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Towards a human-centred participatory approach to child social care recordkeeping

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Abstract

In 2019, there were over 75,000 children and young people in out-of-home care in England and Wales. Recent estimates suggest that up to half a million British people were in state or voluntary care as children, around 1% of the adult population. While individual experiences vary enormously by time and place, care-experienced people share in common the intensive documentation of their lives by social workers, educators, health professionals and associated practitioners. A complex, fragmented legislative and regulatory framework governs the creation and use of these records at the national level. Under UK law, a ‘care file’ must be retained for at least 75 years, so that a substantial legacy of care data is held across the public, voluntary and private sectors. *MIRRA: Memory—Identity—Rights in Records—Access*, a participatory research project co-produced with care leavers, investigated recordkeeping practices in child social care from multiple perspectives. Interviews, focus groups and workshops with stakeholders identified critical failings in the creation, use, management and access to care records, which do not account for the needs and capabilities of multiple stakeholders. These failings have a direct impact on the well-being and health of care-experienced people throughout their lives. *MIRRA* researchers developed a human-centred participatory recordkeeping approach to child social care, which this article describes. The approach combines the participatory continuum model (Rolan in Arch Sci 17(3):195–225. <https://doi.org/10.1007/s10502-016-9267-7>, 2017) and the capabilities approach to social work, rooting child social care recordkeeping in information rights principles. The article makes a contribution to the literature that discusses archival science within a human rights and ethics framework and reflects on trauma-informed practice for information professionals. It also provides guidance on practice improvements for child social care recording.

Keywords Access to records · Care leavers · Child social care records · Data protection · Information rights · Recordkeeping · Records continuum

Introduction

Over 75,000 children and young people are currently in out-of-home care in England and Wales. This includes those looked after by foster carers, or living in residential homes and kinship placements; the number has grown steadily since 2010 (Department of Education 2017). While there are no official statistics, extrapolation would suggest that around 400,000 people in the UK now have some form of care experience, representing around 1% of the adult population (Goddard et al. 2013). While individual experiences of care vary enormously, depending on where, why and when a person was looked after, most care leavers share in common the intense documentation of their childhoods (Parton 2008). Since the Children Act 1948, local authorities have been mandated to create and preserve certain records about each child in their care, with requirements growing in complexity and formality after the Children Act 1989 (Hoyle et al. 2019).

What results is commonly referred to as a ‘care file’, a collection of assessments, plans, reports and observations which has no equivalent in family life. While care leavers often have a relative lack of photographs and other memory objects, the file represents unprecedented insight into the minutiae of daily life and events as seen through the eyes of social workers, health professionals and other practitioners. Under the UK law, the ‘care file’ must be kept for a minimum of 75 years, a retention period that acknowledges both its value for organisations—as auditable accounts of the care they have provided—and for the individual it relates to, as one of the few sources of information about their early lives. The information that must be on a care file is not mandated in detail. Today the care file is often a digital dossier, with different systems providing a range of recording elements.

Recent research in England as part of the *MIRRA: Memory—Identity—Rights in Records—Access* project, has highlighted the complexity of child social care recordkeeping, as an administrative and bureaucratic system which also has wide-ranging implications for the lifelong well-being of those it documents (Hoyle et al. 2020). A complex ecology of child social care provision in the public, private and voluntary sectors, as well as rapid technological change, has meant that the bureaucratic requirements of the system (such as safeguarding) have been prioritised over the lifelong needs of the people whose childhood is documented in that system or those who work within it. Care-experienced people, who have a unique emotional connection to their records, are most affected, but other agents are also impacted, including families, social care practitioners, carers and information professionals.

This article sets out the findings of the *MIRRA* research, describing the status quo. It proposes an alternative approach to child social care recordkeeping that centres the multiple, and sometimes conflicting, needs, wishes and capabilities of people. In doing so, it is grounded in theory emerging from participatory approaches to archival and records management practice, particularly in the context of supporting the information rights of marginalised communities (Evans et al. 2015; Rolan 2017). At the same time, it calls on the ‘capabilities approach’,

a theory from development studies which has recently been applied in the context of child social care, as the basis of ‘a more humane and socially just system that promotes children’s and their parents’ capabilities and rights...’ (Featherstone and Gupta 2017, p. 183).

MIRRA: Memory—Identity—Rights in Records—Access

MIRRA: Memory—Identity—Rights in Records—Access was a 2-year participatory research project funded by the UK Arts and Humanities Research Council (AHRC). Based in the Department of Information Studies at UCL, it was delivered in partnership with The Care Leavers’ Association (CLA), a user-led charity based in Manchester. The project team consisted of four academic researchers working in collaboration with an initial group of six (eventually eleven) care-experienced peer researchers, each of whom brought their personal experiences and life skills to the project. Peer researchers were involved in the project at all stages, from design, data collection, data analysis to dissemination. An initial scoping pilot was conducted in the spring of 2017 in partnership with the CLA, who were instrumental in ensuring that the research was oriented towards the perspectives and viewpoints of care leavers. This orientation was central to the epistemological approach of the project which sought to amplify the voices of people otherwise marginalised in recordkeeping processes (Caswell 2014). An advisory group, which met three times throughout the study, ensured input from representatives in social work, information governance, social policy and associated academic fields.

The project’s aim was to investigate how recordkeeping practices and information rights in child social care impact on the lifelong well-being of care-experienced people, with the objective of developing a framework of principles, evidence and actions which could be used to better support care leavers’ needs. Initially, a focus on regimes of access to records was intended. However, this was widened to encompass interconnected recordkeeping practices in child social care, including case recording and records management. In this way, the study took a recordkeeping perspective derived from continuum models of thinking and was attentive to the ways in which records are created, managed, activated and theorised by multiple agents through time (Upward 1996; McKemmish 2001). Organisational structures, societal forces and individual needs were also taken into account through network mapping exercises and a wide-ranging review of the literature from archives and records studies, social work and social policy and sociology (Hoyle et al. 2019).

Qualitative data were collected from four stakeholder groups: care-experienced people, whose records were the subject of the research; social care practitioners, who create and use records; information practitioners, who manage and provide access to records; and researchers, who wish to study records for their own work. Semi-structured interviews, focus groups and workshops with over 80 participants focused on two thematic strands: firstly, on experiences of retrospective access to records, with particular emphasis on the process of redaction, the provision of support and the use of records as memory tools and secondly, the impact of recordkeeping practices on the content, quality, extent and value of records. The two strands

were seen as inextricably linked, as the affordances of records to meet the needs of each stakeholder group were dependent on cultures of both social work practice and information management.

Data were fully transcribed and thematically coded using NVivo 12, a qualitative analysis software. The coding framework, which was co-designed with the peer research group, was refined throughout the analysis process to identify key themes which could inform the development of the recordkeeping framework. Five interconnected findings on the current recordkeeping landscape emerged, namely: (1) the lifelong impact of recordkeeping on care-experienced people; (2) the practical and emotional challenges of accessing records; (3) the inadequacy of social work recording for memory and identity needs; (4) the fragmented and confusing legislative and regulatory framework; and (5) a recordkeeping culture focused on compliance, performance management and the mitigation of risk.

Child social care recordkeeping in England

Our research showed that care-experienced people of all ages often have a deficit of self-knowledge about their childhoods, a finding substantiated by other studies in social work (McGill et al. 2018). This deficit may manifest as gaps in their memories, an inability to explain why they were in care or confusion about what happened to them (Hoyle et al. 2020). Alternatively, it may relate to critical factors of identity and sense of self, such as ethnicity, the name of one or more parent or personal health status (Feast 2008). In the absence of family archives and stories, many care leavers turn to their 'care files' later in life for answers. These organisational records are their personal histories, fulfilling emotional, memory and identity needs for which they were not originally written. Humphreys and Kertesz (2015) among others have identified the need for greater attention to the capture of personal, as opposed to organisational, records for looked-after children. As many as 4000 requests to access care records are made in the UK each year under the subject access provision of data protection law (Goddard et al. 2008).

However, we found that the access process is both emotionally and practically challenging, highlighting multiple recordkeeping issues of power, self-determination and ownership. Care leavers must first identify the organisation/s from which to request their records, before navigating idiosyncratic procedures that are often poorly explained in unfamiliar language and using specialist terminologies. Care leavers have little guidance about how to access their records and often lack the emotional and practical support needed to undertake the process. Waiting times can be excessively long, exceeding the compliance deadline for subject access requests under the UK Data Protection Act 2018. At the other end of the process, information professionals report difficulties in processing requests due to limited resources, poor physical and intellectual control of records and a lack of adequate training. Practitioners are ill-equipped to provide the support that care-experienced people need, both in order to understand the context of their care and to process the emotional impact of revisiting what may be difficult or traumatic events. With some notable exceptions, the access process is managed as an

exercise in legislative compliance rather than as a continuation of an organisation's caring responsibilities.

When records are received by care leavers, they are generally inadequate to a person's memory and identity needs (Horrocks and Goddard 2006). This inadequacy is written into the records in the first instance, when creators fail to account for the multiple viewpoints inherent in a child's narrative, only capturing organisational, subjective, biased or prejudicial perspectives. More recently, digital recording systems have restricted the form and content of records, managing information through check boxes, word limits and fixed workflows rather than rich narrative. This change to recording, which focuses on safeguarding through the management of risk and performance, has meant that while content is more evidence-based and balanced, it is also less useful for remembering and self-efficacy. It has aligned recording with organisational accountability rather than with the needs of a child or young person and their family. The voice, experiences and feelings of the looked-after child are seldom present (Shepherd 2019). Few family or childhood photographs, drawings or stories that might answer their questions are captured. Social workers report that they spend up to 80% of their working hours recording as opposed to 20% on 'direct work', leading to the perception of recordkeeping as an onerous burden that distracts from what is really important (BASW 2018).

The limited capacities of records to fulfil the needs of stakeholders are compounded by the process of redaction at the point of access (Murray 2014). The summary removal of so-called third party information works to obscure the details that a person needs to make sense of their history (Kirton et al. 2011). *MIRRA* found that this problem arises from poor understanding of the legislative and regulatory framework for both child social care recordkeeping and data protection. While the latter is designed to be enabling rather than restrictive, fear of non-compliance and fines from the Information Commissioner's Office mean that organisations generally use the most restrictive interpretation and therefore curtail information rights. This is despite the European Court on Human Rights ruling that it is a human right for a care leaver to access their care records, a decision which came in response to Graham Gaskin's lengthy fight for his records (Application no. 10454/83 *Gaskin v UK* (1989) 12 ECHR 36). Similarly, social care providers are often unaware of the detailed requirements for recordkeeping, which are fragmented and dispersed across more than a dozen acts and statutory guidance documents. Instead they operate on the basis of what they perceive to be the inspection criteria and preferences of Ofsted, the sector regulator.

The result is that the needs and wishes of the people impacted by child social care are inadequately served by their care record. Research in access to care records in Australia and Canada evidences that these issues are not limited to national contexts, but are global and related to the grand challenges of information equity and social justice (Ghaddar 2016; Evans et al. 2017).

Developing a framework for human-centred recordkeeping

In response to these findings, *MIRRA* identified three key actions by which to influence and encourage positive change: firstly, through the development of advice and guidance to support care-experienced people navigating the current information rights ecology; secondly, through targeted briefs and recommendations to policy makers and regulators, which advocate for greater clarity and focus on recordkeeping; and thirdly, through the creation of a recordkeeping framework to enable those creating and managing records to fulfil their obligations in a manner sensitive to the holistic lifelong needs of care-experienced people. This article focuses on the third action.

In developing the recordkeeping framework, *MIRRA* sought to establish both aspirational principles for child social care recordkeeping and a practical toolkit which could be used in a range of organisational and individual contexts. At the core of the framework is a set of principles, generated from the research data and in consultation with stakeholders. Three sections cover creating, managing and accessing records. The principles were aimed at practitioners across both information and social care sectors. The first principle established participatory and collaborative approaches as central to all recordkeeping activity, focusing on the human actors within the social care system.

In developing the framework, a new approach to child social care recordkeeping was conceptualised, which combined existing participatory continuum models with a capabilities approach to social work (Rolan 2017; Frings-Hessami 2018). This model enables multiple agents, experiences, needs and affordances in recordkeeping practices to be mapped, while highlighting the tensions, barriers and challenges around disclosure and risk inherent in the child care sector. It is adaptable to the legislative landscapes, recording systems and social work cultures in different contexts, which means that it can also be used as a tool to support information rights beyond the context of the *MIRRA* case study. Critically, it is human-centred and arises from a reframing of child social care recordkeeping as a caring and loving activity rather than bureaucratic necessity. It recognises more fully the child and corporate parent organisation as information co-owners: or even the possibility that the looked-after child is the information owner.

While it takes a recordkeeping perspective, *MIRRA* is situated at the intersection of social work and archival and records management theory, informed by genealogies of research in both sociology and archival science. It inherits themes and concerns directly from studies on access to records and the memory and identity needs of care leavers in the UK conducted outside of the records discourse (Goddard et al. 2008; Kirton et al. 2001; Pugh 1999). This research was itself informed by debates about participation, client access to records and human rights-informed social work that originated out of radical social work in the late 1970s and 1980s (Munday 1987; Ovretveit 1986; Shemmings 1991).

It also draws significantly on a growing body of research on the information rights of care-experienced people internationally (Evans et al. 2015; MacNeil et al. 2018; Reed et al. 2018). Originating in Australia and Canada in the

late 2000s, in the wake of inquiries into multiple forms of abuse, projects have addressed the specific and unique relationships that care leavers have with records of their childhoods (Murray et al. 2008; O'Neill et al. 2012). At the same time, human rights-based approaches to archival practice, advocated in the context of work with marginalised and oppressed groups, have contributed to a discourse of social justice in archival studies (Caswell 2014; Gilliland and McKemmish 2014). Archives and records have been recognised as integral to tackling the 'wicked problems' and 'global challenges' of structural inequality. Participatory approaches to recordkeeping, informed by notions of the 'archival multiverse', have emerged to navigate these issues. Such approaches acknowledge the multiple perspectives and needs of stakeholders in recordkeeping processes, as well as the multiple functions and affordances of records (Rolan 2017; Frings-Hessami 2018).

The *MIRRA* project enabled the cross-pollination of such recordkeeping perspectives with rights-based approaches in social work, specifically the 'capability approach'. Developed by economist Amartya Sen, the capabilities approach uses individuality and human diversity to provide a more nuanced account of well-being. The central tenet of the theory is that a person's quality of life, and experience of equity and justice, is not primarily about resources or their state of mind, but about the opportunities they have to lead a life they value (Robeyns 2006). It focuses on what an individual can or cannot do, and can and cannot be, based on their capabilities to imagine and achieve it. It does not measure these capabilities in terms of a person's status, income, assets or other resources. In the purest sense, capabilities are 'notions of freedom', the ability to understand your needs, rights and potentials and consequently to activate them (Sen 1987, p. 36). However, the approach acknowledges that each individual's capabilities are shaped by personal and societal factors, such as economic and cultural status, as they interact with their environment and life situation at any given time (Saleeby 2007). More recently, this has been supplemented by a strengths-based approach to social work recording (Saleeby 2013).

In the context of child social care recordkeeping, this offers a way to think about practices around the creation, use, management and access to records that accounts for the interplay between the individuals and their well-being, the care system and information and human rights. This interplay is particularly salient to the objective of the *MIRRA* project—to better support the information rights of care leavers—because it acknowledges both the affordances of records and the needs of agents within the system. It allows for the interplay of a wide variety of capabilities, not only in an individual's life but also in the systems and practices of workers and organisations. It also, critically, provides a way of talking about recordkeeping which is human-centred rather than system or process focused.

A human-centred participatory approach

A participatory approach for child social care recordkeeping is set out in Fig. 1. Rolan's 'Participatory Recordkeeping Continuum' model (2017) provides the base concept, adapted to encompass the four key stakeholder groups that were identified

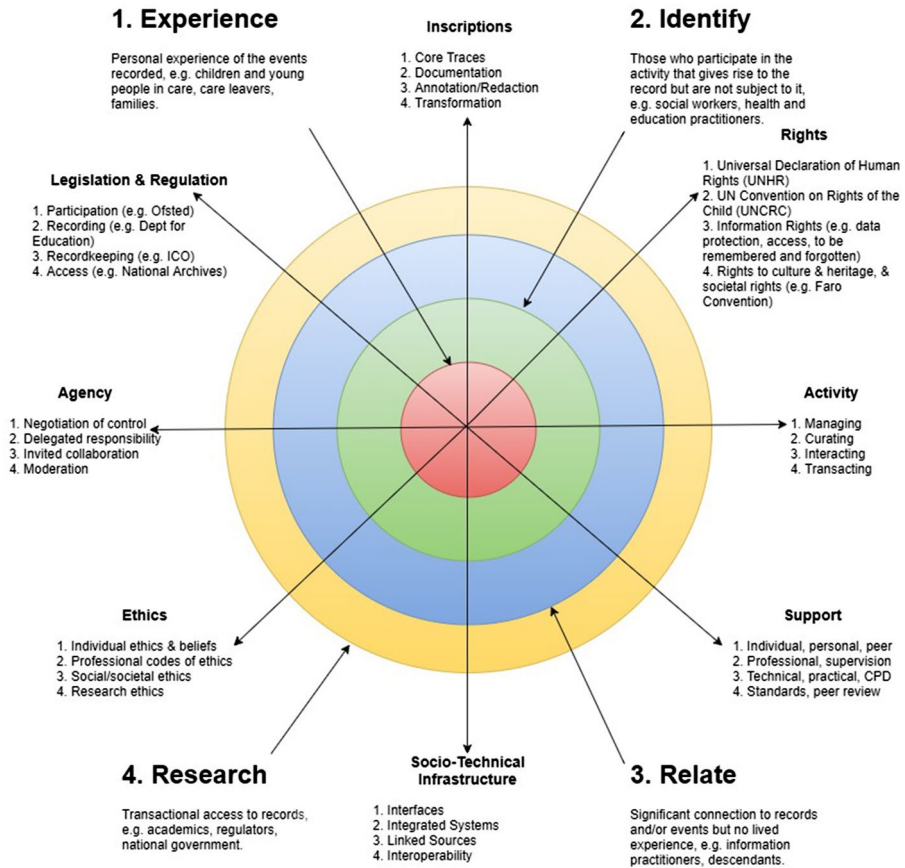


Fig. 1 Model for participatory approach for child social care recordkeeping

through the *MIRRA* research. Upward's (1996) traditional concentric visualisation of the continuum model acts as a basis for understanding the relationships between these four groups, child social care records and recordkeeping practices. In line with continuum thinking, the model is predicated on the notion that each dimension and axis is at play at any given moment, and that participants may relate differently or in multiple dimensions at different times. It is also recursive, meaning that each participant may introduce new traces or documentation at any point. For example, a data protection practitioner processing a subject access request may occupy dimension three and be engaged in the annotation or redaction of a child social care record. However, in the process of doing so, they may create traces of their experience that could be identified in dimension one.

The model visualises rights, needs, activities and capabilities on eight axes, four of which are present in Rolan's original model and four of which have been generated in response to the *MIRRA* project and the needs of care-experienced people. The original four axes are agency, activity, inscriptions and socio-economic

infrastructure. The four new axes are legislation and regulation, support, ethics and rights. Each dimension will be explored in turn, setting out its application to child social care recordkeeping. We have sought to reflect on Rolan's model and to make it specific to the findings of our research around child social care recordkeeping. Although our research was situated in one jurisdiction and may not be generalisable, we sought to join the work *MIRRA* has done in England with the established body of work undertaken in Australia through the extension of the model.

Experience

The first dimension, 'experience', asserts the critical centrality of those who have experienced the events and actions that are recorded within the model. In a child social care context, this would principally be the child or young person in care (and who subsequently becomes a care leaver), but could also include their families and carers. In other social care contexts, this group might be referred to as 'service users' or 'clients'—those who are 'subject' to social work interventions that shape their lives and experiences. However, the needs of these individuals are perceived to be primary in this participatory model, reflecting their rights to self-determination and self-knowledge, which are so frequently lacking. Each of the eight axes represents a fulfilment of either a right or need within the system. Thus, the model proposes that care-experienced people should experience agency in recordkeeping as a form of shared control, through participation at all stages of the process. This should be from creation of the records as a child through to the dissemination of the records to researchers who exercise their social rights to access care records for public good and public tasks, or decisions about records destruction, including exercising the individual's right to be forgotten (and records to be destroyed). This agency should be supported under the inscriptions axis and manifest in the individual's creation and selection of 'core traces' of their lived experience in the form of photographs and other memory objects. These materials are often completely lacking from records, which are focused on capturing information about the social work process rather than the voice or memory of the person. Generating the connection between these core memory traces and recordkeeping processes requires that care-experienced people are enabled to take an active role in managing the recordkeeping environment. Exercising these rights implies co-creation and co-ownership of records.

However, this level of participation requires adjustments and developments to the socio-technical infrastructure, in the design of systems (both socio-cultural and digital) which facilitate collaboration. This may not be possible with the current market, necessitating the development of innovative participatory recording systems and shifts in approaches to social work recording practices. At the same time, an individual's ability to participate in recordkeeping may be limited or constrained under the legislative and regulatory status quo. Under the participatory model, changes to legislation relating to children's services and to the operation of data protection will be necessary. The Care Leavers' Association has been lobbying for legislative changes in the UK (CLA 2016). *MIRRA* has provided a series of policy briefings to

key agencies which encourage them to adopt more human-centred processes when operating within the existing legislative framework. Regulatory bodies responsible for inspecting services (in the UK, the ICO and Ofsted) need to provide robust guidance on the application of participatory approaches in a properly risk-aware (rather than risk-averse) way.

The model also recognises the emotional and ethical dimensions of recordkeeping in the care sector. Support is a critical axis, as care-experienced individuals must be able to access help based on their own preferences and needs. Such support should be integrated throughout the recordkeeping system, but most particularly in relation to access to records and activities that may follow, such as contacting relatives or carers. However, neither support nor participation in recordkeeping processes should be standardised. Within this model, each person should be guided by their individual ethics and beliefs. This requires that recordkeeping practices acknowledge the particular cultural, ethnic, gender, sexuality and ability needs of the individual and contain sufficient flexibility to allow them to express this. In line with the capabilities approach, an individual's values and abilities should guide best practice. Others in the system also need support, notably information professionals who provide access to records and undertake redactions, often without appropriate, dedicated training and proper understanding of the requirements of the Data Protection Act or of the regulators (ICO and Ofsted). Finally, the system should recognise and be structured around the human and information rights of care leavers, as a marginalised group desiring dignity, justice and information equality. In particular, systems should account for Article 6 (the right to a fair trial, necessitating access to records where allegations of abuse are brought), Article 8 (the right to respect for private and family life, which the ECHR has ruled including access to records where these are surrogates for memories and relationships) and Article 10 (the right to freedom of expression, and to impart and receive information) of the Universal Declaration of Human Rights (United Nations 1948).

Identify

Dimension two of the model is 'identify', which in this instance encompasses those who are not 'subject' to social care but who identify with or take part in the activity that gives rise to the social care record, for example, social workers, social care practitioners and health and education professionals who are involved in the care of children. They may be responsible for recordkeeping under the regulatory and legislative regimes that govern the provisions of children's services, e.g. the Children Acts in the UK. Consequently, they also have significant recordkeeping needs which, at present, are expressed by the almost complete control that individuals and agencies in this dimension have over recording and recordkeeping processes. In a participatory system, these needs would be met in more collaborative and shared ways.

In terms of agency, social care practitioners and health and education professionals have responsibility for the creation and use of records, but should negotiate the form and nature of recordkeeping activity with those represented in the 'experience' dimension. This would require the balancing of regulatory and legislative

requirements, and their needs as practitioners, with the memory and identity needs of care-experienced people. The model recognises that records are required for specific purposes to perform the social work function in society. The difference in the participatory approach is the extent to which this authority is shared with the care-experienced person, through a culture of open and transparent recording. The documentation of the ‘core traces’ on the inscriptions axis rests in this dimension: the practitioner is in a position of power which enables them to capture and preserve the voice of the child and memory objects that a child or young person may be unable to look after on their own. At the same time, practitioners are involved in interpreting and curating material that represents the relationship between the child/young person/care leaver and the state. This is both a service provided to the individual—in support of their memory and identity—and the collective, in society, through safeguarding the well-being of children.

Just as in dimension one, participatory recordkeeping systems and infrastructures are needed to support negotiated and collaborative record creation. Such systems must be capable of capturing the perspectives and viewpoints of multiple stakeholders, so that differences are acknowledged and captured. These methodologies and workflows would ideally be underpinned by legislation and regulation that explicitly references participatory approaches, with a requirement to integrate the memory and identity needs of care-experienced people into their record and give them co-creation rights over the care file. This might manifest as a statutory right to life story work and memory storage for all children and young people in care, practices which we found to be underfunded and patchy.

The support axis in this dimension requires that participatory approaches to recording form part of the supervisory and oversight systems of social work and related practices. This could occur locally, through management, internal policy and mentoring, but would also include the acknowledgement of participatory approaches as good practice by Ofsted, and the provision of guidance by professional bodies such as the British Association of Social Workers. Professional codes of practice should reflect the information responsibilities that arise from the position of social care practitioners in a participatory recordkeeping system. Codes of conduct and statements of professional social work values should explicitly recognise the lifelong impact of recording on the well-being of the child. Further recordkeeping actions should reflect the UN Convention on the Rights of the Child (United Nations 1989), in particular Article 8 (the right to identity, name and family relationships), Article 12 (the right to express wishes and views) and Article 13 (the right of freedom of expression, and to impart and receive information).

Relate

Dimension three is ‘relate’, which encompasses those who have no lived experience of the activities captured in the record or of the original recordkeeping activity, but who have a significant connection to them. In the case of social care recordkeeping, this includes records and information practitioners who manage and provide access to records, as well as systems designers who design and implement systems

for creation, maintenance, migration, data security and access frameworks. The descendants or family of care-experienced people who wish to understand their relatives' experiences may also fall into this dimension. The former have legislative and regulatory responsibilities in the retention and provision of access to records, e.g. under the Children Acts and the UK Data Protection Act 2018. The latter may have personal and emotional needs in relation to the records, even though the files are not about them. As in dimension two, a lot of power traditionally accretes to the practitioners who operate within dimension three, who have acted as gatekeepers to information on behalf of their agencies or organisations. *MIRRA* research demonstrated that the current legislative and regulatory framework has led to risk-averse approaches to both managing and disclosing information, which require change within a participatory framework.

Intervention and engagement with social care records in this dimension should take place as part of a transparent and open process of records management, wherein practices of indexing, preserving and retaining records are available for scrutiny. As in dimension two, these processes should be negotiated, so that the responsibilities of information and records managers to operate within information law are balanced with the needs and capabilities of care-experienced people and social care practitioners. This requires clear and consistent protocols for managing social care records, as well as an ethical and practical framework for collaborating with others. This may be particularly challenging in this dimension, as while social care practitioners are used to notions of consultation and co-production with care-experienced people, information professionals are less likely to have the necessary experience, skills or systems for co-curation.

Necessarily, during the course of navigating multiple needs, recordkeeping may be confronted with conflict when the right to access information is in tension with the right to privacy. This is most frequently seen during the process of redaction, where third party information is censored from records in ways that a care-experienced person may find obstructive or traumatic. While this is unavoidable, within the participatory approach there needs to be clear and consistent protocols for redaction, which support practitioners to make reasonable decisions and to help explain those decisions to care leavers. It may be necessary to inscribe annotations or commentaries on the records, so that actions are transparent and explainable.

In this dimension, the principal activities interact with existing recordkeeping systems and with other participants in the participatory process. This requires administrative and custodial knowledge of child social care records in context, as well as a recognition of care experience and a trauma-informed approach to working with the records. To support these interactions, recordkeeping workflows should be integrated and consistent across a range of records management responsibilities, from retention schedules to indexes and storage and retrieval protocols. This should be true of analogue and legacy records and of born digital records. Transparency about past practices is essential, as is the production and circulation of knowledge about the custodial histories of social care records.

Legislation that mandates minimum standards for social care recordkeeping requires updating to reflect the participatory approach, covering retention, intellectual control, storage and security, as well as destruction and the right to be forgotten.

This should consolidate or adapt legislation which does not reflect the provision of child social care today, for example, in terms of the inequalities in the retention of different record types. Specific regulation may also be needed with regard to digital systems technologies where there are significant concerns around long-term preservation and access.

Unlike social work and the caring professions, information professionals rarely have access to formal ongoing supervisory relationships. Support for participatory models of recordkeeping should therefore be provided via vocational training programmes and CPD and included as a core competency by organisations such as the UK Archives and Records Association which accredit higher education courses and offer CPD programmes. Where a job includes the management of or provision of access to care records (or other sensitive records), specific requirements for trauma-informed practice should be incorporated into the role description. Codes of conduct and statements of professional values and ethics should recognise vicarious trauma and the emotional impact on recordkeepers who process care records. Codes of practice should also reflect the responsibilities of information professionals in supporting a participatory recordkeeping system for care leavers. Recordkeeping actions should reflect the emerging consensus on information rights, and recordkeepers should be aware of their specific role in enabling and supporting these rights.

Research

Dimension four is ‘research’, in which researchers are interested in records from an intellectual or educational perspective and require short-term and future access to records and digital data. They include academic researchers engaged in a public task of socially beneficial research, as well as others engaged in monitoring services for statistical or management purposes, e.g. the Department of Education or Ofsted, public inquiries (such as IICSA, the Independent Inquiry into Child Sexual Abuse), and police and criminal justice. Individuals or organisations within this dimension may, in the past, have exercised privilege in accessing information about care-experienced people without their knowledge or consent. Under the Data Protection Act 2018, they have the ability (but not the right) to do so, if their request is considered reasonable. Information may not always be needed at identifiable individual case level (e.g. for analysis of trends in populations over time), but the way that records have been created or managed may make it difficult to access aggregated or anonymised information without granular access.

While this group may be fewer in number than in the other three dimensions, there are still implications across all eight axes. In terms of agency, participatory interactions with the records in this dimension should be moderated in light of the needs of other agents involved, balanced with the necessity of accessing and using the records in question. The protocols for requesting and managing this kind of transactional access should be consistent and clear to all involved, so that decisions are justified and supported. Centralising the agency of care-experienced people means that due consideration must be given to the ethics of using information about them in ways that they would not choose for themselves. Permissions or consent,

even if not at an individual level may be needed, for example, through consultation with care-experienced people. The issue of consent and its implications and manifestations for the secondary use of social care records is not yet fully understood (Sexton et al. 2018).

In engaging with records of child social care, understandings about past events and decisions may be changed, through greater contextualisation and new interpretations. Although the records themselves are not changed during this process, they may be annotated and reprocessed, and thus, the perspectives of individuals and publics about them may alter. The publication and reuse of the records should therefore take into account the perspectives of other stakeholders in the participatory model, especially care leavers who have a vested interest in how their pasts are understood. A robust ethical approach to access in this context is needed, with the rights of individuals represented in records placed more centrally than is currently the case in some fields, which extract information from records but do not recognise the rights of those whose lives are captured in the records.

The activities involved in this dimension are the transactions needed to obtain materials (e.g. request processes, consent and anonymisation) and the methodologies used to collect, analyse and disseminate information from them (e.g. reproduction, qualitative and quantitative methods and publication). Guidance on how to approach these activities should support researchers to manage their relationship with the records. At the same time, researchers require interfaces and systems that allow them to navigate and understand records, in the form of collections management and records management systems (e.g. good cataloguing that helps them to locate important information) and access services (e.g. reading rooms and digitisation). Under this approach, dialogue between ‘research’ and ‘relate’ communities would support both groups to work more closely together to meet each other’s needs and values in these respects. The *MIRRA* project has highlighted the antagonism that may exist between existing research and recordkeeping infrastructures and cultures on both sides.

The status of access to records for research should be clarified in regulation and advisory guidance, helping to standardise practices and enable researchers to plan ethical and realistic projects. Advisory guidance should help practitioners who provide access in dimension three to weigh the rights and needs of the care-experienced person, the rights of the researcher and the potential societal and wider public benefit of their work in dimension four. Researchers should be supported to access records through the provision of justified and consistent guidance from archival and record-holding bodies, emanating from archival authorities (such as The National Archives) or relevant academic associations such as the Social History Society or History UK. Research Councils and other major funding bodies in this area (e.g. Wellcome) should also set out expectations around research access and use, in consultation with archival and records institutions.

University codes of ethics and research ethics committees should acknowledge the privileged position of the researcher in comparison with other agents with access needs (particularly the care leaver). The public good in reusing records to increase government efficiency and to enhance research is set against the public good in protecting privacy for care leavers. The balance of trust required in a public

research setting which enables agents to work together to ensure ethical secondary use of records requires attention (Sexton et al. 2017). Research design should be scrutinised for the extent to which it takes into account the rights of the subjects of records, even where there is no requirement for this under the law. Finally, the participatory approach recognises that social care records may play broader societal roles, as archival heritage; as evidences of injustice; and as cultural objects, which have values beyond their value to the individual agents in the system. The Convention on the Value of Cultural Heritage to Society (Faro Convention) (Council of Europe 2005) illustrates the ways in which social care records relate to human rights and democracy.

Conclusion

A human-centred model for child social care recordkeeping, which focuses on the capabilities and needs of multiple agents, helps to reframe the creation, management and access of records as a caring and loving function of looking after children and young people. By combining the participatory continuum model and the capabilities approach, the information rights and needs of care-experienced people are centralised. Their unique relationship with the records, and the role that records play in documenting key moments and decisions in their lives, is accounted for, as are the constraints they may experience as a marginalised group. This is a critical feature of the model, which seeks to work against the experiences of powerlessness and denial of self-knowledge which may be embodied both through the records themselves and through the experience of accessing them.

At the same time, the responsibilities of social care and information practitioners and mandated requirements of the law and regulation are acknowledged and balanced, as factors that must be negotiated. While *MIRRA* set out to prioritise the voices and experiences of care leavers, it also found that social care and information practitioners experience both emotions and inequalities of power as recordkeeping agents. They must also operate within systems of law and regulation which are difficult to understand, or which are subject to poor interpretation at organisational levels.

The model is able to account for how social care recordkeeping has adapted over time, so that change across different regimes of style, tone, content and technology can be managed. A participatory approach can therefore speak to the experiences of a child or young person in care today, as well as to an older care leaver whose records were created in the 1950s or 1960s. In each case, the axes can be used to identify the needs and capabilities of each person, as an agent, and to understand the impacts of their needs and capabilities on other stakeholders across the dimensions. It is also scalable, which means that it can be used to interrogate and analyse recordkeeping at the level of the individual access to records encounter, or the national (or regional) legislative context. The model can be mapped directly to the recordkeeping principles and framework developed as part of *MIRRA* which will be published elsewhere. As a result, it can be used to underpin and justify actions that positively affect the well-being of care-experienced people, both as individuals

and as a societally marginalised group. This critical reorientation of recordkeeping principles towards the rights and needs of care-experienced people within a participatory framework enables us to enact a social good, moving us towards a human-centred approach to child social care recordkeeping.

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