ORIGINAL ARTICLE

Recordkeeping and the life-long memory and identity needs of care-experienced children and young people

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Abstract

In family settings stories, photographs and memory objects support narratives of identity and belonging. Such resources are often missing for people who were in care as children. As a result, they may be unable to fill gaps in their memories or answer simple questions about their early lives. In these circumstances, they turn to the records created about them by social workers and care providers to reconstruct personal histories. Research suggests that thousands of requests to view records for this purpose are made each year in England under the subject access provisions of data protection legislation. This article reports the findings of *MIRRA*, a participatory research project on the memory and identity dimensions of social care recordkeeping. Drawing on data collected during interviews and focus groups with adult care leavers, the study explores the motives and experiences of care-experienced people who access their records in England. Findings show the practical and cultural challenges they face when doing so and the resulting impacts on well-being. The study suggests that the development of person-centred approaches to recordkeeping in social work, which focus on the perspectives and experiences of the individual, could better support the lifelong memory and identity needs of care-experienced people.

KEYWORDS

identity, information rights, memory, recording, recordkeeping, records

1 | INTRODUCTION

The development of stable, explicable life narratives about where we come from and what has happened to us is recognized as essential to the construction of the self (Cook-Cottone & Beck, 2007). The development of autobiographical memories, particularly in childhood and adolescence, sets the stage for the definition of an individual's identity (Fivush, 2010). Children and young people in care often lack such narratives, especially where their experience has been complex, disrupted or traumatic. They may not be able to

answer basic questions such as 'Why am I in care?' or may have been presented with multiple, conflicting stories about their early lives (McGill, Coman, McWhirter, & O'Sullivan, 2018). This 'discoherence' (Fivush, Habermas, Waters, & Zaman, 2011) can lead to feelings of anger, frustration and guilt and may have negative impacts on sense of worth and belonging (Winter & Cohen, 2005).

In contrast, proactive reminiscence and collaborative memory curation has multiple benefits, including positively enhancing a child's self-perception and educational outcomes (Shotton, 2013). Since the 1980s, life story work has been widely accepted as the

principal mechanism to support children and young people to engage with their personal histories in this way (Baynes, 2008). However, evidence suggests that delivery has been, and remains, uneven or non-existent (Hooley, Stokes, & Combes, 2016). As a result, later in life, care leavers may turn to the records written about them by social workers, carers and associated professionals to fill gaps in their memories and to manage and process unresolved identity needs.

Drawing on data collected during interviews and focus groups with care-experienced adults of all ages in England, the *MIRRA* study carried out by researchers at UCL explores the feelings, motives and experiences of those who access their records. Findings suggest that childhood deficits of both knowledge and memory can have lifelong negative effects, but that the process of exploring and reconstructing life narratives through records may be therapeutic. In the absence of life story work, recording practices, and the subsequent management and provision of access to records, should be calibrated to acknowledge their potential to impact well-being. In this paper, we set out the current challenges and barriers people face in understanding and navigating their records and argue for a reconceptualization of all aspects of recordkeeping as 'person-centred' and fundamental to caring for children.

2 | RECORDS AND RECORDKEEPING PRACTICES

Although individual experiences vary enormously according to a range of factors, including the date, duration and type of care, care leavers share in common the intensive documentation of their childhoods (Parton, 2008). Local authorities, as 'corporate parents', have a legal responsibility to ensure that certain information is captured and preserved about each child in their care (Department for Education, 2018). This has been true in England, to a greater or lesser extent, since the Children Act 1948. Subsequently, a bewildering range of legislation and regulation has set out what records should be created, when and by whom. Recording has been central to social work practice, although subject to cycles of change in style, tone, content and technology that has impacted their scope and depth over time (Hoyle, Shepherd, Flinn, & Lomas, 2019; White, Wastell, Broadhurst & Hall, 2010; Ovretveit, 1986).

What results is now commonly referred to as a 'care file', a compilation of observations, reports, assessments and plans that has no equivalent in family life. Whereas care leavers may have very few photographs, keepsakes or memory objects from childhood, if and when they request to view their records they are confronted with the product of a bureaucratized system that has methodically analysed their experiences and actions. As Australian care leavers Jacqueline Wilson and Frank Golding have observed, the 'scrutiny' of this 'official gaze' may be experienced as a dehumanizing form of surveillance (Wilson & Golding, 2016, 95). However, it may also be an extraordinarily rich memory resource, providing access to the minutiae of daily life from many decades ago (Darren, Participatory Workshop 1).

The informational value of social work records in supporting care leavers to understand and explain their childhood experiences has long been acknowledged (Shemmings, 1991; Stein, 2012; Walker, Shemmings, & Cleaver, 2003). In England, recent statutory guidance has underlined the right of all young care leavers (aged 18–25) to request and read their records as part of the transition to independence (Department of Education, 2010, sections 4.1-4.28). Records potential emotional and personal uses in later life have also been noted (De Wilde & Vanobbergen, 2017; Feast, 2008; Kirton, Peltier, & Webb, 2001; Murray, Malone, & Glare, 2008).

However, research has indicated the multiple challenges that individuals face in finding, accessing and understanding their care records (Goddard, Feast, & Kirton, 2008; Horrocks & Goddard, 2006; MacNeil, Duff, Dotiwalla, & Zuchniak, 2018). The current access route under data protection legislation, known as the Subject Access Request (SAR), is generic to requests for all personal 'data'. Specific guidance on care leavers' emotional connection to their records is lacking under this regime, meaning that organizations rarely understand or acknowledge their unique needs (Access to Records Campaign Group, 2016). Consequently, the bureaucratic and uncaring way in which requests are sometimes fulfilled can lead to frustration, confusion and renewed trauma (Clarke & Kent, 2017; Swain & Musgrove, 2012). In particular, records are often heavily redacted, removing the so-called 'third party information' relating to family members, carers and friends, reinforcing childhood experiences of disempowerment (Murray, 2014). These issues are not only confined to the UK but are international, as analogous research in Australia and Canada attests (Evans, McKemmish, & Rolan, 2019; Ghaddar, 2016; Wilson & Golding, 2016; Goddard, Murray, & Duncalf, 2013; Royal Commission, 2017). This has led to calls for better mechanisms for the supported release of records and to proposals for coordinated social work, records management and data protection practices which centre the care-experienced person (Murray, 2017; Murray & Humphreys, 2014). Although these best practices have been shared in the English context (e.g., Feast & Jordan, 2016) they have not been widely acknowledged or adopted.

3 | MIRRA: MEMORY–IDENTITY–RIGHTS IN RECORDS–ACCESS

MIRRA was a participatory research project based in the Department of Information Studies at UCL and undertaken in partnership with The Care Leavers' Association (CLA), a care leaver-led charity. It was funded by the Arts and Humanities Research Council (AHRC) between October 2017 and October 2019. The study explored the rights of care experienced adults to information about their childhoods, focusing particularly on the memory and identity needs that motivate them to request access to their records. It drew on literatures of memory and identity in the fields of social work, sociology and archival studies to hypothesize that the quality and content of social care records have significant impacts on lifelong well-being, belonging and sense of self. In other words, that what is written

about children and young people affects the way they see and understand themselves, not only while they are in care but long into adulthood.

3.1 | Research questions

The project's name—MIRRA—is an acronym of Memory–Identity–Rights in Records–Access, underlining its core themes. The study examined six key research areas, which were grouped into two strands. First, we examined questions surrounding lifelong access to records for care-experienced people, including issues of redaction and the disclosure of third-party information and the provision of associated services and support. Second, we addressed questions around recordkeeping practices, including the language and content of records, records management protocols, digital systems and life story work. The project focused on England as a case study, because of the distinctive legislative regimes in other national contexts, but the findings are relevant to the rest of the UK and also speak to international research and practice (e.g., Evans, McKemmish, & Rolan, 2017).

3.2 | Methods

The research was coproduced, bringing together university researchers with adult care leavers to address the research themes. The core team comprised four university academics and six care-experienced coresearchers, each of whom brought varied professional and lived experience to the project. An advisory group, which met four times throughout the study, ensured input from representatives in social work, information governance, social policy and associated academic fields. An initial design and scoping process were conducted in the spring of 2017 in partnership with the CLA, who were instrumental in ensuring that the research was oriented towards the perspectives and viewpoints of care leavers. This orientation was central to the epistemological approach of the project which sought to amplify the voices of people otherwise marginalized in recordkeeping processes (Caswell, 2014).

Initially, a focus on regimes of access to care records was intended. However, this was widened to encompass a range of interconnected practices in child social care, from records creation to disposal. A 'recordkeeping perspective', imported from the field of information studies, was used to 'deepen our understanding of both information rights and responsibilities in care records by considering the effects of how they are thought of, created, used and managed throughout their existence from multiple perspectives' (Hoyle et al, 2019, 3). The extended scope was driven by the coresearchers' commitment to maximize the positive impact of the research on the experiences of future care leavers, by tackling both specific issues and systemic challenges (Wilson, Kenny, & Dickson-Swift, 2018).

3.3 | Contributors

Four key contributor cohorts were identified. These were care-experienced adults, whose records were the subject of study; child social care practitioners, who create and use the records in their work; information professionals, who manage and provide access to records; and researchers, who wish to use the records in their studies. Further stakeholders emerged during the project, including carers and family members, regulators (e.g., Ofsted and the Information Commissioner's Office), funders, government departments and the ongoing Independent Inquiry into Child Sexual Abuse (IICSA) (IICSA, 2018). Each stakeholder group was recognized as having a perspective on child social care recordkeeping, as well as different needs and rights in the records.

In total, over 80 individuals provided data to the project between March 2018 and June 2019. This paper focuses on the contributions of care-experienced people. Findings from the practitioner and academic cohorts will be explored in other publications. Twenty-one adult care leavers shared their interactions with, and feelings about, their records. Demographic information was not formally collected from contributors, as the project focused on qualitative narratives of personal experience. However, detailed biographical information could be gleaned from their testimonies.

The care leavers ranged in age from 18 to 85 years old; all had experienced foster and/or residential care in England between the late 1940s and 2018. Approximately one third had been in the care of voluntary organizations for all or some of their care experience, whereas two thirds had been exclusively looked after by local authorities. They were looked-after for varying lengths of time, in different parts of the country and for different reasons. Each person had a unique journey, entering and leaving care at a different age, representing the diversity of care over time and place. This diversity impacted on the types, form and extent of care records available from their respective childhoods, reflecting changes in recordkeeping practices over the 80-year period (Hoyle et al., 2019). The rich data from the 21 care experienced testimonies, although not generalizable, represent a significant and detailed exploration of the issues they wished to raise. Sixteen of our contributors had accessed their care records; four had made a conscious decision not to; and one was in the process of doing so.

3.4 | Data collection and analysis

A qualitative mixed-methods approach was used, which comprised semi-structured interviews, focus groups and workshops. Thirteen of the care experienced cohort contributed 1–2–1 interviews, whereas nine took part in one of two focus groups. The first focus group was with young care leavers, aged 18–25, and was held in Leeds in June 2018; the second, with former Barnardo's children, aged 60–85, was held in Birmingham in October 2018. These age cohorts were selected to take part in focus groups rather than individual interviews

as they were best recruited via trusted support organizations; the young care leavers via the CLA and the older care leavers through Barnardo's. In addition, the six coresearchers attended four half-day participatory workshops during which data were collected through collaborative exercises and activities.

Interviews, focus groups and the discussion elements of workshops were audio-recorded and transcribed in full using a naturalistic approach, which preserved the authentic direct speech of the contributors. Audio recordings and/or transcriptions (according to preference) were subsequently provided for comment, amendment and additions, as part of follow-up conversations. Data collected on flipcharts and post-it notes were photographed and transcribed. All contributions were subsequently uploaded into NVivo, a qualitative data analysis software, and coded using a thematic framework cocreated by the research group. Interviews and focus groups were then compared by code, to identify patterns of ideas, experiences and feelings.

3.5 | Ethics

The project received interim ethics approval for the participatory design phase in November 2017 and full ethical approval from UCL's Research Ethics Committee in March 2018. All contributors provided their written consent for the use and publication of their words in direct quotations.

We have been particularly attentive to our use of terminology during the project. First, we have chosen to use the language of contribution/contributor rather than that of participation/participant. This acknowledges the relationships of mutual respect and knowledge exchange between academic researchers and those with lived experience. It also recognizes that, in many cases, individuals have engaged with MIRRA in multiple ways over many months rather than through a single episode of data collection. They have attended events, spoken at conferences, appeared in media and consulted on research outputs. For the same reason, all contributors were given the option of electing to be anonymous or named in the research. It was recognized that in contexts where individuals have previously been silenced, the opportunity to claim and 'own' their words was important (Moore, 2012). With one exception, all care-experienced contributors chose to be named with either their first or full name depending on context. We have used the descriptors 'care leaver' and 'care-experienced' interchangeably, subscribing to the inclusive definition of the former advocated by the CLA. Namely, 'any adult who has spent time in care as a child (i.e. under the age of 18)' (The Care Leavers' Association, 2016).

4 | RESULTS

Analysis of the interview, focus group and workshop datasets identified five key findings, which intersect to highlight the significant impact of social care recordkeeping on memory and identity. Each of these will be considered in turn. They are:

- The complex and dynamic motives for accessing records
- The inadequacy of existing memory resources and life story work activity
- Impacts of the content, quality and language of records, which limit their usefulness as memory resources
- Lack of ownership of the life narrative and the denial of self-knowledge coded into recordkeeping processes
- The significant positive and negative impacts on well-being as a result of accessing records.

4.1 | Motivations to access records

Each person's decision to seek access to their care records was individual and contextualized in the diverse circumstances of their lives. However, trends emerged. Often revisiting childhood coincided with significant moments of reflection, for example, when leaving care (Rosie, Sam), when moving into a new career (Darren, John-george), while in prison (Andi, Emmanuel, Brett), on the birth of a child (Gina, Mel, Luke) or at retirement (Mo, Terry, Shefali). For others, it took place in the context of mental health recovery (G016, Susan). The coincidence of these key events with the turn to memory is consistent with understandings of how the self is reconstructed at moments of personal change (McAdams, 1996). Although two contributors (Rosie, Jackie) were looking for information about a specific person or event, the majority were more generally interested to explore how and why things had happened to them. They conceived of their records as a necessary tool to bridge the 'now' and 'then', helping to provide a basis for understanding their current circumstances. For example, Andi hoped to reconnect with his childhood in order to understand things that happened later in his life. He wanted to use his records to create a cohesive narrative of cause and effect that made sense of his experiences and choices, not just as a timeline but as a roadmap of how he became himself:

> I wanted to understand why, because I never felt like a prisoner, I never felt like a criminal. All my offending was substance related, so why was I a druggie? I was on heroin by the time I was 16. What went on there? So I wanted to analyse my childhood and kind of make some sense of how it led into me sitting in a prison cell. (Andi, Interview)

Other contributors described similar feelings of 'discoherence' in adulthood and the desire to connect different parts of their lives together. Gina talked about how 'there was little chunks of my life missing' (interview), whereas Brett expressed a need to 'put some of my memories back together because it became all jumbled up' (workshop). Whereas in family settings, individuals might have reminisced with parents, siblings or other relatives the absence of such relationships for many of the care leavers meant their records offered the fullest and most authoritative version of life events. In some cases, the records were the only source of critical identity

information, such as race, ethnicity and the name of a parent (Shefali, Sam, Rosie).

A lack of authoritative understanding of the past could be both socially and psychologically debilitating. Darren suggested that when 'there are fragments, and bits that you don't know, when someone asks you about your childhood you go silent, because ... when you are not sure, you feel like you will be labelled a liar. You doubt yourself' (Workshop 1). In Terry's case, the discomfort he felt about not knowing his origins had led to a wholesale rejection of the past, impelling him to go to the West Indies at the age of 25: 'When you met someone in the islands you were as good as them, they didn't ask me questions, it was a decision I wanted to make to get rid of it' (Focus Group 2). Knowledge deficits became particularly uncomfortable in situations where information was directly requested, as in health care consultations. Mel and her partner, Luke, described a conversation with a midwife during their first pregnancy:

> ... she was like, so can you tell me is there any family history of this or that, and we was like, we do not know. And they sort of look at you ... as if you are a bit irresponsible. How can you not know your family yeah? (Focus Group 1)

This experience of 'not knowing' often placed the care leavers at a disadvantage, acting as a form of information inequality that stigmatized and marginalized them throughout their lives (Schiller, 2013).

4.2 | The inadequacy of memory resources and life story work

Information inequality was most powerfully symbolized by the paucity or absence of photographs and personal memory objects. With the exception of John-george, who had collated his own memory boxes from a young age, the care leavers generally had only one or two images of themselves as children. Baby photographs were particularly rare, even amongst those who had left care relatively recently. None of the five contributors in the young care leavers' focus group (aged 18–25) had a picture of themselves before the age of seven. Although Andi acknowledged that this was because of his birth family, others saw it as symptomatic of a lack of thought and care by social workers. Sam recalled his first foster carer telling him about photographs that she had passed to the local authority. They could no longer be found: 'They didn't even go into my file. They've obviously got them somewhere ... or they've been binned or whatever. It's really rude man.' (Sam, Focus Group 1).

Where memory objects did survive, they were freighted with significance, as in the case of two ceramic frogs that Gina won in a competition, and the teddy bear that G016 had from before they went into care. The tangible connection these objects provided with the past was often associated with positive stories people told about themselves:

> I know it sounds stupid but there were these little frogs that I'd won when I was nine and they were, like, sentimental. I was proud because I'd done something good and they meant something to me. I've still got one, I've still got it in my cabinet, this little diddy frog. (Gina, interview)

Very little purposive or collaborative memory work had been done with any of the contributors, including those who had been in care after the widespread adoption of life story work in the 1980s and 1990s. Only three of the interviewees (Charlotte, G016, Mel) had life-story work which they still had access to as adults; two others (John-george, Coral) remembered doing it but it did not survive. Only in Mel's case had the life story work helped her to remember and understand her childhood. In fact, although she had accessed her records, it was the life story work that she most appreciated:

> I have not read all my files, I started reading them and was like this is really rubbish information ... and really upsetting actually ... but I've still got my life story work now, I've still got that book of pictures and everything. (Mel, Focus Group 1)

G016 had the opposite experience. She remembered the process as disempowering, because she had not been in control of the contents:

> [it] was useless because what it consisted of was my social worker ... sitting me down, telling me what to write, telling me what pens I was going to use, telling me what I was going to draw, telling me what colours, telling me what photographs. Useless exercise because it wasn't my story, it was hers. (G016, interview)

With the exception of Mel, all contributors were keenly aware of the lack of life story work in hindsight, as an absence in their lives, and argued strongly for the importance of consistent and ongoing memory work with children and young people. Andi's professional experience as a youth worker was that, when done well, it could be extremely positive. He used the example of a young person with numerous moves who was able to use his life story book to confront difficult times in his past and consequently settle into a new placement. Andi argued that a lack of chronology, certainty and narrative 'massively compounds the trauma that kids have faced before they came into care' (interview). The only alternative way to access the past was through what had been said to the care leavers or written about them by social workers and others.

4.3 | Records as sources of memory and identity

We found that accessing records could help to reconstruct autobiographical memories to some extent, as 'you suddenly start filling

up space … with this cacophony of images, of noise, of memories' (John-george, interview). However, the relationship between records, memory and knowledge deficit was not straightforward. As currently conceived and produced, social care records are not generally designed to be repurposed for memory work in this way. We found this to be equally true of so-called 'historic' records and more recent records, meaning that the experiences of older and younger care leavers were similar in this respect. Although the literature suggests a move towards more participatory, child-centred practices in social work recording in the last decade (e.g., Roose, Mottart, Dejonckheere, Van Nijnatten, & de Bie, 2009), this had not made a demonstrable difference to our younger contributors.

The information records contained was generally only sufficient to their use at the time of creation and was designed to fulfil particular legal, legislative and professional requirements (British Assocation of Social Workers, 2018). It focused on the needs of the care provider rather than the person being cared for. As a result, Terry observed that although he felt his records were an adequate factual reflection of his time in care, they did not satisfy him because they could not answer his most fundamental need, which was to explain 'why did this happen to *me*?' (Focus Group 2). This question, which arises from Terry's sense of the injustice of the circumstances of his care, will always be beyond the capacity of his file to answer. Records are fixed and cannot debate or discuss the past or respond to questions. In Rosie's case, they provided some answers and also left her with further questions, including questions she had not previously known to ask. Having exhausted the information in her file, she had to accept that she would never answer them (Rosie, interview).

Records were also fallible and difficult to trust. All of the contributors agreed that there were things in their files that were either wrong or misleading or diverged from their experience of events. Some of these were basic, factual mistakes: Charlotte, for example, reported a number of instances where her birthdate was confused with her sister's. In other instances, key relationships or moments in a person's experience were misrepresented. G016 was horrified at the narrative the records presented about their relationship with their father: 'The records did not reflect the true relationship I had with my dad. The interpretations were inaccurate and the actions that were taken were inaccurate.' (Workshop 3) These issues arose in part from the quality of the recording, which was dependent on the social worker and thus highly subjective. G016 went on to speak about the vast difference in the tone and veracity of their records between individual authors. When their social worker changed, they reported that 'They actually started talking about me like a child, like a human being. The tone was just completely flipped, it was positive … I couldn't believe actually that was my file, it was almost like, have they got the right file here?' (interview). This was also reflected in the content of other people's records, where a single perspective on events was presented as though it reflected an authoritative truth. Dissenting or alternative points of view, such as those of family members, were generally absent or dismissed.

4.3.1 | Absence of the voice of the child

This narrowness of perspective was compounded by the lack of opportunities for children and young people to contribute to or participate in the process of record-making themselves. None of the contributors felt that their voices, opinions or versions of events had been captured in their file. John-george considered this to be the most disturbing and distressing aspect of reading his records:

> … one of the most profound things for me about the file, and it screams the loudest, is my lack of voice … my voice is totally stolen and words are put in my mouth, saying this is how I feel about certain occasions and certain people, and at times there's conflict with what I believe. (Interview)

The lack of participation was also evident in other qualities of the records, which not only failed to include care-experienced perspectives but also used jargon, acronyms and professional terminologies that actively excluded care leavers. Coral observed that 'It should be different, so we can read it and understand it, just like you're speaking with one of your mates or something, not like some mad posh words, you don't need it eloquent and all that, you just wanna be able to read it' (Focus Group 1). Andi connected the use of 'mad posh words' to systemic issues of power in the care system: 'the people that hold the power want it to be complicated, because they want to justify their own existence …' (interview).

Nevertheless, on the rare occasions when care leavers did find evidence of their own voice, it was highly meaningful to them. Andi said it was 'incredible' to find a drawing and letter in his own handwriting, even though it took him right back to a very difficult time in his childhood (interview). It helped him to reflect on complex feelings about his time in care, and it did not matter that, in this case, what he had written was not actually true. Although the record—of him saying he wanted to go home to his mum—was a lie he told at the time, he remembered writing it because he felt he should. It helped him to process his reasoning and empathize with his childhood self. In another instance, the copying and preservation of a letter Gina had written to her social worker when she was nine was a sign that someone had cared about her and had respected her feelings (interview).

4.3.2 | The scrutiny of the official gaze

The absence of the voice, photographs and personal perspectives of the child and young person was seen as especially frustrating given the extent to which records captured and fixed the minutiae of other aspects of contributors' lives. Luke talked about how social workers preserved instances of his behaviour and teenage choices in a way that a parent never would, pathologizing actions that would be considered normal in another context. Split second

decisions, like smashing a plate in anger, become literally embodied in the record—as the charge sheet—which then followed an individual for the rest of their lives (Focus Group 1). Thus, the recording of looked after children often burdens them with considerably more responsibility for their negative actions than their peers, while at the same time failing to capture and preserve positive or empowering experiences. As Coral put it, 'they never let you forget the bad stuff' and do not write down the good stuff (Focus Group 1). Although care leavers recognized that some negative records had to be kept for safeguarding, the rationale was not always clear to them. The young people in particular felt judged via their records, which preceded them into placements and education as a 'paper self', telling stories about their identities that lacked nuance (Darren, interview). This 'official gaze' continued to shape perceptions of a person later in life, especially if they had further contact with social services or mental health practitioners (G016, interview). Several of the care leavers were afraid of how their records may be used against them by social services, particularly with regards to their own children (Jackie, Gina, Coral).

Care leavers who accessed their records in the hope of making sense of their experiences were often shocked by how divergent the 'paper self' was from their own sense of self. Rather than providing the basis for a more stable understanding of the past, reading other people's versions of events could be painful and disruptive to hard-won peace of mind.

> When those files came … They reinforced that I wasn't valuable. That I wasn't worthy enough. [I was] just as worthless as ever … I still did not matter. (Jackie, interview)

Contributors were rarely given preaccess guidance or support to prepare them practically or psychologically to receive their records, indicating a lack of awareness of the potential for retraumatization. This was counterproductive as it could lead to individuals having to seek medical or welfare interventions later on.

Where care leavers were given support, it made an appreciable difference to their ability to process painful memories. Of all the interview contributors, Gina, who received the most help while accessing her records, reported the highest levels of satisfaction and well-being. Although her records contained highly sensitive and previously unknown information, she was able to take a balanced perspective on her experiences. This appeared to be because a social worker, who had marked difficult or sensitive sections in advance, sat and talked her through it. Gina was able to ask the social worker questions, as well as share her feelings (interview). Although several contributors stressed that they personally would not want a social worker to do this, because of negative associations, the cohort universally agreed that both in-house and independent support should be offered as options (Workshop 1).

4.4 | Redaction and disempowerment

The redaction of information from records was particularly troubling for all of the care leavers. Information relating to third parties and, in some cases, other types of sensitive content, had been 'blacked out' (redacted) or removed from their files, under the provisions of GDPR and the Data Protection Act 2018. Redaction is designed to protect the privacy of individuals other than the recipient but is challenging to implement in the case of complex interpersonal care files which by their nature contain information relating to parents, siblings and other family. As this information is often critical to a person's life story (e.g., the reason they were taken into care) decisions about what to leave in and what to remove can be fraught and subjective. Although the legislation enables organizations to use discretion in providing information where it is reasonable to do so, a lack of nuanced interpretation and training can lead to confusion about what is and is not legally appropriate to release (Kirton, Feast, & Goddard, 2011; Access to Records Campaign Group, 2016). We found that the latest best practice guidance on access to records (e.g., Feast & Jordan, 2016; Murray, 2017) was not explicitly used.

As a result, we found that the extent of redaction varied considerably, depending on organizations' understanding of the law in relation to the needs of care leavers. In the case of the Barnardo's care leavers, very little had been removed from files, allowing individuals to see and read the majority of the content about other people. This was largely due to the expertise of the social workers and information managers who processed these requests, as part of the organization's dedicated 'making connections' records service. They applied a more open interpretation of GDPR requirements, which saw the vast majority of the content of files as pertaining to the subject's life, even where that information also related to another person. This contributed towards the overwhelming positive experience of accessing records reported in Focus Group 2. The same was true for contributors whose records were held by local authorities with expert Data Protection staff (Gina, Isa). Such approaches align to the European Court on Human Rights critical ruling in the case of British care leaver Graham Gaskin (Gaskin v UK (1989) 12 EHRR 36). The Court found that he had a right of access to information about his family and childhood under Article 8 of the Human Rights Act.

However, in other cases, records had been so heavily blacked out as to be almost incomprehensible. Jackie, for example, had received dozens of pages where only a single sentence remained. In Charlotte's case, information about her family had been redacted from her life story work and genealogy, even where she had written it herself as a child. Such redactions seemed nonsensical, as the information was already known to the care leavers or could easily be worked out from the context. This made it seem like an act of power, control and risk aversion rather than a necessary compliance with data protection law, exacerbated by the fact that such removals were rarely explained or justified. In many cases, the redactions were also inconsistent, either within the same request or between requests, which made a mockery of the logic of confidentiality and implied that the process had been careless (Darren, Jackie, Charlotte).

It was especially upsetting where the redacted information pertained to significant traumatic events or emotional experiences. This was often the case as censorship was most likely to occur where records related to key relationships or moments. In G016's case, for example, information relating to a child who had died while they were in care was redacted. Charlotte was similarly denied access to records of interactions with her birth mother, who had died when she was 15. This included the complete redaction of the record of their last 'contact' meeting together. Such decisions caused significant harm and pain and were perceived as both morally and ethically reprehensible. Redaction was understood as a continuation of denial of self-knowledge which began in childhood, in the same category as the exclusion of the child's voice at the point of creation and the misrepresentation of events. The injustice of having childhood experiences edited by strangers made some contributors angry: '... there are all these admin people and all these social workers who can see them but the one person that they would mean anything to couldn't' (Charlotte, interview).

Several contributors expressed their feeling that the records should belong to them, if not physically then figuratively, and that anything written about them or their time in care should be made available without redaction or intervention. This was not only to ensure that organizations were held to account for their actions but as a form of redress for the marginalization of their experiences, feelings and opinions in childhood. Where organizations ceded this and gave a care leaver the originals of photographs, letters or other records, as in Jackie and Terry's case, these items became treasured possessions (Jackie, interview; Focus Group 2).

4.5 | The positive and negative impacts of accessing care records

Accessing records could have significant impacts for care leavers, both positive and negative, and could be life changing. In some cases, revisiting childhood memories led to depression, time away from work, relationship breakdown, alcohol misuse, stress, anxiety, anger and trauma. Charlotte went so far as to say that accessing her records was worse than the experience of being in care itself (interview). However, in the longer term, it could help people come to terms with what had happened to them. Susan spoke of how reading her file set her free: 'It can finish things ... it can end things ... it can put things away so that you can carry on with the rest of your life' (interview). This 'moving on' could be an iterative process, with the meaning and value of the records changing and developing as an individual changes and grows older:

> ... the file is organic, the words stay the same but I do not, I change, so every time I go back to that file, it's different to me. And now going back as a father it's very different to me, and in some ways it's easier and in some ways it's harder. (John-george, interview)

Accessing records, as a method of narrative construction, was thus not a single moment in time, but a therapeutic process that could be personal and progressive.

Despite a conflicted and sometimes antagonistic relationship, records did provide the care leavers with vital information to build autobiographical memory and renew their sense of identity. The picture that was formed might align with or diverge from the records to a greater or lesser extent, depending on the individual, but in either case accessing their file provided a catalyst for therapeutic reflection. In Andi's case seeing his records enabled him to shed the blame he felt for going into care, whereas Gina also realized, for the first time, that she was not at fault for what had happened to her. For both Andi and John-george, it had also helped them to understand the vulnerability of their mothers and why they had not been able to adequately care for or protect their children.

A greater understanding of the self could also manifest in new action. Gina, Rosie, John-george and Andi all used their records as the basis for life-writing and autobiography (Brierley, 2019; Larrisey, 2010). Jackie's negative experience receiving her file had prompted her to take action for other care leavers, campaigning on access to records and life story work in her local area (interview). Terry credited coming to terms with his care experience as the basis for his voluntary involvement with Barnardo's, after years of 'running away' from his childhood experiences (Focus Group 2). Several people, including Mo, Brian, Darren, John-george and Rosie, spoke about supporting other care leavers to access their records as a result of their own experience. Although the process had often been negative, and extremely negative in some cases, it was understood as an imperative for reconciling past experiences and moving on with life:

> You're reading about yourself, remembering and going through it all again, feeling all the feelings you felt then, bringing up all that stuff ... it was so important to me. I cannot possibly explain or say how important those records were (Susan, interview).

5 | CONCLUSION: PERSON-CENTRED APPROACHES TO RECORDKEEPING

MIRRA's findings reveal a lack of consideration for the identity and memory needs of care-experienced children, young people and adults in England. This is consistent with research elsewhere in the world and is manifested throughout the recordkeeping process, from inadequacies in records creation and management to inconsistencies in access and release protocols. Of most significance, however, is our finding that developments in social work recordkeeping since the 1980s (e.g., life story work and participatory report writing) do not appear to have manifested and have not made a difference to care experienced people. Only five of our 21 care experienced adults remembered life story work, and only three had access to it as adults. *MIRRA*'s contributors' records span almost 80 years of social

work recording. Although systems and practices have changed frequently and immeasurably across that timeframe, the memory, identity and well-being outcomes for the people being recorded have not. This suggests that challenges relating to recordkeeping in child social care are not only historical but are also critical in the present and future.

Ongoing inconsistency in the delivery of life story work, and the limitations of current recording practices, has significant implications for future care leavers' abilities to form coherent, positive autobiographical narratives. Difficulties in doing so may further marginalize care-experienced people, who can be stigmatized throughout life by a knowledge deficit about who they are and where they come from. This stigmatization persists even when an individual has otherwise overcome the economic and social challenges of their childhood.

However, our study also demonstrates that, despite inadequacies, records and recordkeeping can play an enduring therapeutic role in resolving issues of identity and self-image. A reconceptualization of recording practices, arising from the acknowledgement of records' role in lifelong identity, could have significant positive effects for future care leavers. In particular, *MIRRA* suggests that the emphasis of recording should be shifted away from organization-centred risk management and towards assessments that centre the needs of individuals for memory curation, care, and kindness, and for ownership and rights to their personal information throughout life. This could be made possible, without contravening the needs of safeguarding and legal outputs, through a 'person-centred' approach to the creation and management of records. We define this person-centred approach as collaborative and focused on the voice and experiences of the individual child rather than on the administrative, legal or bureaucratic requirements of care providers. Life story work, participatory writing and co-creation with children and young people would be central to this approach, aligning recordkeeping with other caring functions as a critical element of therapeutic practice. The nuance of events, and the multiple needs and perspectives of individuals, could thereby be recognized and negotiated between practitioners, children, carers and families. Recordkeeping that centred on an individual's needs in this way, and which acknowledged the importance of stable, explicable narratives about the self, could lead to increased well-being, better mental health and outcomes in the long term. Such approaches will require the design of systems and practices which acknowledge the life-long importance of the record to an individual.

The approach cannot be retro-fitted for adult care leavers; their records are now fixed. However, legacies of poor content and quality can be mitigated through similarly person-centred approaches to records management and access as described by Feast and Jordan (2016) and Murray (2017). In the first instance, caring organizations should ensure that care leavers receive consistent and justified responses to requests for information and that records can be easily found and context about them provided. Recognition of identity and memory needs should be written in to records access policies and procedures, recognizing the potential long-term effects of

subject access requests. Support which is responsive and respectful of care leavers' needs should be planned and made available, or signposted where this is not possible, in line with existing best practice. As was seen in Gina's experience, simple, compassionate actions, such as marking sensitive and distressing content, can help to mitigate negative responses.

All changes to social work recordkeeping represent a challenge to the systemic power structures that have often denied care-experienced people the capacity for self-knowledge. Reconfiguring recording as a participatory practice collapses boundaries of expertise and empowers children, young people and care leavers to take control of their own stories. This requires that care providers accept that by creating and managing records they undertake a lifelong responsibility for people's memories and identities. This responsibility does not end when an individual becomes an adult, but persists until the end of their lives, as an essential element of care. As John-george said:

> It should not be driven by filling out a form for some bureaucratic purpose, or covering themselves, or some law … there's … a duty of care for our soul as well. It's not just … keep them in school, keep them healthy. This is a long game—life—so there's *that* duty of care. (John-george, interview)

ETHICS STATEMENT

The project received interim ethics approval for the participatory design phase in November 2017 and full ethical approval from UCL's Research Ethics Committee in March 2018. All contributors provided their written consent for the use and publication of their words in direct quotations.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

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