



# Mental health, identity and informal education opportunities for adolescents with experience of living in state care: a role for digital storytelling

Simon P. Hammond, N.J. Cooper & P. Jordan

To cite this article: Simon P. Hammond, N.J. Cooper & P. Jordan (2021): Mental health, identity and informal education opportunities for adolescents with experience of living in state care: a role for digital storytelling, Cambridge Journal of Education, DOI: [10.1080/0305764X.2021.1919057](https://doi.org/10.1080/0305764X.2021.1919057)

To link to this article: <https://doi.org/10.1080/0305764X.2021.1919057>



© 2021 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group.



Published online: 25 Jul 2021.



Submit your article to this journal [↗](#)



Article views: 122



View related articles [↗](#)



View Crossmark data [↗](#)

# Mental health, identity and informal education opportunities for adolescents with experience of living in state care: a role for digital storytelling

Simon P. Hammond<sup>a</sup>, N.J. Cooper<sup>b</sup> and P. Jordan<sup>c</sup>

<sup>a</sup>School of Lifelong Learning, University of East Anglia (UEA), Norwich, UK; <sup>b</sup>School of Psychology, UEA, Norwich, UK; <sup>c</sup>School of Social Work, UEA, Norwich, UK

## ABSTRACT

The mental health difficulties and educational trajectories of adolescents with care-experience is a pervasive international concern. This article explores how digital technologies can facilitate self-reflective dialogues and informal education opportunities for adolescents with care-experience. Extracts from vlogs created during an ethnographic project working with adolescents ( $n = 10$ , six males and four females,  $M$  age = 15.3 years, age range: 14–18 years) and carers ( $n = 35$ , ages and gender not sought) in four English residential homes are thematically analysed. Three major themes were constructed: *richness of everyday identity*; *complexities of in care identity*; and *renegotiating narrative traumas*. Themes illustrated how engagement with a blended intervention (featuring digital and face-to-face elements) created opportunities for trusted adults to support the mental health, identity and educational needs of adolescents with care-experience. The paper concludes by critically discussing the educational implications for those working with this group.

## ARTICLE HISTORY

Received 24 March 2020  
Accepted 13 April 2021

## KEYWORDS

Education; digital storytelling; adolescents; state care; thematic analysis; focused ethnography

## Introduction

The mental health and educational trajectories of adolescents with experience of living in state care is a pervasive international concern (Carr, Duff, & Craddock, 2020; Doyle & Cicchetti, 2017; Van Ijzendoorn, Bakermans-Kranenburg, Coughlan, & Reijman, 2020). The poor mental health of this group, their growing numbers and policies that place responsibility on educational settings to support positive mental health mean that promoting access to, and understandings of, effective mental health interventions in educational settings is vital (Bruckauf, 2017; Cassarino-Perez, Crous, Goemans, Montserrat, & Sarriera, 2018; Department of Health (DoH) & Department for Education (DfE), 2017; Petrowski, Cappa, & Gross, 2017). This is the core focus of the current paper; it will explore how digital technologies can facilitate self-reflective dialogues and informal educational opportunities for adolescents with care-experience.

**CONTACT** Simon P. Hammond  S.Hammond@uea.ac.uk  School of Education and Lifelong Learning, Faculty of Social Sciences, University of East Anglia, Norwich NR4 7TJ, UK

© 2021 The Author(s). Published by Informa UK Limited, trading as Taylor & Francis Group.  
This is an Open Access article distributed under the terms of the Creative Commons Attribution-NonCommercial-NoDerivatives License (<http://creativecommons.org/licenses/by-nc-nd/4.0/>), which permits non-commercial re-use, distribution, and reproduction in any medium, provided the original work is properly cited, and is not altered, transformed, or built upon in any way.

Within the United Kingdom (UK) an individual under 18 years old who has been provided with care and accommodation by the state can be described as ‘care-experienced’. Many adolescents with care-experience will have experienced major life disruptions, and potentially trauma(s) affecting their mental health, subsequent learning and educational progress (DoH & DfE, 2017). Adolescents experiencing mental ill-health find engaging in formal education difficult (Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011). However, adolescence represents a window of opportunity in brain development, becoming a key period for intervention for modifying developmental and outcome trajectories (Patton et al., 2016). This is important, as we know that educators have a key role to play in promoting positive identity construction during adolescence (Verhoeven, Poorthuis, & Volman, 2019).

Not all adolescents with care-experience that endure early and/or continued difficult life circumstances will develop mental ill-health reaching diagnosis thresholds. However, pre-care events coupled with repeated changes in home and schooling arrangements can make it harder for this group to create and retain trusting relationships with key adults, vital for constructing coherent and positive identities (Lewing, Doubell, Beevers, & Acquah, 2018).

The role of education in positive identity construction is especially important (Lannegrund-Willems & Bosma, 2006; Verhoeven et al., 2019). Verhoeven et al. (2019) reviewed 111 studies in this area and concluded that educationalists can impact greatly on adolescent identity construction. Trusting relationships with key adult(s) and peers in adolescent identity development is emphasised across theory and research (Berzonsky, 1990; McAdams & McLean, 2013; Nelson, Jarcho, & Guyer, 2016; O’Higgins, Sebba, & Gardner, 2017), and so too is the relationship between good mental health and a positive sense of identity (Steffens, Haslam, Schuh, Jetten, & Van Dick, 2017).

However, current approaches to engaging adolescents with care-experience to increase their sense of identity and positive future expectations focus on younger children (Hammond, Young, & Duddy, 2020). Despite this, evidence indicates the usefulness of positive future expectations as a change mechanism for educational intervention and prevention efforts to promote good mental health, particularly for vulnerable adolescents (Munford & Sanders, 2014; O’Higgins et al., 2017; Prince, Epstein, Nurius, Gorman-Smith, & Henry, 2019).

Drawing on data from a four-year study, this paper illustrates how engaging with a blended intervention (featuring digital and face-to-face elements) can create opportunities to support the mental health and identity needs of adolescents with care-experience, while simultaneously creating spaces where the critical literacies of digitally excluded youth can be developed. We begin by outlining the mental health, identity and digital needs of adolescents with care-experience. From the analysis of our qualitative data set, we then examine opportunities afforded by using digital technologies to talk with these adolescents about their current, past and future circumstances. The paper concludes by critically discussing the educational implications for those working with adolescents with care-experience.

### ***The mental health needs of adolescents with care-experience***

Internationally, estimates suggest adolescents with care-experience are four times more likely to have diagnosable mental health needs than their peers (Goodman, Ford,

Simmons, Gatward, & Meltzer, 2003). Yet every contact with a professional, regardless of discipline, represents an opportunity to recognise distress and improve this group's mental health and educational trajectories.

Education, health and social care, policy and practice recognise the strong relationship between good mental health and a positive sense of identity (Steffens et al., 2017; Verhoeven et al., 2019). Whilst mental health and identity have extensive theoretical terrains associated with a large corpus of empirical enquiry, they share a common ground that delineates the reciprocal relationship between mental health and identity (Large & Marcussen, 2000). This illustrates the role and power of re-structuring, and, in some cases, re-scripting limiting interpretations of lived events and relationships when recovering from trauma (McAdams & McLean, 2013).

Educationalists, social care workers and foster carers are not mental health professionals. However, they are 'social pedagogues' (Storø, 2013), people concerned with the formal and informal learning, wellbeing and growth of those they work with. Like all social pedagogues, educationalists are well placed to identify mental ill-health, provide low-level support and assist adolescents to access specialist mental health services as required. What appears to be lacking are relevant resources for social pedagogues to work with adolescents with care-experience (Hammond & Cooper, 2013; Hammond et al., 2020).

### ***Digital exclusion, informal learning and digital storytelling***

Active citizenship incorporates digital engagement, making digital exclusion a pressing social and educational issue (Helsper, 2012). Adolescents' engagement in digital spaces offer opportunities to support their mental health and identity needs. Nevertheless, adolescents with care-experience often find themselves digitally excluded, with spaces in which to pursue digital resilience often restricted (Hammond & Cooper, 2015). Adolescents with care-experience not in formal education need more opportunities to engage in informal learning, and care environments are vital in promoting this. In this informal learning context, the learning of new skills via spontaneity and participation is central and the digital space is an increasingly important aspect. Informal learning, that is, learning outside of formal school settings, can often be ignored, unrecognised or even proscribed by mainstream formal education, especially in regard to students from vulnerable groups (McIntyre, Rosebery, & González, 2001). This is particularly important in the context of research showing large differences in formal educational outcomes and progress for adolescents with care-experience (O'Higgins et al., 2017).

Digital storytelling (DS) is a participatory process by which people digitally produce a short narrative about a topic (Wu & Chen, 2020). It requires high levels of literacies (OECD, 2000; Sadik, 2008) and offers personal development for people for whom formal literacy has been problematic. In the context of the digital inequalities facing adolescents with care-experience, it also creates opportunities to pursue digital resilience (Hammond & Cooper, 2015; UKCIS, 2019;). DS crosses disciplinary boundaries, finding applications in healthcare (Lenette et al., 2019), business (Wu, 2006) and civic engagement (Greene, Burke, & McKenna, 2018). Yet at its core, DS enables people to share lived experiences in their words via multimodal materials (Gubrium, 2009).

In the current paper, DS is viewed as a positive youth development practice through which informal educators may engage adolescents with care-experience to build resilience and enhance wellbeing (Sanders, Munford, Thimasarn-Anwar, Liebenberg, & Ungar, 2015), specifically focusing on the potential to assist in the re-interpretation of limiting appraisals and self-blame for difficult life events, and thus enabling the development of positive future expectations (Anderson & Mack, 2017; Anderson & Cook, 2015). This leads the current paper to explore how digital technologies can be used to facilitate self-reflective dialogues and informal educational opportunities for adolescents with care-experience.

## Method

We worked with four English residential homes to co-produce, implement and evaluate contrasting DS approaches. The fieldwork took place over seven months. Multimodal methods were used to represent the lived experiences, daily activities and social/political context of everyday life in the settings. In order for the DS innovations to make sense to those within this context, the umbrella term Digital Life Story Work (DLSW) was used. This enabled stakeholders to make sense of the project in relation to existing approaches to Life Story Work (LSW). What became known subsequently as the DLSW programme included numerous interrelated DS projects.

The current paper reports data only from the DS 'Memorify' project. As such, the technological features of Memorify, implementation learning and other aspects of digital technology consumption by adolescents with care-experience, examined elsewhere, are not the focus here (Hammond, & Cooper, 2013; 2015; 2016; Hammond, Cooper, & Jordan, 2018). Conceived by the first author and co-designed with their residential carers, the Memorify platform was a private online space where adolescents with care-experience could store digital artefacts. This paper focuses exclusively on how Memorify, and the first author as the facilitator of adolescents' engagement with Memorify, created a shared expressive space or 'common third' from a social-pedagogic perspective (Storø, 2013), and what identity work adolescent participants chose to do with this relationship space. We report study methods and results according to the Consolidated Criteria for Reporting Qualitative Research (COREQ) (Tong, Sainsbury, & Craig, 2007). See Appendix 1 for the completed COREQ checklist.

### *Agreement of settings and recruitment of participants*

The first author gained agreement from four mainstream children's residential homes. One home was state-run; the other three were independent-sector homes. Residential care was selected due to the first author's familiarity with this provision, and its tendency to accommodate adolescents with differing care journeys, educational experiences, multiple placement breakdowns and mental health needs (Goodman et al., 2003). Having gained home manager and/or parental/legal guardian approval to approach all residents (N = 15) and staff (N = 35) of the homes, the first author shared information about the study face-to-face via paper-based Participant Information Sheets and the innovative use of Participant Information Clips (Hammond & Cooper, 2010). Of the 15 approached, 10 adolescents (six males and four females, M age = 15.3 years, age range: 14–18 years)

consented and took part in all activities. The five who did not engage said they were uninterested. All residential staff (ages and genders not sought) participated, providing a total sample  $N=45$ . Participants were fully aware of the goals of the research, the first author's background as a former residential worker and the doctoral nature of the study. The first author, an applied psychologist qualified to a postgraduate level at the time, was the sole team member collecting data and did not know any participants or their personal histories prior to study commencement.

### **Data collection**

The study recruited a focused ethnographic approach (Knoblauch, 2005). Data collection took place in the adolescent participants' residential homes. The first author wrote reflective fieldnotes following each of the 186 visits undertaken across the seven months of fieldwork. These notes summarised activities carried out, mediums of data collected and topics discussed. This generated a data corpus consisting of reflective fieldnotes from focused participant observations, and notes from conversations, semi-structured interviews, focus groups and in-situ recordings of conversations stimulated via use of Memorify and from video logs (vlogs) entries uploaded to Memorify by adolescent participants. The first author selected vlogging as an expressive tool to emphasise adolescent participants' digital literacies. The remit of the vlog was deliberately broad, with adolescent participants asked to talk about whatever they wanted to from their worlds. This 'adolescent-driven' approach is very different from practitioner-driven conventional LSW methods (Hammond, & Cooper, 2013; Hammond et al., 2020).

Handwritten fieldnotes, audio and audiovisual files were transcribed using orthographic representations of interactions. To provide an insight into the research process, adolescent participants were shown initial interview transcripts. Non-participants were not present during the recording of Vlogs. For some aspects of audiovisual data, the first author noted down timings in transcripts to assist management of data in line with the research questions.

### **Ethical considerations**

In asking adolescent participants to record potentially personally sensitive narratives via digital media, ethical considerations were imperative. Adolescent participants and residential social care professionals' participants (henceforth, staff) were aware that the first author was present in a research capacity, and that he would be facilitating engagement with Memorify and reviewing all uploaded content. Importantly, the first author was present in a research, not therapeutic, capacity and adolescents were research participants, not clients in receipt of a clinical intervention. All parties were aware that the first author would pass on any safeguarding concerns to gatekeepers. This occurred twice during the seven-month fieldwork period. The first author told staff of each disclosure; the staff said that these issues were previously known and would be followed up. The first author also worked in partnership with all stakeholders to address who 'owned' data. Adolescent participants had access throughout the project and the first author shared all data in editable formats for adolescents at a final 'celebration' fieldwork visit to each

home. With the permission of the adolescent participants, staff were given a non-editable version on DVD for their files.

The Ethics Committee at (University of East Anglia) and the partner organisation Norfolk County Council's Research Governance Committee approved the study. All participants gave informed consent; identifying features, such as names of people and places, are replaced with pseudonyms.

### **Analytical procedure**

A social constructionist framework informed our analysis (Gergen, 2009). After reviewing fieldnotes from 186 visits, the first author identified 169 visits relating to engagement with the Memorify platform. The first author reviewed relevant transcripts, removing 16 more visits as they did not feature vlog recordings. The resulting dataset is made up of 153 visits. The first author used Nvivo to assist the structuring, management and analysis of the qualitative dataset. In the context of the current analysis, the primary interest was in the adolescent participants' sharing of accounts and the occasion of telling, rather than in the life that came before the telling (Edwards, 1997). This enabled the analysis to focus on what engaging with the first author, Memorify and the relationship this engagement (and its process) created invited adolescent participants to do with this relational space. Informed by an 'inductive' thematic approach (Braun & Clarke, 2006), the first author generated initial codes after reading and re-reading transcripts. These were then revisited through discussions with colleagues and three major themes developed from code groupings.

### **Analysis and discussion**

Our analysis constructed three major themes: *richness of everyday identity*; *complexities of in-care identity*; and *renegotiating narrative traumas*. Data presented provides indicative examples of themes.

#### ***Richness of everyday identity***

The key message from the analysis of this theme is that in engaging adolescents with care-experience, caring adults need to better attend to the potential impact of everyday identity work and connectedness on this group's mental health and educational progress (Townsend, Berger, & Reupert, 2020). Caring adults, whatever their discipline, develop multidimensional relationships with this group of adolescents that have an educative and therapeutic value. In the context of child and adolescent mental health, relationships between therapists and patients are referred to as a 'therapeutic alliance' (Byers & Lutz, 2015). It is by these relationships that therapists and clients hope to engage with each other, and effect beneficial change in the client. Within informal educational settings, the regularity and predictability of these relationships are seen as key elements in enabling rapport to develop (Byers & Lutz, 2015). As shown in Extract 1 and Extract 2, this theme enables critical examination of regularity as a relational feature.

Extract 1:

Last Monday . . . went to the farm had a bit of a boring day NOT! It was pretty good there, erm done a bit of painting, went on the quad . . . Tuesday went to . . .

Vlog entry: Stan 15 (also present: first author)

Extract 2:

Last Monday . . . I went to [place name] with my mate cos he went to see his family and that so I wanted to go for a little holiday away. Had a good laugh and everything it's been quite good . . . quite enjoyed it . . .

Vlog entry: John 18 (also present: first author)

As described earlier, the remit of the vlogs was deliberately broad, yet each adolescent participant chose to share their weekly account from, effectively, where they finished their last vlog entry. This is important because identity is not only socially and materially distributed, but also temporally located in the context of accounts one has shared in the past, and others one might share in the future (Goffman, 1961). This theme illustrated that in everyday identity work, consistency in the days of the week that sessions took place can reduce burden. The relationship space in which adolescent participants and the first author interacted was experienced at the same time and on the same day of the week. Having a consistent relationship space provided adolescent participants with a consistent way to begin their accounts. As shown in Extract 3, this freed up adolescent participants to share events from their everyday lives, appearing to reduce the narrative and cognitive burden.

Extract 3:

Hello, it's Thursday again. I live at [Home name] but you probably already know that cos I've said it like a million times . . . today, I've been at [School name] and I did . . . I did Art . . . and Miss said I did really well so tomorrow I get £5 reward money . . .

Vlog entry: Nikki 15 (also present: first author)

People sharing positive stories about themselves is not unique to DS or vlogging, nor are the narrative literacy skills vlogging can help develop. However, in the context of the current analysis, vlogs recorded representations of spaces, places, people and adolescent participants' constructions of these at a specific point in time. In considering the repeated research messages from adolescents with care-experience regarding the need for a more positive sense of identity (Stein & Munro, 2008), settings need to safeguard 'everyday magic' and facilitate feelings of connectedness, with the latter shown to be particularly helpful when working with vulnerable adolescents (Foster et al., 2017; Noble-Carr, Barker, McArthur, & Woodman, 2014).

The *richness of everyday identity* theme highlighted the importance of amusing anecdotes about past-shared experiences and, with it, the identity features of those involved. In the context of adolescents' identities, this 'everyday magic' can be easily lost when relationships with peers and trusted adults such as educators cease. Such human richness is very difficult to represent in written accounts, yet is a vital part of the state's responsibility for 'protecting and preserving identity' of children and young people (UNICEF, 1989). Extract 4 provides an example of an account unlikely to be recorded in Anne-Marie's social care case files, that is, files containing 'official' information about the child that are often used as key sources of data in tracing a child's past life for them.

Extract 4:



On Tuesday we were supposed to go back to school ... but the teachers were stranded abroad so we had to have a day off ... I went to see my friend ... Anna ... and Anna's Dad had ... a bit too much to drink and he tried to unlock the door, he couldn't unlock it, so he put his head in the cat flap as he didn't know we were there ... (Laughs)

Vlog entry: Anne-Marie 15 (also present: first author)

From a broader mental health perspective, when relationships cease people often report a sense of identity change (Oishi, 2017). Commonly, there are others in people's lives to help re-assemble and/or help preserve shared memories, such as parents, siblings, wider family and peers. Adolescents with care-experience do not always have this facility. Imagine telling a story of an event from the past to someone you have never met, about someone they have never met, in a place they have never been about something they may know nothing about. The challenges of sharing such narratives are self-evident.

Everyday life can be mundane by definition, but ultimately becomes more meaningful when features of it cease. When adolescents with care-experience move homes and/or schools, the once mundane can become much more meaningful, and, for some, no longer accessible. Of course, it is possible that Anne-Marie could retell the story in Extract 4 to a new audience using a photo or artefact to remind her of Anna and their friendship. However, the vlog represents a much richer starting point.

The importance of consistent trusted pro-social relationships with adults and peers in this area is well known (Foster et al., 2017). Of course, an important context for identity construction is education, and, here, as Mannay et al. (2017) argue, individuals with care-experience are often positioned outside the dominant discourses of success, and this can have significant consequences for their future educational trajectories. In this context, the opportunity for DS to promote educators' understandings of adolescents with care-experience living circumstances (Townsend et al., 2020) emerges, as does the ability to challenge stigma (Mannay et al., 2017).

### **Complexities of in care identity**

The *complexities of in care identity* theme illustrated the potential of DS to create ways for adolescents with care-experience to feel embedded, connected and facilitate positive identity development opportunities (Noble-Carr et al., 2014). These complexities and the additional identity work required emerge even when sharing less sensitive accounts. In Extract 5, a seemingly straightforward account is laden with additional identity complexities.

Extract 5:

... this week I went to my Mum's for the week. ... just been, that was pretty good because I haven't seen her for quite a few months ... cos I only get to see her six times a year cos of, like well ... I'm not allowed but it was pretty good to see her and all that ...

Vlog entry: Stan 15 (also present: first author)

In Extract 5, Stan began to construct the complicated nature of his relationship with his mum. He could have just said he saw his mum and he enjoyed it. In comparison to 'normative' narratives of relationships with parents, even those available to individuals whose parents are divorced, his additional explanatory work offers a rationale. By offering a rationale, Stan illustrates the greater complexity of his 'care identity' in relation

to expected normative narratives. In providing the explanation for his limited contact with his mum, he demonstrates that his position is exceptional and in need of explanation.

The additional work required by those with ‘care identities’ when sharing everyday events (Grotevant & McDermott, 2014), and the need to assist adolescents with care-experience to develop narrative sharing skills, resonate strongly across this theme, as does the need to support adolescents in interpreting and processing their current circumstances. Given the importance of educators in adolescents’ identity development (Verhoeven et al., 2019), further work is needed to explore how they can play a role in supporting the construction of positive identities by adolescents with care-experience.

Extract 6 provides examples of how adolescent participants can draw on those present as co-constructors/supporters to help ‘in care’ identity work and simultaneously create feelings of embeddedness. It also highlights how, like children and parent dyads, adolescents with care-experience and carer/professional dyads can reminisce together in ways that help construct and/or re-script and/or reinterpret identity (McAdams & McLean, 2013).

Extract 6:

Chris: Ask Jez what I was like when I was younger

Jez: Scatty.

XX: Scatty?

Chris: Put, it this way if I wa sat darn, I would just get back up again  
and run around.

Jez: he was like a Duracell battery . . . he just didn’t know when to stop.

DLSW facilitation session: Chris 17, Jez (staff) (also present: first author)

Although not a feature of all vlogs, some adolescents would invite trusted adults to contribute, illustrating how digital media can help capture multiple voices and perspectives, whilst continuing to underline the importance of relationships with trusted adult(s) in this work.

The role of the trusted adult is a strong feature of several theoretical positions, which although using differing language, point to its importance. Regardless of whether this relationship is referred to as assisting pruning or a therapeutic alliance (Byers & Lutz, 2015), researchers agree that it can help mediate interpretations of behaviours and process experiences in ways that seek to ameliorate negative events experienced before or during, and/or interpreted within this sensitive time period. Despite this, across the data set, some trusted adults were notable by their absence. For example, adolescent participants would invite carers to sit next them during the recording of vlogs only for carers to prefer to stay ‘off camera’ but contribute verbally. On other occasions, adolescent participants would begin talking about an event involving a particular carer. They would then stop the vlog, yet leave the webcam recording, and ask the carer to appear on the vlog. This inclusion enables the legacies of carer involvement ‘on camera’ to become prominent.

## Extract 7:

Nikki: Jon come and say hello . . .

Jon: I don't know if I want my my face on there

Nikki: Come on Jon . . . In the middle. . . in the middle. . . in the middle there is Jonsophine

Jon: Hello!

(Both girls giggle)

Ivy: You can go now (long pause whilst Jon leaves room)

Ivy: The thing about Jon is . . . his eyes he looks like he's bin on drugs, but he don't do drugs right better say he doesn't do drugs just in case he gets sacked.

Vlog entry: Nikki 15, Ivy 14 (also present: Jon [staff])

## Extract 8:

Kai: Stu quick come here . . . quick . . . this is Stu he's awesome say hi Stu

Stu: Hi Stu

Kai: And his shirt is minging

Stu: (leaves room) (laughing)

Kai: Where did you get that shirt from?

Stu: Why do you not digging it?

Kai: No it's minging . . . well it's alright actually . . . That's Stu he's awesome

Vlog entry: Kai 15 (also present: Stu [staff])

In the *complexities of in care identity* theme, Extract 7 and Extract 8 illustrate some of the risks of engaging with adolescents with care-experience when technology is involved. It may act as a barrier, with some trusted adults not wanting adolescents to record interactions or capture appearances. Caution is understandable, as digital content can be edited and shared instantly. However, as with conventional LSW approaches used in social care, the need for the adult working with a child to be 'prepared to make themselves vulnerable by entering the child's world and having the courtesy to communicate in the child's way' (Baynes, 2008, p. 47) remains. This is important in two ways: first, by entering the child's world the trusted adult can convey trust, which can be especially important for people who often have low self-esteem (Donald et al., 2018); and, second, because trusted adults occupy a place in the lives of adolescents with care-experience that is different from the place they might occupy in the lives of other children. This relationship space perhaps brings with it special responsibilities to help in the construction of positive identities and positive future expectations. We should not underestimate the importance or lifelong legacy of teacher and informal educator involvement with adolescents with care-experience and the sense of loss once relationships end. Losing touch with people is not unique to adolescents with care-experience.

However, given their frequency of loss experiences and mental health vulnerability, these experiences may be more keenly felt by this group.

Given the volume of evidence underlining the importance of relationships with trusted adults in adolescence, teachers and informal educators have reason to look beyond risk. Furthermore, given the educational experiences of adolescents with care-experience and their rates of exclusion (Luke & O'Higgins, 2018; O'Higgins et al., 2017), educators and others such as social care professionals need to be aware of the important role of informal learning in the digital space. Informal learning spaces provide opportunities to pursue digital resilience and develop digital literacies, both of which are increasingly emphasised in research and policy (Hammond & Cooper, 2015; UKCIS, 2019).

### **Opportunities to renegotiate traumas**

Trauma is an intensely subjective experience, with no one person constructing their accounts identically. These accounts are also likely to change over time as cognitive, social and cultural understandings shift. This theme contained accounts adolescent participants shared about experiences of trauma(s). The extracts given here illustrate how adolescent participants used the tools, reflective opportunity and relationship space to articulate, share and reflect on relational traumas in their own words at a particular point in time in their lives.

Extract 9:

I ain't been at school for like two weeks ... cos I'm not sleeping well so I'm well tired ... I don't really like going to new places and meeting new people and stuff ... I think it's cos of what like happened when I was little with my Dad and the abuse and stuff ... it's hard for me ... to like think about it cos I get like angry and then like when people do my head in like ... I like get really angry at them and then sad ... they just don't listen ... I like my old school. My mates are there and they get me ...

Vlog entry: Phil 15.

Phil reflects on his lack of engagement with a 'newer' school setting, framing this as a symptom of his pre-care experiences intruding on his current mental health. He begins by describing his dislike for new places and people, constructing causal links between his current behaviours and 'the abuse and stuff' he experienced in his birth family. He then constructs how these experiences impact on his daily life, notably in relation to his dislike for 'new places and meeting new people and stuff' and how he gets 'really angry at them [*new people*] ... and then sad'. He also makes links to supportive peers and how they 'get' him.

Childhood Sexual Abuse (CSA) has been shown to have damaging effects on physical and mental health outcomes in childhood and beyond (Hailes, Yu, Danese, & Fazel, 2019). Survivors of CSA can often develop mental health conditions such as Generalised Anxiety Disorder, depression and Post-Traumatic Stress Disorder (Hailes et al., 2019), each of which can have major detrimental effects on educational engagement and achievement. Whilst Extract 9 could indicate underlying psychiatric disorders, these are not the focus of the current paper or its discussions. The current paper and its analytical perspective remains primarily interested in the adolescent participants' sharing

of accounts and the occasion of telling, rather than in the life that came before the telling (Edwards, 1997). For such reasons, the analysis remains focused on what engaging with the first author, Memorify and the relationship this process created invited adolescent participants to do.

As in conventional LSW with younger children with care-experience, the trusted adult relationship context and engagement with reflective activities created opportunities for a therapeutic alliance between adolescent participants and the first author. In this space, adolescent participants were able to express and begin to reflect on difficult events in their lives:

Extract 10

I used to live with my mum and then I moved out cos I got abused, abused and attacked and that lot and . . . then I moved into my Dad's but my Dad's . . . it didn't go well with my Dad and . . . I moved into a care a foster home . . . My foster home was great, just didn't get on as well like. The next one I didn't get on but this one I haven't left yet. It's not been the longest care . . . home . . . I think I really the place I'd really like to go is where is where . . . my Nanny lived because . . . my Nan passed away she was only 49 but she died . . . of a heart attack I think it was September last year . . . and it really it really upset me and rather be seeing that than doing anything else . . . I think my Mum and my family and older sister insist I can't cope with family and that lot . . . but I do like it . . .

Vlog entry: Nikki 15

Here Nikki shares an account of how she came to live in her current home. She reflects on numerous previous relationship breakdowns signalled by the reoccurring use of 'just didn't get on'. In this extract, Nikki speaks of the instability and impermanence in her life following the abuse she experienced when living with her birth mother. Although she does not elaborate, her talk expresses a desire for closeness with her family. Nikki talks about her Nan and about being physically ('the place I'd really like to go') and psychologically ('rather be seeing that than doing anything else . . . I do like it') closer to her birth family. In this theme, the opportunities to renegotiate a variety of pre-care and care-related relational traumas unfolded.

The recording of vlog entries for Memorify and the relationship with a trusted adult such activities cultivated provided opportunities for adolescent participants to share their perspectives on these experiences in the present day and assimilate these into ongoing identity constructions. The relationship context allowed adolescent participants an opportunity to bring their own agendas. The tools offered them a familiar and comfortable medium through which to express their accounts freely. In the context of this theme, it is worth considering what the opportunity to share provided for Phil and Nikki. Each chose to renegotiate traumatic event(s) in a trusted adult relationship context. In so doing, this theme underlines the potential applications of DS techniques as a mechanism for generating a positive sense of identity, future expectations and increasing educator understandings of adolescents with care-experience circumstances (Townsend et al., 2020), each of which are regarded as potent change mechanisms in interventions promoting good mental health for vulnerable adolescents (Anderson & Mack, 2017; O'Higgins et al., 2017; Prince et al., 2019).

## Critical discussions and educational implications

This paper illustrates how engagement with a blended intervention (featuring digital and face-to-face elements) created opportunities for trusted adults and/or professionals to support the mental health and identity needs of adolescents with care-experience. The *richness of everyday identity* theme demonstrated the importance of relationship and process predictability when asking adolescents with care-experience to record reflections on their everyday lives. The *complexities of in care identity* theme illustrated how, even when sharing less sensitive accounts from their everyday lives, adolescent participants were faced with additional ‘care identity’ work to navigate. This theme also demonstrated the value of informal educators in constructing feelings of belonging if invited to contribute. The final theme, *opportunities to renegotiate traumas*, showcased how DS activities and the relationship spaces the Memorify intervention cultivated can provide opportunities for adolescents with care-experience to share their perspectives on their more sensitive experiences, and, in so doing, promote opportunities that may otherwise hinder engagement with formal and informal education and educators.

Caution and informal educator anxiety around the use of digital tools to potentially share personally sensitive accounts create questions of ownership and data protection. However, acceptance of the digital age can dramatically alter dominant digital safeguarding discourses (Livingstone, Kardefelt Winther, & Hussein, 2019). From a digital literacies (Meyers, Erickson, & Small, 2013) and exclusion perspective (Helsper, 2017), safeguarding questions can be renegotiated. For example, instead of attention focusing on the risks of ‘at-risk’ youth engaging with digital media, the question becomes what are the risks of ‘at-risk’ youth not engaging with digital media? This repositioning of risk allows us to enquire about children’s exposure to online risks and possible harms, as well as the role of trusted adults as mediators and sources of support (Livingstone et al., 2019).

From a mental health perspective, DS may have a role in helping educators to identify students who have, or who are at risk of developing, poor mental health. However, to date the implementation of DS in educational contexts has focused on teachers, with researchers examining their use in creating learning environments to enhance student engagement and outcomes (Smeda, Dakich, & Sharda, 2014). Its use within social care has similar pedagogical connotations (Marín, Tur, & Challinor, 2018). In healthcare, the use of DS for mental health promotion is more established, with attention now turning to measuring efficacy (Moreau, Eady, Sikora, & Horsley, 2018). Knowledge of how to implement DS and the efficacy of this approach is probably lacking in informal and formal educational contexts, indicating future research directions. The multi-perspective and multi-method qualitative data set of this paper does not address these efficacy questions. Clearly, DS is not a panacea, nor are its efficacy and cost-effectiveness known at the time of publication. Importantly, there is clear scope for more research in this area to address these evidence gaps with what little work there is offering a place to start (Hammond et al., 2020).

Engagement with DS empowered adolescent participants through the process of constructing their own story (Anderson & Mack, 2017; Anderson & Cook, 2015). As Anderson and Cook (2015, p. 87) discuss, DS provides context and technical tools ‘to form adaptive responses’ regarding people’s lived experiences, ‘both in its immediate aftermath and over time, possibly preventing the trauma cycle from continuing’.

Involvement in the DLSW programme may have enabled adolescent participants to learn, understand and assimilate traumatic experience(s) into the context of their identities and lives. Therapeutic alliances with the trusted adult(s) are a central feature of mental health treatments and their effectiveness (Goldsmith, Lewis, Dunn, & Bentall, 2015). Importantly, therapeutic relationships are not the exclusive preserve of prescribed mental health relationships (Byers & Lutz, 2015).

In its advice on mental health and behaviour in schools, the UK's DfE (2018, p. 4) states that schools 'have a central role to play in enabling their pupils to be resilient and to support good mental health and wellbeing' and that it is 'important that schools promote good mental wellbeing for all pupils'. The Department's advice identifies the school as an important site for early intervention to create a safe and calm educational environment and strengthen resilience before serious mental health problems occur (DfE, 2018). However, this places significant responsibility on schools to develop educational solutions to the mental health crisis (Department for Education, 2018), underlining their vital role in promoting wellbeing, building resilience and good mental health. As Glazzard (2018) has argued, relationships between staff and students and between students are critical in promoting student wellbeing and in helping to engender a sense of belonging to the school. From a practice perspective, DS is one way in which teachers can actively listen to students and engage with their lives. This work may also aid the early identification and treatment of young people at risk of developing poor mental health, whilst also enabling education providers and health and social care departments to work together more effectively.

By increasing knowledge of this 'window of opportunity' amongst formal and informal educators, they can perhaps help to provide better protective, nurturing and empowering environments for adolescents. The three themes in the current paper construct an account of how prosocial relationships with teachers and informal educators can engage adolescents with care-experience in self-reflection to promote a more coherent sense of identity and positive mental health. DS may also offer formal and informal educators the opportunity to challenge the stigma and connotations of the many labels attached to adolescents with care-experience by increasing understandings of the context in which they live (Townsend et al., 2020). In so doing, DS could help formal and informal educators to be more aware and responsive to the needs of individual students and their circumstances.

## Acknowledgments

We would like to thank all involved.

## Disclosure statement

The author(s) declared the following potential conflicts of interest with respect to the research, authorship, and/or publication of this article: Simon P. Hammond offers consultancy services in social media and Digital Life Story Work via [www.digitallifestorywork.co.uk](http://www.digitallifestorywork.co.uk). The remaining authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

## References

- Anderson, K. M., & Cook, J. R. (2015). Challenges and opportunities of using digital storytelling as a trauma narrative intervention for traumatized children. *Advances in Social Work*, 16(1), 78–89.
- Anderson, K. M., & Mack, R. (2017). Digital storytelling: A narrative method for positive identity development in minority youth. *Social Work with Groups*, 42(1), 43–55.
- Baynes, P. (2008). Untold stories: A Discussion of life story work. *Adoption & Fostering*, 32(2), 43–49.
- Berzonsky, M. D. (1990). Self-construction over the life-span: A process perspective on identity formation. In G. J. Neimeyer & R. A. Neimeyer (eds.) *Advances in personal construct psychology: A research annual* (Vol. 1, pp. 155–186). Cambridge, MA: Elsevier Science/JAI Press.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101.
- Bruckauf, Z. (2017). *Adolescents' mental health: Out of the shadows Evidence on psychological well-being of 11-15-year-olds from 31 industrialized countries*. Florence, Italy: [https://www.unicef-irc.org/publications/pdf/IRB\\_2017\\_12.pdf](https://www.unicef-irc.org/publications/pdf/IRB_2017_12.pdf)
- Byers, A. N., & Lutz, D. J. (2015). Therapeutic alliance with youth in residential care: Challenges and recommendations. *Residential Treatment for Children & Youth*, 32(1), 1–18.
- Carr, A., Duff, H., & Craddock, F. (2020). A systematic review of reviews of the outcome of severe neglect in underresourced childcare institutions. *Trauma, Violence & Abuse*, 21(3), 484–497.
- Cassarino-Perez, L., Crous, G., Goemans, A., Montserrat, C., & Sarriera, J. C. (2018). From care to education and employment: A meta-analysis. *Children and Youth Services Review*, 95, 407–416.
- Department for Education. (2018). *Mental Health and Behaviour in Schools*. London: Department for Education [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/755135/Mental\\_health\\_and\\_behaviour\\_in\\_schools\\_.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/755135/Mental_health_and_behaviour_in_schools_.pdf)
- Department of Health & Department for Education. (2017). *Transforming Children and Young People's Mental Health Provision: a Green Paper*. London [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/664855/Transforming\\_children\\_and\\_young\\_people\\_s\\_mental\\_health\\_provision.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/664855/Transforming_children_and_young_people_s_mental_health_provision.pdf)
- Donald, J. N., Ciarrochi, J., Parker, P. D., Sahdra, B. K., Marshall, S. L., & Guo, J. (2018). A worthy self is a caring self: Examining the developmental relations between self-esteem and self-compassion in adolescents. *Journal of Personality*, 86(4), 619–630.
- Doyle, C., & Cicchetti, D. (2017). From the Cradle to the Grave: The effect of adverse caregiving environments on attachment and relationships throughout the lifespan. *Clinical Psychology: Science and Practice*, 24(2), 203–217.
- Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2011). The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. *Child Development*, 82(1), 405–432.
- Edwards, D. (1997). *Discourse and Cognition*. doi:10.4135/9781446221785
- Foster, C. E., Horwitz, A., Thomas, A., Opperman, K., Gipson, P., Burnside, A., ... King, C. A. (2017). Connectedness to family, school, peers, and community in socially vulnerable adolescents. *Children and Youth Services Review*, 81, 321–331.
- Gergen, K. J. (2009). *An invitation to social construction* (2nd ed.). Thousand Oaks, CA: Sage.
- Glazzard, J. (2018). The role of schools in supporting children and young people's mental health. *Education and Health*, 36(3), 83–88.
- Goffman, E. (1961). *Asylums: Essays on the social situation of mental patients and other inmates*. New York, NY: Anchor Books.
- Goldsmith, L. P., Lewis, S. W., Dunn, G., & Bentall, R. P. (2015). Psychological treatments for early psychosis can be beneficial or harmful, depending on the therapeutic alliance: An instrumental variable analysis. *Psychological Medicine*, 45(11), 2365–2373.
- Goodman, R., Ford, T., Simmons, H., Gatward, R., & Meltzer, H. (2003). Using the Strengths and Difficulties Questionnaire (SDQ) to screen for child psychiatric disorders in a community sample. *International Review of Psychiatry*, 15(1–2), 166–172.



- Greene, S., Burke, K. J., & McKenna, M. K. (2018). A review of research connecting digital storytelling, photovoice, and civic engagement. *Review of Educational Research*, 88(6), 844–878.
- Grotevant, H. D., & McDermott, J. M. (2014). Adoption: Biological and social processes linked to adaptation. *Annual Review of Psychology*, 65(1), 235–265.
- Gubrium, A. (2009). Digital storytelling: An emergent method for health promotion research and practice. *Health Promotion Practice*, 10(2), 186–191.
- Hailes, H. P., Yu, R., Danese, A., & Fazel, S. (2019). Long-term outcomes of childhood sexual abuse: An umbrella review. *The Lancet Psychiatry*, 6(10), 830–839.
- Hammond, S. P., & Cooper, N. (2010). Participant information clips: a role for digital video technologies to recruit, inform and debrief research participants and disseminate research findings. *International Journal of Social Research Methodology*, 14(4), 259–270.
- Hammond, S. P., & Cooper, N. (2013). *Digital life story work: Using technology to help young people make sense of their experiences*. (1 ed.) British Association of Adoption and Fostering. <http://www.amazon.co.uk/Digital-Life-Story-Simon-Hammond/dp/1907585672>
- Hammond, S. P., & Cooper, N. (2015). Embracing Powerlessness in Pursuit of Digital Resilience: Managing Cyber-Literacy in Professional Talk. *Youth & Society*, 47(6), 769–788.
- Hammond, S. P., & Cooper, N. (2016). Podwalking: A framework for assimilating mobile methods into action research. *Qualitative Psychology*, 3(2), 126–144.
- Hammond, S. P., Cooper, N., & Jordan, P. (2018). Social media, social capital and adolescents living in state care: A multi-perspective and multimethod qualitative study. *British Journal of Social Work*, 48(7), 2058–2076.
- Hammond, S. P., Young, J., & Duddy, C., (2020). Life story work for children and young people with care experience: A scoping review. *Developmental Child Welfare*, 2(4), 293–315.
- Helsper, E. J. (2012). A corresponding fields model for the links between social and digital exclusion. *Communication Theory*, 22(4), 403–426.
- Helsper, E. J. (2017). A socio-digital ecology approach to understanding digital inequalities among young people. *Journal of Children and Media*, 11(2), 256–260.
- Knoblauch, H. (2005). Focused Ethnography. *Forum: Qualitative Social Research*, 6(3). <http://www.qualitative-research.net/index.php/fqs/article/view/20/43-g3>
- Lannegrand-Willems, L., & Bosma, H. A. (2006). Identity development-in-context: The school as an important context for identity development. *Identity*, 6(1), 85–113.
- Large, M. D., & Marcussen, K. (2000). Extending identity theory to predict differential forms and degrees of psychological distress. *Social Psychology Quarterly*, 63(1), 49–59.
- Lenette, C., Brough, M., Schweitzer, R. D., Correa-Velez, I., Murray, K., & Vromans, L. (2019). ‘Better than a pill’: Digital storytelling as a narrative process for refugee women. *Media Practice and Education*, 20(1), 67–86.
- Lewing, B., Doubell, L., Beavers, T., & Acquah, D. (2018). *Building trusted relationships for vulnerable children and young people with public services*. London: <https://www.eif.org.uk/files/pdf/building-trusted-relationships.pdf>
- Livingstone, S., Kardefelt Winther, D., & Hussein, M. (2019). *Global Kids Online Comparative Report*. Florence: <https://www.unicef-irc.org/publications/1059-global-kids-online-comparative-report.html>
- Luke, N., & O’Higgins, A. (2018). Is the care system to blame for the poor educational outcomes of children looked after? Evidence from a systematic review and national database analysis. *Children Australia*, 43(2), 135–151.
- Mannay, D., Evans, R., Staples, E., Hallett, S., Roberts, L., Rees, A., & Andrews, D. (2017). The consequences of being labelled ‘looked-after’: Exploring the educational experiences of looked-after children and young people in Wales. *British Educational Research Journal*, 43(4), 683–699.
- Marín, V. I., Tur, G., & Challinor, J. (2018). An interdisciplinary approach to the development of professional identity through digital storytelling in health and social care and teacher education. *Social Work Education*, 37(3), 396–412.
- McAdams, D. P., & McLean, K. C. (2013). Narrative identity. *Current Directions in Psychological Science*, 22(3), 233–238.

- McIntyre, E., Rosebery, A., & González, N. (2001). *Connecting curriculum to students' Lives*. Portsmouth, NH: Heinemann.
- Meyers, E. M., Erickson, I., & Small, R. V. (2013). Digital literacy and informal learning environments: An introduction. *Learning, Media and Technology*, 38(4), 355–367.
- Moreau, K. A., Eady, K., Sikora, L., & Horsley, T. (2018). Digital storytelling in health professions education: A systematic review. *BMC Medical Education*, 18(1), 208.
- Munford, R., & Sanders, J. (2014). Negotiating and constructing identity: Social work with young people who experience adversity. *The British Journal of Social Work*, 45(5), 1564–1580.
- Nelson, E. E., Jarcho, J. M., & Guyer, A. E. (2016). Social re-orientation and brain development: An expanded and updated view. *Developmental Cognitive Neuroscience*, 17, 118–127.
- Noble-Carr, D., Barker, J., McArthur, M., & Woodman, E. (2014). Improving practice: The importance of connections in establishing positive identity and meaning in the lives of vulnerable young people. *Children and Youth Services Review*, 47, 389–396.
- O'Higgins, A., Sebba, J., & Gardner, F. (2017). What are the factors associated with educational achievement for children in kinship or foster care: A systematic review. *Children and Youth Services Review*, 79, 198–220.
- OECD. (2000). *Literacy in the Information Age: Final report of the international adult literacy survey*. <http://www.oecd.org/education/skills-beyond-school/41529765.pdf>
- Oishi, S. (2017). The psychology of residential mobility: Implications for the self, social relationships, and well-being. *Perspectives on Psychological Science*, 5(1), 5–21.
- Patton, G. C., Sawyer, S. M., Santelli, J. S., Ross, D. A., Afifi, R., Allen, N. B., . . . Viner, R. M. (2016). Our future: A Lancet commission on adolescent health and wellbeing. *Lancet*, 387(10036), 2423–2478.
- Petrowski, N., Cappa, C., & Gross, P. (2017). Estimating the number of children in formal alternative care: Challenges and results. *Child Abuse & Neglect*, 70, 388–398.
- Prince, D. M., Epstein, M., Nurius, P. S., Gorman-Smith, D., & Henry, D. B. (2019). Reciprocal effects of positive future expectations, threats to safety, and risk behavior across adolescence. *Journal of Clinical Child & Adolescent Psychology*, 48(1), 54–67.
- Sadik, A. (2008). Digital storytelling: A meaningful technology-integrated approach for engaged student learning. *Educational Technology Research and Development*, 56, 487–506.
- Sanders, J., Munford, R., Thimasarn-Anwar, T., Liebenberg, L., & Ungar, M. (2015). The role of positive youth development practices in building resilience and enhancing wellbeing for at-risk youth. *Child Abuse & Neglect*, 42, 40–53.
- Smeda, N., Dakich, E., & Sharda, N. (2014). The effectiveness of digital storytelling in the classrooms: A comprehensive study. *Smart Learning Environments*, 1(1), 6.
- Steffens, N. K., Haslam, S. A., Schuh, S. C., Jetten, J., & Van Dick, R. (2017). A meta-analytic review of social identification and health in organizational contexts. *Personality and Social Psychology Review*, 21(4), 303–335.
- Stein, M., & Munro, E. (2008). *Young people's transitions from care to adulthood: International research and practice*. London: Jessica Kingsley.
- Storø, J. (2013). *Practical social pedagogy Theories, values and tools for working with children and young people* (1 ed.). Bristol: Bristol University Press.
- Tong, A., Sainsbury, P., & Craig, J. (2007). Consolidated criteria for reporting qualitative research (COREQ): A 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*, 19(6), 349–357.
- Townsend, I., Berger, E., & Reupert, A. (2020). Systematic review of the educational experiences of children in care: Children's perspectives. *Children and Youth Services Review*, 111(5), 104–135.
- UKCIS. (2019). *Digital resilience framework: A framework and tool for organisations, communities and groups to help people build resilience in their digital life*. London: United Kingdom for Internet Safety. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/831217/UKCIS\\_Digital\\_Resilience\\_Framework.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/831217/UKCIS_Digital_Resilience_Framework.pdf)
- UNICEF. (1989). *The United Nations Convention on the Rights of the Child*. London: [https://downloads.unicef.org.uk/wp-content/uploads/2016/08/unicef-convention-rights-child-uncrc.pdf?\\_ga=2.100996225.1478653946.1575647430-387733425.1575647430](https://downloads.unicef.org.uk/wp-content/uploads/2016/08/unicef-convention-rights-child-uncrc.pdf?_ga=2.100996225.1478653946.1575647430-387733425.1575647430)

- Van Ijzendoorn, M. H., Bakermans-Kranenburg, M. J., Coughlan, B., & Reijman, S. (2020). Annual research review: Umbrella synthesis of meta-analyses on child maltreatment antecedents and interventions: Differential susceptibility perspective on risk and resilience. *Journal of Child Psychology and Psychiatry*, *61*, 272–290.
- Verhoeven, M., Poorthuis, A. M. G., & Volman, M. (2019). The role of school in adolescents' identity development. A literature review. *Educational Psychology Review*, *31*(1), 35–63.
- Wu, J., & Chen, D. (2020). A systematic review of educational digital storytelling. *Computers & Education*, *147*, 103786.
- Wu, Q. (2006). Commercialization of digital storytelling: An integrated approach for cultural tourism, the Beijing Olympics and wireless VAS. *International Journal of Cultural Studies*, *9*(3), 383–394.

## Appendix

### COREQ (Consolidated criteria for REporting Qualitative research) Checklist

A checklist of items that should be included in reports of qualitative research. You must report the page number in your manuscript where you consider each of the items listed in this checklist. If you have not included this information, either revise your manuscript accordingly before submitting or note N/A.

Topic	Item No.	Guide Questions/Description	Reported on Page No.
<b>Domain 1: Research team and reflexivity</b>			
<i>Personal characteristics</i>			
Interviewer/facilitator	1	Which author/s conducted the interview or focus group?	4 & 5
Credentials	2	What were the researcher's credentials? E.g. PhD, MD	1 & 5
Occupation	3	What was their occupation at the time of the study?	5
Gender	4	Was the researcher male or female?	1
Experience and training	5	What experience or training did the researcher have?	5
<i>Relationship with participants</i>			
Relationship established	6	Was a relationship established prior to study commencement?	5
Participant knowledge of the interviewer	7	What did the participants know about the researcher? e.g. personal goals, reasons for doing the research	5
Interviewer characteristics	8	What characteristics were reported about the interviewer/facilitator? e.g. Bias, assumptions, reasons and interests in the research topic	5
<b>Domain 2: Study design</b>			
<i>Theoretical framework</i>			
Methodological orientation and Theory	9	What methodological orientation was stated to underpin the study? e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis	5 & 6
<i>Participant selection</i>			
Sampling	10	How were participants selected? e.g. purposive, convenience, consecutive, snowball	4 & 5
Method of approach	11	How were participants approached? e.g. face-to-face, telephone, mail, email	4 & 5
Sample size	12	How many participants were in the study?	4 & 5
Non-participation	13	How many people refused to participate or dropped out? Reasons?	4 & 5
<i>Setting</i>			
Setting of data collection	14	Where was the data collected? e.g. home, clinic, workplace	5
Presence of non-participants	15	Was anyone else present besides the participants and researchers?	5
Description of sample	16	What are the important characteristics of the sample? e.g. demographic data, date	4 & 5
<i>Data collection</i>			
Interview guide	17	Were questions, prompts, guides provided by the authors? Was it pilot tested?	NA
Repeat interviews	18	Were repeat inter views carried out? If yes, how many?	5
Audio/visual recording	19	Did the research use audio or visual recording to collect the data?	5
Field notes	20	Were field notes made during and/or after the inter view or focus group?	5 & 6
Duration	21	What was the duration of the inter views or focus group?	5 & 6
Data saturation	22	Was data saturation discussed?	No
Transcripts returned	23	Were transcripts returned to participants for comment and/or	5

Topic	Item No.	Guide Questions/Description	Reported on Page No.
		correction?	
<b>Domain 3: analysis and findings</b>			
<i>Data analysis</i>			
Number of data coders	24	How many data coders coded the data?	6
Description of the coding tree	25	Did authors provide a description of the coding tree?	No
Derivation of themes	26	Were themes identified in advance or derived from the data?	6
Software	27	What software, if applicable, was used to manage the data?	6
Participant checking	28	Did participants provide feedback on the findings?	No
<i>Reporting</i>			
Quotations presented	29	Were participant quotations presented to illustrate the themes/findings? Was each quotation identified? e.g. participant number	Yes
Data and findings consistent	30	Was there consistency between the data presented and the findings?	Yes
Clarity of major themes	31	Were major themes clearly presented in the findings?	Yes
Clarity of minor themes	32	Is there a description of diverse cases or discussion of minor themes?	No

Developed from: Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*. 2007. Volume 19, Number 6: pp. 349 – 357

**Once you have completed this checklist, please save a copy and upload it as part of your submission. DO NOT include this checklist as part of the main manuscript document. It must be uploaded as a separate file.**