

## A Framework for Caring Recordkeeping

### Introduction

This research-informed framework is designed to support all organisations who are involved in the provision or management of child social care records to meet their recordkeeping responsibilities. It focuses particularly on ensuring that care-experienced people of all ages are able to exercise their information rights, both now and in the future, acknowledging their unique personal and emotional relationship with records created about them during childhood. It will be particularly useful to social care managers and practitioners, information managers and data protection practitioners.

The framework comprises three parts:

1. Key messages and Recommendations from the research
2. Principles for Caring Recordkeeping in Child Social Care
3. Toolkit, framed around the Principles, which identifies approaches to Caring Recordkeeping.

The Principles set out a best practice approach to creating, managing and providing access to records of care. The Toolkit is comprised of self-assessment modules designed to help your organisation to meet the Principles for Caring Recordkeeping in Child Social Care.

Using the self-assessment framework, alongside supporting guidance documents and templates, will help you to determine what (if any) actions you should take to better support care-experienced children, young people and adults through recordkeeping. It will also help ensure your compliance with relevant legislation, including:

- The General Data Protection Regulation ('GDPR')
- The Data Protection Act 2018 ('DPA')
- The Freedom of Information Act 2000 ('FOIA')
- The Human Rights Act 1998 ('HRA')
- The Equalities Act 2010 ('EA')

The framework has been produced by the MIRRA research group, based in the Department of Information Studies at UCL and led by Professor Elizabeth Shepherd.

## About the research

[MIRRA: Memory – Identity – Rights in Records – Access](#) is a research project based in the Department of Information Studies at UCL in partnership with [The Care Leavers' Association](#), a care leaver led charity. It was inspired by '[It's My Journey, It's My Life](#)', a 2016 report published by the [Access to Care Records Campaign Group](#), which highlighted the multiple problems that care-experienced adults encounter when seeking access to their social care records. The report made a number of strong recommendations for policy and practice change. However, further research was needed to understand the complexities of child social care recordkeeping in order to evidence need, develop new approaches and create resources.

Between 2017 and 2019 MIRRA collected information about social care records through interviews, focus groups and workshops with over 80 care leavers, social care practitioners, information managers and academics. The research was designed in collaboration with a group of six care-experienced co-researchers.

Our findings demonstrated that issues relating to access to records are a symptom of a broader range of problems relating to the creation, management, preservation and use of child social care records. The project took a 'recordkeeping approach' to understand what these problems might be, investigating recording and recordkeeping practices and cultures from creation to disposal.

Together we have created a set of Principles and a Toolkit that outlines an approach to recordkeeping that focuses on the rights and needs of care-experienced people at every stage of the process. They represent a framework that establishes the benchmark for care-informed recordkeeping practice, supported by templates and guidance documents.

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## Key Messages

Good recordkeeping is a critical element of child social care practice, serving a range of purposes for care-experienced people, social care practitioners and providers, and records and information managers.

- For **care leavers**, records provide access to information about their childhood experiences, and support the construction of autobiographical memory and sense of self.
- For **social care practitioners**, records capture vital information to support decision-making and to act as evidence for legal proceedings.
- For **care providers**, records ensure compliance with legislation and statutory regulation, and support the output of statistics, both for national government and internal monitoring.
- For **records and information managers**, records are essential for compliance with Data Protection and Freedom of Information legislation, particularly in the management of Subject Access Requests (SARs), and to enable a wider accountability for past actions.
- For **researchers** enables them to access a strong evidence appropriately that will inform a wide range of research which can improve understanding and societal services through time.

However, while recording and recordkeeping take up significant amounts of time for everyone involved in a child's care, their value and importance are not sufficiently understood.

The MIRRA project has eight key messages that emphasise the value of child social care records on the one hand, and highlight issues and challenges associated with them on the other. The Principles have been developed in order to acknowledge the former and mitigate the latter.

1. **Social care records have significant impacts on a care-experienced person throughout the life course, because they act as a 'paper self' long after they have become independent adults.**
2. **Accessing social care records is often difficult, both practically and emotionally, and can be traumatic and dehumanising. Very little support is available.**
3. **Social care records often fail to meet basic memory and identity needs.**
4. **The voices, experiences and feelings of children and young people are rarely heard in their records.**
5. **Records management across the public, private and voluntary care sectors is inconsistent, putting records at risk.**
6. **The outsourcing of children's service provision without clear contractual obligations for recordkeeping is problematic.**
7. **The legislative and regulatory landscape for recordkeeping in child social care is confused and fragmented.**
8. **Lack of understanding of provision for access to records for research purposes limits the public benefits of independent scrutiny of child social care.**

You can find out more about each of these key messages below, if you wish.

## Key Message #1

**Social care records have significant impacts on a care-experienced person throughout the life course, because they act as a 'paper self' long after they have become independent adults.**

Our research shows that many people who grew up in foster and residential care have gaps in their childhood memories and unanswered questions about their early lives. In family settings photographs, shared stories and mementoes often document significant events and help to create a sense of belonging and identity. In the absence of these resources care-experienced people must turn to records created about them by the state authorities and voluntary organisations who looked after them. These organisational records are their personal histories, helping to create and reconstruct narratives about themselves in the past.

Care leavers may be motivated to access their records later in life for multiple reasons. They may wish to fill gaps in their memories or answer simple questions, such as 'why was I taken into care?' or 'where did I live?'. They may be seeking specific medical or personal information, or could be pursuing a legal case against abuse or neglect. Research suggests that thousands of these requests are made each year in England under the subject access provisions of Data Protection legislation (Goddard, Feast & Kirton, 2008). However, care leavers report multiple challenges in finding, accessing and understanding their records. Bureaucratic processes, heavy redaction and a lack of support and aftercare leave people confused, frustrated and traumatised.

## Key Message #2

**Accessing social care records is often difficult, both practically and emotionally, and can be traumatic and dehumanising. Very little support is available.**

In the first instance, finding information about how to access records is difficult. Processes are different for each organisation and lots of unfamiliar terminologies are used (e.g. 'subject access', 'third party information'). Once a request has been made care leavers must often wait a significant time for receipt of information. Sometimes after waiting many months they are told their records are missing or that nothing has survived. Individuals may spend years trying to identify and secure access to records about themselves in this way. When records are received, they have often been heavily censored through redaction, which is rarely explained in understandable language.

Redaction is often excessive because the use of discretion in the disclosure of third-party information under the subject access provision of data protection legislation is not consistently applied or sufficiently understood. Our research has found that in many instances the removed information could have been provided but the redactor had not properly understood the rights and existing knowledge of the recipient. As social care records are interpersonal by their nature, and information relating to parents, siblings and extended family members may be critical to a person's life history, extensive redaction often left people feeling powerless, frustrated and angry. It is not always clear that a person can challenge redactions or how to do so.

Once received, reading records may reinforce the worst memories of childhood and institutional authority, lacking positive narratives or key memory items such as photographs. With some notable exceptions, we found that very few organisations provide adequate emotional or personal support during the process. A culture of compliance rather than caring means that little thought is given to the mode of delivery and presentation of the records; the provision of counselling; or the long-term

impacts on the recipient, who may experience depression, broken relationships and mental ill-health as a result.

## Key Message #3

### **Social care records often fail to meet basic memory and identity needs.**

In many cases we found that the scope, quality and content of social care records is insufficient to produce a meaningful chronology of events. The forms and digital recordkeeping systems used to create them are often a barrier to this, employing word limits, check boxes and fixed workflows, which frustrate workers and reduce the child to an administrative process. The use of jargon and euphemistic language excludes non-specialist audiences, while prejudicial and judgemental perspectives (especially in older records) create a subjective narrative that is nevertheless viewed as an authoritative version of a young person's life. This may differ significantly from the experiences and opinions of other people involved in a child's life, including the child themselves.

We found that records are more likely to capture instances of negative behaviour or events than of positive. Where positive language is used it often describes the impact of social work interventions rather than the experiences or decisions of a child or young person themselves. As a result, records fail to capture the 'little good things' that a person needs to construct a positive picture of themselves and instead reinforce a catalogue of an individual's apparent failings, mistakes and bad moments.

## Key Message #4

### **The voices, experiences and feelings of children and young people are rarely heard in their records.**

The voices of children and young people are often entirely missing from their records, and where they are present are paraphrased by a practitioner. Historically records may have been authored by abusers or by those who have facilitated abuse or ignored allegations. Even today children and young people are rarely able to read and amend records prior to their entry onto a system. As a result, they are disenfranchised and may lack trust in recordkeeping, on the understanding that their feelings and beliefs won't be truthfully represented. Consequently, they may be less likely to engage with safeguarding protocols. The lack of information with a mark of authenticity and reality undermines individuals' ability to make sense of their life, value and identity through time.

Although life story work is universally accepted as best practice, provision is patchy. We found that the majority of care leavers either had no life story work, or only one or two episodes from when they were very young. The older a person was when they first went into care the less likely they were to have life story work, suggesting that it is perceived as something for young children and those who are likely to be adopted. The capacity to store and retain personal memory objects or documents, such as photographs, souvenirs and childhood toys as part of a record is also extremely limited. As a result very few care leavers had more than five photographs of themselves as children.

## Key Message #5

### **Records management across the public, private and voluntary care sectors is inconsistent, putting records at risk.**

We found that records management across the public, private and voluntary care sectors has been a low priority. As a result many organisations have large bodies of paper and digital records over which they have very little or no physical and intellectual control, putting many records at risk of loss. The introduction of digital systems has often been seen as a solution to these problems, but without proper consideration for long-term sustainability or digital preservation.

Standards of both physical and intellectual control of records are highly variable. In terms of physical control, organisations are often unsure of where records are stored, their state of preservation and the security conditions. This is true of both paper and digital records and is compounded in the latter case by frequent changes to IT infrastructure. Less than 20 years after the widespread adoption of digital systems many records are 'stuck' in inaccessible legacy programmes, or cannot be opened in original formats.

In terms of intellectual control, few organisations have catalogues and indexes of records which are sufficient to locate specific material, nor do they know when, how and why records have been created, how decisions have been made about them and what has been lost or disposed of. Lack of control is coupled with poor institutional memory regarding former practices, both in terms of safeguarding and recordkeeping, especially where organisations have merged, changed jurisdiction or ceased to operate. As such accountability and transparency over past actions is very poor. Organisations rarely have arrangements in place for the long-term archiving of their records, either for individual use or public benefit.

## **Key Message #6**

**The outsourcing of children's service provision without clear contractual obligations for recordkeeping is problematic.**

In the present context there are additional complications. Increasingly records relating to services to children in care, for example, are created and maintained by commissioned private or voluntary organisations, often without clear contractual obligations to manage records in the long term. Further, while multi-agency working has helped to facilitate information sharing it has also vastly increased the potential for duplication, error and omission of records about an individual held across multiple information management systems. The different systems are generally proprietary and rarely interoperable, meaning that sharing may still be ad-hoc, informal and uncaptured.

## **Key Message #7**

**The legislative and regulatory landscape for recordkeeping in child social care is confused and fragmented.**

The legislative and regulatory landscape which currently governs the creation and management of records in out-of-home care is dispersed and fragmented across more than a dozen Acts and statutory regulations. Overlapping regimes of information legislation (e.g. data protection, freedom of information) and social care legislation are both relevant but rarely comprehensively understood by service providers. Our research found widespread confusion about basic requirements and about what was and wasn't 'legal'. This makes it difficult for those involved in recordkeeping to understand

their information responsibilities, and for care-experienced people to understand and exercise their information rights. The apparent complexity of the landscape led to increased risk aversion within organisations and feelings of uncertainty amongst workers. For example, it led to overly restrictive approaches to redaction.

Heightened awareness of GDPR, the new Data Protection Act 2018 and the increased powers of the Information Commissioner's Office (ICO) to fine organisations in breach of the law was evident. We found that organisations cited concerns about regulation and oversight as the key reasons to limit access to records. The same was true of the creation of records, although in this case the regulator was Ofsted. Many care providers cited Ofsted as the reason they could not change their behaviour and practice around recordkeeping, suggesting that more dynamic, open or participatory recordkeeping would not be favourably inspected.

## Key Message #8

### **Lack of understanding of provision for access to records for research purposes limits the public benefits of independent scrutiny of child social care.**

We found that records of state, voluntary and private care organisations are often closed to research and independent scrutiny. This is especially troubling in cases where records have been submitted to the current Independent Inquiry into Child Sexual Abuse and where there is significant public interest in further historical investigation of actions and decisions. Organisations are currently able to interpret and present their own narratives of past actions and injustices, without external verification.

While researchers can be granted access to institutional records of care, even where they pertain to living individuals, under the exemptions of the GDPR and Data Protection Act 2018, we have found a range of barriers in place. For example, organisations lack consistent and navigable protocols for researchers, applying varied and generally risk adverse interpretations of the legislation. There is a lack of awareness of the public interest provision for research under GDPR, leading many organisations to needlessly refuse access. This appears to be true even where they employ dedicated records staff. In other cases, the lack of intellectual and physical control of records described above also means that they do not have sufficient understanding of their historic recordkeeping to make informed decisions.

Under the current legislative regime third sector and private sector records holders have no obligation to provide researchers with any access to their archives and records. They are not subject to the Freedom of Information Act 2000, as this only applies to government departments, local authorities, the NHS, state schools and the police. This is true even where organisations have provided or are providing services which have been commissioned and funded in the performance of a public task, e.g. social work. This means that researchers refused access under data protection, for whatever reason, have no alternative means to compel disclosure.

## Recommendations

The MIRRA project has made four recommendations in response to these findings. The Principles and Toolkit support organisations to meet these recommendations, at least so far as is currently possible within the law.

- 1. Records should be co-created by all those involved in a child's care.** They should be oriented towards the perspective of the child and young person, so their voice is centralised and included. As such, recording should be seen as a critical form of 'direct work', taking into account an individual's life-long needs for memory, identity and information. Participatory approaches such as co-production and shared custody should be used to ensure that care-experienced people's information rights are explicit, well understood by all involved and respected.
- 2. All organisations with safeguarding responsibilities and guardianship of children's memories should have Records Management Plans for child social care records.** These should outline processes for record creation, sharing and retention, including recommendations for longer term archival preservation. They should encompass requirements which provide for better accountability and data sharing between the public sector, third sector and private sectors. Recordkeeping systems should be designed with the best practice principles of 'Access by Design' (as outlined by the ICO) in mind, from the outset.
- 3. Best practice approaches to access to records for all care-experienced people, and for research in the public interest, should be developed.** Protocols should balance the rights, needs and wishes of care-experienced people, the responsibilities of institutions and the benefit of research. Practical and emotional support is a vital aspect and should be made universally available to people of any age, underpinning access to records of a potentially traumatic nature.
- 4. Guidance on the application of Data Protection legislation should be produced which supports organisations and practitioners to comply in reasonable, caring and considerate ways.** Redaction decisions should be informed by an understanding of the specific circumstances of an individual's care experience, their unique needs and a recognition of their right to understand their personal histories.



## The Principles and Toolkit

The Principles and Toolkit for caring recordkeeping is structured into three modules, which grow from the overarching First Principle.

- **Creating Records**
  - Policies and resources
  - Participatory recording
  - Content, scope and quality
  - Information sharing
- **Managing Records**
  - Policies and resources
  - Physical and intellectual control
  - Retention
  - Preservation
- **Accessing Records**
  - Policies and resources
  - Subject Access Requests
  - Redaction
  - Support and aftercare

### Who the toolkit is for

The toolkit is intended for any organisation that provides services to looked-after children and children in need in the public, voluntary and private sectors. This includes education, health and housing providers, legal practitioners and government agencies, as well as those organisations acting as corporate parents or managing and providing care placements.

### How to use the toolkit

Each section describes how to meet an element of the Caring Recordkeeping Principles and includes self-assessment tasks, linked to supporting resources, which will help in planning and implementing caring recordkeeping in your organisation. Some sections may not be relevant to your organisation, whereas others will be universally applicable.

Working through the toolkit is not an end in itself but should lead to an action plan. Some actions will be 'quick wins' that can be readily implemented while others may require long term cultural and infrastructural change. Certain actions may require additional financial and staff resources to complete, which we hope the MIRRA project advocacy resources will help to justify.

# Principles for Caring Recordkeeping in Child Social Care

## First Principle

1. Care-experienced people (children, young people and adult care leavers of any age) should be able to participate in every stage of child social care recordkeeping, if they choose; including
  - the creation of records while they're in care,
  - the management of records during the period of retention, and
  - the provision of access to records at any stage of life.

## Creating Records

2. Organisations should be able to identify and locate all of the records they create, receive, use or hold relating to children, young people and their families.
3. Recordkeeping should be recognised through both policy and practice as a caring activity integral to social work and social care practice.
4. Children, young people and care leavers should feel that their record is for them, as well as being a surveillance mechanism, risk management tool or performance measure for service providers.
5. Organisational cultures of recording and recordkeeping in child social care should be human centred, keeping in mind the life-long significance of records as memory and identity resources.
6. The active involvement of children, young people, carers and family members should be built into recording practice throughout the care experience, using age appropriate mechanisms and activities.
7. The voice, opinions and needs of every child and young person should be included in their records, in their own words and on their own terms.
8. Records should include and accommodate core traces of an individual's life, including photographs, special events, achievements and memories, extending beyond the current practice of life story work.
9. Records should accommodate multiple voices, representing the different perspectives, beliefs and opinions of the diverse people involved in a child's life.
10. Recordkeeping systems, including digital systems, should be structured to manage formal, informal and creative contributions from multiple perspectives.
11. Records should avoid jargon, unexplained acronyms and professional terminologies that the people being written about may not understand. Where they are used they should be explained.
12. Recording practices should reflect a child's holistic life experience, capturing positive as well as negative behaviours and events.
13. Where tension and disagreement exist between perspectives this should be fully represented in the record, without attempting to establish a single, agreed narrative.
14. Amendments, commentary and additions to records should be accommodated within recording systems.
15. A child, young person or care leavers should have the right to request that elements of their record be deleted or 'forgotten', and if this is not possible then their request should be acknowledged as part of the record.

16. Information sharing protocols with other agencies should be transparent and children and young people should be informed when and on what terms their records are being shared (so long as it is safe to do so).
17. Where information is sent to another agency a record should be made on an individual's file so that this can be traced in future.

### **Managing Records**

18. Organisations should have up-to-date records management policies and plans which acknowledge and embed participatory recordkeeping principles, and which have been shaped through consultation with care-experienced people. These plans need to allow for the maintenance and migration of records through time and include business continuity strategies.
19. All records of potential personal and emotional value to a care-experienced person created or held by an organisation, whether current or historic, should be specifically identified.
20. Records should be indexed, organised and stored in ways that enable the accurate and timely discovery and retrieval of information relating to a named individual, institution or event. Where resources for records management are limited these records should be prioritised.
21. The retention of records should reflect their potential life-long value, over and above the minimum legal retention period. Namely:
  - i. Records of looked-after children should be retained for at least 100 years from birth, in line with the retention of adoption files.
  - ii. Records relating to Children in Need and any other records relating to children and young people should be retained for 100 years where they involve social care intervention analogous to being looked-after.
  - iii. Photographs and any personal documents which may relate to a care-experienced person should be kept for at least 100 years, even where they are not associated with a case record.
22. Where records are disposed of a complete record of the names of the individuals to whom they primarily relate should be made and retained for 100 years, so that disposal can be confirmed and explained to a person seeking access to information.
23. Organisations should be able to identify and account for gaps in their recordkeeping, where records have been previously lost or destroyed.
24. Preservation measures should be in place that ensure records of personal and emotional value will be accessible and readable for at least 100 years.
  - i. Analogue paper records should be housed in clean, dry storage and should be appropriately packaged.
  - ii. Digital records should be stored safely and securely in preservation formats, being migrated out of proprietary systems once they are no longer in active use.
25. If records are digitised then the process must take into account the needs of care-experienced people for access to tangible traces of their past, preserving all original photographs and personal documentation.
26. Arrangements should be made for the transfer of records to an appropriate agency in the event that an organisation ceases to exist.
27. Organisations should have a policy on archiving records for permanent preservation, taking into account their enduring value for the descendants of care-experienced people and for historical and social science researchers.

## Accessing Records

28. Organisations should have up-to-date, publically available Data Protection and Freedom of Information (where appropriate) policies and procedures which acknowledge and embed the unique information needs and rights of care-experienced people.
29. Organisations should actively engage care-experienced people and other data subjects, including parents and carers, in the design of their access to records procedures by seeking feedback on individual requests. Organisations may also wish to consult a peer review group to critically appraise current practice.
30. The Data Protection Act 2018 should be understood as enabling legislation, under which care-experienced people have the right to access personal information. It should never be presented as a legal barrier that prevents a person from knowing things about themselves.
31. Practical information about how to access records should be readily available to children, young people and adults at all stages of their care experience and throughout their lives.
  - i. This information should be in plain language, avoiding technical or depersonalising terms.
  - ii. All staff members within an organisation should be aware of this information and be able to recognise a request for access.
32. Requests for access to records made by children and young people should be handled with equal respect for their information rights as for adults. They should receive case-by-case support to read and discuss their records, acknowledging their individual needs.
33. The process for making a Subject Access Request for social care records should be simple and straightforward, and should not place undue burdens on an individual.
  - i. Requirements to complete forms and provide identification should take into account the circumstances of the requestor and help should be offered.
  - ii. A named person should be identified as a single point of contact immediately on receipt of request.
34. Organisations should clearly explain the stages of the request process and provide a timetable for the provision of records in compliance with GDPR and the Data Protection Act.
35. Requestors should be allowed to determine the level of communication they wish to have with the organisation, with a range of options offered for engagement prior to, during and after the request.
36. The option of trauma-informed support should be offered at the outset, taking into account the potential personal and emotional impact of accessing records. A range of options should be available, including referral to independent and peer-support organisations.
37. Redaction should be undertaken on a case-by-case basis, taking into account the emotional needs and circumstances of an individual, and in discussion with them where that is appropriate.
38. Records should be redacted only where information pertains absolutely and completely to a third party and bears no relation to the care-experienced person.
39. Where records have been redacted each redaction should be clearly explained, and requestors should be informed of their right to appeal and/or complain about redaction decisions.
40. The presentation and packaging of records for delivery should be decided in discussion with the requester and with regard to the emotional impact of receipt.

41. All access to records advice and guidance, including written communications, must be in jargon-free caring language that avoids technical or professional terms.
42. Organisations should provide care-experienced people with sufficient contextual information about the historic provision of child social care to enable them to understand their records.
43. Where records have been lost or destroyed, either accidentally or as part of a programme of disposal, organisations should provide an evidence-based explanation for why, when and how this occurred.
44. Requestors should be supported to extend or expand their SAR beyond the original request, either within the records of an organisation or externally.
  - i. Where records about an individual may be held by other organisations or agencies, this should be communicated to the requestor along with the relevant contact details.
45. Requests for access to records from academic researchers and other parties should be considered based on the public benefit of the research and care-experienced people's right to privacy and self-determination rather than on risk to organisational reputation.
  - i. Policies on access to records for parties other than the subject should be consistent, justifiable and available for scrutiny.

## Principles for Caring Recordkeeping in Child Social Care

### FIRST PRINCIPLE

Care-experienced people (children, young people and adult care leavers of any age) should be able to participate in every stage of child social care recordkeeping, if they choose; including

- the creation of records while they're in care,
- the management of records during the period of retention, and
- the provision of access to records at any stage of life.

## Creating Records

### Policies and Resources

### PRINCIPLE 2

Organisations should be able to identify the records they currently create, receive, use or hold relating to children, young people and their families.

### Why?

Our research shows that child social care produces huge quantities of complex, distributed records. Many organisations, agencies, carers, practitioners and other stakeholders are involved in creating information about each child or young person. This information is gathered and stored using a range of formal and informal systems, most of which are now digital. These systems change frequently, adapting to new legislative requirements, practice standards and service cultures. We found that, as a result, many organisations do not have a clear picture of what records they have and what records are stored by others.

### Self-Assessment Questions

**Can you identify and locate the records your organisation currently creates, receives and uses relating to children and their families?**

This includes knowing:

- i. What records you create;
- ii. What records you receive;
- iii. The extent and scope of records you hold;
- iv. The location and storage conditions;
- v. Who has access to which records;
- vi. Who uses records and why;
- vii. Who is responsible for making decisions about records.

Without this information you cannot properly assess your recordkeeping practices, meet your legislative and regulatory responsibilities or design new ways of working. The answers to these questions will highlight where you have gaps in your recordkeeping, where you are duplicating information and effort and where there is the potential for improving processes to align with the other Principles.

### ***Suggested Actions***

- Conduct an information audit.
- Create/update an Information Asset Register.
- Create a column on your Information Asset Register to capture the legal status of record types.

An Information Asset Register lists the records that you hold and is auditable on an annual (or more regular) basis. It requires you to specifically identify the personal data you have, where it is kept and who is responsible for it. This includes 'live' or 'open' records, as well as legacy information, either digital or on paper. [Examples](#) of Asset Registers for Children's Services are available online.

If you have a records or information management team they may already have compiled a register or can help you do so. If not you may wish to conduct an information audit within your service or team.

We recommend that in either case you include a column or some kind of mechanism within your register to mark records which have significant personal, memory and identity value for care-experienced people. This will enable you to quickly and easily prioritise those records for preservation.

We have created an audit template informed by the Principles as a guide [\[to follow\]](#).

### **Do you know which records you have a mandatory responsibility to create and on what basis?**

Many records created about children in receipt of care and other services are required by law. You should know what these records are, how you create and maintain them, and what their purpose is. Legal requirements change frequently, and our research shows it is not always clearly understood what is mandated and what isn't. This can lead to myths and tensions about what is and isn't required. You can use our resource on mandatory care records as a guide [\[to follow\]](#). This will give you a more solid basis for making decisions about your recordkeeping practices, meaning you can adapt and streamline them to fit with the Principles.

#### **PRINCIPLE 3**

Recordkeeping should be recognised through both policy and practice as a caring activity integral to social work practice.

#### **PRINCIPLE 4**

Children and young people should feel that their record is for them, as well as a surveillance mechanism, risk management tool or performance measure for service providers.

## Why?

Recording may account for up to 80% of social workers' time and is often referenced as an onerous burden (BASW, 2018). Following the introduction and failure of the Integrated Children's System (ICS) in 2008 there has been increasing criticism of recording as a mechanism for risk management, performance reporting and the surveillance of social workers. It is mandatory and resource intensive but appears to be an administrative task that is incidental to the wellbeing of the child and their family. Complicated computer systems and idiosyncratic local practices also contribute to the problem.

However, our research has shown how integral records are to an individual's sense of self and belonging. For children and young people in care the record is a tangible manifestation of their experiences, representing their most important relationships; for adult care leavers the record may be the only access point to their past. How, why and when records are created potentially has a significant impact on their identity and wellbeing.

As such we suggest that recording and recordkeeping should be seen as an integral part of caring for children and young people. Other purposes of recording should be made compatible with a centralisation of the needs of the care-experienced person, both now and in the future.

## Self-Assessment Questions

**Do you have policies, standards or guidance on creating (writing), keeping and using records? Are these co-produced?**

Our research shows that the standard of recording and recordkeeping within social care is highly variable and often dependent on individual levels of training and motivation. Interestingly, we also found that most organisations have policies and guidance but that these are rarely seen to improve standards. They were often imposed 'top-down', seen as sufficient and adequate by senior managers but unknown or perceived as impractical on the front line.

We suggest that organisations should work to create a caring culture of child-centred recordkeeping by revisiting recording policies, standards or guidance collaboratively. All those who are involved in the creation and management of child social care records should contribute to the redesign of practices. This should include social workers, personal advisors, IT professionals, support staff and, most important, children, young people, care leavers and their families.

Revisiting existing policies and practices is a good opportunity consider important questions:

- Why are we creating records?
- Who are the records for?
- What are the issues and challenges associated with our current systems and practices?
- What workarounds do staff use to bypass these issues and challenges?

The answers to these questions may prompt you to consider whether your current approach to recordkeeping is working, and whether the systems you use are fit for purpose.

## Suggested Actions

- Research existing best practice on recording and recordkeeping through the Further Resources section of the toolkit.



- Revise your policies, standards and guidance in line with participatory principles, consulting widely with record creators so that the documents are practical and usable.
- Co-produce these documents with children and young people in care and, if possible, care leavers so that recording also reflects their needs.
- Integrate the Principles into your policies and practice guidance as far as possible, setting out how you aim to meet them.

**Do you provide training on how to create (write) and maintain caring records from a care-experience perspective?**

Many people have received training or been taught how to record, perhaps multiple times. However, during the course of our research we were routinely told that training was rarely about how to write caring records, and almost never involved hearing a care-experienced person speak about their perspective. We would suggest that the latter is particularly important, as a participatory approach requires that everyone involved in the recordkeeping process is aware of and sensitive to the impact of their practice on others.

***Suggested Actions***

- Find out what the children, young people and care leavers you work with think about records and recordkeeping practices. You can do this at the same time as revising your policies.
- Organise new records awareness training for all staff who record or work with records and deliver it from a care-experienced perspective. Invite adult care leavers who have accessed their files to speak, or use the MIRRA research film to share the voices of care-experienced people.

**How do you currently monitor whether your records are high quality and meeting the needs of everyone involved in the provision of care?**

Changing your recording culture is a long-term process and won't be achieved immediately through changes to policy documents and training, although this is an excellent start. Your organisation will also need to take responsibility for overseeing quality and standards, and to act as a champion for participatory approaches. Participation doesn't end with a new guidance briefing, but should be continuous and organic, as part of the care that you provide.

***Suggested Actions***

- Nominate a named person who is responsible for oversight of recordkeeping within your organisation.
- Include participatory recordkeeping responsibilities in the role descriptions of all staff who contribute to or use the records of children and young people, whether in social care or information management teams.
- Build recording reviews into your ongoing consultation processes with children, young people and care leavers. Enable them to inspect record samples to give feedback on the quality and content of records.

It is critical that children and young people are able to participate in the monitoring and development of recordkeeping practices. Finding ways to enable this will have the added benefit of showing where those practices are over-complicated or not child-friendly, which will contribute to Principle 5.

**PRINCIPLE 5**

Organisational cultures of recording and recordkeeping in child social care should be human-centred, keeping in mind the life-long significance of records as memory and identity resources.

This principle is amongst the most challenging, as it requires you to unpick and challenge the basis of your current recording and recordkeeping practices. It is about cultural change, an orientation to records rather than a series of concrete actions to take.

At present social care records are more likely to be centred around the needs of practitioners, the courts and organisations rather than on the needs of lifelong needs of children. This is because recording has been perceived as an administrative or legal task rather than as the production of a critical memory and identity resource. By showing the potential impacts of such perceptions on outcomes for care leavers later in life, MIRRA suggests that organisational recordkeeping cultures should be 'human-centred'. This recognises that records are predominantly about people, rather than statistics, performance or regulations. Of course, statistics, performance and accountability are important and necessary but they should not drive practices to the detriment of care-experienced people, social workers or other stakeholders.

**Self-Assessment Questions**

**As an organisation, who do you create records for and why? What are their needs?**

At first glance this may seem like a simple question but when we have posed this question at events with social care and information practitioners we have generated surprisingly long lists of individuals, agencies and organisations who may need or use records about a single child or young person.

For example:

- The child, young person or care leaver themselves, both now and in the future
- Their parents and family
- Social workers
- Personal advisors
- Foster carers
- Residential workers
- Supervisors/managers
- Schools
- NHS
- CAMHS
- Cafcass
- Youth Offending Services
- Police, etc.

The list goes on and on. Each of these stakeholders wants and needs different things from the records. They may also be creating their own records in addition to those you share with them (see Principles 16 & 17 below). It is important to understand these multiple perspectives and the extent to which your current practices serve them. It will help you to identify the key stakeholders and the most important needs, which your practices should prioritise. If your current ways of working aren't fit for purpose you will understand how they need to change.

### ***Suggested Actions***

- Map out your records stakeholders and what you perceive to be their needs, then ask them if these needs are being sufficiently met. You could combine asking children, young people and care leavers with the conversations around Principles 3 & 4.

You should end up with a long list of needs, some of which will be contradictory. Issues of confidentiality and privacy will clash with the need for information sharing and transparency. At the same time some needs may be more aspirational than achievable.

- Identify those needs that directly support a child or young person's memory and identity or which relate to their long term wellbeing and consider how these might be prioritised within your recordkeeping practices.

#### **What are the strengths and weaknesses of your current records system/s from a participatory perspective?**

The previous exercise can quickly become a discussion of the strengths, weaknesses and capabilities of your records systems. The capabilities of the systems that are used to create and manage records are often a factor in shaping their usefulness, both as memory and identity tools and for other tasks. You will be intimately aware of the strengths and weaknesses of the systems that you use, but it is useful to revisit these conversations in the context of the participatory principles.

You could consider:

How does our system help me/prevent children and young people from participating in their records?

How does our system support the needs of other key stakeholders and accommodate their perspectives (see also Principle 13)?

How flexible is the system and how do people who use it work around problems?

It is valuable to discuss these and as a starting point to understanding what can be changed, either immediately or through the procurement of future systems.

### ***Suggested Actions***

- Conduct a critical or SWOT appraisal of your records systems, from the perspectives of all those who use them or are recorded in them. If you have multiple systems you can tackle them separately or together, which ever makes sense.
- Try a 'Bin It, Keep It, Change It' exercise to identify what works, what doesn't work and what could be adapted.
- Run a collaborative Workshop on the first Five Principles (see Plan Template)

## Principles 1-5 Workshop – Plan Template

The first five Caring Principles are focused on cultural change and organisational self-reflection. Many of the actions we suggest can be fulfilled, or started, as part of a collaborative workshop. During the project we used this workshop format to collect information from participants, and developed a range of exercises that you may find useful. We have collated them here into a plan template which you can adapt to your setting.

### You will need:

- A facilitator to lead the exercises and to write up and report back on the session
- 5-25 participants
- Flipchart paper
- Post-it notes
- Pens
- A projector/screen/laptop

### Attendees

You may wish to invite: social workers, personal advisors, administrators, foster carers, supervisors, managers and representatives from key agencies that you work with. You should also involve records management, information management, data protection and IT teams.

### Timetable

10.00am-10.30am – Introductory Session

10.30am-11.30am – Discussion Session 1

11.30am-11.45am – Break

11.45am-12.45pm – Discussion Session 2

12.45pm-1.45pm – Lunch

1.45pm – 2.45pm – Discussion Session 3

2.45pm-3.15pm – Action Plan

### Session Plans

#### 1. Introductory Session

In this initial session we suggest you introduce the MIRRA research, our key messages and the Principles using the opening sections of the framework. You may find it useful to play our research video, which is available on YouTube at the beginning:

<https://youtu.be/xs28tczL3yA>. You may wish to circulate the Principles beforehand and ask people to read them in preparation for the session. If people do not know one another then you should also have people introduce themselves.

## 2. Discussion Session 1

Split your workshop into groups of 4-5 people. You may wish to separate colleagues who work closely together so that they are working in a group with others, to make the most of the knowledge exchange and thinking. Ask each group to nominate a scribe for the session, who will record what is said using the flipchart paper and post-it notes.

- **Challenges exercise** (10 minutes) This is a warm-up exercise, to get people focused on recordkeeping. Going around the table, each person should share the biggest challenge, problem or issue that they face with regards to records or recordkeeping in their daily work.
- **The First Principle exercise** (20 minutes) Divide paper into three with the headings 'Create' 'Manage' and 'Access'. Under each heading list things that your organisation already does to deliver the first principle of involving care-experienced people at every stage of the recordkeeping process.
- **Creating, Managing and Accessing Records exercise** (40 minutes) Consider Principles 2 – 45 and discuss the following questions:
  - **To what extent are the principles deliverable in your context?** If there are obstacles, what are they?
  - **Is there anything you would change or add to these principles?**
  - **What resources, support and information would you need to meet them?**

## 3. Discussion Session 2

Remain in groups of 4-5 and once again nominate a scribe.

- **Who does your organisation create records for and why?** (30 minutes) Draw a collective map of the stakeholders in your organisations' records and discuss any tensions between them. Who has rights and to what? Do your practices reflect the relative importance of different stakeholders' needs?
- **What are the strengths and weaknesses of your current recordkeeping systems?** (30 minutes) Split a page into three again, with the headings 'Keep', 'Adapt', 'Bin'. Thinking about implementing the participatory recordkeeping principles, what would you keep, what would you change and what would you throw out from your current practices and systems.

## 4. Discussion Session 3

Remain in groups of 4-5 for the first exercise, before coming back together as a whole session for the second exercise.

- **Group action lists** (20 minutes) In groups, compile a list of actions you need or wish to take in response to the participatory principles and self-assessment exercises you have done. If you can, prioritise these.
- **Workshop Actions** (40 minutes) Bring the groups back together as a whole session to discuss a) what actions attendees have prioritised, and b) what resources and tools they need in order to take them. The facilitator should record this action list as the group shares the conversations from the day.

## 5. Action Plan

The workshop action exercise should leave you with a list of tasks to take. During the last 30 minutes of the session, decide how you are going to start achieving these goals. Who will take responsibility?

## Participatory Recording

### PRINCIPLE 6

The active involvement of children, young people, carers and family members should be built into recording practice throughout the care experience, using age appropriate mechanisms and activities.

The MIRRA research demonstrated the low levels of contact and involvement care-experienced people have with their records whilst they're in care. This was true of both recent and older care leavers. Many had not previously seen their records; understood the level or breadth of recording about them or been asked to contribute to them in any meaningful way. As a result many expressed a lack of knowledge about the decisions that had been made for them and the background to their situation. We found that this leads to a lack of trust and suspicion about the intentions and motivations of social workers and carers, and may contribute to the breakdown of relationships.

Our care-experienced co-researchers felt strongly that, while the right to retrospectively access records later in life is imperative, it is equally important to proactively engage children and young people in recordkeeping from the beginning. Using participatory techniques and mechanisms to create records, and sharing their contents as soon and as openly as possible (in age-appropriate ways), would mean that the need to access records later in life is less acute. In keeping with Principle 4, it would empower children and young people to interact with their records organically as part of their histories, rather than as social work tools that turn them into administrative subjects.

### Self-Assessment Questions

#### **How do you currently engage children and young people with their records?**

Children and young people may be given the opportunity to read and sign plans and other documents. Their social worker may talk to them about what they have written and why. However, despite this care experienced people often still report that they are unaware of the content or significance of records. We have often been told that this is because children and young people are not interested and do not want to engage.

However, our research suggests that this is incorrect. Children, young people and care leavers are very interested in what has been written about them, but they often don't want to engage with records on the organisation's terms. A critical element of participatory recordkeeping practice is to enable every person to use and interact with records in a way that is meaningful to them. This requires you to develop age-appropriate mechanisms for working with children.

#### **What role do family members play in recordkeeping?**

The relationship with a child or young person's family members may vary widely, and it may not always be appropriate to share information with them or ask them to contribute to the records. However, where possible, it is valuable to consider how interacting with their child's record could help them to understand the situation. A recent study in Italy found that where parents and other family members were actively involved in writing up assessments and other documents they reported significantly higher satisfaction with the outcomes of a social work intervention, even where a child was ultimately removed. They felt that the process had been fairer, and that their perspectives and opinions had been heard.

We found that when care leavers return to their records later in life and are able to perceive their parents and family through adult eyes, they often come to a new understanding about their relationships. For example, they may have previously felt rejected or unloved. Being able to discover what was felt and thought about them was very powerful, especially if it came in the form of direct testimony.

**Do you have an effective way for foster carers to contribute to and interact with a child's records?**

**Do you collect memory and identity records from foster carers at the end of placements?**

Our research suggests that there is no standard for foster carers' access to records about the children they care for. In some cases they have mediated access to case management systems, whereas in others they use their own system. The transmission of information between foster carers and social workers can mean that messages are not captured in the records, despite the fact that the foster carers have important insight into an individual.

Regardless of the formal procedures, foster carers have spoken to us about the frustration they feel in not knowing what will happen to the informal memory and identity materials that they collect about a child. Items such as diaries, photographs, souvenirs and school work are rarely included in the record, and it may not be possible for them to travel with the child. As a result foster carers report storing boxes of material in their attics and garages. These items may be amongst the most personal and valuable for a child or young person, whether the memories they evoke are good or bad. When care leavers access their records later in life, it is often this type of material that they hope to find and rarely do.

**Do you have an effective way for residential care workers to contribute to a child's record?**

**Do you collect memory and identity records from residential placements when they end?**

The same issues that affect foster carers also affect residential placements. In fact, they can be more acute as residential care may be provided far from the authority that a child or young person comes from. Placements are generally managed by organisations or enterprises that have their own systems, with no access to a central recordkeeping mechanism. While records should be transferred to the parent authority at the end of a placement, it's unclear from our research how effective this is. Certainly feedback from residential workers suggest that lots is either retained by the home or lost when a young person leaves. This includes daily logs as well as the photographs, souvenirs and other personal ephemera that foster carers speak of. Care leavers have told us that these daily logs are amongst the most informative elements of their records, as it returns them to specific moments in time and helps them build a sense of themselves at different ages.

### ***Suggested Actions***

- Identify formal or informal participatory practices that you already use in your recording. Individual practitioners may have valuable methods to share which they use in their day to day practice.
- Develop age appropriate activities that help children to understand:
  - That you write things down about them and why
  - That other people may read what is written about them
  - That they have the right to ask to see what you write
  - That they can ask you to talk them through what you have written and why
  - That they can add their own thoughts and feelings to the records.

- Consult with foster carers and residential placements on their involvement in recordkeeping, to understand what works and doesn't work. They will also be able to help in engaging children and young people with their records for the above action.
- Conduct a survey of memory and identity records created and kept by foster carers and residential workers, to understand what resources are available for children and young people.
- Develop a mechanism to preserve memory and identity material as part of a child or young person's record. Preferably this would be in conversation with them and they should have the hard copy, while a digital version is kept on their file in case the originals are lost. This also contributes towards Principle 8.

## PRINCIPLE 7

The voice, opinions and needs of every child and young person should be included in their records, in their own words and on their own terms.

A key part of engaging with recordkeeping for children and young people is being able to contribute their own opinions and needs. We found that children and young people's voices were rarely heard directly in their assessments or plans, but were too often filtered through the perspectives of a practitioner. This reinforced children and young people's experience of not being listened to or taken seriously. In later life care leavers experienced the absence of their voice from their own records as a form of erasure that confirmed the impression that nobody had really cared what they thought or felt. However, where they came across evidence of their own feelings, even in a small way, it had significant positive impact on them.

Our research has highlighted some good examples of practice that captures the voices of children and young people, such as the [Me and My World](#) mechanism used by Independent Reviewing Officers (IROs) in Brighton and Hove and the [Mind of My Own](#) apps used by over 75 organisations in the UK. These allow children and young people to directly share their feelings with social workers and others. However, it's not always clear how this translates into the broader culture of recordkeeping and to what extent these contributions are preserved in the long term. We suggest that children and young people's participation in recording should be holistic, and at every stage and level.

### Self-Assessment Questions

#### **How are the voices of children and young people captured in your recording?**

When we talk about the voices of young people we are referring to their own words and feelings, rather than to the impressions and paraphrasing of a social care practitioner. As far as possible these should be captured directly as they were spoken or written down. This does not have to be in the context of a formal meeting, but could be from an informal conversation via text or email or as part of an exercise in participatory recordkeeping. With younger children it could be represented by a drawing or other non-verbal act.

#### **Can children and young people comment on what you have written about them and write their own versions of events?**

It is important that in addition to expressing themselves in the record, children and young people have an opportunity to respond to and disagree with whatever else has been written about them. This also contributes towards Principle 13, which emphasises the value of capturing moments of tension and disagreement in the record. Many care leavers have told us how alienating it is to read



an authoritative narrative of events as though it were true when their own recollections and feelings were very different. For memory and identity purposes being able to parse out their own opinions from those of others is key, as it highlights the complexity of a situation.

### ***Suggested Actions***

- Using examples of best practice from elsewhere, create opportunities for children and young people to 'speak' and be heard in their records as part of your standard recordkeeping practices.
- Trial the 'right to respond' to what has been recorded with a group of care-experienced young people, in order to develop a process for this within your organisation. This may grow out of discussions with children, young people and care leavers during work in meeting Principles 1-5.

### **PRINCIPLE 8**

Records should include and accommodate core traces of an individual's life, including photographs, special events, achievements and memories, extending beyond the current practice of life story work.

Only approximately 10% of child social care records contain photographs or other personal items such as letters, certificates and school reports. While some care-experienced people have contact with family members or carers who are able to provide these things, many do not and as a result have very few personal memory objects from childhood. We know that when adults access their records they are often hoping to find these original traces of themselves.

Life story work is an established practice that aims to collate childhood stories and memories for a child, most often in the context of adoption. However, many of the care-experienced people we spoke with had either never done life story work, or had very poor experiences of it. It had been very limited, covered only a short period or snapshot of time or had felt like homework. It did not amount to a dynamic memory resource that supported children and young people into adulthood. There was a general belief that life story work was only done for children being placed for adoption or in long-term foster placements, and that it was often done 'at the last minute'. Older children, those with complex needs and those with multiple disrupted placements were least likely to have life story work, even though their need for it wasn't any less.

### **Self-Assessment Questions**

#### **Are you committed to life story work?**

Life story work should be a priority for every child and young person, and we suggest that it should be continuous. Too often it is seen as something 'nice to have', or only done for short episodes of a child's life. We would ask you to consider the extent to which your organisational approach to life story work is successful, for both children and for practitioners.

#### **How do you capture core memory traces like photographs and certificates for children and young people?**

We know that some digital recordkeeping systems cannot accommodate attachments and media file types, and that it can be difficult to store hardcopy documents and personal objects. However, we suggest that preserving these items in some form is critical for the future wellbeing of the individual.

This includes those materials gathered from foster carers and residential placements in relation to Principle 6. If your organisation is acting as a parent, carer or guardian, either for a long or short period of time, then we suggest that it is your responsibility to collate and provide access to materials that can act as a 'family archive'. This should be prioritised for all children, and not just those who are adopted or are in care from a very young age.

### ***Suggested Actions***

- Evaluate your life story work practice, in consultation with children and young people, and commit to the resource that is needed to ensure it is part of looking after every child in care.
- Develop a mechanism to preserve memory and identity materials as part of a child or young person's record. Preferably this would be in conversation with them and they should have the hard copy, while a digital version is kept on their file in case the originals are lost. This also contributes towards Principle 6.

#### **PRINCIPLE 9**

Records should accommodate multiple voices, representing the different perspectives, beliefs and opinions of the diverse people involved in a child's life.

#### **PRINCIPLE 10**

Recordkeeping systems, including digital systems, should be structured to manage formal, informal and creative contributions from multiple perspectives.

#### **PRINCIPLE 13**

Where tension and disagreement exist between perspectives this should be fully represented in the record, without attempting to establish a single, agreed narrative.

A child's record may be written by dozens of different practitioners over the course of their care experience, and so talking about accommodating multiple voices may seem like a moot point. However, in most cases the record is still considered to be an official version of events and assumes a kind of authority that fails to acknowledge its subjectivity. Principle 9 highlights that records are in fact a jigsaw puzzle of different points of view and are not neutral. When a care leaver revisits their records later in life it is important that they can distinguish between these points of view. It is also important that they should hear from everyone who was involved in their care, and not just key contacts. As well as foster carers and residential workers, family and friends (as noted in Principle 6), this should include teachers, health workers and others who have contact with them.

Often different recordkeeping systems are used to capture information about an individual by different agencies, and these are rarely interoperable or compatible. As a result, some points of view end up siloed away from others. We suggest that organisations should work to overcome this problem, whether through formal, informal or creative means, so that a child, young person or care leaver reading their records can get the fullest picture of themselves.

## Self-Assessment Questions

**Do you have ways to capture the differences of opinion and points of view of all the people involved in a child's care?**

Often meetings about a child or young person will involve a dozen or more agencies, who may produce their own records of events. These will each be subtly different. Decisions about a child may be taken from the majority view, while differences of opinion are lost. The dissenting voices of parents and family members are particularly vulnerable in this way, especially where they don't have a formal mechanism for making a record of their own. We suggest that differences of opinion, especially where they express disagreement with a decision, should be included and justified in the record. This helps a person to reflect on the nuance of their situation later in life, and is also beneficial for the self-reflection and accountability of the recordkeeping organisation.

**How flexible, creative and responsive is your recordkeeping system to the needs of particular individuals and families?**

Not all agencies or individuals want to or are able to engage with recordkeeping on the terms set by your systems and procedures. In our research we found that, while people would like to contribute to the record, they don't feel able to do so because of technological, literacy or cultural barriers. Contributing a letter or written statement, for example, may not be comfortable, even though that is the easiest form of recording for case management frameworks to accommodate. Instead people may prefer conversations, text messages, WhatsApp, social media posts or other forms of communication. They may also wish to express themselves through their actions. We suggest that records and how you record should be responsive and flexible to these alternatives, so that they can be preserved alongside more formal documentation. This might be through the use of audio-recordings, collaborative recording (as discussed in relation to Principle 6) or image capture.

## ***Suggested Actions***

- Survey the agencies you work with to determine:
  - What information, if any, they record about children
  - How this information could be integrated into your records, if it isn't already
  - How they would like their contributions to meetings and decisions to be captured.

Create an action plan to tackle any issues or gaps that arise. (This could be completed at the same time as the stakeholder analysis for Principle 5.)

- Trial creative or responsive ways of including the perspectives of otherwise marginalised people in a care-experienced person's life, e.g. their parents, grandparents or friends. This also contributes towards Principle 6.

## Content and Quality of Records

### PRINCIPLE 11

Records should avoid jargon, unexplained acronyms and professional terminologies that the people being written about may not understand. Where they are used they should be explained.

Social care records have their own specialist language that makes sense to practitioners but shuts others out. Jargon, unexplained acronyms and euphemistic language may seem like a useful shorthand in recording, especially when time is short. However, it excludes one of the most important audiences of the records: the people they are about. It may also confuse family and carers. Some of this jargon may be positively offensive, both now and in the future – a well-publicised example is the acronym ‘LAC’ (looked-after child) which implies that children are ‘lacking’ in something. Acronyms are often incorporated into the structure of records themselves, as the titles of forms (e.g. LAC Review).

Euphemistic or professional terminologies can also be very upsetting, as it often obscures the details of a situation. For example, when a child’s behaviour is described as ‘sexually inappropriate’ without further explanation this could include a multitude of behaviours. You can read more about this in SCIE’s [guide on euphemistic language](#) in case recording. Finally, as new practice approaches are introduced and legislation changes so do acronyms and terminologies. Records can become difficult to understand even by specialists, especially if an organisation has a high turnover of staff.

- **To what extent do you use specialist language, jargon and acronyms in your records?**

Our research found that social care practitioners are often unaware of just how much jargon they use. While it varies from person to person, it is likely to be significant, and it is worth asking everybody who writes records to revisit their most recent recordings and mark any acronyms, specialist terms or euphemisms they used.

- **Are you satisfied that a person returning to their records in 10 or 20 years’ time would be able to understand the narrative of their time in care?**

This is a more difficult question to assess, but the issue of understandability goes far beyond the individual words and sentences used. It is also about the way someone expresses themselves, their syntax and sentence structure and the assumptions that sit behind what they say. Quite often what goes unsaid is as important to understanding the narrative of a person’s life as what is written down. Our research suggested that when people come back to read their care records they often feel that they’re both long and repetitive at the same time as being full of gaps and inconsequential information. It’s important to assess whether what is being captured could actually help someone reconstruct events, as well as fulfilling other functions in the immediate present.

### ***Suggested Actions***

- Compile and agree a list of terms to avoid in recording, and replace them with easy to understand terms. You could consult one of the [guides to preferred language](#) that have been developed with care-experienced people.

- If acronyms are unavoidable, maintain a dictionary of them that will be preserved for as long as the records are kept and which can be shared with people who access them in future. Make it policy that when acronyms are used they are always expanded on the first use.
- Trial writing records as though you were writing them to the person they are about. For example, “When I saw you today you were unhappy because you had lost your mobile phone...” This helps to keep language simple and straightforward, and also helps the author imagine what they’re writing being read. It also contributes towards Principle 12.

## PRINCIPLE 12

Recording practices should reflect a child’s holistic life experience, capturing positive as well as negative behaviours and events.

We found that records are more likely to capture instances of negative behaviour or events than of positive. Where positive language is used it often describes the impact of social work interventions rather than the experiences or decisions of a child or young person themselves. As a result, records fail to capture the ‘little good things’ that a person needs to construct a positive picture of themselves but instead reinforce a catalogue of an individual’s apparent failings, mistakes and bad moments. This made the young care leavers we spoke to feel oppressed by their records which would ‘never let them forget’ the bad things that had happened to them. Older care leavers were saddened that the positive things that they remembered about their childhoods were not represented. Achieving a balance between positive and negative is therefore important, for both self-esteem in the present and wellbeing in the future.

### Self-Assessment Question

- **Generally speaking, what is the ratio of positive to negative/neutral information in a care record?**

Sometimes the way that recording systems are set up can make it difficult to capture positive information, or it may not seem necessary to do so when what matters most is to make sure a child is safe and protected. It may be that their experiences and environment are very negative, or that they are going through a chaotic or challenging time. When you are trying to capture the bare essentials noting down a small positive thing may not seem important. However, the record has power and will follow a person into adulthood, when what they may need to remember from a traumatic time in their life is their favourite food or enjoying going to the cinema with friends.

### Suggested Actions

- As part of supervision ask all practitioners to revisit their recent recordings and to highlight negative/neutral comments in one colour and positive in another. Where there is a disparity ask them to consider what positives they could have included. This could be done as part of the self-reflection exercise for Principle 11.
- Writing records as though they were to the child, as suggested for Principle 11, will help to balance out the positive and negative. When we speak directly to a person we are more likely to acknowledge their whole existence rather than just the things that are our ‘job’.

**PRINCIPLE 14**

Amendments, commentary and additions to records should be accommodated within recording systems.

**PRINCIPLE 15**

A child, young person or care leavers should have the right to request that elements of their record be deleted or 'forgotten', and if this is not possible then their request should be acknowledged as part of the record.

The General Data Protection Regulation and the Data Protection Act 2018 give all data subjects the right to request amendments to and erasure of their records, except in certain circumstances. Social work has an exemption from these rights, if granting them would damage the social work task and so as a result children, young people and care leavers are rarely allowed to amend their records or ask that any action be forgotten. This can seem very unfair, especially because children and young people in care are already highly scrutinised. In our research people shared with us their frustration that minor infractions or poor decisions they made as teenagers had to be preserved for their whole lives. For example, throwing food at another young person in a residential placement or staying out all night with friends. These were incidents which, if they took place in a family home, would not be written down and remembered indefinitely.

**Self-Assessment Questions****Do children and young people have the opportunity to ask for amendments or erasure of entries in their records?**

This may seem like a radical idea – many social workers told us during our research that it was impossible, both practically and from a safeguarding perspective. Firstly, digital recordkeeping systems often lock records after short periods of time, making it impossible to retrospectively change them. We also recognise that there are often good reasons to record this kind of information, e.g. if you believe a young person is at risk. However, we would suggest that talking about what has been recorded (in the spirit of Principle 6) should also include a conversation about whether a child or young person would like to amend or comment on what has been written. This could be in the form of annotations or additional documentation which corrected the original version. This acknowledges that an instance of behaviour is ongoing, and that records are complex and fallible.

**What could you chose not to record? Or record only temporarily?**

Asking this question gets to the heart of what the child social care record is for. If it is for your organisation's accountability and for safeguarding in the present then choosing not to record a potentially troubling incident, or only record it temporarily (if that is possible), is problematic and risky. However, if it is also for the wellbeing of the child, and for supporting them to understand themselves and their actions, it may well be healthy to allow them to make mistakes that can be forgiven and forgotten.

**Selected Actions**

- Consult with children, young people and care leavers about what they would change about their records if they could. You should use their live records if you can. This will help to

understand their perspective on how records shape them, and will also support work towards Principle 6.

- Determine how possible it is to amend or 'erase' records using mechanisms for version control within your recordkeeping system. It may be possible, for example, to allow changes to the main file, while retaining a record of those changes that can be noted elsewhere. It may be possible to add a note to the file/record to give a required and requested context.

## Information Sharing

### PRINCIPLE 16

Information sharing protocols with other agencies should be transparent and children and young people should be informed when their records are being shared (so long as it is safe to do so).

### PRINCIPLE 17

Where information is sent to another agency a record should be made on an individual's file so that this can be traced in future.

Increasingly the records about a single child or young person are dispersed across multiple agencies. Each agency will have its own recordkeeping systems, protocols and practices. Some may align closely with your own, while others may not. If you have undertaken the stakeholder needs assessment and recordkeeping analysis for Principles 9 and 13 then you should know some key information, including:

- What information they need
- What information they record and keep
- How that information is stored and managed
- How that information is used.

However, we know from our research that information sharing is a cause for anxiety amongst practitioners and organisations. While social work has an exemption from the provisions of Data Protection legislation that limit how much people's information can be shared without their knowledge, there are still complexities surrounding confidentiality and safeguarding. As a result some information sharing may be informal and 'off the radar'. Where information sharing is formal there may be challenges associated with incompatible systems and cultures of recording. Issues of content and style may arise.

### Self-Assessment Questions

#### **What are your protocols for information sharing with other agencies?**

We suggest that you should have established and written protocols for sharing information with the key agencies that you work with, and that this should form part of an information management plan. This is vital for being able to audit the transfer of information in the event that something goes wrong. It is also a way of spotting where information is being lost or missed, or where it is being duplicated.

#### **On what basis do other agencies contribute to your records?**

You should be able to identify any instances where information in a child or young person's record has come from another agency. If other agencies or teams have direct access to a child's record, e.g. to your case management system, then that should be made explicit in your information management plan. It should be possible to see who has authored each element of a child's record using the audit trails on your system.

#### **If required could you provide an audit trail of information sharing in relation to an individual child or young person?**



The information management plan should make it possible for a person, in future, to determine how information was exchanged between you and any other organisations, stakeholders or agencies. This will be a valuable resource to future records managers and data protection officers, who will be able to direct individuals looking for further information about themselves to the right place, and it will also support care-experienced people who want to follow the trail of their life narrative beyond their core file.

### ***Suggested Actions***

- Check your protocols for sharing data with other agencies and, if you don't have explicit processes in place, develop these.
- Create an information/data management plan, working with colleagues from IT, records management and information governance.

## Managing Records

Our research has shown that many organisations don't have a clear understanding of i) how the records they currently create are managed, or ii) the legacy of records they hold from the past. For many organisations this amounts to a significant amount of personal data, in some cases dating back to the mid-20<sup>th</sup> century or earlier. These records must be controlled, retained and preserved appropriately in order to fulfil your legal responsibilities and to support the information rights of care-experienced people.

Children's social care produces an enormous volume of records, with diverse uses, which have to be kept for varying lengths of time. Whether your organisation has provided care for a relatively short period or has a long history it is likely that you already have multiple filing systems for digital records and paperwork. These may be stored locally or remotely, and may be organised locally, regionally or nationally.

This section is designed to assess the standard of records management within your organisation, covering.

- Policies and resources
- Physical and intellectual control
- Retention
- Preservation

### Policies and Resources

#### PRINCIPLE 18

Organisations should have up-to-date records management policies and plans which acknowledge and embed participatory recordkeeping principles, and which have been shaped through consultation with care-experienced people.

Records management policies and records management plans are not revolutionary or new ideas, and it is likely that your organisation already has them in one form or another. This is particularly likely within local authorities and larger voluntary organisations. However, what we suggest is that these documents should embed the participatory recordkeeping principles, and should be shaped by and with care-experienced people. While involving children, young people and care leavers in service design is relatively common in Children's Services it is less so as part of behind the scenes functions like records management and information governance.

#### Self-Assessment Questions

##### **Do we have an up-to-date records management policy and records management plan?**

In our research we found that communication between social care and records management teams was often lacking. If you are a social care practitioner you may not know the answer to this question; if you are a records management practitioner you may not know what plans or processes are being used by your social care colleagues. Records management may be something that you very rarely consider (unless it is your job!). Locating and reading any relevant policy and plans will make sure you know the current standards your organisation is working to. It will also help to establish contact between records management and social care colleagues.

**Are care-experienced people ever consulted on what happens to their records and how they are treated?**

We found that the level of awareness of recordkeeping amongst care-experienced people is low. They have no sense of what happens to their records once they are written, except insofar as they are kept for them to access later on in life. You may not think they are interested. However, we found that this is far from the case if they are asked. In fact people are very concerned about where their records are kept, whether they can be easily found and who has access to them.

Many care-experienced people see their records as belonging to them, and as an extension of themselves. How they are treated is significant. We suggest that, as a result, records management teams should work with children, young people and care leavers to ensure that policies and plans are centred around the person rather than procedures.

**Suggested Actions**

- **Identify existing policies and plans and critically consider whether they meet the standards set out in the Principles.**
- **Convene a group of care-experienced people to consider key issues, to inform the updating of policies and plans.** You may be able to recruit members of the groups involved in achieving Principles 5 & 6, as well as inviting adults who have recently received their records.
- **Re-write your policies and plans to be participatory and human-centred.** You may wish to look at model policy in the Appendix (to follow).

## Physical and Intellectual Control

### PRINCIPLE 19

All records of potential personal and emotional value to a care-experienced person created or held by an organisation, whether current or historic, should be specifically identified.

Given the sheer volume and scope of records produced by child social care tackling a backlog of poorly stored, poorly indexed materials can be daunting. While all of the records produced by your organisation are important, containing information that provides an account of your services and activities, some materials have significantly more personal and emotional value than others. These are, for the most part, the records that relate to the provision of services to individual children and their families. Our research suggests that sometimes these have not been properly identified, and may be held in multiple unsecured locations without recognition of their importance. In recent years we have heard of several high profile cases in the media where the records of individual children have been found in basements, secondhand filing cabinets and skips.

It should be possible for you to identify these types of records, for a number of reasons. Firstly, so that you can prioritise sorting and indexing them (as per Principle 20), and secondly, so that you can facilitate subject access requests.

### Self-Assessment Questions

#### **Do you know where all of your records are located and what they contain?**

Over the years your organisation may have created and stored records in a variety of locations. This is particularly the case within large county authorities or organisations with a national or international remit. We found that, in some cases, records had yet to be centralised, or had been left behind when buildings closed down or changed use. In other cases records had been recalled by the creating department but were now stored in different locations, such as basements, cupboards and off-site contracted units. Social work teams may also retain some records in their own offices or filing systems.

It is critical that you know where all of your records are, and from that can identify records that contain personal information that a care-experienced person may want or need. This includes both paper and digital files.

### Suggested Actions

- **Conduct a records survey across your organisation, or the relevant part of it.** Ensure that you include digital services, remote offices, children's homes and any other service points that may have recently been in use. You can use the same spreadsheet format as used for the Information Audit for Principle 2. You may wish to keep these audits together.
- **Specifically identify records that relate to individuals in your survey, and collect information about the quantity and status of files.** This will facilitate achieving Principle 20.
- **You may subsequently wish to centralise your records holdings physically, either in-house or at an external site.** However, this may not be possible. Either way you should plan how to secure records that need to be preserved.

**PRINCIPLE 20**

Records should be indexed, organised and stored in ways that enable the accurate and timely discovery and retrieval of information relating to a named individual, institution or event. Where resources for records management are limited these records should be prioritised.

In order to be usable records must be both findable and retrievable. MIRRA observed that one of the reasons why care-experienced people struggled to access their records was because organisations did not have sufficient indexes. In other cases they were unable to access their storage facilities, or to find digital records in legacy software that was no longer supported. Such problems often seem insurmountable, because of the sheer volume of records and the resources that would be required to process them. However, we suggest that you cannot fulfil your responsibilities as a data controller under the Data Protection Act, or as a corporate parent of children, if you can't navigate your own filing systems.

**Self-Assessment Questions**

**Do you have records indexes that allow you to find information relating to an individual, institution or event?**

Our research found that the quality of indexing of records was widely variant. While some services, such as Gloucestershire County Council for example, had invested resources in producing detailed catalogues of child social care files, others have little to no understanding of what records they hold. Records might be organised by date, institution, alphabetically by family name or by social worker. This made responding to a subject access request difficult, and appeared to lead to false negative searches. In these instances care leavers were told that no records survived when in fact they did, and might be found many years later.

Digital recording systems are often seen to solve the problem of finding information, because they tend to have powerful search functions. However, we found that the short lifespan of these systems often leads to unforeseen problems. Records relating to individuals are routinely 'left behind' in old systems and databases, due to the cost of migrating older files, meaning that staff have to know how to access and search unsupported legacy data. Sometimes these records can only be accessed from a single computer and by staff with specialist knowledge.

**Are you able to retrieve records quickly and easily from storage?**

Child social care records represent as much as 50% of the paper records held by local authorities in England (excluding records held by archives). The advent of digital records has meant an equivalent density of material stored on servers. Due to their long retention period, records are often taking up significant amounts of physical and virtual space.

As a result we saw a variety of storage arrangements for paper records, some of which meant that it took weeks or even months to recall the correct records from storage. Retrieval problems were generally connected to a lack of indexes or catalogues. In the case of digital records the presence of unsupported legacy systems also caused problems, as some of them did not have the function to export files. In at least one case documents had to be exported one at a time and often lost their formatting as a result. As legacy systems continue to age this problem will only grow.

**Suggested Actions**

- Conduct a **feasibility exercise** to determine the resources (financial and staff) required to i) index your records, and ii) securely store them, including the costs of removals where needed. Focus on the highest priority records, e.g. of children in care and adopted people.
- Produce a **project plan to index the records**, which you can use to make a business case for additional resources. It may be helpful to refer to the [case study of Gloucestershire County Council](#), where they have invested significantly in records surveying, indexing and storage.

## Retention

### PRINCIPLE 21

The retention of records should reflect their potential life-long value, over and above the minimum legal retention period. Namely:

- Records of looked-after children should be retained for at least 100 years from birth, in line with the retention of adoption files.
- Records relating to Children in Need and any other records relating to children and young people should be retained for 100 years where they involve social care intervention analogous to being looked-after.
- Photographs and any personal documents which may relate to a care-experienced person should be kept for at least 100 years, even where they are not associated with a case record.

Since the Children Act 1989 children have been assigned a status based on the sort of social care intervention they receive, e.g. whether they are adopted, are in care or are in receipt of support as a 'child in need'. Different records are required in each case, and different retention periods are applied to those records, governed by separate regulations.

For example, the records of an adopted person must be kept for 100 years from the date of the adoption order, while records of a care-experienced person must be kept for 75 years from the date of birth. Records of children in need are generally only kept for 25 years from the date of birth, even in instances where their experience is analogous to a care-experienced person. The daily log books of children's homes need only be kept for 10 years from the last entry.

Our research found that these minimum legal retention periods do not reflect the needs of care-experienced people. The differences in length are illogical and unfair, and our research participants have told us they reinforce societal prejudices about their relative value and worth. In many cases retention legislation has been shaped, ad-hoc, by uninformed pragmatism that becomes enshrined in law without due regard to the needs of the individual.

As a result MIRRA has suggested a more generous and nuanced approach to the retention of records, focused on the memory and identity needs of a person.

### Self-Assessment Questions

#### **Do you have a retention schedule showing how long records should be kept and why?**

As noted, some types of record must legally be kept for a minimum length of time, while others may only be required for short periods. Many examples of retention schedules for children's social care are available online and you should at least know your organisation's position.

However, our research has demonstrated that legal minimum retentions for many records are too short and have been outdated by changing practices. For example, the short retention applied to the records of children 'on the edge of care' as opposed to those in care is an administrative rather than experiential difference. We recommend amending retention for several record types as part of this principle, and you may identify others depending on your organisations' practices.

NB: It should be noted that at present (2019) there is a moratorium on the disposal of any and all records related to child protection or safeguarding due to the Independent Inquiry into Child Sexual Abuse. This provides an opportune moment to reflect on changing the retention of some records.

### Suggested Actions

- **Create a retention schedule**, if you do not currently have one, aligned with the recommendations in the Principle.
- Revisit your retention schedule and **extend the periods for records of high personal and emotional value to individuals**. You may wish to do this as part of consultation on person-centred recordkeeping for Principle 18.

#### PRINCIPLE 22

Where records are disposed of a complete record of the names of the individuals to whom they primarily relate should be made and retained for 100 years, so that disposal can be confirmed and explained to a person seeking access to information.

#### PRINCIPLE 23

Organisations should be able to identify and account for gaps in their recordkeeping, where records have been previously lost or destroyed.

Many care-experienced people are told that their records have been lost or destroyed in the past, but few organisations are able to substantiate or explain the circumstances or decisions behind this. Some receive vague explanations, such as fires or floods, while others are left feeling as though their records were unimportant. This is generally because of a lack of organisational records management and accountability, rather than a dereliction of duty. Prior to 1989 organisations were not required to keep care files and many were legally disposed of. People can also be told this in error: as noted already in Principle 20 a number of our participants had been informed that there was no record of them only for one to resurface years later.

However, the lack of explanation and thoughtfulness can leave care leavers feeling that their records were unimportant, and that by extension they were also perceived to be unimportant. The lack of certainty around 'lost' records can also be upsetting, with people unsure whether they are being told the correct thing. Organisations' lack of self-knowledge is often obvious.

We suggest that just as you should know what records you do have, you should know what records you don't have. Insofar as it is possible you should investigate where records are missing, and should identify instances where records have been destroyed. You should continue to maintain this principle in the present by keeping a record of all of the individual files that are disposed of.

### Self-Assessment Questions

**Do you have a destruction schedule and register that records when individual records have been disposed of?**

It may not be possible to keep all child social care records for the lifetime of an individual. For example, the records of early interventions and of some children in need. However, it is possible to maintain a destruction register that can be audited, and which can be checked in the event that an individual requests their records. You may feel this is unnecessary, as you are able to say that certain record types are destroyed after set periods of time. However, keep in mind that someone



making a subject access request may not know whether there was ever an intervention in their lives or whether you held records about them. Although you no longer have the information they want, simply knowing that something did in fact occur may be important to them and can give them closure.

**Do you know of gaps in your records, or where records that would now be kept have been disposed of in the past?**

When asked many organisations are able to report patterns in the survival or loss of records. For example, records of particular periods of time, named children's homes and individual social workers which are missing. However, few have enough knowledge to create a custodial history of their records. As a result when a care experienced person requests information and their records can't be found there is often no consistent explanation as to why that might be. They may be told different things on different occasions, even by the same person. This lack of knowledge is often related to the poor indexing and cataloguing observed in relation to Principles 19 and 20.

### **Suggested Actions**

- **Create a destruction register** to track the disposal of records relating to care experienced people.
- **Investigate the history of recordkeeping in your organisation**, to create an account of when, why and what records have been lost or destroyed, insofar as this is possible. You may be able to use other organisational records, such as minutes and meeting papers to do this. This can be done at the same time or as an extension of the records survey activity for Principle 19.

NB: It should be noted that at present (2019) there is a moratorium on the disposal of any and all records related to child protection or safeguarding due to the Independent Inquiry into Child Sexual Abuse. The Inquiry also has the powers to compel the disclosure of records relevant for its investigations, and a knowledge of what you do and don't have, with an accompanying narrative, is a highly valuable asset.

## Preservation

### PRINCIPLE 24

Preservation measures should be in place that ensure records of personal and emotional value will be accessible and readable for at least 100 years.

- Analogue paper records should be housed in clean, dry storage and should be appropriately packaged.
- Digital records should be stored safely and securely in preservation formats, being migrated out of proprietary systems once they are no longer in active use.

As all records relating to looked after children must be retained for at least 75 years and preferably 100 years it is important to consider how you will ensure that they are still accessible, legible and usable for the duration. For example, records created in 2019 should be available to the children and young people they are about until at least 2094. Given the current state of storage and management of both paper and digital records we found during the MIRRA research this is by no means guaranteed. Records created during the last 20 years are particularly vulnerable, as the rapid changes in technology, hardware and software have left digital files unreadable without expensive intervention.

At the same time the capacity to retain and store paper records has decreased, meaning that non-digital materials are less likely to be kept. This has been exacerbated by the consolidation of many organisations into single-sites. As a result much records storage has been outsourced. While in some cases this has vastly improved storage conditions, i.e. through the use of specialist facilities such as Deepstore or Iron Mountain, but in other cases it has displaced records into basements, attics or insecure storage units.

### Self-Assessment Questions

#### How are your paper records packaged and stored?

During our research we found that preservation was not seen as a concern for child social care records, in spite of the long minimum retention period of at least 75 years. As a result paper records were sometimes stored in poor or indifferent conditions, exposed to dirt and damp. Materials were not stored in appropriate boxes or cabinets and instead were piled on floors or shelves. As a result they were at risk of damage or loss.

We suggest that as a minimum records should be kept in a clean, dry place and should be in lidded, clearly labelled boxes. Boxes should be intact and shouldn't be overfilled. They should be placed on shelves wherever possible. If things must be placed on the floor they should at least be raised up on pallets. Boxes shouldn't be over-stacked and it should be possible to safely retrieve files.

If your records are in external managed storage, such as Deepstore or Iron Mountain, they should be packaged in such a way as to enable you to request them in reasonable units.

### Suggested Actions

- **Conduct a conditions survey of your paper records** to establish the level of intervention required to secure them. This should include checking for damage, damp and mould.
- **Repackage and restore paper records** as required, making a business case based on the legal requirement to retain them.

**Do you have a migration and preservation programme for digital records?**

During our research we found digital records were at far greater risk than paper records, as we found very little evidence of digital preservation programmes or strategies. There was a general belief that because digital systems were searchable and apparently limitless in capacity, digital records would be available forever without intervention. This is far from the case.

We found that information held in 'legacy' case management systems could often not be exported or migrated without significant cost, and there was very little understanding of the implications of this in the long term. Records created only 5-10 years ago were in obsolete formats that could not be easily opened. Some organisations had as many as three unsupported legacy repositories going back to the late 1990s. It was unclear what had happened to digital records before this date, which is worrying given that our research suggested that some services adopted digital recordkeeping for some aspects of care provision as early as the mid-1980s. Although systems providers often claimed that it would be possible to retain records for the retention period, none were able to explain how this was to be practically achieved.

**Suggested Actions**

- Establish how your digital records are currently stored and preserved, including the formats they're in and whether any migration has already taken place. This will require you to liaise with IT colleagues.
- Create a digital preservation plan that accounts for all relevant materials, and which can be activated in partnership with IT and records management colleagues.

**PRINCIPLE 25**

If records are digitised then the process must take into account the needs of care-experienced people for access to tangible traces of their past, preserving all original photographs and personal documentation.

In some instances we found that older paper and microfilm records were being digitised, as both a storage solution and in order to make them easier to find and access. While we recognise the potential benefits of doing this, we would suggest two key issues be taken into account.

Firstly, with reference to Principle 24, it is vital to have a digital preservation programme in place in order to ensure that digitised records remain accessible for their retention period. Unlike paper and, to some extent, microfilm records, the usability of digital records is dependent on software and hardware that rapidly changes.

Secondly, with reference to Principle 8, digitisation programmes should take into account the needs care-experienced people have to tangible traces of their past. Where files contain memory objects, such as photographs, letters, certificates or other personal connections to the past, the originals should always be preserved. You may wish to digitise them in order to return them to the person they mean the most to.

**Self-Assessment Questions**

**If you have a digitisation programme, do you have a digital preservation programme?**

We suggest you have a preservation plan in place before any digitisation starts, as it should be costed into your project in the long term and will inform decisions about how the process. It should certainly be considered before any paper originals are destroyed. You can refer to Principle 24 for links to best practice guidance.

### **Do you have a plan to keep and preserve personal memory items?**

The MIRRA research underlined the vital importance of tangible and original photographs, life story work, letters, school reports and certificates to care-experienced people. Digital surrogates of these were appreciated but did not fulfil the same emotional needs as being able to hold and touch the originals. It is essential that any digitisation programme which involves the subsequent disposal of the paper originals has a process for identifying and retaining personal memory items. A good example of this is Barnardo's practice of microfilming and digitising paper files but preserving any personal items in individually marked envelopes. These envelopes can then be returned to the care-experienced person if they request them, along with copies of their files.

It should be possible to estimate the scope and extent of personal items in your records during a digitisation scoping exercise. Our research found that such materials only survive in around 10% of files, but the rate varies between services depending on local practices.

### **Suggested Actions**

- **Include a digital preservation plan in any business case or project plan for digitisation of paper or microfilm records, with costings for long term preservation.**
- **Develop a process for identifying and preserving personal memory items and objects.** This is best practice as per Principle 8, even if you don't intend to destroy original files after digitisation.

### **PRINCIPLE 26**

Arrangements should be made for the transfer of records to an appropriate agency in the event that an organisation ceases to exist.

Child social care is an adaptive sector and has changed significantly over the last century. The rate of change is now rapid, with a growing market of voluntary and private organisations providing commissioned services to local authority Children's Services. For example, over 80% of residential care is now provided by private enterprise. Some of these organisations may be amalgamated into larger organisations or cease to operate before the term of retention for the records they hold expires. It should, therefore, be a requirement for arrangements to be in place for the transfer of any records relating to individual children to be transferred to an appropriate agency. This may be the parent organisation, or it may be the commissioning authority, depending on whether the services will still be provided.

In the case of adoption agencies, foster agencies and residential providers this is already a legal requirement, set out in statutory regulations. However, it is not so well established where services are provided by voluntary organisations who may be creating significant records relating to children to whom they provide services. Our research suggests that recordkeeping is not sufficiently covered in tenders or contracts for these commissioned services.

### **Self-Assessment Questions**

**If you are a service provider, do you have arrangements in place for the transfer of your records in the event that you cease to operate?**

It should be possible for you to identify the inheriting data controller for any and all personal data that you create or hold relating to children and young people. Depending on the type and extent of services you deliver this could be very straightforward, e.g. the data reverts to your parent organisation. However, it could also be complex and require careful documentation and planning. You will need to understand what records you hold, where and how they are kept and the conditions relating to each. This can form part of the records management plan, related to Principle 18.

**If you are a commissioning service, are recordkeeping and transfer arrangements explicitly set out and agreed during tender, procurement and the commissioning of services?**

We suggest that the management and transfer of records should be part of the process of negotiating services from third party organisations. While we found that there was generally a standard clause relating to records in most agreements, there was an accompanying lack of specific understanding about what was meant or required by them. As a result records were often 'left behind' or duplicated when contracts or agreements ended. This was particularly the case when arrangements were short term or where they related to a small number of individuals.

### **Suggested Actions**

- Update records management plans to include transfer arrangements in the event of ceasing to operate or changes to the terms of your operation.
- Revisit contracts, tenders and procurement processes to include specific arrangements for the transfer of data, information and records, especially those relating to children and young people.

### **PRINCIPLE 27**

Organisations should have a policy on archiving records for permanent preservation, taking into account their enduring value for the descendants of care-experienced people and for historical and social science researchers.

In some cases it may be necessary or relevant to consider arrangements for preserving child social records beyond their statutory retention, by archiving them indefinitely. You might decide to do this for a number of reasons. For example, you may perceive that the records have social, cultural or historical value beyond the lifetime of the individual they relate to. This might be for the purposes of family history or for the broader independent scrutiny of the provision of care by your organisation. Barnardo's, for example, retains all records relating to individuals for family history (although many are microfilmed or digitised rather than kept in paper format) and as part of their organisational history.

As many of the earliest extant local authority records are now coming up to the end of their statutory retention period, a decision on whether to retain, sample or dispose of them will come due once the IICSA moratorium is lifted. It is therefore an opportune moment to consider your position on the question of archiving.

### **Self-Assessment Questions**

**Do you currently have a policy or protocol for archiving records of your organisation's provision of care?**

We make a distinction between organisational records, which contain information about how you deliver care, and personal records, which relate to individual children, young people and families. This distinction is particularly important in this context. In order to be accountable for your actions, not only in the present but in the future, you should make arrangements for the permanent preservation of your organisational records. This is the information that could be used to create an account of your organisation, i.e. what it did, how decisions were made and who was involved in making them. Given your role in safeguarding children and young people, it is important that this information is available both internally and, when appropriate, externally, so that your actions can be scrutinised and audited.

In the past it was more straightforward for organisations to identify these kinds of records, because they were generally kept in formal ledgers, minutes and papers. In local authorities much of this material will already be in the city or county record office, e.g. minutes and papers of the Children's Committee, because it has been identified as 'historical'. However, we found that in many cases the transfer of materials between Children's Services and the archive is now irregular or non-existent. This may be because of the way organisational records are now predominantly digital and decision-making has shifted from formal meetings to email exchanges and shared drives. It is more difficult to capture this kind of information. However, it is very important to do so in a timely manner.

Even more so than ledgers and paper minutes, digital records are vulnerable to loss, overwriting and deletion. As we have observed in Principle 24, digital preservation is required to maintain accessibility over longer periods of time. At the same time, the provision of services evolves and changes rapidly, with regular restructures and shifts in practice. Changes can quickly be forgotten, as institutional memories are short, and information that may provide important context to a particular child or young person's life can be lost.

**Suggested Actions**

- **Clarify your current archiving arrangements.** If you are part of a large public or voluntary organisation you may well have an in-house archive service, which you can contact for advice and guidance. If you are a smaller organisation you may find that you have a pre-existing deposit arrangement with a local record office. If not, you may wish to form one.
- **Identify the records that tell the story of your organisation.** You may consider doing this as part of the wider information audit and survey work for Principle 2 and 19.
- **Establish an archiving policy and protocol,** which can form part of the records management plan developed for Principle 18.

**Do you currently have a policy or protocol for archiving records relating to individuals?**

Our research found that care-experienced people have a range of different views on whether their personal records should be archived. Whilst some would like their stories to be accessible to descendants, and to inform future histories and understandings of care, others would prefer that their lives and experiences be kept private. In other words, care leavers felt a sense of ownership over their records, and a desire for self-determination and autonomy in deciding what happens to them after they no longer need them. At the same time MIRRA found that researchers, and historians in particular, assign significant historical value to the records of individuals. Analogous series of records from earlier periods, e.g. records of welfare, poverty and health from the

nineteenth century, are well used for social history and there is concern that there will be no equivalent sources for the 20<sup>th</sup> century if social care records are summarily destroyed.

It is not a straightforward issue, as the needs and wishes of care-experienced people must be balanced against the public benefit of access for research. There are also practical issues, relating to the cost of storing and preserving, or digitising and preserving, large bodies of material. This is why we have made no specific recommendation as to whether or not you *should* archive personal records, either as a sample or in their entirety. Instead we advocate that you discuss and debate the options, with care-experienced people whose records you hold and other stakeholders, and develop a reasonable policy which you can justify and follow.

### **Suggested Actions**

- **Conduct a feasibility analysis for the preservation of child social care records**, considering resourcing and costs. In-house archive services, child social care teams, IT and information and records management teams should be involved in this process.
- **Consult with care-experienced people and other stakeholders including researchers**, on their needs and wishes.
- **Develop an archiving policy and (if appropriate) protocol for personal child social care records**, which can become part of your records management policy and plan developed for Principle 18.

## Accessing Records

The original focus of the MIRRA research was on the provision of access to records for care-experienced people. Earlier research in the UK (Kirton et al, 2001; Goddard & Horrocks, 2006) had found that many care leavers sought access to their records under the provisions of the Data Protection Act 1998. They estimated the number was in the region of 4000 requests a year.

However, they noted that care leavers faced a number of challenges in accessing their records, including bureaucratic procedures, long waiting times, heavy redaction and a lack of personal and emotional support. These same issues were underlined by research conducted by the Access to Care Records Campaign Group in 2016. The MIRRA project was motivated to understand how these challenges might be better navigated from a recordkeeping perspective.

This section is aimed particularly at supporting those people who provide access to records, either for children and young people while they are still in care, or for adult care leavers of all ages. It covers:

- Policies and resources
- Subject Access Requests
- Redaction
- Support and aftercare

## Policies and Resources

### PRINCIPLE 28

Organisations should have up-to-date, publically available Data Protection and Freedom of Information (where appropriate) policies and procedures which acknowledge and embed the unique information needs and rights of care-experienced people.

### PRINCIPLE 29

Organisations should actively engage care-experienced people and other data subjects, including parents and carers, in the design of their access to records procedures by seeking feedback on individual requests. Organisations may also wish to consult a peer review group to critically appraise current practice.

All organisations must comply with the Data Protection Act 2018 and the General Data Protection Regulation (GDPR), ensuring that they create, collect, manage, process and keep personal data lawfully and in accordance with seven key principles. You can find out more about the basic requirements from the [ICO's Guide to the 2018 Act and GDPR](#).

Under Data Protection legislation a care-experienced person has the right to request access to any information you hold about them, and to receive that information within one month of the request (or three months, if the request is 'complex'). This right is universal, although there are some exemptions, and it extends to young people. The law says that a person can make an independent request from the age of 13. However, it also says that children under 13 can make a request, either through an intermediary or on their own behalf if they understand what they are asking for.

Some organisations will also be subject to the Freedom of Information Act 2000. This includes public authorities, schools, the NHS and the police. If this applies in your case, it entitles people to request



information from you, so long as it doesn't contain personal data. For example, they might ask for information relating to your policy about access to records, and this might include your policies, procedural documents, the minutes of meetings or email conversations. You can find out more about the basic requirements from the [ICO's Guide to Freedom of Information](#).

We found that generally awareness of the existence of Data Protection and Freedom of Information legislation was high, at all levels of an organisation. However, the details and nuance were often less well understood, particularly in relation to how to handle subject access requests and FOI requests. There was particular confusion about the redaction of so-called 'third party information' from child social care records, and about the ['serious harm' exemption](#).

This is undoubtedly because the legislation and regulation is complex as it relates to child social care. Clear policies and procedures are particularly important to help organisations clarify their responsibilities and the rights of care-experienced people.

## Self-Assessment Questions

### **Do you have a data protection policy that considers the rights and needs of care-experienced people?**

A data protection policy sets out how your organisation handles personal data, and establishes the procedures, rules and guidelines that ensure you are compliant with the law. We found that generally organisations had such a policy, and many of the practitioners we spoke to had received training on it. However, it was far less common for the policy (and associated procedures) to have been written and determined with the rights and needs of care-experienced people in mind. It was far more often seen as an exercise in compliance rather than in caring for children and young people. It may have been written by records professionals with little reference to the work of social care practitioners.

The MIRRA project suggests that records are an extension of a care-experienced person and, therefore, should be considered from a person-centred point of view. This may not radically change the contents of a data protection policy in some ways, but may alter perspectives considerably in other areas. We recommend particularly considering the section on Subject Access Requests and reflecting on the extent to which it acknowledges the unique needs of care leavers and whether meeting these needs is encoded into practice. Does it, for example, reflect the Principles for Caring Recordkeeping in terms of how requests for information are received, how records are redacted or how responses are communicated?

### **Do you have a Freedom of Information policy that considers the rights and needs of care-experienced people?**

Requests for information under FOI are less commonly associated with care leavers. However, we found that where people knew about their right to ask for information about a service provider's policies, procedures and actions at the time that they were in care they were often keen to do so. This could help them to contextualise their own experiences in the broader context of service delivery. It could also help them to hold an organisation to account for inadequate or negligent practices.

Most eligible organisations are highly likely to have FOI policies and procedures in place. However, again, these documents are very unlikely to account specifically for the needs of care-experienced people in terms of either i) their publication schemes, or ii) their information request processes. As

a result almost no care leavers that we spoke to were aware of their right to make FOI requests for information over and above their own personal records.

### Suggested Actions

- Revisit your Data Protection policy and procedures, and identify areas where they overlap with the Principles and could be changed to better fulfil them.
- Starting with Subject Access Request processes, change your policy and practice to better align with the Principles for Caring Recordkeeping.
- Revisit your Freedom of Information policy and procedures, and identify areas where the Principles could be applied to better support care-experienced people's needs.
- Speak to care-experienced people on what types of information they might wish to access and how they would prefer it to be made available. If possible, co-produce your new policies. You might do this as part of other talking and listening exercises for other Principles.

### PRINCIPLE 30

The Data Protection Act 2018 should be understood as enabling legislation, under which care-experienced people have the right to access personal information. It should never be presented as a legal barrier that prevents a person from knowing things about themselves.

Data Protection legislation is enabling, which means that it is designed to give organisations the discretion to process personal data within certain parameters. It is not prescriptive about how this should happen, and allows organisations to interpret and justify their own approaches to some activities. This is certainly true of the Subject Access Request (SAR) process. However, during our research we repeatedly found that organisations used the Data Protection Act as a way to deny or restrict a care-experienced person's access to their information.

Most often this was done out of a misunderstanding of the law and a belief that it is more prescriptive than it actually is, for example in relation to the redaction of third party information (see Principle 37). On other occasions it was used to justify risk-averse responses to information requests that could be interpreted as protecting the organisations best interests rather than those of the child, young person or care leaver. The MIRRA research suggests that many of the challenges that care-experienced people face in accessing their records are rooted in such misunderstandings and risk averse behaviours. A reconsideration of your organisations position may be required.

### Self-Assessment Question

**Have you ever used the Data Protection Act as a reason not to provide a care-experienced person with information they have asked for?**

It may be legitimate to refuse a care-experienced person access to some information, particularly if they are still in care and knowing something could compromise their safety. However, it should never be used as an excuse to shut down conversations about what has happened to a person or why decisions have been made about their future. Some social care practitioners spoke to us about the importance of protecting young people from past traumas. However, the care-experienced contributors to the MIRRA project clearly told us that they do not feel protected or safe when things are hidden or kept from them. Instead they feel frustrated, distrustful and angry. If you are not able to disclose certain information it is important to discuss the reasons why not, rather than citing the Data Protection Act.

**Suggested Action**

- Include Principle 30, or a paraphrase of it, in your Data Protection Policy.

## Subject Access Requests

### PRINCIPLE 31

Practical information about how to access records should be readily available to children, young people and adults at all stages of their care experience and throughout their lives.

- This information should be in plain language, avoiding technical or depersonalising terms.
- All staff members within an organisation should be aware of this information and be able to recognise a request for access.

During our research we found that the first barrier many people face in accessing their care records is a lack of practical information about how to do so. This was true of children and young people in care, and of care leavers throughout their lives. Some did not even know it was their right to ask.

While the organisations in question invariably had references to access to records somewhere, either on their website or in leaving care materials, it was usually short and difficult to find. The language was often negative, technical and off-putting. This left many care leavers unsure whether it had anything to do with them, especially if they were directed to the information governance or data protection team within an organisation. As a result many care leavers contacted people they knew, phoned customer services or called in at a service point reception. In these cases they were likely to encounter a person who didn't know about their right to access information. They may be misinformed, sent away or wrongly directed.

### Self-Assessment Questions

**How would a care-experienced person find out they had a right to make a Subject Access Request to your organisation? How would they find out how to do it?**

MIRRA underlined the importance of providing information about access to records in multiple ways and often. This should begin when a child or young person is in care, when the ability to look at and read records should be a standard part of the participatory recording practice advocated in Principles 6 and 7. When it is appropriate they should be verbally told they have the right to request access to all of their records, for example, if they begin to ask questions about their earlier lives. Later access to records information should be provided as part of the leaving care transition. Accessible, jargon free information should be clearly available on websites for adult care leavers who may wish to revisit their records. It should be easily findable through a site search or from the Child Social Care pages.

**Do all members of staff who have contact with children, young people and the public know about a care-experienced person's right to make a Subject Access Request?**

Some care leavers take a long time to work up the courage to ask to see their records, and it is very dispiriting to be presented with a blank look or confused advice. It is important that anyone who works with or interacts with service users or the public knows how to recognise a request for information and what to do about it.

### Suggested Actions

- Create jargon-free leaflets and webpages for Access to Records. If you already have leaflets and advice on your website critically assess these for negative or off-putting language,

including ‘technical’ terms like ‘data subject’ ‘exemption’ ‘redaction’ etc. For a best practice example, see [Hertfordshire County Council’s Access to Records leaflet](#).

- Create communication and training for all staff on Subject Access Requests, specifically with reference to care-experienced people.

### PRINCIPLE 32

Requests for access to records made by children and young people should be handled with equal respect for their information rights as for adults. They should receive case-by-case support to read and discuss their records, acknowledging their individual needs.

We found that there are often different processes for providing children and young people, and adult care leavers, with access to their records. Inequalities emerge as a result.

In some organisations requests from children and young people who were still in care, or had recently left, were handled by different staff, who had different understandings of information rights and the law. For example, requests may be handled informally by social workers and never even acknowledged as SARs, while requests from adults were more likely to be subject to formal procedures and handled by information practitioners. There were pros and cons in each case. Information practitioners were more likely to understand the nuance of Data Protection law, but they could also be more clinical and formal in the delivery of information. Social workers were more concerned with the personal and emotional impact of accessing records on children and young people, which meant they often provided more support during the process. However, they were also more likely to control the flow of information in ways that were contrary to subject access rights, in order to protect a child or young person.

### Self-Assessment Question

**How do you ensure that subject access requests are handled equitably and fairly no matter who they come from?**

MIRRA found no particular benefit from access to records requests being handled by either social care or information practitioners. They were different, with different pros and cons in each case. As a result this framework doesn’t specify who should do the work, only how that work should be approached. Namely, whether a request is processed by a social worker or a data protection practitioner, it should take into account both a person’s information rights and their emotional and personal needs. The approach can be different depending on whether a person is still in care or is a care leaver, but their rights and needs should not be compromised in either case. For example, in the case of a child still in care their ongoing receipt of services shouldn’t be used to bypass their rights as a data subject. Similarly, in the case of an adult care leaver the fact that they are no longer entitled to statutory support should not be taken as an excuse to ignore the emotional impact of receiving their files.

### Suggested Action

- Specify how the process for accessing records for children, young people and adult care leavers will differ in the policies and procedures produced in line with Principle 28.
- Consult with different groups of care-experienced people to ensure that procedures are right, appropriate and fair for them. This could be done alongside the work for Principle 29.

### PRINCIPLE 33

The process for making a Subject Access Request for social care records should be simple and straightforward, and should not place undue burdens on an individual.

- Requirements to complete forms and provide identification should take into account the circumstances of the requestor and help should be offered.
- A named person should be identified as a single point of contact immediately on receipt of request.

Every organisation has its own idiosyncratic approach to Subject Access Requests. You may use forms, either online or as downloadable documents. You may require specific forms of identification, verified in different ways. You may alternatively simply provide a generic email, phone number or postal address and ask people to contact you for further information. The process has probably been designed around what works for you as an organisation, based on your resources and staff structures. It may not take into account how these procedures are perceived from the outside. Often they are seen as daunting, confusing and prohibitive. However, they can easily be changed to better support care leavers.

## Self-Assessment Questions

### **Can your SAR process be understood and completed by people of different ages, levels of literacy and bureaucratic experience?**

Current practices can cause a range of practical problems for care leavers. For example, it may be difficult for them to apply online due to a lack of access to a personal device, or because they don't have an email address. Downloadable forms can be especially problematic if someone doesn't have the correct word processor or app available to fill it in. The way that questions are asked on forms may not be easy to understand because jargon or unfamiliar terminologies are used. The same is true of ID requirements, which can seem like an onerous barrier if people do not have one of the main listed documents such as a driving licence or passport. It may not be clear what other evidence would be considered reasonable. The provision of only a generic email address can make a person unsure about contacting you, as they don't know who will receive their message and what will happen to it. If the phone number provided is for a customer service centre this can mean that they get passed from one person to another without having their question answered.

### **Does your SAR process take into account the potential emotional challenge of making a request?**

There are also emotional implications to many standard processes. Forms, ID requests and generic contact details may be seen as dehumanising when a person is revisiting records that recount personally important, difficult or traumatic times in their lives. We found that some forms, for example, ask quite explicit questions about a person's history or past without considering what it might be like to disclose this to a stranger. We understand this approach is pragmatic, as an organisation is trying to ascertain what a person wants to know and what they already know. However, to a care leaver it may seem unnecessarily invasive and be off-putting. The formality of the procedure reinforces feelings they may have about being the 'subject' of an administrative process rather than a person.

We found that people were especially concerned about not being able to contact and speak to an individual named person, who would be able to answer their questions and with whom they could

build a level of trust. Where this was the case, e.g. as part of Barnardo's Making Connections service, people reported far better experiences in the long term.

### Suggested Actions

- Critically assess and adapt your procedures from a care-experienced point of view, if possible in conversation with children, young people and care-experienced people to find out what they would prefer.
- Ensure that there are multiple different options available for applications, including online and offline options.
- Make your ID requirements as clear and generous as possible. The law only requires that you assure yourself of someone's identity but makes clear that a lack of formal ID shouldn't be used to stop someone from accessing their information.
- Identify a named contact person as soon as possible on receipt of a SAR from a care-experienced person.

### PRINCIPLE 34

Organisations should clearly explain the stages of the request process and provide a timetable for the provision of records in compliance with GDPR and the Data Protection Act.

Under GDPR organisations have one month to respond to a Subject Access Request. This can be extended to three months if the request is 'complex'. In reality most requests for care records fall into the latter category, due to the large quantities of documentation and the care required to process and redact it. However, MIRRA found that care leavers often waited far longer than three months to receive their records. In some cases people waited up to two years, and may have no contact or very limited contact from the organisation during this time. It can have a negative impact on a care-experienced person, who may have to deal with uncertainty, anxiety and worry while they wait.

Often it isn't clear why the process takes so long, as care-experienced people don't know what is going on 'behind the scenes'. The people who process the requests shared their frustrations about how long it takes, explaining the multiple complex steps taken to navigate poor records management systems and the many hours it can take to redact a single file. However, these stages are not clear to the requester, who feels as though they have been forgotten.

### Self-Assessment Questions

#### **Do you explain the Subject Access Process to requestors?**

We found that the organisations who briefed requestors on the steps of the access process in an honest and straightforward way had much higher levels of requester satisfaction, even where it still took a long time for people to receive their records. In contrast, where requests were only briefly acknowledged a care-experienced person was more likely to feel frustrated and even suspicious about the delay. We therefore recommend that as part of your acknowledgement of requests you explain, step by step, how you deal with SARs for social care records. This should include how records will be found, how long it will take to retrieve them and how redaction will take place.

#### **Do you provide requestors with a realistic timeframe to respond to their request, and update them if it changes?**

Care leavers told us that they appreciated why it could take a long time to process their requests, especially if redaction was being done in a careful and nuanced way. What was unacceptable was not knowing how long it would take and not being kept informed during the process. Whether you are able to comply with the GDPR mandated deadlines or not, you should at least be able to inform a person when they can expect to receive their records. If, for example, you have a backlog of requests it is only fair to acknowledge this and let them know where they are in the queue. However, this should be expressed in as neutral or positive a way as possible and never in terms that implies a request is burdensome, problematic or resented.

### Suggested Actions

- Set out your step-by-step SAR process for care records in simple, straightforward terms that can be shared with every requester.
- Update your acknowledgement of receipt of request letter.
- Develop a metric to calculate how long it takes to process child social care SARs, which you can use to notify a person of their request timetable.
- Maintain a spreadsheet of child social care SARs and monitor wait times, ensuring that a person is contacted regularly with an update on the progress of their request.

### PRINCIPLE 35

Requestors should be allowed to determine the level of communication they wish to have with the organisation, with a range of options offered for engagement prior to, during and after the request.

Organisations differ significantly on how much contact they have with care-experienced person during the Subject Access Request process. Some organisations maintain high levels of communication before, during and after, as a way of justifying decision-making (e.g. determining what to redact, based on what a person already knows) and to provide personal and emotional support. Barnardo's, for example, begin the access process with an exploratory phone call, during which a person can ask any specific questions they might have and share memories that help inform redaction. Some organisations collect similar information via the request form. This may be followed up by another phone call before records are sent or shared, with the option of further after-care contact.

We found that some care-experienced people really appreciate this opportunity to talk, and find it valuable to build a relationship with the people who are dealing with their request. It provides them with an opportunity to better understand the process and to ask questions; feelings of trust may develop, and a person is more likely to ask for help after they receive their records, if they need it. However, we found that some care leavers feel the opposite. They want no more contact than is absolutely necessary with the organisation that looked after them. They may have negative or traumatic associations that make communicating with representatives of the organisation difficult, and as a result prefer to have minimal contact.

### Self-Assessment Question

Do you have a range of communication models for interacting with care-experienced people when they request their records?



Our research clearly showed that one-size does not fit all when it comes to processing SARs for social care records. Every care leaver is an individual who wants and needs different things from the request process. Most critical is their right to self-determine what is comfortable and reasonable for them. We therefore suggest that you should offer a range of communication options for care leavers at the outset of the process. To some extent this will be determined by the capacities of your organisation, but may include a 'hands-off', minimal contact option; the option to discuss the request with a named person via email or phone; and the option to meet a person face-to-face in a safe, neutral place.

### Suggested Actions

- As part of developing your data protection policy and procedures for Principle 28, set out your communication options for subject access requests for care records.
- Update request forms and information about how to make a request to reflect the communication options.

### PRINCIPLE 36

The option of trauma-informed support should be offered at the outset, taking into account the potential personal and emotional impact of accessing records. A range of options should be available, including referral to independent and peer-support organisations.

Accessing records can be a deeply emotional and sometimes traumatic experience. Although, in the long term, care-experienced people say that they are glad they did it and would do it again, in the short term people report a range of feelings and responses. Some of these are positive: individuals experience a sense of closure, rediscover happy memories or are able to reconnect with carers, family and friends. Others have to deal with negative impacts, which can cause disruption in a person's life. Either way, it can be intense. Yet very little formal or informal support is offered as part of the access to records process. Many care leavers are left to manage the personal and emotional impact of accessing records on their own.

Trauma-informed support is actually mandated for care leavers up to the age of 25 (who meet the government definition of a care leaver) under the Children Act 2014, which updated the statutory guidance on transition to adulthood under the Children Act 1989 ([Section 3: Planning transition to adulthood for care leavers, 4.21-4.39](#)). This contains a section on access to records, which includes a requirement to provide supported access to records. However, support is not required for adults over the age of 25 and therefore few organisations provide it.

MIRRA found that this was widely understood as a failure of 'corporate parenting', and reinforced care leavers' feelings that they were not loved or cared for by the organisation that looked after them. Just as a parent would support their children to reflect on and explore their childhood experiences and identities, care leavers felt they should also be supported by their 'corporate parent', no matter what their age. So long as the organisation undertook to keep their records (e.g. for 75 years) it was felt they should provide the necessary support to access and understand them.

### Self-Assessment Questions

**Do you offer a range of support options for care-experienced people accessing their records, appropriate to the size and resources of your organisation?**

We recognise that organisations have different capacities to provide support during SARs requests. Some may have access to specialist in-house teams of social workers, mental health workers and trauma specialists, who may be able to provide support. Others may be able to provide access to external support, through commissioned counselling services. In some cases these options may be beyond the resources of some records holders, but it should still be possible to provide information about the availability of support from national voluntary and peer-led organisations such as Family Action, the National Association for People Abused in Childhood (NAPAC) and the Care Leavers' Association. Connections can also be made with local support groups and health services.

It is important that at least some support options are independent of the organisation fulfilling the request. As explained above under Principle 35, some care leavers lack trust in the organisation that cared for them, which may have been responsible for harm they experienced. They are unlikely to want support from you, but may benefit from alternative options.

#### **Is support available throughout the access process and afterwards?**

Care leavers need support at different stages of the access to records process. While some people want to talk about their experience immediately, others find that its months or even years down the line that it affects them. Support options shouldn't be time limited and, where possible, should be available so long as a care leaver needs them.

#### **Suggested Actions**

- Identify a range of support options for care leavers, which you can either offer or signpost to.
- Update forms, policies and documentation to include information about support.

## Redaction

### PRINCIPLE 37

Redaction should be undertaken on a case-by-case basis, taking into account the emotional needs and circumstances of an individual, and in discussion with them where that is appropriate.

### PRINCIPLE 38

Records should be redacted only where information pertains absolutely and completely to a third party and bears no relation to the care-experienced person.

Our research found that redaction is a key cause of tension, frustration and anxiety for everyone involved in the Subject Access Request process. Care leavers often find it confusing and upsetting, while the practitioners doing the redacting (whether they are social care practitioners or data protection professionals) find it onerous and time-consuming.

Redaction is the removal or 'blinking out' of information from records as part of the subject access process. On receipt of a SAR an organisation must make a range of subjective decisions about what information to redact and why. This is because the law only entitles people to see information 'relating to' them and not third party information \*unless it is also their information\*. Social care records are highly interpersonal, containing the information of multiple other people in a child or young person's life. Determining who such information 'relates to' is a complex process which has to be approached on a case by case basis. As a result it is highly subjective and, since there is no standard or guidance widely used in the sector, redactions are idiosyncratic. Information that some people would chose to leave in, others take out and vice a versa.

Throughout the MIRRA research we saw some shocking examples of over-redaction, where care leavers were denied access to information that they could have seen if i) the law had been better applied, or ii) more care and thought had been invested in the process. This included, for example, redacting information from records of meetings where the care leaver was present; redacting family trees and life story work which had been produced with the care leaver; and redacting information about deceased persons.

The impact of these decisions can be significant, especially as many care-experienced access their records to answer questions such as 'why was I in care?' and 'what happened in my family?' These generally cannot be adequately answered without some information about parents, siblings and other family members. Heavy redaction, which doesn't account for these needs, can affect a person's ability to understand what happened to them and to move on with their lives.

## Self-Assessment Questions

### **Do you redact on a case-by-case basis, making nuanced judgements?**

We found evidence of various different strategies for redaction. Some of these included simply removing every personal name that was not the requesters, or erasing large blocks of text that included information about any other person. Such approaches fail to account for the nuance of the legislation, which is designed to give you the discretion to determine what information can be reasonably disclosed. You can take into account factors such as what they already know and what they could be reasonably expected to remember. For example, if an individual was present at a meeting or contact visit it is unnecessary to redact anything that was discussed in their presence.

You can also determine what constitutes information ‘relating to’ them. For example, if information about another person has a direct impact on their life is it not also their information?

The main implication of this approach is one of resourcing, as redacting on a case-by-case basis entails significant labour and care. We suggest there are two ways to mitigate this concern. The first is one of perspective. Redaction is not solely a functional or administrative task but work that contributes towards continuing to act as a caring corporate parent throughout a person’s life, and is therefore a worthwhile undertaking. The second is more practical and relates to the development of a restricted definition of what constitutes third party information.

### **Do you have a usable definition of third party information?**

A strong argument can be made that any and all information in a person’s care file (so long as it is an individual file rather than family file) is their information. If a social worker considered it relevant to include in the process of making decisions about a person’s life, then it is salient to their lived experience and therefore can be disclosed. In these circumstances true ‘third party information’ is rare. It may be restricted to instances where people wholly unrelated to the requester are mentioned, for example where an email included on an individual’s file mentions multiple unrelated cases.

This is the base assumption of the organisations we found to have best practice when it came to redaction. It allowed them to provide the maximum information to care leavers, which avoided the traumatic experience of seeing swathes of blacked out pages. At the same time it greatly reduced the time spent redacting, so that requests could be processed more quickly, efficiently and cheaply.

The increased fines and consequent fear of data protection breaches under GDPR means that this approach may sound unhelpfully risky. We know that many organisations redact out of concerns for what is and isn’t ‘legal’, opting to follow the adage ‘if in doubt, take it out’ rather than take any chances. However, the Information Commissioner’s Office has repeatedly stated that they cannot foresee taking action against an organisation for using its discretion of disclosure in a justified way.

However you decide to define it, developing a usable restricted understanding of what constitutes third party information will allow you to explain and justify your redaction decisions. It can also help you to develop a more consistent approach across requests, mitigating the subjectivity of the process.

### **Suggested Actions**

- Research strategies and approaches to redaction, and discuss these within your organisation. If possible, you should involve care-experienced people in these discussions.
- Articulate your organisational approach to redaction, including your working definition of third party information, and integrate this into the policies and procedures referenced in Principle 28.

### **Do you speak to a requester (if appropriate) prior to redaction?**

Our research found that a significant amount of redaction could have been avoided if organisations had spoken to the requester at the start. This could take the form of a conversation about the significant figures in their early lives and what they already know about the circumstances of their care. As noted in the discussion around Principle 35 this is not always appropriate, as a person may not want to discuss their memories with your organisation. That is their right, and should not adversely affect your redaction decisions. However, if a person does feel comfortable speaking with you it can help to avoid unnecessary work on your part and confusion and hurt on theirs.

## Suggested Action

- As part of establishing your communications strategy for Principle 35, integrate options for discussing redaction with requesters.

### **Are your staff adequately trained in redaction approaches and considerations?**

Experienced data protection practitioners have told us that redaction is a skill that develops through training and practice. The need to exercise discretion and judgement, and to apply nuanced decision-making frameworks, means that this is not a task that should be given to inexperienced or new staff members. We found evidence of this in several cases, where redacting files was an add-on task given to trainee social workers, untrained administrators or other staff members with low levels of responsibility. In such cases redaction is often poor, inconsistent and unhelpful. Where people don't feel confident in making decisions they are likely to remove more than is necessary, especially where they are concerned about getting in trouble for doing it wrong. You should ensure that any staff who redact files have received specialist training, and have access to supportive resources and guidance. You should see the guidance and resources section of this framework for further information. Where possible these responsibilities should be part of their core job role.

## Suggested Actions

- If you don't already have dedicated access to records staff, investigate and develop a business case for a specialist post.
- Where a specialist post is not possible, ensure that access to records is included as a key task in specific job roles.
- Ensure that any staff who process Subject Access Requests have training on redaction.
- Join a peer-support forum to support staff to explore and discuss issues arising from providing access to social care records, such as the Post-Care Forum.

### **PRINCIPLE 39**

Where records have been redacted each redaction should be clearly explained, and requestors should be informed of their right to appeal and/or complain about redaction decisions.

During our research we found that organisations rarely provide clear and specific explanations about their redaction decisions. Records are often sent to care leavers with only a brief cover letter that references the removal of 'third party information'. As a result the reasons for individual redactions are obscure and puzzling. Sometimes it is possible to work out from context what they refer to, but in other cases where whole blocks of text or pages have been blacked out it can be extremely frustrating. It can also leave care leavers feeling disempowered and disenfranchised, knowing that whoever has processed their records knows more about them than they are allowed to know about themselves.

However, we found that where redactions are specifically explained it can help a care-experienced person to accept the decision and navigate their records without getting 'stuck' on what is missing. By 'stamping' (either literally or virtually) each redaction with the explanation - e.g. 'information relating to unrelated child', or 'information relating to foster carer's personal life' – a sense of trust and mutual respect could be built. It encouraged the practitioners doing the redacting to reflect on

and justify their own reasoning, and it also enable the care-experienced person to make informed decisions about whether they wished to challenge redaction decisions.

## Self-Assessment Questions

### **Do you explain your redaction decisions?**

While redactions should be kept to a minimum, in line with Principles 37 and 38, some are necessary or inevitable. Where this is the case you should be able to explain each instance of redaction to a care leaver, so that they can put your decision in context. This may allow them to work out what the information is, if they have sufficient pre-existing information, or it may reassure them that they do not need to be concerned about it. There may be a handful of circumstances in which it is not possible to give a specific reason for the redaction without compromising the confidentiality of the redacted information. However, you should always give as much information as possible.

Many redacting software systems allow you to explain redactions digitally, while others may require you to do this by hand. Obviously the more light touch your redaction the less work is involved in this process.

### **Do you have a straightforward process for challenging redaction decisions?**

Redaction decisions can be reversed if a care leaver can demonstrate that they are unnecessary or unreasonable. For example, once they have seen their records and what has been redacted they may be able to better explain what they already know. You should make sure that every requester knows this is their right and how they can go about it. This may be part of a formal complaints procedure or it may be less formal. Additionally, a person should be made aware of how to take their challenge further within your organisation or to the ICO, in the event that you can't resolve it to their satisfaction.

## Suggested Actions

- Investigate the capabilities of your redaction software or process for providing explanations for redactions.
- Integrate redaction explanations into your Subject Access Request procedures.
- Develop or reassess your SAR complaints/challenge procedure to make it as simple and straightforward for care leavers as possible.

## Support and Aftercare

### PRINCIPLE 40

The presentation and packaging of records for delivery should be decided in discussion with the requester and with regard to the emotional impact of receipt.

The way that records are delivered and presented can significantly affect the care-experienced person receiving them. Often when care leavers talk about accessing their records they will refer to how they were physically packaged and sent as a signal of how much care has been taken in the process and how much an organisation values them as individuals.

We heard stories of records received in torn, half-opened envelopes; stuffed into boxes too small for them without folders; as loose and jumbled pages without chronological order; or photocopied poorly so that sections were cut off. Sometimes records were not sent special delivery and so had been left on doorsteps or with unknown neighbours. This careless presentation was seen as symptomatic of a general lack of care.

In contrast thoughtful presentation was seen as a signal of love. The best experiences were had by people whose records had been neatly packaged into binders, in chronological order, and by those who had records hand-delivered to their homes by an organisational representative.

### Self-Assessment Question

#### **Do you currently prepare and deliver records in caring ways?**

Not every organisation has the expertise or resources to hand-deliver records to requesters as part of a holistic support service. However, simple changes can make an enormous difference. We suggest that:

- Requesters should be able to specify whether they would like paper or digital copies of their records (or both).
- Records should be scanned or photocopied with care for their legibility, ensuring that no sections or edges are omitted.
- Pages should be numbered in a meaningful order. If files are not chronological this should be explained, so that a person understands they have not been wilfully jumbled up.
- If requested on paper, records should be packaged in files or folders so that they're not torn or squashed in transit. Packaging and boxes should be the correct size for the paper and not overfilled.
- If requested digitally, records should be clearly labelled and supplied in preservation formats such as PDF/A. They should be supplied on a media that a person can use, i.e. ensure that they have a CD drive or USB port before sending.
- If posted, records should be sent Special Delivery and a person should be told they will be arriving on a specific day, in good time. They should be given the opportunity to select the day and delivery mechanism.
- Parcels should never be left without a signature from the addressee, and shouldn't be delivered to a neighbour or safe place unless specifically requested.
- A courtesy call should be made to check they have safely arrived and to answer any questions.

## Suggested Actions

- Establish a presentation and delivery protocol, integrating this into your Data Protection policy and procedures developed for Principle 28.
- Ensure that all records are quality checked before sending, by creating a quality assurance process.

### PRINCIPLE 41

All access to records advice and guidance, including written communications, must be in jargon-free caring language that avoids technical or professional terms.

The language of information governance, data protection and records management is highly technical and specialist. Many of the terms in common use between practitioners have little use in everyday conversation. For example, redaction and third party. Even more common words, such as data, are used in specific ways. We found that many care-experienced people heard these terms for the first time when they accessed their records, and found them confusing and exclusionary. Many had to navigate instructions on how to access records and communication with information governance practitioners without knowing what they meant. The terms were rarely explained in straightforward language. Letters acknowledging requests or accompanying records also often contained reference to legislation and organisations, such as the ICO, which were unfamiliar.

## Self-Assessment Questions

**Could your access to records advice, guidance and communications be readily understood by a non-specialist?**

During our research we found that both social care practitioners and information practitioners were unaware of the extent to which they used specialist language and terms in their day-to-day work. This was because the terms were readily understood by those around them. However, this was not the case for children, young people or care leavers who were often baffled by what they were told or read. Individuals had to 'educate' themselves on data protection and information legislation and practice in order to effectively navigate the SAR process. This often acts as a barrier to building trusting relationships between requesters and record keepers. We suggest that all publically-facing communications should be in jargon-free language that avoids technical or professional terms where possible. If they must be used they should be clearly explained in each case.

**Does your advice, guidance and communications show that you care?**

The tone and content of communications about access to care records is often highly formal, and focused on demonstrating compliance with legislation rather than supporting the care-experienced person. This can be dehumanising and dismissive, reinforcing someone's feelings of rejection and lack of care. Instead we challenge practitioners to design and write advice, guidance and templates that acknowledge the corporate parenting and caring responsibility of your organisation, and the emotional and personal dimensions of accessing records.

## Suggested Actions

- Critically assess all of your publically available advice, guidance and communication templates by highlighting jargon, specialist terms and unexplained legislation.



- Rewrite advice, guidance and communication templates in caring language that foregrounds the emotional and personal experiences of care leavers rather than compliance with legislation.
- Ask care-experienced people to act as testers and consultants for your public-facing information governance communications.

#### PRINCIPLE 42

Organisations should provide care-experienced people with sufficient contextual information about the historic provision of child social care to enable them to understand their records.

Social care records are complex and can be difficult to navigate, even for practitioners who have a framework of expertise in the provision of child social care. For care-experienced people the challenge can be even greater, and they have to develop strategies to understand and process what they are reading. Often they have questions about how, why and when certain pieces of information were recorded then other things were routinely omitted. We found they also wanted to better understand why certain types of placement, for example residential homes, were chosen over others. In some cases they may have questions about the specific legislation that was invoked in their case, or about a particular home or institution where they lived.

However, MIRRA saw very little evidence that organisations are currently able to adequately answer these questions. On the contrary, generally speaking, there was a lack of institutional or organisational memory with regards to the provision of child social care. In some cases organisations had no sense of history at all, and did not have basic information about service provision in the past, such as a list of children's homes and their dates of operation. This meant that they were unable to contextualise an individual's records.

#### Self-Assessment Questions

**Can you provide an account of your provision of child social care services, from inception (or the Children Act 1948, if operating prior to that date) to the present day?**

We found that where organisations had a highly developed sense of their own history, as for example in the case of Gloucestershire County Council, they were able to respond much more effectively and efficiently to Subject Access Requests. They were able to: identify relevant records more readily; respond to speculative requests from people who weren't sure where they were looked after; and support care-experienced people to understand their personal histories. It also helped organisations to identify where records were likely to be missing or had been destroyed, aligning with Principles 23 and 43. For example, once an organisation can identify all of the children's homes it has run and for what dates, it becomes possible to say whether records do or don't survive for these institutions.

Histories can be compiled with reference to organisational minutes, newsletters and other archival sources. They do not have to be narrative but should at least encompass what services were offered when and by whom; what institutions or centres were in operation; and what legislation or policy was applicable to the organisation's care of children.

**Do you make your organisational history available to care-experienced people in readily digestible ways?**

Your organisation may be of long standing, and there may be printed books and other materials on your history to draw upon. In addition there may be volunteer run websites and online groups that have been created by care-experienced people, as for example with the [National Children's Homes](#). However, this may not be straightforward for a care-experienced person to obtain, or to read through. Therefore we suggest that information that is specifically relevant to a person should be signposted wherever possible. For example, this may include providing a short history of children's homes where someone lived, along with a photograph if relevant. This is a well-established practice of Barnardo's Making Connections service and was extremely well-received by care leavers.

### Suggested Actions

- Identify key history and memory resources for your organisation, e.g. printed books or archives.
- Compile basic information about the historic provision of care by your organisation, particularly focusing on things that will be of use to a care-experienced person.
- Create easily-shareable resources, such as factsheets on children's residential homes and timelines of the provision of services. These can be included on websites and also sent directly to a person with their records.

#### PRINCIPLE 43

Where records have been lost or destroyed, either accidentally or as part of a programme of disposal, organisations should provide an evidence-based explanation for why, when and how this occurred.

Unfortunately many older care-experienced people's records were destroyed prior to 1989 and the introduction of a mandatory retention period. Other records may subsequently have been lost by accident or through poor records management. This means that it is not unusual for a person to be told that no records about their childhood survives, sometimes after many months of waiting.

How this news is shared is extremely important. We found numerous instances of care leavers being told in careless ways that nothing could be found or that records had been destroyed. Non-specific references might be made to fires, floods or former disposal decisions. Individuals were told 'we cannot find you on our database' or 'as far as we're concerned you don't exist.' As noted in Principle 23, few of the organisations in question truly knew whether records survived or not due to poor records management. They were just unable to find any. Some care leavers found that making a second or third request several years later could yield different results, as records might have been identified in the interim, meaning that it was impossible to get closure on searching for information.

### Self-Assessment Questions

#### **Are you able to explain why records have been lost or destroyed in the past?**

It may not always be possible to categorically say if and why records have been lost or destroyed. However, following on from the actions taken to meet Principle 23, you should be able to provide evidence-based explanations of which records are least likely to survive and what has happened to records in the past. The more control you have over your records management systems the more possible it will be to provide definitive answers to requests.

**Do you tell a person their records cannot be found in a compassionate, humane way, and provide support?**

A person's child social care record may be their only access point to childhood memories, so being told that a record had been lost or destroyed can be extremely upsetting and disturbing. It may have taken a person years to work up the courage to ask to see their file and its absence may be as traumatic, if not more traumatic, as reading it. It is therefore extremely important that a person is given as much information as possible about what you have done to search for it, and is reassured as to when and why it may have been destroyed. The news should be communicated in a humane, compassionate way whether by letter or by phone. We would suggest that the same support be available to people who have a negative search result as to those who receive their files.

**Suggested Actions**

- Using the analysis of records gaps and omissions (Principle 23) and history of care provision (Principle 42), create a timeline of records' destruction and loss that can be used to explain lost or destroyed records.
- Create a communications template for unsuccessful SARs that acknowledges the emotional impact of learning no records exist. Include information support options developed for Principle 36.

**PRINCIPLE 44**

Requestors should be supported to extend or expand their SAR beyond the original request, either within the records of an organisation or externally.

- Where records about an individual may be held by other organisations or agencies, this should be communicated to the requestor along with the relevant contact details.

Child social care files can be voluminous but they are not the comprehensive record of a person's childhood, as information is also likely to be held by the other organisations and agencies who were involved in an individual's care. These records may be held by another part of your own organisation or they may be external, for example the records of a school, children's home or voluntary organisation. During our research we found that many care-experienced people also wanted these records and were not aware that they were entitled to them or assumed that their original request would cover them. In some cases individuals did not realise that they had been looked after by multiple agencies, for example that their children's home was operated by Barnardo's and therefore more records might be available. Others initially make their request to the wrong authority or agency, because they are not sure who to ask and receive a negative result without realising why.

The burden of discovering this and subsequently making a further subject access request (or requests) generally falls on the care leaver. This can be particularly onerous if an individual was looked after by multiple local authorities and organisations over many years. The difficulties of identifying who to ask and then navigating idiosyncratic processes (identified in Principle 31) were repeated, as was the long wait.

We also found that where care leavers were told that their child social care file did not survive (see Principle 43), they were rarely provided with help to trace other potential sources of information such as health, education and criminal justice records, or records held by other care providers.

## Self-Assessment Question

### Do you help care leavers direct their enquiries to other potential records holders?

Social care practitioners and information professionals are well placed to understand alternative routes of inquiry, either where an initial access to records request has failed or where further detail might be found elsewhere. This support can be extremely helpful to a care-experienced person. We found best practice in some organisations, which were proactive in helping people to extend their SARs requests on a case by case basis, by alerting them to further avenues of inquiry and by providing contact details. Some even referred requests. This was particularly helpful where a person had mistakenly made a request to the wrong authority, or where records could not be found, as it helped to cut down on waiting times.

Support can also be provided more generally, as part of all SARs for care records, by the inclusion of standard information on where to look for other personally relevant or generic records types.

## Suggested Actions

- Create a helpsheet that sets out how to access other relevant or commonly sought record types, including health and education, police and criminal justice records.
- Create a database of contacts for other access to records services that are relevant to your local area and can be provided to a care leaver, including: adjacent local authorities (especially where your boundaries have changed/overlapped in the past); residential and other care providers.
- Include space for personalised suggestions for further sources of information in template letters, to be provided where it is appropriate.

### PRINCIPLE 45

Requests for access to records from academic researchers and other parties should be considered based on the public benefit of the research and care-experienced people's right to privacy and self-determination rather than on risk to organisational reputation.

- Policies on access to records for parties other than the subject should be consistent, justifiable and available for scrutiny.

During the *MIRRA* project the potential research value of child care records specifically, and the societal benefits of robust independent scrutiny of safeguarding records more generally, has emerged strongly. Our research found that records of state, voluntary and private care organisations are often closed to research and independent scrutiny. This is especially troubling in cases where there is significant public interest in further historical investigation of actions and decisions, as, for example, where organisations have been subject to investigations for abuse. In the current circumstances organisations are currently able to interpret and present their own narratives of past injustices, without further inspection. We suggest that the value of research in this domain, unlike the healthcare context, has not been sufficiently recognised.

At the same time we found that care-experienced people were unsure about the use of their records for research. They were not aware that researchers could request access to them, and that they might be provided with copies of their files.

## Self-Assessment Questions

### **Do you have a policy for research access to child social care records?**

While researchers can be granted access to institutional records of care, even where they pertain to living individuals, under the exemptions of the GDPR and Data Protection Act 2018, we have found a range of barriers in place. Most importantly, most organisations lack consistent and navigable protocols for researchers, applying varied and generally risk adverse interpretations of the legislation. There is a lack of awareness of the public interest provision for research under GDPR, leading many organisations to needlessly refuse access. This appears to be true even where they employ dedicated records staff. In other cases, the lack of intellectual and physical control of records described in Principle 20 means that they do not have sufficient understanding of their historic recordkeeping to make informed decisions.

As a result researchers are often faced with confusing request processes, long wait times and highly variable criteria for access. In one instance we found a researcher had been asked to provide 15 different forms of evidence of their identity, the aims of their project and their credibility to 15 different records holders. In this case they had requested access to a standard record series which had been produced nationally in the 1940s and 1950s. Another researcher had been granted access by an organisation on some occasions and refused on others, depending on who they spoke with.

As with archiving (see Principle 27) MIRRA does not advocate one way or another for researcher access. Instead it suggests that organisations should develop a reasonable policy that can be consistently applied and made publically available. This policy should primarily balance the public benefit of the research against the needs and wishes of care-experienced people, and should not be designed to avoid organisational transparency or risk.

### **Do you have the resources to be able to provide access to researchers?**

We found that where research access is provided it is ad-hoc and dependent on the resources and goodwill of an individual organisation. Legacies of uncatalogued and unprocessed records (see Principle 21) limit discovery. In many cases indifferent approaches to archiving have meant that potentially valuable records have been lost (see Principle 27). We suggest that organisations should consider investing in additional resource for cataloguing records and managing access for researchers as part of their access to records services.

## Suggested Actions

- Update access to records policies to include protocols for access for those other than the subject, including academic researchers.
- Make information about access to records for researchers publically available via your website and in other relevant documentation, even where you have decided not to permit access.
- If access is provided, ensure it is adequately resourced, so that it is consistent and fair to all those who use the service.
- Provide researchers with a process to challenge decisions on access to records, e.g. through the Caldicott Guardians.

## Additional Resources

### MIRRA Advocacy Resources

- **Research Film** (6 mins): <https://youtu.be/xs28tczL3yA>

Co-produced with and featuring care leavers, this film explores individual experiences of access to records as well as issues around the language, quality and content of records.

- **Case Studies: Care Leaver Experiences:** <https://blogs.ucl.ac.uk/mirra/files/2019/07/Care-Leavers-Experiences.pdf>

A leaflet featuring case studies of four care leavers' experiences of access to records.

- **Case studies: Practitioner Perspectives:**  
<https://blogs.ucl.ac.uk/mirra/files/2019/07/Practitioner-Perspectives.pdf>

A leaflet featuring case studies of four best practice approaches to managing and providing access to records.

- **MIRRA blog and resources:**  
<https://blogs.ucl.ac.uk/mirra/2019/07/30/reflecting-on-the-mirra-symposium-18th-july-2019/>

### Other Resources

- Access to Care Records Campaign Group: <https://www.accesstocarerecords.org.uk/>
- The Care Leavers' Association: <http://www.careleavers.com/accesstorecords/>
- *Access to Information for Adult Care Leavers: A guide for social workers and Access to Records Officers* by Julia Feast and Leonie Jordan (Coram BAAF, 2016) [hard copy only]