

A mixed methods realist evaluation of a Digital Life Story Work platform: What works, for whom, under what circumstances and how?

Simon P. Hammond ^{1,2,*}, Carys Seeley², Rosie Blackett³, Gabriel Markovich⁴, and Geoff Wong⁵

¹School of Education and Lifelong Learning, University of East Anglia (UEA), Norwich, NR4 7TJ, UK

²Norfolk and Suffolk NHS Foundation Trust, Norwich, NR1 2DH, UK

³Your-Narrative, Stoke-on-Trent, NR4 7TJ, UK

⁴Norwich Medical School, UEA, Norwich, NR4 7TJ, UK

⁵Nuffield Department of Primary Care Health Sciences, University of Oxford, OX2 6GG, UK

*Corresponding author: School of Education and Lifelong Learning, Faculty of Social Sciences, University of East Anglia. Norwich, NR4 7TJ, UK. E-mail: S.Hammond@uea.ac.uk

Abstract

Life Story Work is a fundamental in children's state care. It is a process of helping children make sense of their experiences to promote their well-being. As society increasingly uses online repositories to store digital artefacts, interest in commissioning Digital Life Story Work (DLSW) platforms grows. However, why, how, when, for whom, and in what circumstances such platforms may help support children with experience of living in state care is unknown. Addressing this gap, we report on the first widespread rollout of a DLSW platform across one English Local Authority. Utilizing a participatory realist evaluation approach, we collected data from 119 participants and involved peer-researchers throughout. This article presents our final programme theory. This illustrates that DLSW is more likely to be optimal when it is: flexible and person-centred; provides future storytelling prompts; starts early; begins in the

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present; involves children, and constantly offers participation choices; records all aspects of everyday experiences and; when appropriate training and support is available. Findings provide key considerations for commissioners and implementers and begin to build a picture of how DLSW platforms may become embedded in supporting children with experience of living in state care.

Keywords: Life Story Work; Digital Life Story Work; children and young people; realist evaluation, co-researchers.

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Introduction

Globally, the integration of digital technologies within children's state care continues to gather pace (Steiner 2021; Behan-Devlin 2024). What began with the digitalization of records has evolved to mirror social trends (Huda 2022; DfE 2023). However, in children's state care records are more than simply records. They are narratives that represent the experiences of those who lived them. This presents many opportunities and challenges. The increasing use of digital tools to record the everyday lives of children within social care creates a need for secure digital storage solutions. In wider society, this need is being increasingly met by Cloud Storage, a way of storing digital data securely on the Internet that can be accessed anytime and from any location by those with permission.

Capitalizing on this trend there is a growing number of Digital Life Story Work (DLSW) platforms being commissioned in children's state care. These are private spaces on which children, carers, and social workers can upload content such as pictures and videos from a child's time in state care. However, why, how, when, for whom, and in what circumstances such platforms may help support of children with experience of living in state care is unknown. Taking this as our starting point, this article reports on a realist evaluation of the first widespread rollout of a DLSW platform in one English local authority.

What is Life Story Work?

Life Story Work (LSW) is an umbrella term used to describe a range of approaches that aim to improve individual's well-being by promoting a sense of belonging, connectedness, identity, and ethnic heritage to address gaps in self-knowledge, reframe past events, and increase positive future expectations (Rose 2012; Prince et al. 2019; Herwig 2022; Taylor et al. 2022; Kontomichalos-Eyre et al. 2023). Placing LSW on a continuum from

‘high’ to ‘low’ intensity is helpful to understand how it can be implemented more optimally. LSW is typically delivered as a ‘high-intensity’ intervention involving specialist professional input over a specified number of sessions and months making it expensive (Taylor et al. 2022; Evans et al. 2023). This sort of approach tries to provide age-appropriate explanations for how children and young people (CYP) came to live in state care (Rose 2012). High-intensity LSW tends not to start until certain parameters are achieved (e.g. CYP is considered ‘stable’ in their placement and/or relationships). This means many CYP either never receive any LSW or miss out on it as they age (Hammond et al. 2020; Kontomichalos-Eyre et al. 2023). Importantly, high-intensity LSW approaches have an endpoint, care experience does not.

Broadly speaking, low-intensity interventions vary according to whether their delivery involves support from a specialist professional (guided self-help) or not (self-help or support from a carer), as well as the mode (face-to-face and/or digital), duration, and intensity of services provided (Kazdin & Rabbitt 2013). What we will refer to in this article as Low-Intensity LSW (LI-LSW) is also known by other names (such as identity work, life journaling, memory books, and everyday LSW). Promisingly, lower intensity forms of LSW are already being delivered by carers (Hammond et al. 2023), and the idea of using digital tools to help record and curate the memories of CYP with care experience continues to gather attention (Hammond 2012, 2016; Hammond & Cooper 2013).

Digital Life Story Work

DLSW is a term used to describe the integration of digital technologies within LSW. DLSW offers practitioners innovative ways to engage and empower CYP to produce, curate, and store digital artefacts (Hammond & Cooper 2013). In recent years, a greater number of Internet-based DLSW platforms have arisen. From a practice perspective, the potential to use DLSW platforms as a tool to assist with low-intensity LSW offers promise. In principle, DLSW platforms have the potential to: offer greater flexibility and efficiency to move with CYP than current conventional means—for example, physical memory boxes; increased security with cloud-hosted encrypted storage; and the ability to restore deleted items (Hammond 2012). They are, however, not a panacea (Hammond 2016).

The idea of using a bespoke Internet-based space to store digital artefacts for CYP with care experience is not a new idea, with previous research examining the first known DLSW platform ‘*bebook*’ in depth (Hammond 2012). Yet, from a commissioning and practice perspective, implementing digital technologies into children’s state care is far from

simple. There are knowledge gaps and complexities that are not understood and that need to be examined.

Methodology

In this study, we utilized a realist approach to evaluation (Pawson & Tilley 1997). First developed by Pawson and Tilley (1997), realist approaches have an explanatory nature that seek to step inside the often black-box of complex interventions and explains ‘what works for whom, in what circumstances and why’. Realist evaluations are suited to evaluating and understanding how and why different outcomes happen in complex interventions, such as DLSW (Pawson 2006).

The task of realist evaluations is to develop, test, and refine a programme theory (PrT), a detailed description of how an intervention is expected to lead to its impacts and in what conditions this should occur (Pawson & Tilley 1997). Crucially, realist programme theories clearly articulate what causal processes (known as mechanisms in realist evaluations) will generate outcomes and what features of the context will affect whether these mechanisms will occur (Pawson 2006). These are expressed as Context–Mechanism–Outcome–Configurations (CMOCs), with many CMOCs comprising a PrT. Or as Pawson and Manzano-Santaella (2012) state: ‘a CMOC is a hypothesis that the programme works (O) because of the action of some underlying mechanisms (M), which only comes into operation in particular contexts (C)’.

Study site

Across 2023–2024, one English local authority widely rolled out a DLSW platform called CaringLife. This local authority had a diverse urban population with mixed levels of deprivation. To our knowledge, this was the first DLSW platform of its kind to be rolled out at scale in the UK, offering a unique opportunity to get ahead of the curve. Details about the local authority are minimum to preserve anonymity.

CaringLife: a DLSW platform

CaringLife aims to provide CYP with a digital place to access memories in a secure way (CaringLife 2024). Like many on the market, the platform features different levels of administration rights. Administrative rights allow for individual CYP profiles to be created by social workers and linked to carers, with carers and CYP’s profiles linked to their social worker. This enables social workers to moderate content uploaded by carers and/or CYP and add memories and documents to the CYP’s

profile themselves. When a CYP moves placements one carers' access rights to a CYP's profile are ended, and another carer becomes linked. More information about CaringLife can be found here (<https://www.youtube.com/watch?v=wc1LiiyCNiE&t=506s>).

Importantly, in this article we do not attempt to evaluate the effectiveness of CaringLife nor endorse/dismiss its procurement. Instead, the rollout at scale of CaringLife across one local authority provided an opportunity to generate a better understanding of why, how, when, for whom, and in what circumstances DLSW platforms (such as CaringLife) may promote well-being and well-being support for CYP with care experience.

Data collection

Qualitative sampling and data collection

Sampling for realist interviews is theory based (Pawson 2006). Hence, we purposively sampled and collected the views of twenty-three participants along dimensions of diversity including ethnicity, age of child, length of placement, and DLSW experiences. All qualitative data were audio-recorded and transcribed verbatim. Across the qualitative data collection and analysis, we were assisted by three lived experience experts aged sixteen to twenty-one years of age (see Table 1 for more detail on participant demographics and differing data collection methods). We also analysed documentary evidence including information shared with carers and social workers relating to learning how to use and implement CaringLife. CaringLife themselves provided a mock CYP profile, so we could explore functionality and discuss this with our Stakeholder Advisory Group (composition and purpose of Stakeholder Advisory Group set out below).

Quantitative data collection

We extracted a mixture of routinely collected service use data (e.g. Carer Strength & Difficulties Questionnaires (SDQ) and school attendance and CaringLife usage data (e.g. number of uploads to a child's CaringLife profile) from ninety-six children, aged eight to seventeen years old who had a CaringLife profile (see Table 1).

Analytical procedure

Realist evaluations usually start with the development of an initial PrT (Wong et al. 2017)—in our case an initial PrT of DLSW. To this end, we used our team's prior understandings of DLSW (Hammond 2012, 2016; Hammond & Cooper 2013), topic area knowledge gained from a realist

Table 1. Participant demographics for qualitative and quantitative data collection.

	Social workers (<i>n</i> = 4)*	Foster carers (<i>n</i> = 14)*	Young people (<i>n</i> = 5)	CaringLife users (<i>N</i> = 96)
Age Mean (SD)	35.5 (9.19)	55.5 (11.23)	12.4(3.29)	12.56 (2.79)
Range	29–42 years	31–69 years	10–17 years	8–17 years
Gender, <i>n</i> (%)				
Female	4 (100.0)	14 (100.0)	1 (20.0)	44 (45.8)
Male	0 (0.0)	0 (0.0)	4 (80.0)	52 (54.2)
Ethnicity, <i>n</i> (%)				
Black African	–	1 (7.1)	1 (20.0)	10 (10.4)
Black Caribbean	–	2 (14.3)	1 (20.0)	4 (4.2)
Black Other	–	–	–	4 (4.2)
Mixed Other	–	–	3 (60.0)	16 (16.7)
Mixed Asian/Other	–	–	–	1 (1.0)
Mixed Asian/White	–	–	–	1 (1.0)
Mixed Black African/White	–	–	–	3 (3.1)
Mixed Black Caribbean/White	–	–	–	2 (2.1)
White British	–	9 (64.3)	–	45 (46.9)
White Other	3 (75.00)	1 (7.1)	–	2 (2.1)
Any other group	1 (25.00)	–	–	8 (8.3)

*Missing age, ethnicity data for 1 foster carer.

literature review (Hammond et al. 2023) and consultations with a Stakeholder Advisory Group [comprised of young people with lived experience and adult stakeholders to develop our initial PrT (see Fig. 1). These individuals included experts with lived experience, social workers, foster carers, experts in residential, care and Unaccompanied Asylum-Seeking Children (UASC)].

Next, we collected and extracted service use data from the local authority as outlined above. Transcripts were imported into NVivo 12. Data analysis was not linear and involved iteration, discussion, and deliberation throughout. Earlier stages focused on refining our initial PrT and focusing data collection activities. Analysis of transcribed data involved reading and re-reading transcripts before coding. Coding involved purposeful mining for information relating to develop or test (confirm, refute, or refine) the CMOCs in our initial PrT. New CMOCs were created and refined as indicated by the primary data. Throughout the analysis, we moved iteratively between the analysis of examples, refinement of our PrT, and further data collection to test specific parts of the PrT. We identified relationships between Contexts, Mechanisms, and Outcomes from within and across the different data sources.

Our quantitative analysis used descriptive (e.g. frequencies) and inferential statistics (e.g. correlations) to look for patterns. We also used our interpretations of any changes in the relevant quantitative data to confirm, refute, or refine our CMOCs. Towards the end of the study,

we consulted again with our Stakeholder Advisory Group before consolidating our final PrT. The different stages the evaluation followed are shown in [Supplementary File 1: Stages leading to final PrT](#).

Ethical considerations

Ethical approval was provided by [removed for peer-review]. Throughout the study, we remained sensitive to considerations related to doing the project (i.e. involvement and support for co-researchers and Stakeholder Advisory Group members with varied LSW experiences, online interviews with children aged ten to seventeen years, potential emotive nature of LSW) and doing the research (i.e. building rapport with CYP as young as ten-years-old during online interviews, balancing respectfully listening whilst directing participants away from sharing their own LSW experiences as opposed to how, why, when, and in what contexts they use (or do not use) CaringLife). Participants were informed that identifying details would be replaced with pseudonyms at the point of transcription.

Results and analysis

As highlighted above, we started by using prior knowledge and consultations with our Stakeholder Advisory Group to construct our initial PrT (see [Fig. 1](#)).

Importantly, the current study examined DLSW use across zero- to seventeen-year-olds but was characterized as ‘low-intensity LSW’ since it was implemented by carers, with no limits placed on duration. Data synthesis resulted in a consolidated PrT from which a set of initial guidelines for why, how, when, for whom, and in what circumstances can DLSW platforms promote well-being and well-being support for CYP with care experience was created (see [Fig. 2](#)).

In the following section, we provide a narrative summary of our findings. The knowledge claims we make in this summary are underpinned by 90 CMOCs. A detailed summary of the CMOCs developed and the evidence informing each is provided to aid transparency (see [Supplementary File 2](#)), with a concise summary found in [Table 2](#). Our eight initial guidelines are based on our realist analysis and CMOCs. To aid commissioning decision making and practice optimization, we also offer key learnings for each of our eight initial guidelines in [Supplementary File 3](#).

DLSW should be flexible and person-centred

Underlying all aspects of DLSW implementation is the need for a flexible and person-centred approach (CMOC 1). Adaptations may need to



Figure 1. Initial PrT for DLSW.

be made owing to numerous factors, including but not limited to age, developmental stage, point in care journey (i.e. transitioning within and beyond care), rapport with caring adults, relationship with birth relatives, cultural background, special educational needs, and disabilities (e.g. CMOCs 30, 31, 47, and 34.2). Adaptations may also reflect how DLSW platforms are interpreted by, or want to be used by, carers and CYP. For example, as a digital shoebox, diary, photo album, etc.

DLSW should provide children and young people with somewhere to begin future storytelling

The largest driver for commissioners and implementors of DLSW platforms was imagined futures. These were unspecified future points in time when CYP might revisit content. Content can prompt storytelling



Figure 2. Consolidated PrT for DLSW.

with caring adults, increasing shared understandings of experiences, and strengthening relationships with caring adults (CMOC 2, 3, 43).

Well, they [CYP] just get excited and then want to tell you more, it's kind of like a talking point... it makes them feel that you care... further deepen your relationships, it makes them excited, re-living it.... SWK_04

DLSW was viewed as accessible because practices involved recording and sharing via digital media, which are increasingly ubiquitous parts of daily life for many. When such practices were already part of caring adults' daily lives, implementation of DLSW required less work (CMOC 49.4). The opposite can also occur, when caring adults prefer not to use digital services or have lower digital literacy (CMOC 49.1, 49.2).

Carers uploaded content to DLSW platforms for CYP to aid future storytelling, even when CYP were not directly involved, as they believed that it was in the best interest of the CYP (CMOC 5). This may involve the caring adult recording short video diaries about their everyday shared experiences with CYP without directly involving them. This is

Table 2. Initial guidelines.

<p>1. DLSW should be flexible and person-centred. <i>Implementing DLSW in a flexible and person-centred ensures how, why, when, by whom, and to what extent it is delivered, fits the needs of the individual child or young person and their circumstances.</i></p> <p>2. DLSW should provide children and young people with somewhere to begin future storytelling. <i>By uploading content to DLSW platforms that includes storytelling prompts such as date, location, and those present, caring adults can help children and young make sense of their journeys before, during and beyond their time in care.</i></p> <p>3. There is no 'bad time' to start DLSW, it should start early using everyday opportunities. <i>Creating and storing digitalized content onto DLSW platforms should make use of everyday opportunities. This should include mundane everyday events as well as individually and culturally relevant milestones.</i></p> <p>4. DLSW should begin in the present; this helps to secure memories. <i>Creating and uploading digitalized content onto DLSW platforms should begin in the present day. Whilst caring adults may wish to upload content from prior to this time point, this should not inhibit uploading content relating to current events.</i></p> <p>5. Content uploading should involve children and young people's participation choices whenever possible. <i>Caring adults need to balance children and young people's levels of participation and agency in decisions taken alongside those made in the best interests of the child or young person. Above all, the relationship between caring adults and children and young people should be prioritized.</i></p> <p>6. Children and young people should be constantly offered participation choices. <i>Caring adults should keep offering children and young people ways to take charge of what content is uploaded to DLSW Platforms. This requires careful negotiation taking into consideration the individual children and young people and context.</i></p> <p>7. DLSW should record all aspects of everyday experiences. <i>Caring adults need to balance emphasizing events experienced as positive at the time of recording to promote the development of positive identity and positive future expectations with an awareness that events experienced as negative at the time of recording to can also present opportunities to be reframed as sources of strength and resilience.</i></p> <p>8. Commissioners of DLSW should ensure training and support is available for children and young people, caring adults and others involved. <i>Before commissioning decisions are made, potential implementors of DLSW platforms should ensure training and ongoing needs-based support is accessible for children and young people (as appropriate), caring adults and others involved. This may include training related to basic digital skill and literacies, how to sue specific platforms and how to work sensitively with children and young people in ways that assist the curating of their care journeys. Modes of delivery may include self-help online tutorial videos, peer support and supervision.</i></p>	<hr/>
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important as preserving memories for CYP to revisit (or not) is a future choice that is only possible if content is available.

Barriers to content providing start points for future storytelling included ownership and audience. Privacy and security features meant content on CaringLife was owned by the local authority who oversees each CYP profile. Yet, CYP's CaringLife profile was paid for by CYP and rolled out in the local authority as mandatory. When ownership of data on DLSW platforms is muddled, when who pays for them is not clear from the start and when CYP's enrolment is mandatory, implementation can be impacted because caring adults may feel mislead and CYP's choice is removed (CMOC 43.4, 43.5). Local authority ownership and

social worker monitoring of CYP profiles can be a barrier to CYP engagement with DLSW because different audiences (linked carers and social workers) can see uploads (CMOC 43.1, 43.2). This can impact how DLSW platforms are engaged with, content uploaded, and in turn, CYP's feelings of authenticity of narratives and privacy (CMOC 43.3).

There is no 'bad time' to start DLSW, it should start early using everyday opportunities

As soon as CYPs enter a placement, collecting and preserving everyday memories should start recording these initial first contacts in a sensitive manner (CMOC 26.1). For example, rather than photographing/recording the CYP immediately, the caring adult should upload a brief video/note from their perspective to the CYP sharing pertinent details (e.g. day of week CYP arrived, date and time they arrived, who brought them, what was the weather like, where had they come from, what were they wearing, what was their first meal in their new home, where did they eat it and who else was present). Writing or communicating accounts to the CYP helps caring adults be mindful of CYP as a future audience. Having auto-biographical memory cues available through uploads and annotations improves CYP's ability to construct memories, which positively impacts their ability to develop a coherent identity (CMOC 4). When memories are preserved on DLSW platforms by caring adults, risks of losing narratives are reduced (CMOC 6).

Yeah, so, I think it was after that first time at Pizza Express that she kind of felt a little bit like, 'Someone's taking photos of me and capturing small things that I don't know even know why you'd take a picture of that' but, you know, over time I think she likes that she can see everything that she's achieved and have a sense of, 'I did this/or 'I had this experience.' FC_01

Carers need to balance quantity of uploads alongside quality of uploads. Caring adults need to ensure that artefacts contain contextual information for CYP to be able to make sense of events represented in content (CMOC 4, 4.1 and 36.1). Time stamps, for example, may function as storytelling aids by making narratives easier to sequence (CMOC 20). When quantity is prioritized over quality, the meaning of narratives can become lost. This can undermine the CYP's ability to construct a coherent identity for themselves (CMOC 4.2) and the value of the narratives can be reduced because they are unable to represent CYP's lived experience of everyday events (CMOC 36).

Investing time curating CYP's narratives should not be prioritized over recording the present day as this would mean future reflective starting points are lost because everyday events are not secured (CMOC 37). If the recording of life experiences is left until when/if CYP chose to engage or moves placement, important everyday memories and/or

information is lost (CMOC 6). When Commissioners (such as Directors of Services) communicate these priorities clearly and consistently, implementors (such as principal and children's social workers and carers) are more likely to prioritize this work (CMOC 48).

Trusting relationships can be built through consistent repeated positive engagements with DLSW between caring adults and CYP, when they engage in challenging CYP's previously held negative relational beliefs (CMOC 14); reflective opportunities to talk comfortably about everyday events (CMOC 18) and construct positive narratives (CMOC 27).

DLSW should begin in the present, this helps to secure memories

Beginning in the present and taking advantage of everyday moments can support caring adults and CYP to develop their relationships, as well as encourage consistent opportunities for CYP to develop and reflect on narratives of their lived experiences (CMOC 2, 8, 9, 9.1 10, 12, 14, and 15).

DLSW platforms can be implemented in ways that encourage regular times for reminiscence and/or reflective practices (CMOC 9). This can create opportunities for caring adults and CYP to build their relationships through quality time and by conveying trust and respect (CMOC 8). CYP can struggle to accept narratives that do not resonate with their lived experiences, which may occur if they are not actively involved in the construction of these narratives (CMOC 24). However, CYP may not always be willing and/or able to be actively involved (e.g. babies, younger children or due to CYP choice). In these cases, having caring adults who show interest in collecting and collating their memories for CYP can demonstrate to the CYP that they value spending time with them, and that their experiences are worth remembering, and in turn increase CYP's sense of self-worth and self-esteem (CMOC 9.1).

... I think he quite likes that I upload the things and then I show them to him.... I show... him... that I'm interested enough to pull these things together, I just don't think... he wants to exert himself to do it himself but I think he quite likes... that I do it. FC_06

Quantitative data used to test this CMOC examined if changes in SDQ scores related to the number of uploads made to a CYP profile. The inference here being that CYP's sense of self-worth and self-esteem (the outcome of CMOC 9.1) may be shown in this routinely collected but broad mental health measure. However, there was no significant correlation ($r_s(44) = -0.039, P = .805$). Participants had lower SDQ (better) scores before using CaringLife ($Mdn = 11.00$) than after ($Mdn = 12.00$). A Wilcoxon test confirmed that this was not a significant difference ($W = 227, z = -1.444, P = .149$). This indicates that several factors may

be at play and that number of uploads does not equate to improvements in CYP well-being. Implementors therefore need to move beyond amount of content uploaded as a signal of impact.

Content uploading should involve children and young people's participation choices whenever possible

DLSW platforms may be more beneficial to CYP when they engage in creating and collating content. However, not all CYP want and/or feel able to engage with DLSW platforms and decisions are often fluid. Participation is fluid, about choice, and does not look the same for everyone.

Caring adults should be sensitive to the different levels of participation and constantly offer CYP the choice of if and how they choose to participate or not (CMOC 1.2, 1.5, 41.5, 41.6). This may include the CYP: totally 'outsourcing' this task to caring adults; signing off or vetoing certain uploads; preferring to use other existing apps to record their own memories (CMOC 41.6) or a dynamic combination of these preferences (CMOC 41.5). When supporting a baby or toddler, carers need to lead the recording of everyday events and milestones because CYPs is unable to do this for themselves (CMOC 1.1).

I've got carers who have put a lot of content on there; photos, short videos of them doing different things, also for baby carers, I guess, because babies are completely relying on foster carers to build their memories at that stage of life.... SWK_03

Quantitative analysis looked to test age related uploads to test CMOC 1.1. Age groups were patterned off the Key Stages guidance in UK National Curriculum. Ages 7, 8, 9, and 10 are Group 1; ages 11, 12, and 13 are Group 2; ages 14, 15, and 16 are Group 3; and ages 17 and 18 are Group 4. Group 4 does not follow the key stages as they fall outside of the age boundaries addressed by the UK National Curriculum. A Kruskal–Wallis test was performed on Groups 1–3, and indicated that there was a significant difference between the number of uploads between age groups ($H(2) = 6.90, P = .031$). However, pairwise comparisons were run, and it was found that no significant difference was found between individual groups. Taken together, this tentatively highlights to implementors an equality of content uploads across CYP's care journeys. However, we are unable to comment on who (CYP, carers, social workers) were responsible for the number of uploads or if this changed as CYP aged or if this related to placement length.

Nevertheless, qualitative data indicated that as the CYP becomes more able to participate, the caring adult needs to facilitate participation opportunities, so the memories are more linked to the CYP's experiences and

generate a sense of belonging for the CYP and trust building in the caring relationship (CMOC 1.2). While CYP may not wish to engage in DLSW themselves, in cases where they take photos of themselves (e.g. for social media), carers should ask if the CYP would be happy to share some of these photos with them to ensure these are stored and accessible for future use (CMOC 1.5).

His thing at the moment is, oh, god help me, snails... so he's photographing those at the moment... so no doubt he'll be asking me to put them on his CaringLife. FC_04

Participation relates to DLSW's alignment with CYP's everyday digital practices. Older CYP who use social media and have access to it through their own devices may choose to participate in the construction of narrative accounts and in turn create authentic accounts which resonate with their life experiences (CMOC 41.5). However, older CYP can view DLSW as less preferable to other widespread digital storage solutions/social media (e.g. iCloud, WhatsApp). This can mean older CYP are less likely to engage with DLSW platforms (CMOC 41.6). This may mean narratives created by their caring adults may not resonate with them. Data were sparse in relation to this element; however, our Stakeholder Advisory Group suggested that dependent upon their care journeys, older CYPs may not engage because of wanting to manage their privacy (CMOC 43.3).

CYP should be constantly offered participation choices

Where appropriate CYP's views about what is and is not uploaded supports CYP's level of participation by giving them a sense of control, ownership, and power which supports their engagement (CMOC 1.6). Editorial control over content supports CYP to feel more positive about the content and experience greater ownership of their story (CMOC 38), and this extends to choice over content format (CMOC 33).

Alongside the imagined futures, examined above, another key driver for commissioners and implementors was the ability of DLSW platforms to keep content protected from being lost or purposefully/accidentally destroyed (CMOC 40). However, our analysis also showed that this deprived CYP the potentially cathartic choice of destroying certain content (CMOC 40.1). The platform did allow CYP who used their CaringLife profiles to delete content from view, but this content was still viewable by those with carer and social worker administrative permissions. Data were sparse in relation to this element; however, our Stakeholder Advisory Group suggested CYP should be able to delete content, but that the 'hide' feature did seem to act on CYP's best interest.

Data also suggested that using DLSW platforms in isolation is suboptimal due to their inability to richly represent smell or tactile experiences. This may result in fewer sensory triggers which may provide more holistic points of reference on which to reminisce for some CYP (CMOC 41.3 and 41.4).

DLSW should record all aspects of everyday experiences

Content on DLSW platforms tended to represent events experienced as positive at the time of recording. This enabled caring relationships to promote CYP well-being and identity by reflecting and/or scripting/reframing experiences, reducing limiting self-narratives and generating positive future expectations (CMOC 27, 28, 44, 45, and 46).

Data also indicated that when content that represents events experienced as negative at the time of recording are discussed sensitively with a caring adult, difficulties can be reframed as opportunities to illustrate areas of personal growth (CMOC 45). Providing alternative framing of narratives can help CYP to increase their self-esteem and their future positive expectations by helping them to become more aware of their abilities to overcome challenges (CMOC 28). Having caring adults offer/share their own framings of CYP's life experiences supports CYP's awareness of alternative interpretations of life events by having access to these different narratives (CMOC 29).

Documenting challenging situations can open discussions around how to respond to such situations between caring adults and CYP (CMOC 22). More positive narratives may also result from having caring adults construct alternative interpretations of CYP's experiences by offering other perspectives (CMOC 26). However, how this is handled will differ depending upon the relationship context and level of trauma experienced in the event(s) represented in content. For instance, Unaccompanied Asylum-Seeking Children (UASC) are likely to need to retell their traumas when describing to solicitors their country of origin and/or journeys. Though data on this issue in this project were sparse, our Stakeholder Advisory Group stated that caring adults need to display positive and respectful attitudes when listening and helping such narratives be reframed as sources of strength and resilience (CMOC 34.1, 35.1).

Commissioners of DLSW should ensure training and support is available for CYP, caring adults and others involved

To support the process of capturing and preserving the memories of CYP, commissioners and implementors need to prioritize training to support caring adults and where appropriate CYP's engagement with DLSW, including UASC and CYP with Special Educational Needs and

Disabilities (SEND) (CMOC 35, 35.1, 49). For DLSW, training needs include support around what good DLSW looks like, how to navigate levels of participation, and the technical elements of using DLSW (CMOC 49.1). This can be implemented using existing structures such as supervision or by having a designated DLSW lead (CMOC 51).

I mean, it's quite easy because, all the time, during supervision, let's say, I can actually... check and I offer practical support if I'm there, 'Oh, you know, I can't do this', mean, 'Let's open it and let's take a look together'.... SWK_01

As with more conventional low-intensity LSW, creating a culture of understanding around the need to capture and secure everyday moments and instilling confidence in caring adults to be able to do this on behalf of their CYP are important (CMOC 49). To do so, caring adults need knowledge of the types of narratives that should be constructed for and with CYP (e.g. positively framed narratives which demonstrate CYP's resilience). DLSW may not come as easily to those caring adults who are less familiar with using digital technology in everyday ways. These caring adults need to be supported to increase their proficiency with digital tools (CMOC 49.1), with this reducing the risk of not using DLSW platforms due to perceived and/or hidden work required to implement (CMOC 49.2). Commissioners of DLSW need to be aware of the workload implications for those rolling out, implementing, and monitoring content to ensure training supports optimal usage (CMOC 52, 53).

Caring adults should be helped to choose the level of support they require with the inclusion of voluntary training sessions and assistance. Supervision sessions are an opportunity to support caring adults using DLSW platforms. Depending on existing digital literacies, caring adults may need training and supervision to support their confidence in using DLSW tools and platforms which come with their own limitations, to allow them to find workarounds to accomplish the outcomes they want (CMOC 49.5). CaringLife, for example, was described as too basic and frustrating by some caring adults who had to find workarounds to arrange uploads in the way they wanted (i.e. using albums, uploading compilation videos, etc), whereas others liked its simplicity (CMOC 49.5).

Caring adults should receive training and resources to best support their CYP's needs and equip them with the knowledge and skill to make appropriate adaptations to support CYP's choice to engage with DLSW (CMOC 51). For example, CYP with SEND or who come from complex cultural backgrounds, such as UASC, will need their caring adults to be sensitive and able to adapt DLSW activities to support their level of participation (CMOC 35 and CMOC 35.1). Involving lived and/or experts via lived work experience (i.e. caring adults using DLSW platforms) in the development of support and training materials has merit (CMOC 50).

And I didn't know how to use the video part of it and it was only when I was talking to another foster carer and she was saying, 'Oh, isn't it brilliant, the video bit!?', so she showed me how to use ... FC_05

Though data in this project were sparse in relation to CYP with lived experience delivering peer-to-peer training, our Stakeholder Advisory Group stated that this practice is likely to help to ensure language used aligns with CYP's experiences and may encourage CYP to want to have ownership over their DLSW, supporting higher levels of participation (CMOC 50).

Discussion

This important article represents a rare opportunity to get ahead of the curve in relation to potential widespread rollout of digital services in children's state care. The article illustrates why, how, when, for whom, and in what circumstances DLSW platforms may or may not promote well-being and well-being support for CYP with care experience. In doing so, the article moves from assumptions to developing and testing a PrT and triggers important discussions for policy, practice, and research.

From a policy and practice perspective, the article illustrates the need for commissioners and implementors to consider how DLSW platforms are implemented and rolled out. For example, how tensions between children's rights and data ownership can be resolved? How to act in the children's best interests whilst respecting children's choices around engagement or lack thereof? What happens if a child transitions from a local authority that signed up to DLSW Platform A then moves to another local authority that has a different DLSW Platform B, how can data be seamlessly migrated retaining vital information as? Is there a case to be made yet for every CYP in children's state care to have access to an DLSW platform throughout and beyond their care experience? If so, how is this to be financed to ensure sustainability? It is early days for these platforms, but these important discussions need to be held and sharing agreement between platforms reached ahead of widespread commissioning.

From a research perspective, the article represents the world's first extensive theory-driven evaluation of DLSW platforms in children's state care. It was also rooted in the world's first realist review of Adolescent-Focused Low-Intensity Life Story Work (Hammond et al. 2023). It is, however, not without its weaknesses. The article is limited by the scope of the opportunity. Pragmatically, the project was limited to examining the rollout of one DLSW platform in one English Local Authority across 12 months and quantitative data analysed were in the form of routinely collected service use data. Hence, the questions we could ask of the quantitative data was compromised. For example, we could only access total SDQ scores completed by busy professionals and were unable to

ascertain who uploaded content to CYPs' CaringLife profiles. As shown in [Supplementary File 2](#), which provides a detailed summary of the CMOCs developed and the data informing each, none of our quantitative data reached statistical significance. Whilst we used descriptive statistics (e.g. frequencies) to look for patterns, we could not quantitatively examine if carer uploads altered in frequency as a CYP aged and/or as a marker the closeness between CYP and carer or placement length. Given the focus of many CMOCs in previous work ([Hammond et al. 2023](#)) and the current paper, future studies must consider more relationship focused instruments rather than general mental health.

A need for greater nuance cuts across these discussions and is mirrored in the eight initial guidelines our analysis presents. For more nuanced discussions about the potential benefits and challenges of using DLSW platforms to occur, more research is needed in differing contexts to build upon and refine the initial guidance offered here. Knowledge gaps in the evidence-base were identified making our initial guidance in specific areas (e.g. deleting content, SEND, and UASC specific practices and older CYPs reluctance to share content on DLSW platforms) tentative. Nevertheless, findings provide a starting point for the development of key considerations for commissioners and implementors and begin to build a picture of how DLSW platforms may become embedded in children's state care.

Summative conclusion

The appeal of DLSW platforms is understandable. Safeguarding the memories of CYP is a fundamental necessity. It is so important that it must be done optimally and rationally. We must avoid a 'VHS and Betamax' conflict between DLSW platforms and work in more of a Microsoft and Apple 'frenemy' manner to avoid integration problems.

Given that the care experienced community is always growing and need for long-term access to their records, how economically sustainable are DLSW platforms and are they worth investment remains unclear. What is clear is that safeguarding CYPs memories are worth investment, but this so important it must be done optimally. For whom, under what circumstances and how remain in need of more nuanced understandings. Until this research is carried out, we leave the eight initial guidelines ([Table 2](#)) and summarized key learnings ([Supplementary File 3](#)) to aid commissioning decisions and practice optimization.

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Supplementary data

Supplementary data are available at *British Journal of Social Work* online.

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