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ORIGINAL ARTICLE OPEN ACCESS

Enabling Child-Centred Case Recording in Children's Social Work: The Voice of Practitioners

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Correspondence: Rebecca O'Keefe (r.okeefe@leedsbeckett.ac.uk)**Received:** 22 October 2024 | **Revised:** 19 January 2025 | **Accepted:** 23 February 2025**Keywords:** care experienced | case notes | case records | child protection | child welfare | child-centred

ABSTRACT

Maintaining case records is an essential and necessary component of children's social work practice. Research and child abuse enquiries internationally have highlighted the need for child-centred and participatory approaches to case recording, yet consistently highlight significant deficiencies in child-centred case recording. This paper presents findings from a mixed-method study that sought to explore practitioners' experiences of child-centred case recording and identify new and innovative solutions to enabling this. Data were collected through focus groups and surveys with social work practitioners who worked in child protection and child looked after (CLA) contexts in two local authorities (LAs) in the north of England. The findings suggest practitioners have developed creative ways to help achieve child-centred recording in challenging circumstances, which could be built upon and more consistently applied across organizations, based on the foundations of relationship-based, ethical and humane practice.

1 | Introduction

Social workers have a responsibility to record information in their day-to-day work. International practice and ethical standards for social workers detail the need for clear and accurate case records with transparency for individuals in accessing their information (NASW 2013; AASW 2020; BASW 2021). The term 'case recording', often used interchangeably with 'recordkeeping', will be used to refer to writing undertaken by children's social work practitioners working in child protection or children looked after (CLA) teams, which includes the running record of information and action, summaries, assessments, reviews and plans held within a child's social work case file (Jones 2016). We acknowledge that children's social work covers a broad area. Children's social work practitioners working in other areas of practice, such as early help or residential childcare, may record quite differently, but their case recording activity is beyond the scope of our study. There are fundamental flaws in case recording emphasized in national enquiries and research for children, with the contribution of inadequate recording in child deaths and serious injuries, continuing to be well documented in England

and beyond (Laming 2003; Dickens et al. 2022; Purtwell and Hawkes 2023). Rather than echo these deficiencies, we seek to explore social work practitioners' views and experiences of case recording in children's social care contexts in England and identify potential solutions.

It is important to note that this study was completed against a national backdrop of long-standing challenges in children's social care in England, including funding, retention and recruitment issues which have an inevitable impact on service delivery (CSPRP 2024). High-profile reviews in England (MacAlister 2022; CSPRP 2022a) have often been criticized for failing to appreciate the systemic barriers that social workers face in their daily practice (Murphy 2023), with the same limitations repeated across countries and across generations, suggesting the need is now to move towards solutions (Hawkes et al. 2024). Little attention has been paid to the day-to-day practice, experiences and voices of social workers (Gordon 2018; Lillis and Leedham 2024). Our study, therefore, seeks to add to this limited evidence base by exploring social work practitioners' views on child-centred case recording

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and explore how barriers might be addressed. The findings presented are part of a larger study that also explored the teaching and learning experiences of social work students, apprentices and educators in relation to child-centred case recording. These findings are reported elsewhere (Geddes et al. [forthcoming](#)).

2 | What Is Child-Centred Case Recording?

A 'child-centred approach' is 'fundamental to safeguarding and promoting the welfare of every child', as stated in England's statutory guidance, but this is not explored or defined (HM Government 2023, 11). Case recording has a number of functions for the child: It is not only necessary for decision making in safeguarding and child protection but is also an essential support mechanism into adulthood, as a care experienced adult or adult survivor of child abuse and neglect may access their childhood records many years into the future (Shepherd et al. 2020; Jay 2022; O'Keefe 2024). As Hawkes et al. (2024) assert, poor case recording has a number of consequences for children including impeding access to appropriate services; preventing early responses to childhood abuse and neglect; contributing and resulting in serious fatalities and serious outcomes for children; and having implications for adults accessing their lifelong records. Child-centred case recording is difficult to define and open to interpretation.

Many children's social care departments in England, including the two local authorities (LAs) within this study, have separate child protection and CLA teams. Practitioners who work in these teams have different functions and responsibilities, but there is inevitable overlap. Child protection, often fast paced and crisis driven, involves assessing and responding to the needs of children who may be suffering or likely to suffer 'significant harm' (Section 47, Children Act 1989) and supporting those children deemed 'in need' (Section 17, Children Act 1989). Social workers who support CLA, who are often placed outside of their immediate birth family following state intervention, exercise corporate parenting responsibilities (Department for Education 2018) and build relationships with children and young people through 'direct work' or 'therapeutic work' (Sen 2018, 40). For all children's social workers, case recording is vital to support child-centred analysis, decision making and accountability. It is 'not only a tool to record practice, but a tool for practice' (Rai 2021, 104).

Child abuse reviews and enquiries have demonstrated that the child's voice is not always evident, and a comprehensive understanding of the child's lived experience is frequently missing, with lack of curiosity about cultural context (Radford 2010; Bernard and Harris 2019; CSPRP 2022b). This is despite the child's voice being embedded into the Children Acts 1989 and 2004 and the right of the child to have their views taken seriously being enshrined in Article 12 of the United Nations Convention on the Rights of the Child (UNCRC) (1989) (Unicef 1989). It is too simplistic to blame individual social workers for ineffectiveness in developing meaningful engagement with the child. Children's social work is incredibly complex. Where children become 'invisible', it can be 'rooted in a mixture of fear and other intense emotions, sensory experiences and organisational constraints' (Ferguson 2017, 14).

There is a growing evidence base that case records are critical to strengthening the sense of identity and memory of care experienced people, as well as others affected by abuse and neglect in childhood (Hoyle et al. 2019; Jay 2022). Research in England, Scotland and Australia has recognized the role that case records play in supporting those who are care experienced to make sense of their early lives and support recovery from trauma and in seeking social justice (MacNeil et al. 2017; Hoyle et al. 2019; Evans et al. 2024). Care experienced people of all ages often have a deficit in knowledge of their childhoods, and many turn to care files in the absence of other sources of information (Shepherd et al. 2020). Projects such as MIRRA (*Memory—Identity—Rights in Records—Access*) (Hoyle et al. 2020; Shepherd et al. 2020) in England and 'Rights in Records by Design' and 'Charter of Lifelong Rights in Childhood Recordkeeping in Out-of-Home Care' in Australia (Golden et al. 2021) have worked alongside care experienced people to develop human-centred participatory recordkeeping approaches in children's social care. These approaches embed information rights principles and recognize that care files are vital to support memory, identity and sense of self for care experienced people (Hoyle et al. 2020).

3 | How Is Case Recording Completed by Social Workers?

The creation and maintenance of case records have been fundamental to social work with children and families in England since the late 19th century (Hoyle et al. 2019). Case recording can be electronic, paper based and sometimes a hybrid of the two and can include photographs, drawings, diagrams, worksheets, audio or film, as well as the written word (Muirhead 2019). Social work is described as 'a writing intensive profession' (Lillis et al. 2017, 29), with four types of writing for social workers recognized, namely, case notes, reports, emails and handwritten notes (Lillis et al. 2017; Rai 2021). There is significant variation in case recording, as social workers write for a range of situations, people and needs (Rai 2021). Social work administration, including case recording, ranges from approximately a quarter to 60%–80% of a social worker's time (Holmes and McDermid 2013; BASW 2020). The volume of writing is often underestimated by practitioners, as it is a 'nested activity', occurring alongside a range of other tasks through a practitioner's working day, and often completed outside of contracted hours, either early or late, in the office or at home. (Lillis et al. 2020, 431).

Technology plays a significant role in case recording. However, flaws have been noted in the design of electronic case recording systems since their implementation, especially in relation to the focus on rigid performance management and move away from relationship-based practice (Broadhurst et al. 2010; White et al. 2010). The most recent review of children's social care in England continues to highlight that action is required to reduce repetitive administrative tasks and allow practitioners to spend more time with children and families (MacAlister 2022). The Covid-19 pandemic has been a catalyst for innovation in children's social work, with practitioners utilizing a wide range of digital methods to communicate with service users, such as through videoconferencing platforms, text and photo

messaging, initially initiated as a response to social distancing. Taken forward post pandemic, this has enabled flexibility in practice, especially with the increase in hybrid working (Behan-Devlin 2024).

4 | What Do Social Work Practitioners Say About Child-Centred Case Recording?

Only a very small number of studies have considered social work practitioners' experiences of child-centred case recording. Hawkes et al.'s (2024) Australian study explored the experiences of 12 current or former practitioners, nine of whom worked in child and family services and six in child protection departments using semi-structured interviews; they also elicited the views of 33 practitioners through an online survey. The researchers also engaged with curriculum developers and student social workers. Their findings were structured around three key areas. The first 'understanding the importance of a child-centered approach' emphasized an awareness and appreciation of child-centred practice; how records supported good practice in engaging with children and young people; and 'the relationship between culturally safe, trauma-informed, and strengths-based practice approaches and the production of child-centered case notes' (Hawkes et al. 2024, 192). Theme two highlighted the question 'what prepares and trains practitioners for child-centered recordkeeping?', which explored educational and training approaches, and the integral role of supervision. Finally, the question 'what challenges and enables child-centered recordkeeping practices?' explored the reality of practice including 'systemic hurdles', 'technological constraints' and 'organisational cultures', alongside factors that facilitated good practice (Hawkes et al. 2024, 192).

Vincent et al. (2024) compared the experiences of social work practitioners in England and Australia, again alongside input from social work students and social work educators through surveys, interviews and focus groups, and found the most common sources of learning about child-centred case recording were in university, student placements and work settings. All participants in both countries understood and could articulate the importance of a child-centred approach to case recording and identified 'relational-based practice' as the most important enabler (Vincent et al. 2024, 9). The purpose of case recording was described as 'transparency, compliance, accountability, risk management and covering their backs', with these messages being reinforced within university training and practice (Vincent et al. 2024, 10). Practitioners in both countries were conscious their case records could be used in legal proceedings or feature in case reviews or enquiries. The over-emphasis on accountability was deemed detrimental to child-centred recording. In this study, the disconnect between university learning and experience on practice was highlighted, as well as the importance of reflective practice as an enabler to good case recording. It must be noted that the Vincent et al. (2024) study included only 15 practitioners from the north-east of England, 13 completed a survey and only two engaged in semi-structured interviews; the Australian participants were the same as described in the Hawkes et al. (2024) study above.

5 | Methodology

This study sought to address the following research questions:

1. What are social work practitioners' experiences of child-centred case recording?
2. How can we address the barriers to child-centred case recording?

In order to answer these questions, we adapted the research design used to explore the experiences of social work practitioners by Hawkes et al. (2024) and Vincent et al. (2024). A mixed-methods approach was used to gather and explore child-centred case recording practices, combining qualitative data from focus groups with quantitative survey data. This design enabled a rich understanding of the perspectives and experiences of social work practitioners.

Data collection took place between September 2023 and April 2024. Social workers working in children's social care were recruited through employer leads in two LAs within one of the 23 teaching partnerships (TPs), which were introduced in 2015 to enable the development of new and innovative ways of working between higher education institutions and their partner agencies (Cavener et al. 2020). An online survey was distributed to all qualified social workers who worked in children's services and were based in these two LAs ($n = 564$). There were only 41 responses, a response rate of 7.27%. Over half of survey participants were based within child protection teams ($n = 20$), with a further 15% stating that they had previously worked in child protection teams ($n = 6$); 46% of participants ($n = 18$) currently worked within other children's social work services, such as CLA teams, early intervention, fostering and adoption services; 15% ($n = 6$) were team managers within child protection teams or other children's social work services.

Qualitative data were obtained from 26 participants through four focus groups, two within each LA. Participants for the focus groups were recruited through an email shared by each LA teaching partnership link person that asked prospective participants to contact the research team. Three of the focus groups were in person, and the fourth was undertaken online using Microsoft Teams. Focus group participants were from child protection teams and CLA teams, with one participant from a youth justice team. Nine participants were in their first year of practice, four were in their second year of practice, and 13 were social workers with extensive social work experience. It must be noted that the survey was anonymous; thus, it is possible that some participants may have completed a survey and participated in a focus group.

Ethical approval was obtained from the University where the authors worked. Focus group participants were provided with an information leaflet and either signed a consent form or provided recorded verbal consent online before participating. Survey participants were provided with an explanatory statement at the beginning of the survey, followed by a consent statement and their electronic indication of their consent to participate. The topic guide used in the focus groups and the survey tool were based on those used in the Hawkes et al. (2024) and Vincent et al. (2024)

studies. The survey tool used ‘closed option’, multiple-choice and Likert-scale items and open-text responses to capture information and examples linked to some closed option items. Surveys were hosted on Jisc Online Surveys.

Audio recordings of focus groups were transcribed. Data from the focus groups and qualitative data from open-text survey responses were analysed thematically. Inter-rater reliability was applied: Data analysis was conducted independently by two members of the research team, and emerging themes were then reviewed and refined through discussion among the whole research team. Quantitative survey data were analysed using descriptive statistics.

6 | Findings

Three main themes were identified following analysis of the data. These were *a child-centred approach*, *the practice experience* and *the process of case recording*. Participants identified a child-centred approach as the overarching way of working. Capturing the child’s voice, child-centred language and practitioner observations of children and young people were deemed essential components of a child-centred approach. Some practitioners found ‘writing to the child’ (Watts 2020) to be an effective method to achieve this. When describing the practice experience of undertaking day-to-day case recording, participants highlighted time, timescales and writing for multiple audiences to be problematic and reported that their practice wisdom was crucial to enabling good quality case records. Discussion around the process of case recording focused on the use of technology, lack of consistency and limited guidance for practitioners and the enabling creative and discretionary ways practitioners managed child-centred case recording.

6.1 | A Child-Centred Approach

Practitioners record a wide range of information that is unique to each child and their family. All survey participants reported that they record information about the cultural and ethnic background of the child and family; the child’s siblings; and disability. The majority stated that they also record information about direct work undertaken with the child and family; the child’s views; information about the family or caregiver; the child’s education; historical information about the child and family; medical information; information about analysis of harm for the child; and how professional decisions are made.

6.1.1 | The Child’s Voice

Capturing the child’s voice was identified as an integral aspect of child centred-case recording. Participants felt information shared by the child, which was important to the child, was essential to record, helping build a relationship and capture the child’s views and experiences. CLA practitioners were clear that their primary role was to build a relationship with the child through *direct work* and they felt this was fundamental to documenting the child’s views and experiences. They reported this was completed through creative methods, including craft activities,

worksheets and play, as well as conversation. Any documents produced are photographed and/or scanned and uploaded to the electronic recording system, with a supporting written case note analysing the interaction. In contrast, practitioners in child protection teams shared that they had less time or capacity to do in-depth direct work:

Direct work looks different for different teams, because we do not really have time as such to sit in every visit and do the worksheets with a child, but we will do that through play or conversation.

Eighty per cent of survey participants ($n=34$) also said they regularly gathered and recorded information in non-written formats, such as visual images, drawings and photographs.

6.1.2 | Child-Centred Language

Child-centred language was also identified as essential to case recording. Practitioners cited reflective spaces to explore language with colleagues as useful, including a training session focusing on accurate and non-judgemental language that some practitioners undertook in their first year of practice in one LA:

For example, with teenagers, you could say ‘you are in a relationship with an older man’, and that is almost like saying that they are agreeing or wanting that. It is putting the blame and responsibility on them ... you know, thinking about better ways of wording things, so that it does not put the blame or the shame on them.

One participant told us child-centred language had been the focus of a recent team meeting:

... the child was described as ‘smelly’ and that statement was there in the case note. The manager asked how would the child feel reading that when they are 18? How would that make them feel?

Practitioners did not always agree on how to record the child’s own words. This was the subject of debate in one focus group: One practitioner stated they would change the child’s own words if slang or swear words were used; another felt it was important to capture exactly what the child had said verbatim; a third stated they often summarized the conversation but included direct quotes that they considered to be significant.

6.1.3 | Practitioner Observation

Observing the child’s relationship with caregivers and siblings, and the child’s presentation in different settings, such as home or school, was also recognized as significant to document. Practitioners shared that they recorded the emotional responses and body language of the child to create a vivid, visual picture for the reader. Observations were deemed to be especially important for younger children or children with additional needs, who may not have verbal communication. For these children,

practitioners also described recording views which may be ‘assumed’ on behalf of the child, such as their desire to have their basic physical and emotional needs met:

Most of mine are babies, so it is mostly observation. On all the statutory visits we have sections where we can say ‘they seemed bubbly, they smiled, they sat up, they interacted with the worker’ ... so I tend to write that and then do a bit of an assumed part. It is usually observational.

Observations were also identified as important for older children or young people who might not wish to openly share their views verbally:

Teenagers can be quite blunt with you, and I will put that [their words], but then I will put in things about the way they were behaving, like ‘were they in the right frame of mind to talk to me that day?’ Just to add a bit into it.

6.1.4 | Writing to the Child

A recent practice development for practitioners in CLA teams in one of the two LAs in this study was the approach of ‘writing to the child’ (Watts 2020; Watts 2021) where all case recording is written in the style of a letter to the child, including assessments, reports, meeting minutes and case summaries:

“For instance: ‘Jack, today we had a meeting about your schooling. Your foster carer attended, and so and so from school’. That kind of thing”.

This change in approach was felt to be more child-centred, enabling ‘child friendly’ case recording, which was ‘quicker’ and ‘so much easier to write’. Practitioners from child protection teams in the same LA had not been directed to record in this way, but some had begun to do this independently, based on the positive experiences of their CLA colleagues. Although no disadvantages in writing to the child were identified within focus groups, one survey participant, who had previously worked in the delivery of child protection services, raised a number of concerns:

I have seen some records written as though the child is reading them now—I do not like this approach for various reasons: 1, the child will be an adult when they do read the records and so the language will not reflect this, 2, I have seen documents fluff over specific challenges and difficulties to avoid being too direct which masks some of the concerns, 3, it is difficult as a professional to read between the lines of some of the statements, particularly around behaviours children might display. When things are reframed, sometimes the real issue can be lost.

6.2 | The Practice Experience of Child-Centred Case Recording

Practitioners were keen to explore their day-to-day practice experiences of child-centred case recording. Although they shared frustrations, they also described the innovative ways in which they managed their tasks.

6.2.1 | Time and Timescales

Due to the pressurized nature of social work with children, case recording is nestled between a range of other activities, and practitioners agreed lack of time was a significant barrier to child-centred case recording. 56% of survey participants ($n=23$) agreed or strongly agreed that ‘case recording takes time away from direct work with children’. One focus group participant shared similar challenges:

I think for a lot of case recordings, sometimes you do just think I’ve got 10 minutes before I need to go and do something else. Sometimes you do not even think about if it is child focused, it’s a case about ‘how do I address these issues in a really quick manner?’

According to the practitioners in this study, case recording which is more open to scrutiny by others, such as assessments and reports to be shared with families and managers or presented in the court arena are prioritized and written in a more considered way. One practitioner felt day-to-day case recordings had become more time consuming than they needed to be:

I think some of our day-to-day recordings are probably where we overdo it and it is probably where we could change I think that is the balance we have not got quite right.

Practitioners shared some of the useful time saving ideas they use. Blocking out time in their diary to complete written tasks was considered to be helpful, but not always possible. Some practitioners in one LA reported that they had a regular ‘lockdown day’ approximately 1 day per month to complete administrative tasks, including case recording. Other practitioners in the same LA were unaware of this practice, but felt it was a useful and supportive way to manage time, which should be consistently supported across the LA.

The majority of survey participants (80%, $n=33$) stated they were aware of expected LA timescales for case recording, with 7% ($n=3$) unaware and 12% unsure ($n=7$). Focus group participants were aware of expected timescales in relation to statutory visits and assessments, but less clear about timescales for day-to-day case recording:

I do not think there is anything official, but the expectation is as soon as practically possible. I think just the demands of the job mean it can be difficult.

Both LAs have written procedures which state records should be updated as soon as practicable, or at the latest within 24h of an event occurring but participants did not appear universally aware of this, with some citing 48 or 72h as the expected timescale.

6.2.2 | Writing for Multiple Audiences

Survey participants identified the child (85% $n=35$), their colleagues (71% $n=29$), the family (68% $n=28$), their team manager (59% $n=24$), themselves (54% $n=22$), other professionals and services (49% $n=20$) and inspectors/auditors (29% $n=12$) as the primary audiences for case recording.

Participants felt individuals may view the same case recordings for different purposes, as they evidence decision making, capture the child's social work journey and identify patterns in the child's life. They stressed that some audiences are reliant on case records, as they may never meet the child or family directly, such as a team manager or auditor:

It [case recording] has to be for various audiences. It has to be for the child, it has to be for the parents, the courts, and you have to be mindful Be sympathetic to that child, who is going to read it later.

Attempting to write for multiple audiences was reported to be complicated. One practitioner highlighted complexities within the court arena:

I always try to write for the child, but then I also have the parent's barrister on my other shoulder. Like if I write a court assessment, I always think what if they read it? What is the come back? How will it be perceived? I do not like to say all of this out loud, but it is the truth.

Conversely, one survey participant felt writing case records for the child actually simplified the task: 'In my view, if you write for the subject, you will tick the boxes for all the others on your list'.

Focus group participants additionally identified the child and family court as a key audience. 'Court' was not presented as an option in the multiple-choice question for survey participants, and no-one highlighted court in the 'free text' space. Practitioners were mindful that their case recordings could be scrutinized in this forum, and it was seen as a more formal setting, which some practitioners felt required a different, more academic style of writing:

I suppose there is going to be a big switch when we come to do things like court statements, because then you have to switch back to your academic way of writing. I do quite like writing to the child, it makes it quite natural.

However, other practitioners felt the style of case recording should not change for different audiences, including court, and one shared that writing to the child made case recording accessible for all audiences:

I am also conscious that court could ask to see these things as well. The parents could easily read/hear these things, so if you are writing it to the child, it is in a respectful way to everyone really and covers all bases.

Practitioners across all four focus groups used the word 'evidence' not just in terms of information presented in court but also to 'evidence' effective decisions:

It is evidence to help me in the future or in any court proceedings. We have good evidence by looking back through the case notes. It is important and helps us and influences our practice.

The interprofessional audience was identified as key. Information shared between professionals should be jargon and acronym free to prevent confusion. In respect of receiving health information for children, one participant shared: 'I'm going to be honest, sometimes I just copy and paste it into my child and family assessment because I can't always understand that myself, so the medical names or things like that'.

In LA1, the word 'impact' was used a number of times in both focus groups as a way of helping different professionals to share common language. Practitioners, managers and other key professionals, such as child protection conference chairs, use the word 'impact' to consider how life events affect the child, as well as how interventions impact on outcomes for the child. It was shared by practitioners that 'impact' was a word that auditors now expected to see, and also a word used by inter-professional partners, such as health colleagues, in their local area:

Practitioner 2: 'Yeah, we have been told as well, to write like that for the child impact and making sure the child impact is in our case recording'.

Practitioner 4: 'We have to have a section about the social work intervention, the impact on the child, whether that be positive or negative, and why'.

6.2.3 | Practice Wisdom

Practice experience or wisdom was seen as important in developing case recording skills over time. Experienced practitioners said they understood what information was necessary to record and what could be discarded, whereas more newly qualified practitioners shared they tended to write more descriptive detail. However, some experienced practitioners in the study felt detail was still important, as they were 'scared to miss something significant later on'. Having a good understanding of the purpose of the interaction with the child and family helped practitioners decide what to record:

While you need detail, do not go too much into detail where it becomes confusing. You need to be concise.

So, detail where necessary, like the child made an allegation, you need to go into that detail.

Case recording was seen to be the basis for analysis, especially within assessment work. Case records supported practitioners to identify patterns within families, both 'good and bad', and form the basis of chronologies, which highlighted any previous social work involvement, and 'what works well and what doesn't' for a family. Over time, practitioners reported that they developed these analytical skills and their confidence in making sense of situations. Analysis was reported to be more prevalent in case recordings for statutory visits and more complex interactions. Case recordings, such as phone calls and more simple interactions, were recorded in a more factual and concise way, often without analysis.

6.2.4 | Transparency of Information

Focus groups and survey participants highlighted that children, young people and their families are not always aware of the extent of written information that is recorded about them or know that they can request access to this information:

I do not think children are aware of the extent, of how much we record about them.

Families who have significant social work involvement were felt to be more knowledgeable about the level of case recording completed. One focus group participant shared that they had never really considered the transparency of case recording before:

I have never even thought about that. That is really bad is not it? But then they see me writing it down and I will say casually that I am just going to do notes so that I can write it up, so they do know. I do not know ... that is really bad.

Participants reported that those with parental responsibility sign a consent form at the start of practitioner involvement, and the child too, if they are of sufficient age and understanding. This is a one-off process. The consent form states information will be recorded and shared with other professionals as appropriate:

During my initial visit I carry a consent form with me, so in the form it will let them know that the information they are sharing will be recorded, and it will be shared with partner agencies. So, sometimes, I will let them know I am recording things and ask them for their permission to write things down.

Key documents such as assessments, reports, minutes of meetings and written plans are shared with parents and carers, and they receive physical copies of these documents, but it was less clear if these were shared with children and young people consistently.

6.3 | The Process of Child-Centred Case Recording

Practitioners shared their views on agency guidance, which was deemed to be limited, and the management of case recording through the use of technology.

6.3.1 | Lack of Consistency and Guidance

Despite having studied on a range of different social work programmes at different universities participants shared they had not been taught explicitly at university or upon qualification about good practice in relation to case recording:

Everyone has different ways of writing. Writing up visits, assessments, everything has got a different way of writing, but, indeed, we are never taught in the beginning how to do it, so nobody has ever actually given us a guideline of this is how it should be.

Practitioners highlighted a lack of consistency in relation to expectations in case recording upon qualification; this even differed between teams within each LA. It was reported in both LAs that new social workers receive training in relation to use of their respective electronic recording systems. However, the focus is on navigating the system, data protection and confidentiality, and this compulsory training does not explore good practice in how to practically record information.

Taking contemporaneous case notes, at the time an interaction was occurring, was considered complex and discretionary, with little guidance offered. It was felt to be helpful for accuracy of information but potentially alienating for families if practitioners wrote or typed with the family present. Taking notes contemporaneously also depended on the purpose of the interaction:

Yeah, like for section 47's [risk of significant harm, Children Act 1989] and assessment sessions, for those ones, you take notes during the session, whereas if it's a known family ... you can have frank conversations with the family ... without you taking notes when you are there.

6.3.2 | Use of Technology

Almost all survey participants (95% $n=39$) reported that they recorded information on an electronic recording system. Interestingly, almost a quarter ($n=10$) also reported keeping a hard copy of written notes. Practitioners in the two LAs used different electronic case recording systems but shared similar frustrations. They said information was often duplicated, with different forms being required, which could feel time consuming and unnecessary. Word processing applications such as Microsoft Word were seen to be more accessible and reliable than the electronic recording system:

In the last couple of days, we have had little access to it because it's been so bad and work has gone missing,

so I've had a report it ... these past couple of days where it swiped it all, even though I'd saved it. So, actually doing the traditional word doc way and saving it on our sort of general system is more reliable.

Practitioners had developed creative ways to streamline their work, often using technology. This included using mobile phones to 'voice record' or make 'notes', which were copied to the electronic recording system. One participant used a dictaphone immediately after a visit 'to put down everything that happened, so I can record the information accurately'. The 'dictate' function on Microsoft Word was used for practitioners to speak to their device with the words typed, saving time. Some practitioners with a specific learning need, such as dyslexia, had access to specialist software within work and shared this would be potentially useful for all practitioners in managing case recording tasks. One participant discussed a pilot project taking place within their LA in relation to online child protection conferences being video recorded, with all participants' consent. The information would be transcribed and distributed afterwards by an administrator who was not present at the conference, as a more efficient, accurate and accessible way to record meeting minutes.

Practitioners discussed writing day to day case records, such as visits and phone calls, in a way that could be easily 'cut and pasted' into an assessment document, to avoid rewriting and duplication:

Our manager gives us advice to try and write it like you would just pick it up and drop it into your assessment. Write it in a way that is suitable to be put in an assessment because it saves you time in the long run. Why make more work for yourself? We are busy as it is.

7 | Discussion

The overarching theme underpinning child-centred case recording, also highlighted in the Hawkes et al. (2024) study, is the importance of a child-centred approach. However, as we are aware, child-centred practice is subjective and difficult to define (Race and O'Keefe 2017), and practitioners in this study had varying views on what child-centred case recording involved. It did include prioritizing their understanding of the child's identity, including their cultural and ethnic backgrounds, alongside a wide range of information unique to the child. Creative methods and observational skills are used, in addition to conversation. This is heartening, as international research, enquiries and case reviews have consistently found that practitioners do not always acquire a full understanding of the child's lived experience or demonstrate professional curiosity, which can have detrimental, if not catastrophic consequences, for children (Radford 2010; Bernard and Harris 2019; CSPRP 2022b).

Practitioners explored child-centred language, which was described as language accessible for children and young people, using non-judgemental words and including the child's voice.

Views also identified in the Hawkes et al. (2024) and Vincent et al. (2024) studies. Practitioners also debated how the child's voice should be documented due to inconsistencies in guidance but shared ways they captured the voice of infants, children with disabilities and adolescents, which is encouraging as these groups are often overrepresented in child abuse reviews (Sidebotham et al. 2016; Brandon et al. 2020).

Our study suggests that embedding the child's voice in case recording is more challenging in a child protection context than a CLA context, which has been highlighted in wider child protection research (Dillon 2021; Race and Frost 2022). Social workers in this study reported that they do not routinely share case recording, assessments or reports with children and young people or make explicit the level of information which is recorded and shared with others. The balance between the child's rights and information sharing, especially in child protection contexts, is challenging and there are no easy resolutions. Research with children and young people would be hugely beneficial to consider their views and experiences of child-centred case recording.

Child-centred practice was linked by practitioners to relationship building by participants in this study (Cossar et al. 2016; Muench et al. 2017). Relational-based practice was also identified as a key enabler by both Hawkes et al. (2024) and Vincent et al. (2024). Although not a new approach (Howe 1998; Trevithick 2003; Ruch et al. 2010), relationship or relational-based practice has become 'a highly influential perspective' in social work (Ferguson et al. 2020, 210). Hawkes et al. (2024) also found culturally safe, trauma-informed and strengths-based approaches by practitioners significant within their study, especially for indigenous populations. Practitioners in all three studies shared that case recording directly influences decision making for the child but they were less explicit about how the child's voice influenced decision making. Notably, no participant in any of the three studies located child-centred case recording within a rights-based framework or referred to the UNCRC (Unicef 1989).

Practitioners were acutely aware that case recording could be accessed years into the future, again, a key finding of Hawkes et al. (2024). International research and national enquiries have recognized the importance of accurate and accessible records, often influenced by care experienced adults, years down the line (Evans et al. 2017; Royal Commission 2017; Hoyle et al. 2020; Jay 2022). Practitioners in this study collated visual images, drawings and photographs, recognizing records composed of documents and artefacts broader than the written word. However, as Hoyle et al. (2019) have pointed out, scanning and storing items electronically may intensify the loss of memorabilia for care experienced adults, with the full effects of migration from electronic recording system to electronic recording systems yet unknown, meaning information could be lost. Consideration is needed to conserve artefacts, such as physical photographs, cards, certificates and school reports alongside written documents, recognizing a 'recordkeeping perspective'—a framework for research 'attentive to the ways in which records are created, managed, preserved and theorised' (Hoyle et al. 2019, 1860).

The approach of 'writing to the child', also identified in the Vincent et al. (2024) study, was viewed overwhelmingly

positively by those using this in one LA, encouraging a ‘personal, humane and empathic approach to recording’ (Watts 2021, 218). Although ‘writing to the child’ was not a formal approach used within a child protection context in this study, it was being adopted informally by child protection practitioners within the same LA. Caution was expressed in relation to language being potentially sanitized or diluted, which could have a detrimental impact on decision making in child protection contexts. Indeed, concerns have been echoed in enquiries and case reviews where use of less specific and less explicit language has been seen to ‘minimise or obscure the reality of the child’s life’, sometimes contributing to devastating consequences (Brandon et al. 2020, 20). Although not a new way of case recording (Hogan 2001), ‘writing to the child’ requires further research, to consider the impact on practitioners and service users, as well as the appropriateness of this method in child protection contexts.

Our findings, alongside Hawkes et al. (2024), reiterate the long-standing view that electronic recording systems have ‘restricted the form and content of records, managing information through check boxes, word limits and fixed workflows rather than rich narrative’ (Shepherd et al. 2020, 311), yet as we can see, technology can present opportunities too. Simple, yet creative, technological ‘shortcuts’ were emphasized by the practitioners in this study, bringing resourcefulness and discretion to their practice, despite many system stressors (CSPRP 2024). The findings suggest child-centred practice needs to be ‘woven into the fabric’ of electronic recording systems, with advancing technology available (Watts 2021, 2020). Practitioners want dedicated and supported time by their organizations to prioritize case recording, with clearer expectations and guidance to determine the purpose and scope of their recording. We would argue for systemic reforms and challenge stakeholders to embed child-centred case recording within systems and across organizations. Collaboration with design and computing specialists would be beneficial in relation to electronic recording systems and tools for practice; however, as Larkins et al. (2023) warn, there needs to be caution exercised due to the economic capital in the development of digital tools. Further research and collaboration with service users, especially those who with care experience or lived experience of social work services, as well as further involvement from practitioners, is essential in developing practical and creative ways forward.

8 | Limitations

The findings of this study are based on analysis of data from 26 focus group participants and 41 survey participants from only two LAs in the north of England. Surveys rarely generate good response rates, and although the response rate was higher than in the Hawkes et al. (2024) and Vincent et al. (2024) studies, only 7.27% of all children’s social workers in the two LAs responded to the survey, despite follow-up from the research team. This is likely to be reflective of the significant pressures and current working environment for social workers nationally within child protection and CLA contexts; after all, time pressures were a finding of the research itself. This suggests that more creative methods may be required to ascertain the voices of practitioners who are already incredibly busy to ensure their views are not overlooked.

9 | Conclusion

This research adds to the limited international knowledge base around child-centred case recording in social work practice and the under-researched experience of practitioners. Child-centred case recording is a skill that develops and shifts over time, especially in light of technological, system and workforce changes. Practitioners clearly wish for case records to be completed to the very best of their ability, with the child at the centre, and have developed innovative and creative ways to help achieve this, in challenging circumstances. Their innovative ideas should be built upon more consistently and successfully across organizations, always based on the foundations of relationship-based, ethical and humane social work practice.

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Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

Research data are not shared.

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