

# Stories and their value: Exploring the role of storytelling in social care practice

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## **Abstract**

Identifying interventions which have universal application in residential care for children is challenging due to the complex nature of the needs encountered. The various forms of storytelling may offer an approach to intervention which is adaptable enough to serve a wide variety of purposes including assessment, relationship building, conflict resolution and information sharing. The current research identified the informal use of storytelling in a wide variety of contexts relevant to working with young people in residential services. This study adopted a mixed methods approach utilising both questionnaires and semi structured interviews with social care staff. This research identified the perceived benefits and potential challenges of adopting informal storytelling as an approach to both therapeutic and educational work with young people in residential care. The daily milieu of residential care offers particularly valuable opportunities to utilise a storytelling approach as an informal intervention with difficult to reach young people. This study outlines the possible potential of this approach to be extended across a range of children's residential services.

## **Keywords**

Storytelling; social care practice; innovation; young people; Ireland

## **Article history**

*Date received* 06 October 2015

*Date accepted* 12 July 2016

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## Introduction

What happens is of little significance compared with the stories we tell ourselves about what happens. Events matter little, only stories of events affect us.

Rabih Alameddine, *The Hakawati*

A recently renewed focus on relationship-based intervention in care settings (Trevithick, 2012) highlights the value of creative and innovative methodologies to connect with young people. Whilst well established as an informal tool for **both assessing and responding to young people's needs, storytelling and the use** of narratives has received comparatively little attention from a research perspective. The current research was designed to explore the possible value of storytelling as a tool in residential care settings and to identify benefits and possible barriers to the utilisation of this approach by staff members when seeking to build effective relationships with vulnerable young people. This paper explores the potential value of this approach in equipping social care professionals to work with a range of young people and explores the value of storytelling as an informal method of intervention.

## The value of stories

'A story is a real or imagined account of events that describes experience'. It can be 'words and actions which are used to describe a sequence of events that capture the imagination of the listener' and can be oral, written, visual or digital (Drumm, 2013, p. 3). People have always told stories to help them understand life and its dilemmas. Stories can help provide a deeper understanding of life and to identify the emotions accompanying our experiences.

Storytelling has been described as the process by which humans 'articulate their experience of the world and make sense of it' (Drumm, 2013, p. 3). Research on the utilisation of stories includes reference to fairy stories, bedtime reading, personal stories and life stories. In the current research there is an emphasis on informal storytelling and the use of personal narratives and anecdotes as a form of storytelling. This is in contrast to formal storytelling, as discussed by Bettelheim (1976). This study focussed on the use of these stories in a social care setting and to explore the perceived value of this approach when working in **children's residential settings**.

Previous research has consistently emphasised the powerful role that storytelling may serve when working with young people of all ages (Stevens, Kirkpatrick & McNicol, 2008; Cottrell Boyce & Stevens, 2014). Significant research evidence supports the use of storytelling in healthcare (including mental health) and healthcare education contexts to bring about positive change for patients and to promote best practice for professionals (Kirkpatrick, Ford and Costello, 1997;

Roberts, 2000; Gaydos, 2005; Hardy, 2007; Charon, 2009; Haigh and Hardy, 2011). In this respect the use of stories which have personal significance may be important for engagement with the storytelling process. Previous research has suggested that where the content of the story can be linked with personal experiences there is potential for greater benefit for the listener (Rowshan, 1997). Bettelheim (1976) suggests stories can be attractive to young people when they feel the stories relate specifically to aspects of their own development. There is a significant amount of research in the area of storytelling completed in Scotland, and Simpson (2014) suggests that this may be due to the country's strong history of storytelling. With a similar tradition of storytelling in Ireland, the present research was designed to explore the use of stories in social care settings and the role of informal storytelling as a means of engaging with young people in residential care.

## **Stories as an educational and therapeutic tool**

The focus of the current study is informal storytelling, however, formal storytelling may offer direct comparisons and points for consideration, and so a discussion of this method of working with young people is relevant as a comparison to informal storytelling. It is widely recognised that residential care workers have an important role to play in improving educational attainment in the lives of young people (McLean & Gunion, 2003; McLean & Connelly, 2005; Simpson, 2014). Stevens, Kirkpatrick & McNicol (2008) have argued that children in residential child care often have not been exposed to an environment rich in literature, or had the opportunity to experience stories being read to them. Child development theorists have emphasised the role of collaboration and shared reading experiences to develop cognitive skills (Vygotsky, 1978) whilst research in residential child care settings indicates storytelling can improve literacy (McNicol & Kirkpatrick, 2005; Stevens, Kirkpatrick & McNicol, 2008), stimulate imagination (Lamaca, 2004) and improve school confidence (Stevens, Kirkpatrick & McNicol, 2008). Storytelling and the subsequent engagement of children in the storytelling process have also been found to help children to deal with major transitions in a school setting and to improve self-esteem (McNicol & Kirkpatrick, 2005).

Oatley (2010) suggests that stories offer a unique way to explore emotions in a safe manner, and may offer a way for young people to find a language to explain emotions and feelings in a personal way. Stories can provide a way to deal with **intense emotions such as those associated with trauma and loss**. Lamaca's (2004) study found that orphaned Ugandan child soldiers engagement in stories allowed them to recover and to share their experiences in a safe way with others.

Bettelheim (1976) highlights the importance of engagement in the storytelling process. Bettelheim (1976) suggests that a person reading to a child is in

essence providing approval to the child for them engaging in the fairy tale process, allowing for greater immersion in the story. Research on storytelling has consistently indicated positive outcomes from the process for relationship building and connectedness, between the storyteller and the listener (Simpson, 2014). Stevens, Kirkpatrick and McNicol (2008) developed a literacy storytelling project in residential child care units in South Lanarkshire in Scotland. The aim of the programme was to encourage children to read for pleasure and the results suggest that the programme encouraged children to develop new interests and also encouraged the development of new relationships between young people and staff. Simpson (2014) suggests that stories can be used as a means of creating a nurturing, caring and educationally rich environment for young people and as such may offer an educational and therapeutic tool within residential settings.

## **Needs of children in residential care**

Fairy tales can reflect some of the significant issues that children in residential child care can face, such as the themes of transcendence and growth. Bettelheim (1976) has argued that stories can be used as a psychological tool to encourage psychological and emotional development and allow for engagement with a range of significant themes around loss, death, and development.

Personal storytelling can allow the person to develop greater self-understanding, and allows for reframing of identity and even encourages personal growth. An individual may utilise storytelling to express significant events in their own words, in their own time. This can have the added benefit of allowing the person to reflect on the experience discussed during the storytelling. Personal storytelling can be upsetting but is also believed to be cathartic (Drumm, 2013, p. 8). Fairy tales may be attractive to young people regardless of their age and may offer a way to explore their past and consider their future (Oakley, 2010). Bedtime storytelling can be a positive strategy to allow children in residential care to negotiate what can be a challenging time (Conlon, 2005, Simpson 2014) and can facilitate the development of deeper relationships between staff and young people (Simpson, 2014). Storytelling can offer an empowering way for young people to find a voice and to explore life experiences with others (Drumm, 2013, p. 7). Storytelling can also empower staff as they are involved in the process and are therefore co-creators of the stories (Cottrell Boyce & Stevens, 2014). **Gaydos (2005, p. 256) argues 'When memories are told and really heard, they become the experience of two people – the narrator and the listener' and that the meaning of these stories is established between the two people.** This element of co-creation can facilitate the joint interpretation of the story as the participants in the process have the opportunity to take their own meaning from the story and apply it to issues which may be of particular relevance to them.

The same story can serve a range of functions for different young people. As young people in residential child care may have experienced chaotic home lives it is imperative that staff are able to develop a deeper understanding of their experiences and this can be achieved through storytelling (Kirkpatrick & McNicol, 2006, cited in Cottrell Boyce & Stevens). Haigh & Hardy's (2011) research also suggests that listening to stories facilitates better person-centred care and can lead to improved services. Hearing personal stories can lead to greater understanding, empathy and reflection. Rapport, trust and care can be nurtured in staff member-young person relationships through storytelling. Personal storytelling benefits the teller as it can empower, encourage personal growth and build resilience (Drumm, 2013, p. 7).

In relation to self-development, stories can facilitate a reflection on our own moral compass, values and practice. Haines & Livesley (2008) discuss the different languages used by two different professionals to explore a case and how storytelling can lead to greater assumptions/biases but also to greater inter-agency understanding and work, between the professionals and family members. In this respect, stories can be seen to highlight the differences and similarities between people's beliefs and assumptions, and to allow a consideration of both of these.

## Methodology

This study involved two components and employed a mixed methods approach to explore the use of and the perception of storytelling as a way of working with young people in social care practice. The first phase of the research involved the administration of a questionnaire to identify the use of informal stories in residential child care settings. This phase was followed by semi-structured interviews to allow for a further exploration of the approach. The chosen sample was composed of practitioners working within children's residential services in Ireland.

## Phase one

### Participants

Participants were social care workers (n = 35) who were working in children's residential services in Ireland. The participants had all worked within social care for more than eight years, and were over 25 years of age.

### Procedure

All of the participants were involved in training at the time of the research and so were approached to participate during this training. All participation was voluntary and on an anonymous basis. The researchers explained the purpose of

the research and asked the participants to complete their questionnaire anonymously and as honestly as possible.

## **Materials**

The questionnaires involved six closed questions focusing on basic information related to the experiences of using storytelling in their practice as a social care worker, including the types of stories, when they used the stories, and the purpose of stories used, and to indicate all options that they agreed with. One question asked participants to rate the importance of stories in their work on a five point Likert scale from strongly disagree to strongly agree. There was one open question asking the participants to provide an example of a story which they used when working with a young person.

## **Phase two**

### **Participants**

The methodology adopted for the second part of the study involved purposeful sampling to recruit a cohort of participants (n=14) for interview. Initial email contact was made with 50 social care professionals to identify a cohort of residential care workers who were willing to participate in interviews and had worked in social care for a minimum of three years.

### **Procedure**

Interviews were conducted over the course of a two-week period in September 2015 and took between 25 and 35 minutes depending on the depth and breadth of responses provided.

### **Materials**

Interviews were based on a semi-structured interview schedule which asked respondents about their experience of using storytelling in practice, and the types of stories they had experience of using. Semi-structured interviews were chosen in order to allow the opportunity to explore issues highlighted by the initial questionnaires in greater depth and to probe respondents in relation to their particular experiences and perspectives. Data from interviews was transcribed and analysed thematically.

## **Results**

The questionnaires were analysed to establish patterns in responses, whilst thematic analysis was used to identify common elements contained within

responses from the open questions and from the interviews. The results from both the questionnaires and the interviews are combined under common themes for the purposes of presenting an overall analysis of the results.

Almost all respondents to the questionnaire stated that storytelling was an important part of their work with young people (n=34). The questionnaires and the interviews indicated that the stories and narratives were mainly used to encourage behaviour change and to develop relationships with young people. In terms of the types of stories used, there were two main types of stories that emerged from the data; these were personal stories and humorous stories, with the majority of participants stating that they used both of these types of stories (n =28). The most common use of stories was in day to day activities (n =23). Analysis of responses suggested that the different types of stories served different functions for the respondents. Personal stories were used mainly to discuss health issues, relationships and to introduce new issues, while humorous stories were suggested to be important for engagement and were highlighted as a way to work with young people at challenging times.

## **The functions of stories**

When asked about the use of stories, the most commonly cited use of stories was to introduce health related issues (n=16), particularly for the purpose of helping young people to develop a healthy self-concept. 'I talked to the young people about the journey I went on in relation to weight-loss and trying to be more health conscious, they could relate to this **in lots of different ways**' (SCW 15). Participants also frequently referenced exploring issues around conflict resolution and in relation to discussion of topical issues coming up for young people as they arise. 'Young people sometimes find it hard to know where they fit in, especially when they come into the service first, so sometimes a story can **help make their experience real**' (SCW 17).

A small number of other notable examples of innovative use of story were provided by respondents and these included the use of stories to structure relationships, with stories used to establish parameters within which the relationship will function. 'I use stories with a moral code to show them- **I won't lie to you, you don't lie to me, using them to make agreements with young people**' (SCW 30). A number of participants (n=3) referred to the value of stories to develop cultural understanding. 'I get the young people from other **cultural backgrounds to tell me their own stories about where they've come from so we can be more prepared in future for working with other young people from their culture**' (SCW 9).

A frequent theme for the use of stories in the research was to inspire young people, with making reference to using stories in their practice which they had heard from other **young people (n=7)**. 'I use a lot of examples from people who



are in recovery, I use these stories to reinforce young people's thinking and to kind of say, come on you can do it' (SCW 5). The respondents also made reference to the use of stories that they had heard from other young people they worked with in the past and then used these stories with other young people. 'Across the whole sector I've heard stories of positive outcomes which have inspired me' (SCW 12).

## Personal stories

**'I use examples from my own life,** it's a great way of getting your point across' (SCW, 7). When discussing the use of personal stories, participants referenced using these stories to approach subjects such as health and wellbeing concerns or challenging issues (such as the need to take medication). They frequently mentioned using these stories to discuss relationship issues (parent-child relationships, peer to peer, and romantic relationships in particular). They also highlighted the use of this type of story to discuss anxieties with the young people they were working with. These anxieties were often related to adolescent issues such as difficulties in school, social issues and placement issues. 'I was one of those children who left school when I was young, I tell them my personal story to give them hope' (SCW, 14).

Stories were also used to identify possible learning for young people such as to open a discussion, encourage new opportunities, or to explore alternative choices or outcomes to particular situations. Participants consistently cited their own life lessons taken from addressing challenging personal situations, and how they shared their story in order to assist young people. 'Around my own experience and background, a lot of them left school young so they will look to go down the trades avenue so I try to share that with them' (SCW, 11).

## Humorous stories

Frequently, participants referred to using particular stories to normalise experiences for the young people and to overcome difficulties, referencing how they used stories to help deflect from conflict or stressful issues. One of the participants discussed the use of humorous stories to de-escalate a situation, **'with challenging behaviour, if we went into a shop and wanted to buy everything,** you can use a humorous story to try to deescalate the situation' (SCW 2).

Staff also highlighted the use of stories to allow them to work with young people when there were stressful times in the unit, such as at bedtime. A number of the staff mentioned using stories as a way to 'handle trigger times' in their settings, using humour as a release valve. 'I would sometimes dramatize events, using a story to take us down a humorous route' (SCW 10).



'I use stories around bedtime, I often begin a long story in the kitchen and finish it in the young person's room, this takes the focus off going to their room, this can often be a trigger time (SCW 5). Stories were also used by the respondents to facilitate transitions for young people with one participant stating that they use social stories around times of transition, explaining the process to young people and connecting it back to the family home' (SCW 9).

A further significant focus by participants was the general use of storytelling to allow the development of a meaningful connection between study participants and the young people they worked with. To a lesser degree respondents detailed the use of stories to develop healthy relationships and connections between young people themselves. 'I use stories to encourage friendships, talking about experiences I had and how I overcame them' (SCW 28). Participants highlighted the use of these stories in their work with young people as a way of building relationships and establishing connections in relation to relatively non-threatening issues, rather than addressing very serious issues. 'By use of humorous stories over time I allowed the young people to trust me' (SCW, 2).

## **Challenges encountered in the use of stories**

A recurring theme in the research was the fear or concern that participants had about revealing too much about themselves when sharing personal stories. This was the main barrier that the participants cited to the use of stories in their practice (n=6). Respondents felt that the use of personal stories presented many challenges in relation to boundaries, interpretation, understanding and relevance. 'I ask myself, what is the young person going to benefit from this, so that way I'm not giving away too much of my own life' (SCW, 7). The staff made reference to a fear that the information they disclosed to the young people would be 'thrown back at me' (SCW, 3) or used inappropriately at another stage. A number of the participants also highlighted the ease with which they would discuss certain relationship issues, but stated that they would not be comfortable discussing any significant real relationship experiences that they had. In this respect a number of participants (n=4) stated that they had discussed relationships with young people and used personal examples of 'safe' relationships they had, such as the relationships they had with their pets.

## **Discussion**

Residential care staff in the current study emphasised the importance of storytelling in their everyday work with young people and were able to highlight a range of examples of the use or experience of effective storytelling in their daily interaction with young people. They highlighted the role of both personal and humorous stories, in allowing them to develop relationships and to explore specific issues and incidences with young people. The social care workers emphasised the importance of these stories citing benefits for themselves in

enhancing their skill set and benefits for the young person in relation to insight and understanding.

As personal perspectives and personal histories are shared by participants with the young people they work with, there is an opportunity for the staff to become a co-creator of the stories in social care settings (Cottrell Boyce & Stevens, 2014). Staff in the present study consistently highlighted the use of stories to enhance relationships and to develop a greater understanding with young people. The participants in the current study highlighted the use of their stories to help convey particular messages to young people, as stories will often be shared among their peer group and multiple recreations of a story can be used to serve a variety of functions.

The participants in the current research highlighted the role of humour within stories making reference to the utilization of humour for a wide variety of purposes in communication with other staff members and with young people. Humorous stories were used to convey difficult or challenging messages to young people, to express caring, to lighten dark moments, to normalize feelings, and to connect with young people generally. This was in keeping with research on the broad functions humour can serve in relationship building generally (Austin & Halpin, 1989). The use of humorous personal stories appears to be a positive indication of a reasonable level of trust within an environment and can **also act as a 'release valve' for both staff and young people at times of stress** and tension (Bippus 2003). In a residential setting, working primarily with young people, this may be particularly relevant and a number of the participants in the current study highlighted the use of stories as an effective way to work with young people during stressful times of the day, or to introduce potentially stressful issues.

The current research highlighted the use of stories to discuss challenging issues **in an indirect fashion. In keeping with Simpson's previous research (2014),** findings in the current research highlighted the use of stories to discuss everyday struggles and life adversities. Participants utilised this approach in a variety of different ways, using stories to discuss journeys in relation to health issues, weight loss, placement progression and relationships. The respondents also discussed storytelling as a way of aiding reflection and allowing young people to see a complex situation from a number of different perspectives, often **through the use of a personal story. Oakley's (2010) research also cites use of** stories to explore alternative endings to situations. The role of storytelling in relation to the moderation of stressful and conflict situations was evident in the current research, with respondents highlighting issues around specific times of day (such as bedtime) or in relation to particular challenges (for example, to explain the importance of taking medication or to help with 'trigger times' and transitions such as bedtime).

Interestingly, while the participants in the current research appeared to value the sharing of stories they had heard from other young people previously, the sharing of peer stories (from peer to peer rather than staff to young person) did not feature in participant responses. It appears this could be an approach facilitated by participants through building a culture whereby young people connecting and sharing with each other is encouraged and supported. This may present challenges in relation to confidentiality and sharing of sensitive information, however, the positive role young people can play in the care of their peers is well established (Vorrath & Brendtro, 1985). It may also be possible to utilise stories to develop connections between young people within residential units, allowing for the establishment of relationships in the early stages of placement. This may be an interesting avenue to explore in future practice and research with young people in residential care.

## **Implications for social care practice**

In the context of identifying the role of this research in understanding the power and value of story, **Brown (2010) refers to stories as 'data with a soul'**. Some central themes emerged in the research data gathered; a recurring theme was that of the importance of relationships and the necessity to put relationships at the heart of practice. Relationship building is a central component of social care practice and the development of stories may offer the opportunity to enhance the development of empathy and understanding. Young people are often encouraged to engage in storytelling in the form of life story work as part of their development and to help both the staff and the young person to develop an understanding of their life and their goals. Storytelling can be used effectively by both staff members and young people for this purpose and natural opportunities for intervention occur through the sharing of stories and the healthy disclosure which takes place as part of this process.

The sharing of personal stories may allow young people to see staff members as 'real people' and this may be particularly relevant for young people who have been engaged with professionals for an extended period of time in their lives. As the participants discussed barriers to the use of stories, it is imperative to remain mindful of boundaries and the appropriate use of boundaries, responding **to young people's direction with regard to the level of comfort they feel in** relation to engaging around certain issues. We must remain particularly attuned to the messages we receive from young people in relation to personal stories and topics which they are open to discussing.

## **Limitations and challenges in storytelling**

Hardy (2007) notes the potentially coercive nature of storytelling and the risks associated with this. The nature of stories is that they may focus on exceptional cases which by definition are not the experience of the average young person.

Issues may also arise around understanding, relevance and application where young people struggle to connect to or understand the relevance of various figures within stories, and in the current study a number of staff were concerned about this as an issue if using personal stories. Central messages and themes in stories can take time to digest and repetition of the same story may be required to allow for a full understanding to emerge. Language, culture and understanding all need to be considered both in terms of practicalities and in relation to ensuring stories are not used inappropriately or are in any way **harmful to a young person's psychological functioning. Gender differences may** also come into play in relation to utilisation of stories from a staff and young person perspective and need to be considered, and future research may explore this further.

One of the major ethical considerations in relation to storytelling in a social care setting relates to a consideration of ownership of the story being told. In this respect the young person tells a story and we must consider if this story belongs to the young person alone or is now a shared story. The same issue applies to staff members sharing stories with young people and the fear that staff can often feel in relation to sharing stories, as they are no longer the sole owner of the story and the experiences discussed. This can also be related to the fear that staff members expressed in the current study of the information being misused once they have disclosed it. A parallel process may be at work here whereby young people may have the same fears regarding misuse of information disclosed and this may impact on their engagement with services and professionals.

Other ethical issues that may arise in the use of storytelling include a consideration of the role of reality versus fantasy and the ownership of stories, once they are shared. The staff member may feel that the story being told to them is not based on fact and as such the issue of allowing the fantasy to develop or to point out the facts **may impact on the young person's willingness** to engage in the story telling. One participant in the current study made reference to this and in all stories there can be a need and an ability to emphasise certain parts or omit certain parts of stories as they are shared. There are certain biases and processes in human cognition that allow us to recall and to focus on certain aspects of stories when telling and recalling stories told to us, and this may require a conscious awareness by staff of this.

## **Under-utilised applications of storytelling**

There appears to be significant scope to extend the use of storytelling in a variety of ways in order to draw on more creative and innovative interventions in practice settings. It could be that storytelling could be effectively utilised in a more formal fashion in relation to assessment tools, care planning systems, and key-working sessions. As previous research in healthcare has highlighted, the

**use of young people's stories could be key to centralising the voice of the young person in service development.**

Adopting storytelling as one component of our systems to assess and respond to need appears to offer significant potential benefits in relation to young people who are challenging to reach through conventional assessment and intervention methodologies. Peer based intervention and the sharing of peer stories was not recognised by respondents in this study - this may be due to lack of awareness or the lack of ability to use this approach. Use of peer stories for the purposes of relationship building, education and conflict resolution all appear to offer **significant potential benefits. Equally, use of staff members' own stories as a mechanism for enhancing and developing learning may be underutilised as a learning tool at present, and whilst the present research focused on stories between staff and young people there may be potential for storytelling to be used between staff to learn from each other.** Sharing, evaluating and reflecting on their own stories from practice whilst integrating the learning they have taken from these experiences with appropriate theoretical perspectives could bridge the theory-to-practice gap which is sometimes problematic for relatively inexperienced staff members.

## **Conclusion**

The present research emphasises the value of storytelling as an approach within social care practice, by people working directly with young people in residential care. Stevenson (2015) identifies the potential of story to make an impact suggesting that in many contexts even 'bad stories trump good science' in terms of communicating a message or changing behaviour. Whilst the informal use of storytelling appears to be relatively common, this is not reflected in a formal move towards adopting storytelling as an approach within relationship building, assessment, conflict resolution, supervision or education/training. McIntyre & Lenzionowski (2015, p. 57) suggest: 'formal structures need to be in place to help the storytelling process, particularly within meetings, to create outcome-focused thinking and action planning'.

**In keeping with Saleebey's (2002) Strengths Based perspective, utilising storytelling may allow us to see people's lives as a whole rather than just seeing their problems and difficulties and may facilitate a more complete understanding of their perspective on the experiences they have had.** Whilst the very significant benefits of adopting storytelling as part of a portfolio of interventions with young people and staff members it is also necessary to retain awareness of the potential pitfalls in storytelling and the risks associated with the use of irrelevant stories and an awareness of the impact of these stories. It appears there exists the potential for developing this approach to working in social care as it offers an adaptable approach to working with young people and with other practitioners.

If history were taught in the form of stories, it would never be forgotten.

Rudyard Kipling

## References

- Alameddine, R. (2009). *The Hakawati*. New York: Anchor Books.
- Altenberger, I. & Mackay, R. (2008). *What matters with personal narratives*. Aberdeen: Robert Gordon University.
- Ahmed, A. (N.D). *The Somali oral tradition and the role of storytelling in Somalia*. Minnesota: Humanities Centre.
- Austin, D. & Halpin, W. (1989). The caring response. *Journal of Child and Youth Care*, 4(1), 2-5.
- Barkley, E., Cross, K. & Major, C. (2005). *Collaborative learning techniques: A handbook for college faculty*. San-Francisco: Jossey-Bass.
- Bettelheim, B. (1976). *The uses of enchantment, the meaning and importance of fairy-tale*. New York: Random House.
- Bippus, A. M. (2003). Humour motives, qualities and reactions in recalled conflict episodes. *Western Journal of Communications*, 67(4), 413-426.
- Brown, B. (2010). The power of vulnerability. Retrieved from: [https://www.ted.com/talks/brene\\_brown\\_on\\_vulnerability](https://www.ted.com/talks/brene_brown_on_vulnerability)
- Carnegie Mellon Elbery Centre (N.D.) *Teaching excellence & educational innovation*. Retrieved from: <https://www.cmu.edu/teaching/designteach/teach/instructionalstrategies/casestudies.html>
- Charon, R. (2009). Narrative medicine as witness for the self-telling body. *Journal of Applied Communication Research*, 37(2), 118-131.
- Conlon, M. (2005). Creating a safe place to sleep: an analysis of night care staff interventions to reduce evening and night-time disturbance in residential care unit. *Scottish Journal of Residential Child Care*, 4(2), 1-9.
- Cottrell Boyce, F. & Stevens, I. (2014). Tell a different story: some reflections on the 11th Kilbrandon lecture and its relevance to residential child care. *Scottish Journal of Residential Child Care*, 13(3), 1-7.
- Cox A. and Albert D. (Eds.). (2003). *The healing heart for families: storytelling to encourage caring and healthy families*. Washington: New Society Publishers.

- Danks, J. (2014). Working with families within an in-patient setting. *Meriden Newsletter*; 4: 1, 2-3. Retrieved from: [www.tinyurl.com/MeridenFamily](http://www.tinyurl.com/MeridenFamily)
- Davis, N. (1990). Once upon a time: therapeutic stories to heal abused children. Oxen Hill, MD, Psychological Associates of Oxen Hill.
- Drumm, M. (2013). The role of personal storytelling in practice. IRISS, *Insights*, No.23. Retrieved from: <http://www.iriss.org.uk/resources/role-personal-storytelling-practice>.
- Gaydos, L. (2005). Understanding personal narratives: an approach to practice. *Journal of Advanced Nursing*, 49, 254-259.
- Haines, C. & Livesley, J. (2008). Telling tales: using storytelling to explore and model critical reflective practice in integrated children's services. *Learning in Health and Social Care*, 7(4), 227-234.
- Haigh, C. & Hardy, P. (2011). Tell me a story – a conceptual exploration of storytelling in healthcare education. *Nurse Education Today*, 31, 408-411.
- Hardy, P. & Sumner, T. (2008). Digital storytelling in health and social care: touching hearts and bridging the emotional, physical and digital divide. *Lapidus Journal*, June 2008, 24-31.
- Hardy, P. (2007). An investigation into the application of the patient voices digital stories in healthcare education: quality of learning, policy impact and practice-based value. Belfast: University of Ulster.
- Killick, S. & Boffey, M. (2012). Building relationships through storytelling. Cardiff: The Info group.
- Kirkpatrick M., Ford, S. & Costello, B. (1997). Storytelling: an approach to client-centred care. *Nurse Educator*, 22(2), 38-40.
- Lamaca, B. (2004). The power of storytelling and reading in healing children orphaned by war in northern Uganda (Paper given at the 29th World Congress of the International Board on Books for Young People, Cape Town, South Africa). Retrieved from: [http://www.nabuur.com/files/attach/2008/10/task/doc\\_45bec6fdc42c7.pdf](http://www.nabuur.com/files/attach/2008/10/task/doc_45bec6fdc42c7.pdf)
- Maclean, K. and Gunion, G. (2003). Learning with care: the education of children looked after away from home by local authorities in Scotland. *Adoption and Fostering*, 27(2), 20-31.
- MacLean, K and Connelly, G (2005). Still room for improvement? The educational experiences of looked after children in Scotland. In D. Crimmens & I.



Milligan (Eds.), *Facing forward: Residential child care in the 21st century*. Lyme Regis: Russell House.

McIntyre, L. and Lendzionowski, S. (2015). An evaluation of storytelling in the NHS. *Nursing Times*, 111(6), 18-21.

McNicol, C. and Kirkpatrick, R. (2005). The good goodbye: helping children through transitions using storytelling. *Scottish Journal of Residential Child Care*, 4(2), 1-11.

**NHS England, Midlands and East. (2014). What's the story? Storytelling within the NHS (Midlands and East). Part one: Realist evaluation study findings.** Retrieved from: [www.tinyurl.com/NHSMESTorytelling](http://www.tinyurl.com/NHSMESTorytelling).

NHS Midlands and East (2012). Creating a revolution in patient and customer service experience using patient stories. Retrieved from [www.tinyurl.com/NHSMERevolutionStories](http://www.tinyurl.com/NHSMERevolutionStories).

Oatley, K. (2010). Why fiction might be twice as true as fact: Fiction as cognitive and emotional stimulation. *The New English Review*. Retrieved from: [http://www.newenglishreview.org/Keith\\_Oatley/Why\\_Fiction\\_May\\_Be\\_Twice\\_as\\_True\\_as\\_Fact/](http://www.newenglishreview.org/Keith_Oatley/Why_Fiction_May_Be_Twice_as_True_as_Fact/).

**O'Reilly, L. & Dolan, P. (2015). The voice of the child in social work assessments: Age-appropriate communication with children. *British Journal of Social Work*, 1-17. doi: 10.1093/bjsw/bcv040.**

Roberts, G.A. (2000). Narrative and severe mental illness: what place do stories have in an evidence-based world. *Advances in Psychiatric Treatment*, 6, 432-441.

Rogers, C. (1951). *Client-centred therapy*. Cambridge Massachusetts: The Riverside Press.

Rowshan, A. (1997). *Telling tales*. Oxford: Oneworld Publications.

Saleebey, D. (2002). *The Strengths Perspective in Social Work Practice*, 3rd Ed. Toronto: Allyn and Bacon.

Simpson, D. (2014). Beware of the big bad storyteller? An exploration of the therapeutic potential of bedtime reading from the perspective of young people and residential workers. *Scottish Journal of Residential Child Care*, 13(1), 1-14.

Stevens, I., Kirkpatrick, R. & McNicol, C. (2008). Improving literacy through storytelling in residential care. *Scottish Journal of Residential Care*, 7(2), 28-40.

Stevenson, N. (2015). Science vs. storytelling: Why bad stories can trump good science. Retrieved from: <http://matterchicago.com/event/ideo-science-vs-storytelling-why-bad-stories-can-trump-good-science/>.

Trevithick, P. (2012). Social work skills: a practice handbook. Maidenhead: Open University Press.

Vorrath, H. & Brendtro, L. (1985) Positive peer culture. New Jersey: Transaction.

Vygotsky, L. S. (1978). Mind in society: the development of higher psychological processes. Cambridge, MA: Harvard University Press.

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