

'Seen' through Records: Parents' Access to Children's Social Care Records in an Age of Increasing Datafication

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Abstract

General Data Protection Regulations state that parents may submit a Subject Access Request (SAR) to see personal records held about them. In this article, we draw on interviews with parents who have made an SAR in order to view their children's social care records. Their experiences reveal the significant barriers of time, energy and bureaucracy that they faced in accessing their children's records. The parents felt that they were 'seen' through their records, reported inaccuracies in information about them and relayed the devastating impact that false allegations of maltreatment continued to have in their lives. Datafication becomes an integral part of the unequal power dynamic between parents and professionals, further shifting the balance towards professionals, damaging fragile trust and engagement. Crucially, there are ethical questions raised for the social work profession about the accessibility and accountability of local authority processes when parents seek justice and reparation for harm. Given the importance of records in decision making about intervention in families lives and increasing datafication of public services working with families through electronic systems including predictive analytics, our indicative findings point to the need for further investigation.

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Background

Under the U.K. General Data Protection Regulations (GDPR) (Article 15) and the 2018 Data Protection Act (DPA) (Section 45) individuals can make a Subject Access Request (SAR) to find out what information is held about them, how it is being used, who it has been shared with and where the data have come from. SARs are intended to increase the rights of members of the public over their data and may be the only means they have of finding out what is recorded about them.

Parents' access to social care records through SARs needs to be understood within the broader digital landscape. Internationally, Governments are moving towards a 'digital welfare state' and public services are being transformed through the use of digital technologies that are heralded as 'solving' complex social problems (Morozov, 2013). These policies have led to a rapid acceleration of 'datafication' (Mayer-Schönberger and Cukier, 2013), turning people into data, and identifying and categorising them to predict future behaviour, allocate resources and determine eligibility for services and interventions (Edwards *et al.*, 2021a). The development of predictive risk models using administrative data, with claims to support professionals' identification of and decision making in child protection work is occurring internationally, for example, in US states, New Zealand and Europe (Eubanks, 2018; Jørgensen *et al.*, 2022). Thus, the information that is recorded, shared and analysed on families holds even more significance, changing the way individuals are 'seen' and dealt with in ways that have not happened before (Redden *et al.*, 2020).

In the UK, administrative records about families are routinely digitally created, stored, shared and analysed by all services that families come into contact with, but records created about families in children's social care are not neutral documents. They may capture organisational, subjective, biased or prejudicial information and may fail to present all perspectives (Shepherd *et al.*, 2020). There are data processing principles set out in Article 5 of the UK GDPR, that all organisations should follow. These include data minimisation, where professionals should only record adequate, relevant information, limited to what is necessary in relation to the purposes for which it is processed. A principle of accuracy states that personal data should be 'accurate and where necessary, kept up to date; every reasonable step must be taken to ensure that personal data

that are inaccurate, having regard to the purposes for which they are processed, are erased, or rectified without delay'. Accountability is limited, however, with the only checks being via any internal audits; the Office for Standards in Education, Children's Services and Skills (OFSTED), the Information Commissioner's Office (ICO) and the Local Government and Social Care Ombudsman. Nonetheless, if organisations are found to be non-compliant, then they can face regulatory action and substantial fines from the ICO. For example, three London boroughs failed to comply with SARs, following complaints about information not being provided, not provided within the specified timeframe, and being deliberately withheld (McCallum, 2022).

Data linking between agencies, such as social care, education, health, benefits agencies and the police, holds the promise of more effective and efficient service provision, with linked data and analytics being used by local governments for a range of purposes, for example to create performance monitoring dashboards and strategic decision making and planning tools. Data that are gathered on families may be stored and processed in 'data warehouses' or 'datalakes'. In England, Bristol's 'Think Family Database' combines data from around thirty different public sector sources, covers approximately 50,000 families, and is used to identify risk and vulnerability factors using criteria from the Supporting Families Programme (Bristol City Council, 2022). Linking information in this way means it is accessible to far more practitioners than previously. For instance, Dorset's dashboard makes sensitive family details and child level flags available to 279 school staff across the Council and 132 Family Workers (Dorset County Council and LGA, 2018). Whilst families may know about services collecting and storing digital information, few are aware that records from across different services may be linked together. Lack of trust in data linkage across services is greater amongst marginalised social groups, such as, Black parents, lone parents, younger parents and parents in larger households, with some holding little trust in public services implementing data sharing (Edwards et al., 2021b, 2022).

In the UK, one study identified fifty-three councils who were using predictive analytic systems (Dencik et al., 2019). These systems use digital records to train algorithms to identify patterns in historical data about families and use these patterns to develop 'risk' scores about families currently using their service (McIntyre and Pegg, 2018). Families flagged with high-risk scores trigger further social work investigation and possible intervention. Most local authorities lack the data infrastructure and expertise in-house so families' data may be passed to private companies for analysis (Dencik et al., 2019; Gillies et al., 2022). Companies, such as Xantura, Palantir and Transunion, have all been employed by English councils and paid significant sums of money to develop automated systems. Several of these contracts are reported to have been dropped, with councils saying they have not seen the expected benefits (Marsh, 2019).

Details of these contracted relationships and digital systems are hard to access, protected by intellectual property rights and commercial sensitivity (Church and Fairchild, 2017; Redden *et al.*, 2020). Concerns have been raised about ethical issues; inaccuracies, misinformation and discrimination in the data sources that are drawn upon; and errors and bias in the design of the predictive models that are applied as well as broader concerns about social justice and human rights (Redden *et al.*, 2020; Edwards *et al.*, 2021a). The development of risk scoring based largely on indicators that are prevalent amongst poor populations perpetuates the racial, class and economic discrimination and bias families' already face, further marginalising poor communities (Eubanks, 2018; Vannier Ducasse, 2021; Keddell, 2022). Yet, predictive analytic systems are not successful at predicting life outcomes (Clayton *et al.*, 2020; Salganik *et al.*, 2020; Waller and Waller, 2020).

Lack of transparency in data practices means that it is difficult for individuals to find out how local authorities are using their data, who has access to their data and how analytics are being developed and applied to them. There is no public register kept on the use of predictive analytics; privacy notices on local authority websites are often opaque; families are not asked for their consent to the way data are being linked together and used for predictive analytics; and they are unlikely to know if they have been contacted following the use of predictive analytic systems (see Redden *et al.*, 2020; Edwards *et al.*, 2021b).

Critics argue that datafication is politically and economically motivated, with under-resourced local authorities seeking a 'solution' to much deeper, structural societal issues (Redden *et al.*, 2020; Edwards *et al.*, 2021a). Public services for families in the UK are under increasing demand and reduced resources following a period of austerity, the corona virus disease-19 (Covid-19) pandemic, a cost of living crisis and rising child poverty (MacAlister, 2022). These constraints have impacted on capacity, provision and quality of public services, with children's social care experiencing a reduction in early help support services and an increase in statutory social work cases (Hood *et al.*, 2020). Significantly, the number of child protection investigations in England (where there is reasonable cause to suspect that a child/young person is suffering or is likely to suffer significant harm) that do not result in a child protection plan has risen, meaning more families go through being investigated but are not found to need further statutory intervention (MacAlister, 2022). The continuing pressures of bureaucracy, statutory timeframes, high caseloads and staff turnover in children's social care arguably may lead to a greater reliance on digital records, less staff training and more errors in data processing.

Currently, little is known about experiences of accessing social care records, or the benefits, barriers and impact that instituting a SAR has on parents. Research with parents whose children have been removed from their care in Australia (Ross *et al.*, 2017) reported how parents'

lack of power and inclusion was reflected in the way they described the records kept about them. The power of the written word meant that information in records was taken to be ‘truths’ about them that they felt unable to contest. Parents reported the deficit nature of ‘paperwork’ prevented them from being fully known by the legal system, leading to them having even less influence over proceedings.

The importance for care experienced people to access children’s social care records about their childhoods in care is now beginning to be recognised (MacAlister, 2022); however, this has been a long time coming (Kirton et al., 2011; Goddard et al., 2013). This body of research draws attention to the importance for care experienced people (similarly to those adopted) of understanding what has happened to them and providing them with previously unknown details to help them build their identity. The Memory—Identity—Rights in Records—Access project with care leavers identified critical failings that have a direct impact on the life-long well-being and health of care-experienced people (Hoyle et al., 2019; Shepherd et al., 2020).

In this article, we draw upon accounts of parents, broadening discussion about the use of SARs to parents who may also have compelling needs to access information that is held by agencies involved with children’s care. In doing so, we discuss the ways in which increasing datafication and the linking of records has impacted upon their lives.

Methods

This article draws on qualitative semi-structured interviews that were undertaken as part of a three-year study examining parental social licence—that is, social legitimacy, agreement and trust, for operational data linkage and analytics to identify families for service intervention (<https://generic.wordpress.soton.ac.uk/parentdata/>). One strand of the research, explored the views and experiences of parents who had engaged with family service interventions on the data held about them. The research was approved by the University of Southampton Research Ethics Committee.

Parents were recruited via voluntary sector organisations and family support services working with families, social media platforms such as Facebook and Twitter and by word-of-mouth snowballing. All participants were provided with information about the study, had the opportunity to ask questions about the research and provided their informed consent. The fieldwork was undertaken in 2020 and 2021 during the Covid-19 pandemic and therefore all interviews with the exception of one were conducted using the video conferencing platform Zoom, or by telephone.

We interviewed twenty mothers and three fathers from across mainland UK. The parents had all been in contact with family support

services, although the length and type of contact was variable, ranging from parents who had accessed parenting services at local family centres to those who had extensive involvement with Children's social care, some of whom had experienced removal of children from their care.

Interviews covered parents' accounts of their position in relation to data held about them by services they access, and their views and experiences of operational data linkage and analytics. Parents were asked in the interviews about the accuracy of records held by agencies and whether they had ever viewed any records about themselves or their children. Five participants had made a SAR: four had made a request to Children's social care (one had also made a SAR to education services) and one had made a request to the police. We draw primarily on the accounts of the four mothers who had made a request to children's social care in this article since the father who made the request to the police never received a response. His sense of powerlessness was such that he decided there was no point continuing to pursue access. Where relevant we will also draw on the experiences of other parents in our sample, where despite not having undertaken a SAR, they had concerns about use of their records.

The interviews with participants were approximately 45–60 min long and were recorded and transcribed. They were analysed using inductive coding and reflective theme development to examine the perspectives of the research participants, using processes of data familiarisation, coding, analytic development and revision (Braun and Clarke, 2019) to organise the patterns of complex meaning that are important in parents' experiences.

Parents shared personal and individual stories with us, which potentially could make them identifiable. The four mothers are assigned pseudonyms and some details have been changed to protect their identities. We are grateful to all the parents who took part in our study and especially to those who in taking part shared deeply painful experiences with us. Through listening to their narratives, we aim to explore individual parents' experiences and the meanings they assign to these in-depth, in order to learn from these, and to use these in combination with existing literature as a starting point to reflect upon and discuss the nature of the difficulties faced in accessing personal data held by Government agencies.

Findings

Reasons for undertaking a SAR

The four mothers who had made a SAR described traumatic experiences in their contact with children's social care. They had all experienced statutory assessments, with proceedings reaching different thresholds of intervention. Three mothers, Amy, Lia and Mary, experienced child protection investigations, and Amy and Mary had children placed

temporarily in the care of the local authority. The other mother, Zara, had a ‘child in need’ assessment (under Section 17 of the Children Act, 1989, this assessment identifies the needs of the child). Mothers reported being investigated by individual social workers who they described as being inept or malign, had made false allegations and judgements about them, and had blocked, ignored or falsified evidence the mothers presented to support their cases.

We did not specifically ask other parents we interviewed that why they had not undertaken SARs, but they often reported feeling disempowered and unable to take action even if they wished to. One mother explained that she could not have withheld consent to data sharing, despite having concerns about it, because she was fearful of the consequences for her sons’ care. A young mother described lacking the confidence to challenge professionals about data sharing because she felt she was not on an equal footing.

Mothers’ reasons for accessing their records were similar: to better understand what had happened to them and their children and why; and to hold agencies and professionals to account for failings. Mary was building a legal case against the local authority following the sexual abuse of her daughter whilst she was in local authority care. Lia also talked about the desire to hold agencies accountable for emotional harm that had been caused to her son by taking the family through unnecessary child protection investigations.

Accessing records

The mothers all described barriers to accessing their records. The time-scales involved varied from nine months to one case that was described as ‘ongoing’ over two years later. Information provided was disjointed and where records spanned local authorities this had caused additional delay. For mothers to access their records was a lengthy and complex process, an irony that was not lost on Amy who was aware her records could be read by many professionals:

And you have to constantly prove who you are and et cetera. And at the same time, just forgive me for being human, but there’s an element of every stranger that ever worked for a local authority can read my records. But I have to go through so much to prove who I am in order to access my records.

None of the mothers mentioned receiving support from the local authority during the process of undertaking a SAR, although several did have support from lawyers, partners and friends.

The process was not only complex but was at a time when mothers were emotionally spent, having been through investigations (and in some

cases court hearings) and were supporting children whose lives had been negatively affected. Mary was offered support to undertake a SAR by an independent social worker who helped her free of charge. Mary was deeply affected by the trauma of having her children removed unnecessarily and felt that without this independent expert supporting her she would have given up at the 'first hurdle'. Mary described herself as 'so devastated I could barely function' and, therefore, without the independent help she would not have been able to push back when her request was initially refused by the local authority.

Blocked information

Three of the mothers described having 'access denied', 'being blocked' and being given 'excuses' by local authorities. Zara was under suspicion of fabricating her daughter's illness, despite having medical evidence that her daughter was suffering from a diagnosed condition. She described this evidence being ignored at a 'child in need' meeting, and professionals from her child's school failing to listen to her and include her in meetings about her child. She described the school as mistreating her daughter through failing in their duty of care, as well as failing her by sharing personal information inappropriately so that allegations she had abused her daughter became known in her local community. Despite trying to access records with the SAR, she was told she was not entitled to see them and was not given any explanation. This meant she was unable to hold the school to account for their misconduct. During the interview Zara was visibly distressed (several years on) as she recounted how the inability to find out what was written about herself and her family meant she was unable to clear her name with her own family and community, and how this was having a devastating impact on her own mental health.

Amy sought to access her own care records as a child, as well as her son's records following care proceedings. In these proceedings, she described learning about details of her own traumatic care history that had never been explained to her. After her son was returned to her care and allegations against her were disproved, she wanted to find out more about his time in care, to help them both recover from the trauma and for her to come to terms with the grief she had experienced from losing part of his childhood. She won her case but access to her records was repeatedly blocked by the local authority until a court order was made, and even then, it was made difficult.

Three mothers also talked about the redaction of information in their records leaving them unable to make sense of some experiences. For two mothers, information was redacted about professionals, whose actions they believed had led to events that caused harm to their children. Mary's daughter was sexually abused whilst in local authority care, and

Lia's son's mental health problems had deteriorated with the trauma of his parents being investigated, leading to him attempting to take his own life on multiple occasions. The redactions in Lia's account meant she was unable to hold any professionals to account. She said:

the problem with applying for them is they extract stuff out of the records for a third party....but because they don't want comeback on the other people, which I think is wrong because, as I said, if something's happened and, like in our case, the records are wrong and they need changing, so we should be able to see all records.

Receiving records

When mothers were given access to their records, they described finding a lack of descriptive content of records, inappropriate language being used and not receiving all the records they knew existed. This was upsetting and frustrating, yet none of the mothers talked about receiving any form of support from the local authority on receiving the information or afterwards.

Both Amy and Lia spoke about the inappropriate language used in their records. Amy had suffered horrendous abuse during her own time in care and she described how the records dehumanised her:

It's terrible, this was not ever put down on paper in a way that, I think, anybody was ever meant to reread. It doesn't talk about me as a person or a human being.... The way that, that's documented is not even remotely in a way that you would ever want records about you kept.

Similarly, Lia talked about the inaccuracy of records and she described the records as unfit for parents to see. Receiving only partial records and records in small quantities was another problem. Receipt of partial records not only delayed the process as the mothers had to go back to the local authority again, but it also meant it was hard to form a clear picture of what had happened. Lia described there being 'no picture because there's always a gap', similarly Amy described lacking 'a full picture' and needing to keep going back to make further SAR requests.

Inaccuracy of records

Parents participating in our research told us about errors and inaccuracies in records that had come to light through their subsequent contact with services; for instance, parents spoke about finding out there was incorrect personal information such as children's surnames, ethnicity or health information wrongly recorded. One mother reported her information being mistakenly disclosed to a violent ex-partner, and another

reported how she was subject to a child protection investigation because a hospital had reported appointments for her son as missed when the hospital had cancelled them.

The four mothers who had undertaken SARs knew that records held about them were inaccurate, contained false information and included unsubstantiated allegations that had been proven incorrect. Indeed, in some instances, professionals involved were struck off from professional practice as a result. Mothers found it deeply distressing that despite this, records about them would not be amended and the stigma of being investigated remained. Mary said:

I feel that my name's been cleared with the people that I'm dealing with one to one but in terms of data, that stuff is on our record and unless I do something radical which I'll never have the time or the energy to do, it's going to be there for ever probably.

These mothers were distraught that 'red flags' remained on their records, even after their cases had been closed. Lia spoke about this:

Now, a lot of the reports that Social Services have on us are actually wrong, but they won't change them. That's how I know about the red flag, it's because they're not willing to go into records and change them, but they're willing to put a red flag on.

Impact of viewing records

Inaccurate information remaining on records had significant impacts on these mothers and their children. Zara described fearing that the accusations on record, despite being proved wrong, negatively affected the care her daughter received from a nurse when she went to hospital for treatment, resulting in her daughter experiencing more pain:

The GP couldn't do the dressing change so we had to go to A&E and they've got a community Nurse there and the way she treated my daughter it was barbaric...And I knew that was because the Nurse obviously had access to her file and saw what the community Paediatrician had written on there.

She also described a situation in which she felt threatened by a doctor and unable to make a complaint due to fear of him retaliating with allegations against her, which she was afraid would be believed due to her history with children's social care. She also felt pressured into agreeing for her daughter to have a surgical procedure whilst in a children's hospital that she believed was experimental and unnecessary.

For Zara and for the other mothers, inaccurate information led to enduring fear, anxiety and a lack of trust in professionals. Lack of trust left parents wary of future state surveillance. Amy started home schooling

when a social worker was placed in her child's school because of fear of further discrimination. Mary felt stigmatised by her experiences and described how she felt when she went to see her doctor:

I know that when I go back to my own GP this flashes up with a red flag on the screen that I'm a mother whose children were taken into care. The children are now care experienced; how horrendous, you know?

Discussion

Our research aimed to find out about parent's experiences and views in relation to data held about them by services they access, and the parameters of their social licence and bases for trust or distrust in operational data linkage and analytics. In undertaking our analysis, the narratives of parents we spoke to led us to consider the accuracy of records kept, access to records held about them by children's social care and the barriers some of the parents had encountered.

Qualitative research does not seek to be generalisable in the quantitative sense; rather it aims for recognition, and contextual and analytic transferability (Smith, 2018). Our study is limited to a self-selecting qualitative sample, where research engagement with parents with experiences of children's social care is notoriously difficult. Nonetheless, it provides a useful starting point for contextual and analytic transferability. The mothers, Amy, Lia, Mary and Zara, had particularly poor experiences of social work intervention and the nature of their traumatic experiences may have meant they were more motivated than other parents to undertake a SAR and to participate in the research. As published data do not exist, there is no way of knowing how many parents have requested or would like to request a SAR. Research in Canada suggests that parents who accessed their own records did so in order to seek out other services/access to benefits or because a problem had arisen in the social worker–client relationship (Morgenshtern and Yu, 2020). For the mothers we spoke to, accessing the records retrospectively was a way for them to understand what had happened, seek 'truths', and was part of a recovery process. It was also hoped it would provide the means to hold professionals to account for failings and seek justice and reparation. Research on the importance of accessing records for care leavers has highlighted similar value (Hoyle et al., 2019).

There are many overlaps between our discussion here and broader findings from studies about care leavers accessing their social care records, particularly in terms of the emotional energy required, the difficulties accessing them, receiving partial records, the records themselves being inadequate and the issue of redactions (Goddard et al., 2013; Hoyle et al., 2019). As with care leavers, mothers reported that records

were not written respectfully. The content and language could be distressing for parents, supporting [Shepherd *et al.*'s \(2020\)](#) call for a more human-centred approach to record keeping. Their research has developed a conceptual framework for child social care recordkeeping which reframes the bureaucratic nature of creating records with the concept of records being developed as part of a caring and loving activity.

The mothers who participated in our study were all articulate, capable women and had emotional or financial support, however there may be many other parents would like to undertake SARs who are not so able or supported. The Independent Review of Children's Social Care ([MacAlister, 2022](#)) recommends offering an advocate to every family who experiences child protection processes. This needs to include legal guidance and emotional support for all parents who wish to access their records during or at any period following statutory investigations.

In a similar vein to the research about care leavers access to records, parents felt they were 'seen' or datafied through records and the written word, affecting the way they were subsequently treated and understood. For the mothers we spoke to, information written by professionals in records was taken as a truth, with life changing consequences. Reports of inaccuracies and errors in records were common amongst the parents in our wider sample too. Given the importance records are assigned, and with the increasing linking and use of data for predictive analytics purposes, this is a significant and concerning finding, that requires further investigation. It also raises questions about local authorities' compliance with the data protection principle of accuracy. Lack of access to digital records by families means they are unable to correct mistakes or challenge what is written about them if they consider it to be inaccurate. This constitutes a significant risk for families, that is only likely to increase with the continuing challenges facing the social care workforce in terms of high staff turnover, use of agency workers, competing pressures on social workers time and the consequent impact on relationships that social workers are able to develop with families.

There were many examples in our research, of the unequal relationship of power and control between professionals and parents with regard to data. Our interviews raise questions about whether parents would feel able to refuse consent for children's social care to access and use their data, even if they wished to. For Amy, Lia, Mary and Zara, having requests for SARs denied, reinforced the feelings of inequity, powerlessness and hopelessness that they had already experienced in contact with Children's social care—emotions that are widely documented elsewhere ([Featherstone and Fraser, 2012](#); [Ross *et al.*, 2017](#); [Smithson and Gibson, 2017](#)).

Whilst both care leavers and parents occupy an unequal relationship of power with professionals in terms of records that are created and used, parents were additionally disadvantaged by the way in which they

were positioned as being under suspicion of harm and subject to the constant fear of having a child removed. Amy, Lia, Mary and Zara felt ongoing discrimination because allegations remained on record along with information about investigations and red flags, even when they had been cleared of wrongdoing in the courts. In terms of GDPR and the 2018 Data Protection Act, it would seem likely that exemptions would apply if they sought the ‘right to erasure’ of records, first because local authorities would likely argue for a genuine need to hold onto personal data in the event that anything happened to the child in the future, and second because under the principle of data accuracy, records need not be rectified because they document the events as they happened even if they document a mistake. Whilst records should document the final outcome and the evidence that led to it, parents were aware that busy professionals may not have time to read all through their records and see the person ‘beyond’ the data. For mothers who had been through investigations and cleared their names this symbol of stigma was experienced as unfair and painful; yet another demonstration of the power of professionals.

The ongoing impact of allegations remaining on records should not be underestimated. Parents continued to feel vulnerable, stigmatised, anxious and lacked trust in professionals, long after their cases had been closed, sadly not a new finding in social work research (Harris, 2012; Smithson and Gibson, 2017). They were understandably worried about coming into contact with professionals who would know about the history of the investigation and how they might be perceived by professionals, never knowing what their next encounter might hold. For parents who came into regular contact with health agencies for their children’s medical concerns, this was a constant worry. The power dynamic between Zara, who felt unable to challenge professionals about her daughters’ care was a striking example of a misuse of professional power and cause for concern.

The issue of redaction of information about professionals in records demonstrated the ability of professionals to hold onto power and control with far reaching consequences for children and their parents. Under GDPR and the 2018 DPA, when a Subject Access Request is made, organisations may redact information about third parties as they are obligated to protect their privacy and should not disclose information without the consent of the third party if it is deemed to be ‘*necessary and proportionate*’ to withhold it. However, the guidance also states that local authorities should not normally withhold information that identifies a professional, such as a social worker, carrying out their duties (see ICO, 2022 and the ‘social work data test’). This suggests that in Lia’s case, in which data about professionals were also redacted, good practice may not have been followed. This raises questions about the ability of parents to hold professional decision-making to account, and the need for more effective governance and oversight by both local authorities and the Information Commissioner’s Office. Much of the problem with the

regulation as it stands is that it is open to local authority interpretation. Local authorities can control the amount of information families receive and can use their discretion ultimately protecting professionals rather than parents. This is not a new problem and has been highlighted in previous research (Shepherd *et al.*, 2020), however in cases such as these, it has serious consequences for families seeking reparation. Unfortunately, for parents who find themselves in the situation of receiving heavily redacted records that remove crucial information, the onus is upon them to raise a complaint with the ICO. This course of action requires knowledge and perseverance as well as time and energy.

Conclusion

The in-depth discussion of parents' experiences of using SARs provided here should be used as a starting point for a broader and sustained discussion by policy makers, regulatory bodies and local authorities about improving the creation of and access to records in children's social care. There is now increasing acknowledgement of the need to support to care leavers to access their care records (MacAlister, 2022) but as we have demonstrated, it can also be crucially important for parents who have experienced interventions or had children taken into care to be supported to access records held about them and their families. This is in line with the British Association of Social Workers 'Code of Ethics' (2021) that states social workers should 'enable people to access all information recorded about themselves, subject to any limitations imposed by the law'. However, our findings suggest considerable practical, emotional and financial barriers exist for parents.

This research demonstrates how parents and children are implicated in a shift in the nature and extent of digital data that are now being collected, linked together, analysed and shared between professionals. Data on families held by children's social care are by their very nature highly sensitive and as we negotiate an increasingly digital landscape, professionals must be aware of the inherent dangers for children and their families. The mothers' narratives discussed in this article demonstrate datafication—the mothers and children were seen as their data and their data was seen as them. Inaccurate data had significant consequences for families and there was evidence that parents with negative experiences subsequently trusted services less, engaged less and moved themselves and their children away from surveillance, running the risk of increasing their marginalisation. Families' records are now travelling further than ever before and the translation of records into predictions and risk scores may impact upon not only the relationships parents have with professionals they meet (and importantly those they do not), but also interventions they may experience. The impact can continue in their lives and those of their children for years to come, even

intergenerationally. Mothers talked about the need for professionals not only to 'hold the parent in mind', but to ensure that they had a questioning mindset when reading records. Rather than assuming records contain the 'truth', professionals should build close relationships with parents and children as a means to hear their and their children's voices, countering the shift towards extensive datafication.

The ways in which families' data may be used by local authorities and the processes around its use are far from transparent and are likely not to be well understood by parents and professionals generally. Within training for social workers and other professionals working with families, there should be a clear focus on understanding: the importance of the accurate and respectful creation of records; the range of ways families' data are being used; and the potential impact of this on families. Local authorities should also develop an open and meaningful dialogue with parents and children about uses of their data and ensure information is easily accessible to them.

SARs exist to improve transparency, openness and accountability; however, the current data processes within local authorities failed these parents, lacking humanity, respect, support and placing obstacles in their path. Until data quality is improved, data protection processes are applied consistently across local authorities, and local authorities are sufficiently accountable, there is a significant question for policymakers to answer about whether it is responsible to continue to use families' data for development of predictive analytic systems. We would echo the call by the UN Commissioner for Human Rights (2021) for a moratorium on the sale and use of artificial intelligence systems including profiling, automated decision making and other machine-learning technologies that pose a serious risk to human rights until adequate safeguards are put in place. Concerns raised by the UN Commissioner include risks of these technologies to individuals right to privacy, as well as potential harms that may be inherent in the drawing together of large data-sets, with information about individuals collected, shared, merged and analysed in multiple and opaque ways and with data and systems informing their development being discriminatory, inaccurate, out of date or irrelevant. We would also recommend that local authorities review the accuracy of their social work data and their practice and compliance in responding to SARs, to provide parents with the dignity and humanity of a service that supports families and promotes trust and inclusion.

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