stories that we gathered represent a snapshot in time that reflected the particular feelings and views of the children and young people that shared them. All the children and young people were supported by the participating projects and gave their consent to share part or all of their thoughts and experiences.

The themes and views that are detailed here emerged from the collation, consideration and analysis by the practitioners involved in the action learning set. A number of areas have emerged that raise further questions or areas that contribute to the recommendations of Everyone Has a Story.

Crucially the key task was to reflect on the children and young people’s own words and what mattered to them. However, we must acknowledge that most of the stories were re-told by the practitioners; while they took care to notice the particular words expressed, the examples in this document aren’t all verbatim. The action learning set members were consciously aware of the need to take a step back from their own experience as practitioners and really listen to what was being said or needed, rather than acting first and stepping ahead of the story. The practitioner journey, tips and suggested tools on how they went about this are detailed in the second section of this component.
What did we collect?

The practitioners and other contributing organisations collected 38 stories reflecting the feelings and thoughts of experiences shared. Children and young people’s ages ranged from 7 to 18 years old. There were more examples from girls or young women than boys or young men. No conclusions were drawn about this specifically as it may have just been what experiences became available and relevant to use for the purpose of the action learning.

The children and young people come from a range of different home environments, some living with a parent, some in kinship care and some in current or previous foster care. They also represent examples where their parents are in varying stages of recovery. Experiences were captured mainly in structured one to one sessions but also included:

• Diversionary activity (colouring in, baking)
• While on a walk
• In a session at school

The information and learning presented here is based on the particular stories that were collected over a period of seven months from nine organisations and should be viewed as a sample of experiences. Children and young people perceive and manage their experience of their parent’s recovery in their own unique ways. The action learning set spotted recurring themes as well as contradictions in what the children and young people said.

What children and young people said matters to them

The following thoughts are a mixture of hopes and wishes that reveal both the challenges and the optimism felt by the young people involved.

As you read the young people’s words, notice your own reactions.
I want someone to really listen to me.

I love my mum and dad.

I want to feel safe.

“Growing up she would tell us that she was going to phone Social Work and get us taken away or she would phone the police and get us locked up.”
Female aged 18

I want to know what’s going on and who I’m staying with.

“I was four and we went to this carer. I didn’t know what was happening. Then I went to live with my granny for 8 years.”
Female aged 12

“We were at home alone or with friends of my mothers who were also not fit to look after children. At some point the same year we were taken into care.”
Female aged 18

They are trying their best.

“But at least she looks after my sister better when she’s not drunk.”
Female aged 14

I want my mum/dad to be safe.

“Mum used to get all upset when she was on the chemicals and I felt really bad for her.”
Female aged 12

“Mummy was asleep on the sofa and I couldn’t wake her up. I knew she had overdosed on her wine and medication because I had seen it before so I phoned an ambulance.”
Female aged 7
I want them to put me before the drugs.

“She wants alcohol more than she wants us. Why doesn’t she just stop?”
Male aged 8 - 11

“She’s never going to stop. She’s lost her kids and the bottle’s still more important to her.”
Female aged 11

I want to do what I can to make things better.

“When I get angry I go into another room and write down what the problem is so I won’t be angry with other people or bully them.”
Female aged 12

I don’t want mum/ dad to hang out with people that make them do bad things.

“She hung out with the wrong crowd and they stashed drugs on her.”
Female aged 12

I want them to really give it up this time.

“She (Mum) is not using as much, as far as I can tell. We do more together at weekends than we used to.”
Age 8 - 11

I don’t want anyone saying bad things about my family.

I don’t want mum/ dad to always be in a muddle.

“My mother was intoxicated and reported my younger brother missing. It took the police an hour to find out that my brother was asleep in his bed the whole time.”
Female, aged 18
I don’t want to feel different from the other kids.

“I hate going to school without the things I need, people bully me and say I am a mink.”
Male aged 9

“I can remember times where I would be shopping instead of going to school.”
Female aged 18

I want us to be a normal family.

“I’m getting a detention for being late at school, but I had to get my brother ready.”
Male aged 12 - 15

“My life has changed and I like having my Dad more normal, but I always worry that those days are going to happen again.”
Aged 10 - 11

I want someone to play with/have friends.

“Since I came to the project I know how to make friends now, before I was quite angry.”

How do you feel now? How might you react if you were a young person, parent or as a practitioner?
What we took from what children and young people said

As a result of hearing and analysing stories we drew out seven key themes that will help inform our practice when supporting children and young people.

1. Awareness of recovery

There was no evidence, from the experiences we heard, that children and young people understood what recovery meant. The stories reflected more on what children and young people could physically see in relation to changes at home or their parent’s different behaviours.

Understanding drugs and alcohol: In the sample of experiences we heard, not one child or young person expressed interest in knowing more about their parent’s problematic substance use. Frequently children and young people used language and insight that demonstrated their understanding of what their parents were taking. This is also recognised by the practitioner survey views that highlighted a significant degree of awareness by children and young people of parents’ drug and alcohol use.

“By the age of seven my mother was taking Heroin. In a way the drugs were better than the alcohol. When she was on the drugs she would doze off regularly but I could wake her if I wanted to. Granted she might be mumbling but if you shook her enough you would eventually get out of her what she was trying to say. When my mother was on Heroin she was mellow, there was no mood swings or her lashing out. She wasn’t falling all over the place and I could have her in bed at a reasonable time.”
Female aged 18

“She is using a lot less now, but she does have a smoke (cannabis) every day. I prefer it when she is on it as it takes the edge off – she is calmer.”
Aged 12 -15

“My mum took heroin ... she was stable on methadone but was still drinking.”
Female aged 14

The stories suggest a great deal of awareness of change and sometimes children and young people struggle to understand or manage these feelings.

We need to consider the question about awareness of recovery and whether there is value in helping children and young people to have greater understanding of recovery or drugs and alcohol. This almost becomes superseded by the recognition that children and young people need to be supported with their understanding of change.
2. I want you to listen when I’m ready to talk

“At first I refused to work with her (worker) and would often swear at her. She never backed down and always saw the good in me. I could phone her any time and she was always there to listen and she never judged me.”
Female aged 18

“I didn’t really want to talk about what went on at home at the time but now it’s a bit easier because it’s starting to feel like something that happened in the past.”
Aged 12-15

The practitioners taking part had a number of different ways of enabling children and young people to feel comfortable and not under pressure during support sessions. In some cases, children and young people would find their own mechanism for drawing the conversation to an end.

“Look what I can do.”
Female aged 8-11

Practice Point

It is important to know when a child or young person is ready to open up and ensure they have a safe and supportive space should young people choose to share. Examples of what helps this are given on page in the section Creating situations to allow people to share their experiences.
Young Person B (Age 11):
This young person had worked with the service for about a year and had changed workers about four months previously. They met on a weekly basis, 1-1, usually after school.

The worker met her after school one day and they were in a quiet café. She began speaking about her week and something that had happened with her dad. The worker asked if she could capture her story. The young person agreed, but initially seemed quite wary and asked lots of questions about the project. After the story had been written down, the worker again explained what it might be used for and the various things she could consent to. The young person seemed to have a better understanding of why her story was being written down. She seemed quite surprised and shocked that someone wanted to know what her experience was. She said that it was really exciting that someone wanted to learn from her and that she was being seen as an important piece of the jigsaw.

This is a young person who generally lacks confidence and self-esteem. She is the middle of three children and often feels like her views and opinions don’t matter. Since she has shared her story the worker has had similar reflective conversations with her and has encouraged her to become involved in some of our groups as a peer educator. This along with the process of hearing her voice has really helped to boost her confidence.

One practitioner’s experience
A lot of the anxieties are coming from workers as opposed to the young people themselves. Workers weren’t sure that the young person would want to be involved in the process, how they might react to being told about the project and how they might feel about it actually being written down. However we found young people were happy that they were being asked for their views. The key to this was explaining the project, ensuring that they had an understanding of what it was about and giving the opportunity to ask questions. The fact that young people knew this would be anonymous also seemed to make it a little easier to share their true feelings. Both of the young people in the case study were able to identify why they thought it was important for others to hear what their lives were like.
3. I have all these feelings

Children and young people have strong feelings, even when their parents are in recovery. Words they used in their stories to describe their feelings were:

**Frustrated** **Happy** **Confidence** **Love** **Crying**
**(upset)** **Angry** **Powerless** **Don't care** **Scared**
**Disgusted** **Safe** **Alone** **Hate...**

“When I did turn up at school I was usually tired, bad tempered, had no concentration and would lash out at teachers. I was scared that the teachers knew what was going on at home and would clam up as soon as anyone asked about home.”
Female aged 18

“Everyone treats me like I’m the bad one so I’m just like (shrugs shoulders) F**k it! I’ll show ye bad.”
Male aged 15

**Practice point**

Often it’s hard for the child or young person to express their emotions, when there are changes around their parent’s recovery journey and the impact it has on them. It might be a long time before they feel safe enough to talk about what they experienced.
4. They are my parents

The feelings the children and young people shared in their stories suggested that, on the whole, they were loyal and protective of their parents, wanting to protect and support them no matter what.

**Love:** There was strong emotion coming through that children and young people love their parents and really want to see the goodness in them. Even in difficult circumstances, children and young people would still be forgiving, looking for reasons that absolved their parents or to place blame elsewhere.

“Mum says his dad was bad tae him when he was a wee man an that’s why he drinks. I feel bad that it’s coz I’m bad that ma dad drinks heavier.”

Male aged 15

**Hope:** The word and concept of hope has appeared a few times. There was a sense from many of the children and young people’s experiences that they invested a lot in the possibility that their parents would ‘stop’ and that life would become ‘normal’.

“I’ve given up hope:” From the stories we’ve heard several children and young people had moved past the point of hope that their parent would change their negative behaviours. Experiences from children and young people becoming either angry or just resigned to the fact that they had seen their parents try to stop too many times to believe there would be any change. This attitude appears more prevalent in the experiences shared by older young people, usually teenage.

“I came home years ago and found you using heroin, but did I tell anyone? NO, I hid it for you so you didn’t get into trouble, but no more. I can’t stand it. I don’t want to live here anymore. You don’t care about me”

Female aged 15

“She’s never going to change. I don’t know what’s going to end up happening to her. I don’t even care anymore.”

Female aged 12 -15

Some of the practitioners felt that the teenagers they worked with often had different feelings or responses towards their parents compared with many younger children. This also varied dependent on their parent’s stage of recovery or circumstances. Practitioners acknowledged that many teenagers, in their experience, decide that they are happier without their parents.

“I am not in touch with her. I don’t care about her. I am feeling better without her.”

Aged 12 -15

The practitioners in the action learning sets felt further research would needed to test this theory.
Initially he said he had no worries. Through further discussion we spoke about incidents in the past of dad bringing friends home and them all drinking and getting into bother. He shared he no longer feels Dad would do this as he, “Doesn’t drink beer or alcohol anymore. He is better.” He also shared that “Dad works hard and keeps us all safe now.”

When asked what he would do if this was to happen again, he quickly responded “it won’t as Dad is better now, but if it did we would call the Police”

As told by male age 7 to a support worker
5. I don’t want to be different

I want to fit in: This was a strong and common concern emerging from the children and young people’s experiences. The immediate, practical issues of getting to school on time (or at all), having warm or the ‘right’ clothes to wear, being able to participate in the same activities as other kids and having suitable food or snacks were often talked about. In some cases, the choices available to other children and young people weren’t available to them:

“Instead of going to school I was learning how to rig the electric meter and hide either drugs or alcohol from my mother.”
Female aged 18

I just want them to care about me: Some of the stories revealed that the children and young people’s desire was to just play, especially with their parents. They had a sense of what was ‘normal’ behaviour of parents and wanted to be cared for like other children.

“I would like to change my parents – make them happier and make them play games with me and sit out the back with me.”
Female aged 9

“When my mum is drunk she calls me horrible names and says she wishes I’d been killed.”
Male aged 8

Poverty: The issue of the family’s financial difficulties resulting from the parent’s problematic substance use has appeared frequently through the children and young people’s experiences.

“I’m awful glad you got me my jacket because I’m warm now.” (After a worker had bought a jacket for a young boy as part of a new project)
Male aged 12

“I hate going to school without the things I need. People bully me and call me a mink.”
Male aged 9

Practice point

The recommendations within this overall resource recognise the importance of whole family approach that will ensure the individual needs of children and young people are met and we help support them to understand change. A critical concern is ensuring that we consider and look at ways we can help children and young people understand and manage the feelings they have for their parents.
“I would like to change my parents. Make them happier and make them play games with me and sit out the back with me.”

Female 9
Female aged 18

“I only took computers because I couldn’t afford home economics”

Male aged 12 -15

People knowing: A number of the children and young people expressed concern about people outside the home knowing about their parents’ problematic substance use and behaviours. There were also several examples of children and young people being very protective of their families and what was said about them.

“She’s going to get put in jail. I’m going to have to tell (foster parent and social work) that I saw her and she’s going to get in trouble.”

Female aged 12 -15

“It makes me really angry when anyone says anything bad about my family. Some people round here call us ‘dirty minks.’”

Female aged 12

One of the observations by the action leaning set members, when reflecting on the experiences overall, were the negative views and feelings that many of the children and young people shared. The action learning set felt it was important to acknowledge that even when a parent is in recovery feelings of ‘being different’ or shame continue; the journey of change is not immediate or straightforward. The recognition of this is reflected in the overall findings where the importance lies with understanding the support needs around change.
6. What is normal to me

As the evidence review for the overall resource indicates, many of these children and young people have had chaotic lives and have adapted and built coping mechanisms to manage their circumstances. This impacts on their role within the home and many children and young people talked about their parent’s chaotic behaviour.

Awareness of parent’s needs: A lot of the children and young people talked about their parents getting muddled and the desire to be ‘like a normal family’.

“He would put butter in the mug and coffee in the pan. Everything would be all muddled up.”
Female aged 8-11

Where am I staying tonight? We heard several examples of children and young people that were used to living in kinship or foster care. Children and young people would also tell of other services getting involved, particularly social work, schools and police. They had varying opinions on these services.

“I want to be a policeman when I grow up. Policemen keep you safe. I’m in foster care now because my mum and dad fought all the time. I feel safe there.”
Male aged 9

Practice point

By actively listening we can consider how we can start to help and address stigma for children and young people. It is important to consider what needs to happen in the world of children and young people to minimise the long-term impact of their parents’ choices.

Practice point

As practitioners we need to ensure that we don’t impose our own world view on stories when we’re hearing them. Instead we need to actively listen to children and young people’s opinions about their circumstances.
7. Being the adult

In the stories we heard children and young people commonly talk about their role and relationships with their parents.

**Role reversal:** A key theme that emerged from the children and young people’s experiences was the changing role depending on the stage of their parent’s recovery (or lack of).

“I had to clean up and make sure that he was ok. I switched off the oven. It felt quite good looking after him, but I did not feel safe in the house.”
_Aged 12 -15_

In the majority of examples we heard, children and young people weren’t happy about taking on a parenting role:

“Where the alcohol was involved I was the main carer, I had to learn all the independency skills of an adult from the age of 6.”
_Female aged 18_

“I am like mum’s diary because she doesn’t remember things like appointments or when people are coming to see us.”
_Female aged 12_

“I didn’t like being back home at first because mum was more strict than before.”
_Female aged 12_

“At least when my mum was drunk we got sweets.”
_Female aged 14_

“We’re slowly building trust back up and I feel like she is starting to be more like a real mum again and is supporting me through a hard time at school.”
_Aged 12 -15_

**Using adult language:** At times while listening to the children and young people they expressed themselves using more adult language. The words we would hear could be thought of as alien coming from young people, perhaps words that felt more adult or possibly jargonistic or therapeutic.

“I’m definitely more maturer now”
_Female aged 12_

“I’ve built my self-confidence up”
_Female aged 12_

“My dad was making lots of bad choices”
_Female aged 8 –11_

**Parent, child or friend:** Another theme that came up was the changing relationship with mum/dad once they are reducing or abstaining from drugs or alcohol. This was expressed both positively and negatively by different young people.
Practice point

By taking a whole family approach we can recognise and support the changing dynamics within the family for the individual child or young person. We can then look at ways that help provide appropriate practical and therapeutic support. We need to be mindful of the words and approach we use with children and young people that feel appropriate for their age.

Has anything in this section made you think differently? If so, what changes might you make to your practice when working with children and young people?
The approach to collecting and analysing the stories

Introduction

This component has been written with the input of the practitioners from an action learning set who have tried, developed and reflected upon methods for collecting and using stories.

It aims to help practitioners and managers feel more comfortable with hearing and working with children and young people’s voices. In turn this should help to improve services, practice and policy.

We know that practitioners do listen to children and young people and act on what they hear. That’s a key part of their role. But, it often happens at an individual level.

For example a worker might:
• act on something, change immediate plans or their personal approach for that individual.

• report to others who need to act: Social Worker, manager etc.

• write a case record, so that it feeds into support planning: informs goal setting and outcomes for the individual.

We aim to show how to make further use of children and young people’s experiences as ‘evidence’ to explore the support needs of children and young people in general. This involves being more deliberate about collecting, analysing and reporting on their experiences.
How this can help

This section is divided into three parts.

Listening to and hearing children and young people

where we explore:

• Why it’s important to listen to children and young people.
• How we need to be aware of the special challenges for this group of children and young people.
• An exercise to reflect upon our listening skills.

Methods for collecting, recording and analysing experiences

where we explore:

• What makes for a good story or experience: i.e. what format allows us to draw the best conclusions when it comes to making sense of and reporting on what is important for children and young people.

Approaches and methods for:

• Supporting children and young people who want to share experiences or stories.
• Recording experiences so they can be collated and used later on.
• Analysing those experiences.
• Recording our findings.

Supporting Materials

that help us to ensure we use the following methods well:

• Ethical issues and consent.
• How to keep young people at the centre.
• Embedding this approach into everyday practice.

There is no right way to use this, have a look through and read the sections that you feel are of most interest or relevance to you.
Listening to children and young people

Why it’s important to hear children and young people:

It’s good practice; every child and young person is different and we can’t assume that we know best. If we want effective services we need to hear the experiences of children and young people, their hopes, wishes and opinions of what should happen.

Children and young people have the right to be listened to.
• United Nations Convention on the Rights of the Child
• Children and Young People (Scotland) Act 2014

The Scottish Government have produced a number of policies, frameworks and guidelines that promote their rights, their individual support needs for children affected by parental substance use and their safety and well-being.
• Getting it Right for Every Child (GIRFEC)
• Getting our Priorities Right (GOPR)

The United Nations Convention on the Rights of the Child

Article 12: Right to be heard: every child has the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously. The Convention recognises that the level of a child’s participation in decisions must be appropriate to the child’s age and maturity.

Getting our Priorities Right

The welfare of the child is the paramount consideration. Every child has a right to be treated as an individual; parental problematic alcohol and/or drug use cannot be considered in isolation by services. Every child who can form a view on matters affecting him or her has the right to express those views if he or she wishes. This might include decisions about with whom they should live, their schooling, their relationships and lifestyle.

In reality it’s not that straightforward

For those of us that have been involved in the action learning directly, it has become very clear that listening to young people and really hearing them can be two very different things. At an event for professionals and experts we shared some of the captured experiences. The majority of people responded in ‘process mode’ i.e. how to fix the situation for the young person rather than hear what they were feeling or what the young person’s opinion was of their situation.

We need to keep the emotion.
We need to be able to:

- understand the needs of this particular client group.
- create situations where children and young people feel able to share their real experiences.
- pick up children and young people’s cues that they want to talk/not talk.
- read signs of distress. identify our own reactions and assumptions.
- really hear what young people are saying rather than jumping to conclusions and action.
- know when and how to do act if there are extra support needs or safety concerns.

In the next section on methods, we consider some of these issues in more depth.

Experiences of children and young people

People whose parents are in recovery may be particularly vulnerable because of their past experiences. Often children and young people will have had chaos in their life and had traumatic experiences. Many of the feelings that they have experienced in their life can be triggered by a wide range of things, including talking or experiencing change.

We recognise that children and young people don’t only open up to ‘practitioners’. Sometimes young people will open up to anyone, even if it’s inappropriate. Sometimes they will be very anxious about opening up to anyone, even trusted adults.

Other factors that may influence sharing include:

- Fear of what will happen if they disclose.
- Saying it out loud means something will change.
- Fear of loss of ‘status’ (no longer a carer/ person with responsibilities).
- Children and young people having no confidence that it will make any difference.
- Child or young person has become over resilient (developed copying mechanism to manage home life/situation).
Reflecting on our active listening skills

1

Think about a time when you shared an emotional experience with someone.

• How did that make you feel?
• What helped and hindered you in sharing that experience?
• What happened as a result?
• How did you feel about that?

2

Imagine what it might feel like for a young person whose parents are in recovery from drugs and alcohol, when they want to share their experiences.

3

Now think about yourself in the role of ‘listener’:

• What cues have you had that someone wants to share an issue with you?
• Other than words what else might tell you what is important to the young person, e.g. ‘I am angry,’ might mean, ‘I am anxious’?
• How do you know when to go deeper and when to stop the conversation?
• How do you encourage young people to tell you more?
• What’s important about your attitude and approach? What helps young people to open up to you in particular?

Suggested answers are provided on the next page.

Give some thought if you would have come up with anything different?
**Some of our thoughts**

<table>
<thead>
<tr>
<th><strong>What cues have you had that someone wants to share an issue with you?</strong></th>
</tr>
</thead>
</table>
| Eye contact.  
Hanging around at the end of a session.  
Looking angry/upset/down. |

<table>
<thead>
<tr>
<th><strong>Other than words what else might tell you what is important to the young person, e.g. ‘I am angry,’ might mean, ‘I am anxious’?</strong></th>
</tr>
</thead>
</table>
| Watch out for body language such as ...  
Notice when the words don’t match the tone of voice. |

<table>
<thead>
<tr>
<th><strong>How do you know when to go deeper and when to stop the conversation?</strong></th>
</tr>
</thead>
</table>
| Ask ‘do you want to talk about this?’.  
Look for signs of distress.  
Look for signs particular to that child.  
Use your instinct.  
Knowing you have time and capacity to support the person with any issues. |

<table>
<thead>
<tr>
<th><strong>How do you encourage people to tell you more?</strong></th>
</tr>
</thead>
</table>
| Use openended questions.  
Prompting or giving cues to continue (nods and yeses).  
Keeping your questions relevant to the young person, keeping personal interest out of it (e.g. ‘can he get me one of those’).  
Use of silence.  
Curious, yet sensitive. |

<table>
<thead>
<tr>
<th><strong>What’s important about your attitude and approach</strong></th>
</tr>
</thead>
</table>
| Non-judgemental beliefs: accept and empathise with person.  
I know when you shout or swear at me you are just feeling angry and need to let it out in a safe place.  
You are safe with me.  
You are not alone; believe in you.  
I won’t give up on you. |

<table>
<thead>
<tr>
<th><strong>Being open and honest with what you will do with that information</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Follow through on any promised actions</td>
</tr>
</tbody>
</table>

"At first I refused to work with her and would often swear at her. She never backed down."

Female aged 18
Methods for collecting, recording and analysing experiences

What is a story or experience?

We need to be clear about what we are collecting, recording and analysing. Sometimes people confuse case studies and experiences or stories.

**Case studies** are analysed and cleaned up. They are told with a particular audience and purpose in mind.

**Stories** are people’s first-hand experiences of what has happened to them and their emotional reactions to that. They can take a variety of formats, short, long, a dialogue or conversation.

---

**Story/ experience example**

One day I remember when Dad put the butter in the kettle, the coffee in the pan and the toast in the microwave. I was watching him and felt really worried about what he was doing. He was not making sense and I could not understand what he was saying. He then put the oven on at 200 degrees, sat down and watched the TV. He started to dribble out his mouth and he fell asleep.

I had to clean up and make sure that he was ok. I switched off the oven. It felt quite good looking after him, but I did not feel safe in the house.

Things are different now that he has started going to the Doctors for help. He is trying to get better and stop taking heroin. I feel a bit confused now. My life has changed and I like having my Dad more normal, but I always worry that those days are going to happen again.

---

**Case study example**

Mary is aged 11, she lives with her Father who is in recovery from heroin.

Mary remembers when her Father used to get confused. She is concerned in case he starts taking drugs again.

We have taken steps to assure her that we will continue to support her and her father and make sure she is safe.
The theory behind what makes a good story:

- Told in the first person
- Records the actual language used
- Is often a moment in time
- Doesn’t need the whole back story
- Focuses on describing what happened: not rationalising
- Honest: even messy (not overly dramatic/tidied up)

In this way we capture the experience and feelings better, rather than putting our filter on that experience. Be aware that you may not be sharing the whole of this story with others, you may anonymise it, or take out quotes, but it is important to keep it whole at this stage.

“We were concerned about confidentiality before, because we didn’t know how the stories were going to be presented. Now I’ve seen the way we are using stories I feel more relaxed because we can’t tell who the story is from.”

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See the method for recording stories on page 36.
See section on ethics

The case study from Edinburgh Young Carers shows how one worker responded to the experience of one young person she was supporting to meeting their needs and widen this to develop support for more children and young people. The case study highlights how often a small remark can have a significant impact. It is used for illustrative purposes here and in practice it will be part of the overall package of engagement and support provided by this service to help children and young people.
Case Study from Edinburgh Young Carers

The context
I work for a young carers project. I specifically support children whose parents are in recovery. Part of that involves working with children in schools on a one to one basis.

The experience
I noticed the children I was supporting didn’t want to go out into the playground at break time. I asked other children ‘did you have your snack?’ The experience above was common.

Action
I checked in with the team and they agreed it was a problem. Whilst we continue to work with families around how they can better support their children, we wanted to deal with the immediate issue as well. We found out that Edinburgh Cyrenians could give us a discount rate on snacks. I recruited a volunteer who could take snacks to school. We ran the project for 6 weeks to start with, then extended it when we got £200 from Asda. We’ve provided snacks for 15 children in 3 high schools and 5 primaries. It’s not all been plain sailing, we had to get schools to buy in and find the right staff to give out snacks. The response has been different in different schools.

Young people’s feedback:
“I’ve got something to swap/ talk about"
“I don’t need to ask my Mum for money when she doesn’t have any”

Conclusion
Even where parents are in recovery, lack of income and organisation remains an issue for families. This can lead to young people being financially and even socially excluded. Small things like snacks are important and make a difference for young people. But these initiatives have to work alongside other support.
Methods for collecting stories

We concluded that there are lots of methods for initiating discussion with children and young people. We often hear their experiences as part of our everyday work. We hear stories:

• After a crisis.
• When the pressure is off.
• When the worker and young person are in the same space.
• When young people are involved in a diversionary activity they like.
• Between or at the end of sessions: in the breaks, on the way out of the door, in the car on the way to or from places.

The more experienced you become the less you rely on methods and the more your create natural circumstances where informal and natural conversations can happen.

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Activities with children and young people are not just about fun (although that’s important), they are also really important in helping to build a relationship with that young person and creating the space for safe and supportive conversations (see diagram 1).

Nevertheless, we did identify some proactive methods that we were using for feedback, for exploring emotions and for more formal collection of experiences.

Feedback methods
Sometimes we use methods for feedback and through this we hear more about children and young peoples’ experiences of our services and what’s important to them. We use lots of different methods. We vary the method to make it more fun and we fit the method to the group or individual. No one method works for all settings!

Tools to explore emotions and experience
Sometimes we use tools as part of our work to help the child or young person to explore their own emotions that encourages children to think about their own family life and to ask questions about what is happening. Arts and crafts and creative writing allow children and young people to express themselves.

More information on some of the available tools used by practitioners in the action learning set are included in Everyone Has a Story Appendix (Resources).

Formal methods for collecting experiences
Occasionally an organisation might collect experiences as part of a more formal research project. This might be around a particular theme or issue.
Diagram 1: Creating situations to allow people to share their experiences.

As a group of practitioners we explored how we create situations that allow children and young people to share their experiences authentically, as part of everyday practice. We concluded that the quality of the relationship between child, young person and worker is vital. This involves building trust over time and providing a sense of safety (by being predictable, consistent and truthful/authentic).

In addition, for good conversations to happen:
• the time has to be right, the place has to be right.
• the worker needs good listening skills.
• the worker needs to have the right attitude and approach to working with young people.

For more formal conversations, there may also need to be clarity about why the conversation is happening and what will happen to the information.

The time is right
Here two workers describe this moment when there is a window of opportunity built on trust when there is mutual recognition of each other.

“
It’s like a scale; sometimes one person is up and the other is down. It’s when you’re both at the same level that engagement really happens.
A good moment

Action Learning Set Practitioner

The space is right
Many of our practitioners told us that conversations happen in the car, or whilst engaged in other activities. It’s about creating the right ‘space’ for casual conversations and open speaking.
Proactive: methods used for other purposes

Discussions can be prompted through feedback, evaluation or support methods. Here is a suggested but not exhaustive list of tools used by the practitioners.

Individual
- Creative approaches: poems, art, drama
- Stories e.g. Rory the Dog (a story aimed at primary aged children as way to illustrate their own experiences)
- Scoring: evaluation wheels
- Metaphors: envision cards, balloon (helps prompt questions around what holds you back, helps you to fly).
- Mapping: body (e.g. self, the ideal worker), relationship

Group
- Outdoor physical activities (for example run to x if you feel y)
- Tablecloths (write/draw answers at a table and move around –similar to world café idea)
- Emotional bingo
- Post it note feedback
- Have a ‘letterbox’ or similar for comments or concerns that a young person doesn’t feel comfortable airing in public.

Either
- Picture cards as prompts: e.g. envision cards
- Stories e.g. Huge Bag of worries
- Playing cards/games: pick a question, discuss this topic
- Write a job description for a worker –what qualities, attitudes and skills do they see as important?
- Draw a worker. Have a human outline and draw and write what qualities, attitudes and skills they see as important. They could add what they want from the service on the outside.

‘Tools are an opener or used to break the ice’

The PDI has a resource available on their website and detailed in the Resources Appendix that outlines more information on tools and methods as ways to engage children and young people.

Proactive: setting out to formally collect experiences or stories

- Interviews
- Emotional touchpoints
- Stretch statements (setting out positive statements and asking for stories around those)
- Positive or strengths based questions
Methods for recording stories

We hear hundreds of stories, we don’t have to write them all down but we have to consider ways to collect them more consistently. We have to be strategic. The question is ‘why record?’

It depends on what are you going to do with the information?

**When to Record?**

- **Change support given or approach for the individual young person**
  
  Don’t record: just respond
  
  Put in case records if significant and relevant to that young person’s individual progress.
  
  Record more formally with appropriate person if potentially significant risks to young person or others

- **Improve my own practice**
  
  Record in support and supervision Record in personal development/training needs

- **Feed into policy**
  
  Record using a template

- **Feed into a review of the service**
  
  Record using a template (young person agreeing to share their story by recording it)

- **Feed into young person’s support plan**
  
  Record in case records/or other planning tools

We developed a template for recording experiences from our action learning. You might want to use or adapt this. **Remember to ensure you have permissions to share the story.**
Top tips

We have learnt that it helps:

• If you record stories/experiences that made you think or felt significant. Your emotional response is a good indicator that this is an important experience to record.

• If the story is recorded after the event, otherwise recording gets in the way of the interaction.

• To give the, context; enough to understand what’s being said, but not so much it puts a filter on the experience. Key context information is where the conversation happened, the nature of your work with the child or young person’s, age, gender are useful.

• If you can note how the words were said. It is often the emotional tone that is significant in understanding what the words mean to ideally have a view from the child or young person about the significance of their experience.

Important it may not always feel appropriate to break the flow of conversation or to dig too deep. See sections on involving young people and ethics.

In case records keep the voice of the child or young person. Try putting more direct quotes. This means that later, if needed the story can be presented for further analysis. For example look at the story on page 6. In a case record instead of saying

Mary remembers when her Father used to get confused. She is concerned in case he starts taking drugs again.

Note the direct words

Things are different now that he has started going to the Doctors for help. He is trying to get better and stop taking heroin. I feel a bit confused now. My life has changed and I like having my Dad more normal, but I always worry that those days are going to happen again.
**Suggested template for recording stories (with example)**

There is a blank **template** at the back of this guide

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**Brief context:**

**AGE** - 12 to 15  
**Living arrangements:** living with mum who is in recovery from alcohol use  
**Nature of service:** therapeutic work  
**When and where the young person shared their experience:** 1:1 Session  
**How long working with this young person:** The conversation happened on the 6th session of formal 1:1 focused around coping with a school pressure. Young person accessed 10 sessions in total.

---

**The experience or story**

“My mum used to have a problem with drinking and couldn’t look after us properly. It was hard because it meant that I had to grow up faster than I should have and I couldn’t rely on her. She managed to turn things around because she wanted to do better by us. We’re slowly building trust back up and I feel like she is starting to be more like a real mum again and is supporting me through a hard time at school. I didn’t really want to talk about what went on at home at the time but now it’s a bit easier because it’s starting to feel like something that happened in the past.”

---

**Checklist**

The young person shared their experiences in a setting and way that felt comfortable, appropriate and meaningful for them  
Any issues  
Risks assessed and any follow on support given  
Any issues  
Consent given to share this story with  
Other professionals taking part in this learning programme  
Young people involved in the youth engagement part of the programme  
A wider group of professionals and policy makers who are interested in this programme  
A public document or website  
Steps taken to ensure the confidentiality of the young person
Methods for analysing stories:

Building on a tool by Cathy Sharp we developed a simple 5 question framework for analysing stories (see next page).

On page 42 we explain how this framework can be used by a group to share and analyse stories, for example at a team meeting.

It can also be used by an individual to prompt reflection and even for collection of experiences. The grid below suggests how it can be used by different people.

We further suggest ways in which you can look for themes across stories/experiences after you have discussed each individual experience.

<table>
<thead>
<tr>
<th>Who</th>
<th>What</th>
<th>When</th>
<th>Why</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child/Young Person</td>
<td>Analysis</td>
<td>When reflecting on their own story</td>
<td>The therapeutic impact can highlight strengths, show/represent change, positive impact and growth on looking back at older stories collated.</td>
</tr>
<tr>
<td>Practitioner</td>
<td>Collection</td>
<td>Before sharing their story to a wider audience</td>
<td>Considerations to make before sharing with others (family members/young people).</td>
</tr>
<tr>
<td>Supervisor/Manager</td>
<td>Analysis</td>
<td>When meeting and working with young people</td>
<td>To support active listening, prompts to elicit conversation, engaging with young people to hear their stories and understanding the important areas to consider.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>When support planning, case note writing and during reflective practice</td>
<td>To analyse a story, consider what it is telling us and to inform plans for support and next steps.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>For supervision, reflective practice and workforce development</td>
<td>To support practitioner development, standardise practice and approach, to allow voices of young people to highlight areas for improvement/development, and to highlight areas of concern/gaps/key issues to local ADP and policy makers.</td>
</tr>
</tbody>
</table>
Sharing stories: a framework

1. **What are we noticing?**
   What’s your emotional response? What leaps out or is surprising to you?

2. **What matters to the young person?**
   What emotions is the young person feeling? What seems to be important to them? What do they seem to believe/want/find difficult/need?

3. **Who else is involved?**
   Who else is involved in this story or involved by implication? Is there anything important or significant in their role? What is the young person’s opinion about parents use/situation/current support? What do they think will help?

4. **What’s our part?**
   How well did we support that young person? How do we know? Could we have done something differently to get a better result? Do we need to act on anything as a result?

5. **What’s the conclusion?**
   Where are you now? Where is the young person in their opinion? Who needs to hear this story? What needs to happen?

“Initially X said he had no worries. Through further discussion we spoke about incidents in the past....”

Story shared by male aged 7 to his support worker
How to use the framework with a group to hear and make sense of experiences

1. Appoint a facilitator and a note taker.

2. Take each story in turn.
The facilitator invites someone to present their story.
This means:
• giving a basic context where the conversation happened, the nature of your work with the young person, age, gender are useful (keep it brief).
• reading the experience.

3. The facilitator then asks each person in the group to note how they feel when they hear this story.
One or two words are sufficient, e.g. surprised, angry, sad.

4. Then the facilitator takes the group through the five questions.

5. The note taker captures the most important points.
These notes should be clear enough to be used later, when you are looking for common themes.

Top tips for the facilitator

The facilitators job is to ensure the procedure is followed and everyone has a voice:
• Make sure people take their time with each question: encourage people to hear the experience and make sense of it before problem solving and jumping to action
• Ask people to listen out for the emotions young people actually feel (rather than the emotions we interpret as adults)
• Search for the child or young person’s opinions within a story
• Question the assumptions people are making

This could be a useful exercise within team meetings or group support and supervision.
How to look for themes across several stories

Once you have a few stories you can go back and look for common themes or issues. The action learning set went through this process and, based on their experience, have suggested two simple methods, depending on how many experiences you have shared.

**Analysing a few experiences**

1. Ask the group what key issues are coming out of the experiences discussed and once you have some themes.

2. Reflect on who we need to share this analysis with:
   - Check with children and young people, have we understood the issues correctly
   - Reminder for our own practice
   - Managers and board; to improve the way we run services
   - Local policy makers; to improve systems or practice elsewhere

**Analysing many experiences**

1. Ask group members to look at the completed templates and identify particular issues. It is helpful to note these down on a post it note (one per note). These notes might be about feelings, wants and needs, behaviours, support or services that help or hinder etc.

   It helps if you name or number the stories so you can trace the theme back to the stories, e.g.

   Clara: fear of disclosure
   Peter: guidance teacher very supportive

2. Put the post it notes on a wall, making sure there is enough space to see them all.

3. Ask the group (or a small number of people) to place post it notes together that seem to be similar. If a post it note seems to belong in more than one group, create a duplicate. Give each grouping a heading.

4. Agree, as a group, the key themes that are coming out.

5. Reflect on who we need to share this analysis with:
   - Reminder for our own practice
   - Managers and Board; to improve the way we run services
   - Local policy makers; to improve systems or practice elsewhere
Our experience of grouping and theming

When we did this as a group we noted that there were clear themes, even though the stories were very different. We found the process messy and sometimes a little uncomfortable, but agreed that it needed to be. That was part of the process.

We concluded that a different group of people might have come up with different themes, inevitably we bring our experience and role to bear. It is therefore important to show our working, i.e. give an example of a story that represents the issue that we are raising with a third party. This allows the reader to think about their own reactions and responses to the experience and think about what it means for their role.

Action Learning Set Practitioner
Supporting materials

Ethics: getting it right

In the resource section we have included the ethical and consent framework used to approach this work. This framework was developed by many of the experiences and views of the practitioners involved in the learning set. Here we just highlight key learning about ethical issues. Details of the overall ethical framework used for Everyone Has a Story approach is included in the Appendix.

Sharing stories

You should be aware of the protocols within your own organisation, but double check what protocols you have in place for sharing information. Who does this allow you to share information with?

• People within the organisation
• Other agencies (in the event of a potential risk to the child)
• Other practitioners for personal development and learning
• Funders
• Policy makers
• The general public, in our experience extra permissions had to be sought to share stories more publicly.

Confidentiality

It is important to ensure people cannot be recognised, so changing names and more personal details or very specific information about the context is important.

Triggering trauma

As we noted before, some children and young people whose parents are in recovery have experienced trauma. Feelings relating to these past experiences could emerge as children and young people share their stories. Practitioners need to have the necessary skills in recognising, understanding and supporting children and young people. Letting young people take the lead in what they are willing to share, is critical. It may also be important to know when to share with a line manager or when to refer elsewhere for further help.

We have examples of stories where the young person needed to off load their emotions, but then found their own mechanisms for bringing the conversation to an end:

“Look what I can do.”
(Does a cartwheel to end the conversation.)
"One of the reasons we don’t make use of stories is that we get bogged down in the ethics. It’s good to have a healthy anxiety...But that shouldn’t stop us from using stories. That would be unethical!"

Action Learning Set Practitioner
Child protection

Sometimes a child or young person may tell you something that raises concerns about their wellbeing and need for safety and protection. As practitioners, we need to be well versed in procedures for child protection including the policies within our own organisations and national guidance.

Ownership

It is important to be transparent with children and young people about collecting stories and also how they will be used. Practitioners felt there was a balancing act to ensure that consent was agreed while not interrupting the flow of the story. We agreed that it was helpful to tell children and young people in advance that you might write down and share their stories. This can be explained using existing policies around information sharing and consent.

The case study from Alcohol & Drugs Action shows that children may be happy to share and we should not assume that it is a problem.
Keeping young people at the centre

Ideally we would involve children and young people in all aspects of collecting, analysing and using their experiences. During this process, because of the needs of this group, it was important that children and young people felt safe and supported without causing further anxiety. Therefore, the action learning set acknowledged the importance of children and young people involvement in:

- deciding if and how their story is told.
- deciding what is most important to them, who needs to know and what would improve the situation.
- giving feedback on our analysis of stories –which means us asking ‘have we got it right?’

As part of the overall resource, icecream architecture worked with two groups of young people, engaged with young people’s services, on how children and young people felt about sharing stories and about how could you share stories. The findings from this involvement are included in Component 4 of Everyone Has a Story How Young People Share.

Our experience is that workers can feel anxious about collecting stories from children and young people.
Young Person A (Age 8):
This was a young person who had worked with the service for about 18 months and had built up a good relationship with her worker. They met on a weekly basis, 1-1, in school.

“She had seemed interested when I told her about the action learning. I asked her if I could share one of experiences. Later on I asked her if she had a specific story that she would like to share with the action research project. She had a think and asked if she could make it into a story book. She added drawings and really made the story come to life.

I asked her how she had found writing her story. She said that she had enjoyed it but it also made her think about a lot of things that had happened in the past. She didn’t want to make it too long and therefore only put in the details that she thought were important for others to hear. I asked her why she wanted to write her story down. She said that it is really important that people know what it’s like having a mum who has a problem. She thought it would be particularly useful for teachers who might have a pupil like her but not understand what it’s like at home. She said that if she shares her story then other people might learn something from her and it might help another person like her. She was very proud of the work that she had done.”
Embedding this into everyday work

The clear message is that it takes time to introduce the practice to the team and increase confidence.

Challenges

Initially it can be difficult to understand:
• what a story/experience is.
• how you might use them.
• why you might use them.
• who else you might share them with; particularly for front line practitioners who are divorced from the policy agenda.

Time is always a problem and it’s not always clear what stories to record or just act on.

Getting it right ethically is a key concern for practitioners and time needs to be taken to explain to young people how and why their experiences are being collected.

Top tips

Those projects that have been most successful:

• took stories to a team meeting to show them what an experience looked like how they might be used.
• were very open about the project with children and young people.
• were involving story recording at the beginning of a project and could build it into the way of working.

The manager plays an important role in encouraging the collection and use of experiences. It’s helpful to think about how stories can be used at different levels of the organisation.

Young person for their own reflection and development

Practitioner to identify further support needs: referrals change to support plan, to improve their own practice: reflection, support and supervision

Manager to improve the service by discussion at team meeting to report on impact: funder reports to influence policy locally: compile stories around identified themes

‘It takes time to introduce practice to team, embed and increase confidence in talking to young people.’ front line practitioner

‘I don’t know what would be helpful for policy.’ front line practitioner

The next two case studies on the next page offer insight into how two organisations have introduced the collection of experiences into their workplaces.
I used the method with two of the teams that I work with. One supports young people who are affected by a parent or carers drug or alcohol use (COMPASS). The other supports whole families around recovery (Families First). We work with young people on an individual basis as part of this.

We have an agenda item at our team meetings which is aimed at discussing good practice examples. I felt that sharing the method with the team would be a good opportunity to get feedback and introduce them to a different way of analysing the work that we are doing with young people/families. I used two of the stories from my learning set. Firstly, I read them the story and asked them to answer the questions. They also had a copy of the story in front of them.

Both teams responded really well to the method and were interested in the research. Sharing the method with the Families First Team worked slightly better as this is the larger of the two teams; it is also a dual agency service so there is a broader range of experience and backgrounds amongst staff. This meant that there was a lot more discussion around the stories and staff were bouncing ideas off each other. It was interesting for me to see a different perspective because I had previously analysed the stories but alongside other members of the learning set who were used to the method.

The team were interested in the process and asked lots of questions around how we came up with the questions and what sort of things were coming out of the research.

Case study: analysing experiences as a team: Alcohol and Drugs Action

“Feedback from those trying the method:

The feedback I received from the team was really positive. They enjoyed the method and found it useful to have time to reflect on the stories that children and young people were telling them. Having the set questions to ask really helped to focus the discussion on what is most important to the young person opposed to just what was being said. The team have been encouraged to try and think about some of the young people they work with and the things that they have been saying and reflect on this regularly. We are also trying to incorporate it into the case discussion part of supervision. I am hopeful that this is something they will continue with after I am on maternity leave.

Feedback from the young people:

We found that the young people who engaged in the process also found it very empowering.

Action Learning Approach 51
Our Catalyst Project is at present supporting young people and parents affected by their recovery journey in a small town called Alness in the North of Scotland.

We have community fun days to engage with the wider community and promote the aims of the Catalyst project in a discreet and inclusive way.

We introduced the Story Gathering method after we received feedback from both young people and parents that the bigger community events weren’t the right place for them to share their stories. They felt that having two smaller community events for the 11+ age group, and the early years and parents would be better.

Before we collected stories we collated some information using observation sheets including:

- Workers expectations
- Young people’s participation in the different activities
- Opportunities to discuss the aims of the Catalyst Project (recovery journey)
- How people mixed and interacted with others attending the events
- How people mixed and interacted with staff
- Would they come back to another event?

We shared this with the groups and told them how we were going to respond. Through this we built trust and this made it easier to introduce the Sharing Stories Framework. Young people and parents said they felt safer and more able to talk because we listened to them and changed the structure of the community events.

We built the confidence of staff, by suggesting that the questions were prompts for conversation. It wasn’t all about gathering information; it was about connecting and listening to people.

We have set up a young people’s committee that feeds into the Catalyst Steering Group. They looked at our 5 questions and how they might use them. They said they found the wording difficult. I fed this back to the learning set and together we revisited the questions and made them simpler.

The young people’s committee have told us that using activities and building up trust slowly was the right way to do things. They liked using different methods such as art, drama and social media. They have been very interested in this project and how stories might be used.
Suggested template for recording stories

**Brief context:**

**AGE**
Living arrangements:
Nature of service:
When and where the young person shared their experience:
How long working with this young person:
Any other key information about context:

**The experience or story**

**Checklist**

The young person shared their experiences in a setting and way that felt comfortable, appropriate and meaningful for them
Any issues

Risks assessed and any follow on support given
Any issues

Consent given to share this story with
Other professionals taking part in this learning programme
Young people involved in the youth engagement part of the programme
A wider group of professionals and policy makers who are interested in this programme
A public document or website

Steps taken to ensure the confidentiality of the young person
“My life has changed and I like having my dad more normal, but I always worry that those days are going to happen again.”
Age 10 - 11
This project was supported by

Lloyds TSB
Foundation for Scotland

The Scottish Government
Riaghtas na h-Alba

The ROBERTSON
Trust

The Action Learning Set and Blueprint was facilitated by

Evaluation Support Scotland

icecream architecture

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