



**Protecting
People**
in Dundee

**DUNDEE CITY COUNCIL
CHILDREN & FAMILIES SERVICE**

CHRONOLOGY GUIDANCE

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INTRODUCTION

This *Dundee Practitioner's Guidance: Chronologies* has been developed to provide children and families social work practitioners involved with children, young people and their families across Dundee, with clear practice guidance on the effective use of Chronologies.

This guidance provides minimum standards aimed at ensuring a consistent practice approach to Chronologies. The guidance is compatible with the Tayside Practitioners Guidance for multi -agency staff.

The guidance has been developed by a front line team in Dundee as part of the Transforming Public Protection Programme in Dundee and informed by improvement methodology and guidance from the Care Inspectorate.

DEFINITION AND PURPOSE

Chronologies provide a key link in the chain of understanding needs and risks; including the need for protection from harm. Setting out key events in sequential date order, chronologies give a summary timeline of a child or young person's family circumstances, patterns of behaviour and trends in lifestyle, that may greatly assist any **assessment, analysis and planning**. They are a logical, methodical and systematic means of organising, merging and helping make sense of information. They also help to highlight gaps and omitted details that require further exploration.

Chronologies can and should also be used to promote engagement with the service / agency users. The content of chronologies is however determined by **professional judgement** as to what is in fact **significant** in a child or young person's life. They should not replicate, or attempt to substitute for case recording, but should provide a clear outline of the most important elements of individual or family circumstances.

Chronologies can be **single-agency** or **multi-agency** and can be used for a variety of purposes. A good chronology is a critical tool in helping make sense of the complexity of a child or young person's family life and circumstances. It also establishes a sound foundation for future understandings and analysis where professional staff change, or new staff / services / agencies come on board.

Chronologies are, however, not an end in themselves; they constitute one key element of the suite of tools that we use to inform the analysis of needs and risks in assessments and interventions. Chronologies also inform planning. As dynamic tools, chronologies should be accurate, informative and up-to-date.

Chronologies can be initiated at different times depending on individual service / agency guidelines. For example, Health Services may start a chronology from birth; Education Services may start a chronology when there are concerns about a child or young person and Social Work Services may start a chronology from pre-birth as this can show emerging patterns of need and risk before the baby is born.

CARE INSPECTORATE'S SUMMARY CHARACTERISTICS OF A CHRONOLOGY

A Chronology is:

- a dynamic tool for understanding needs, identifying risks and emerging patterns
- an essential tool in assessment, analysis, report writing, decision making and to inform planning
- an effective aid to multi-agency partnership working, intervention and support
- a useful tool for direct discussion with children, young people and their families
- helpful in supporting workers to maintain a focus on the child or young person
- helpful in supporting professional judgement, skills and knowledge
- always factual, kept current, accurate and evidence-based
- logical, informative, methodical and simple in format
- kept in a neutral language, suitable for practitioners, managers, children, young people and their families to read and understand
- presented in time and date order, starting with the earliest available information and the source of the information
- simple and concise and only contain events which are considered to be **significant** – if every concern, event, milestone, circumstance or transition is recorded then the chronology loses its value and impact

A Chronology is not:

- a replacement for individual practitioner professional judgment; common sense or gut feeling
- a list of all contacts, visits, meetings or events
- an administrative task – it is a professional responsibility
- a substitute for recording or detailed record keeping
- an end in itself – it is a dynamic working tool

A Chronology can:

- be critical in the legal process and must therefore be factually correct
- be extremely important in identifying critical events in the lives of children and young people and can assist practitioners in their decision making
- provide a clear timeline in terms of practitioner, service / agency involvement and demonstrates the effectiveness, or otherwise, of previous interventions, involvements and support
- help to highlight delay or drift for children and young people
- provide practitioners with a valuable tool for considering the immediate / cumulative impact of events on a child or young person, both in the short and longer term
- support new workers to understand the complexities of a case and avoid 'start again' syndrome
- promote multi-agency working and a shared professional understanding of concerns, particularly at key meetings
- provide a clear account of all events in a child or young person's life to date, drawing upon the knowledge and information held by each practitioner, service / agency involved with that child or young person
- identify protective factors, resilience, strengths or weaknesses in a child or young person's life
- provide an early indication of an emerging pattern of concerns, which could indicate that a child or young person is on a pathway to harm

A Chronology can also be required for:

- organisational reviews – to identify improvement, outcomes or otherwise
- practice reviews to identify good practice
- Initial Case Reviews and Significant Case Reviews
- evidencing recommendations and decision making for children and young people, i.e. Children's Hearings; Child Protection Case Conferences; Core Groups; Adoption, Fostering and Permanence
- Subject Access Requests by individuals in order to understand past events in their childhood / life

RECORDING A CHRONOLOGY

*It is important that chronology information is recorded and reviewed regularly. Whilst service / agency systems may invariably be different, it is vitally important that the following **key information** is recorded and can be produced as and when required:*

- *the date the **significant event** took place / was discovered*
- *the source / name of the person providing the **significant event** information*
- *a brief description of the **significant event***
- ***The impact, actions taken and outcome of the significant event***

SIGNIFICANT EVENTS

Professional judgement is key for determining what is (or is not) a **significant event** for a child or young person. Any events, which are considered to have a **significant impact** on the child or young person, whether the event is positive or negative, or a strength or a weakness, should be considered for inclusion in a Chronology.

The following list (and a further list in **Appendix 1**) describe examples of significant events but please note that these do **NOT** all have to be included in a chronology – they should only be included if they are of significance to the child/ren in question. **Significant events** could include **changes** in a child or young person's:

- protection status, including concern reports, vulnerabilities, needs, risks, protective factors and resilience
- Child's Plan
- referrals and legal status
- family circumstances including separation, divorce, bereavement, changes in the immediate family structure and / or the presence of any significant adult (s)
- domestic living arrangements and / or environment / frequent changes of address
- physical, mental, emotional or sexual health, including chronic health, acute admissions, failed and / or missed and / or did not attend (DNAs) appointments
- developmental growth and / or normal patterns of behaviour / additional support needs (ASN)
- educational performance including exclusion and / or removal from education and / or home education / going missing
- parents / carers physical and / or mental health, employment status
- incidents of domestic abuse, parental substance misuse, learning difficulties
- service supports, including changes of key workers, gradual or sudden withdrawal from service support
- parents / carers behaviour that is seen as difficult, hostile, evasive, non-engaging, threatening, non-compliant and / or uncooperative including any criminality

ASSESSING IMPACT

It is important that each **significant event**, whether single or recurring, whether positive or negative, are considered in terms of the impact on a child or young person. What may be **significant** for one child may have more or less significance for another. **Professional judgement** should be adopted when determining impact.

Practitioners may also find it helpful to seek peer and / or Line Management support when trying to identify impact and may also wish to ask themselves the “so *what?*” question.

Professional supervision is an additional essential tool in this process. If the impact of a **significant event** on a child or young person is not immediately evident, the worker can consider:

- asking the child, young person or a family member what they think the impact is
- using a tool, such as the Wellbeing Wheel/Web, to ascertain the child or young person's view
- using advocacy support to gauge the impact on the child or young person
- updating this information at a later date if impact becomes more evident over time (always avoid viewing impact *in the moment*) – *think longer term*

ACTIONS TAKEN

The chronology should record what was done at the time. This should include professional action or response taken to mitigate any adverse impact on the child from each significant concern, event or incident. This should include single practitioner, service / agency response and multi-agency responses. If no action taken, specify why not.

OUTCOME

This should summarise the result of the action taken, the so what? questions again. For example – if the action taken was to increase unannounced home visits what was the outcome of this for the child? E.g. increased safety.

If you do not know the outcome of the actions specify why not.

APPENDIX 1

Examples of significant events – Please note this is not an exhaustive list

Health

- Positive or negative changes in health related problems in relation to the child or their parents/carers, such as disability, substance related issues, mental health issues etc
- Changes to child's physical or emotional wellbeing
- Referrals to Paediatric Services, Therapy Services, Other Agencies
- Attendance at Accident and Emergency, Out of Hours and NHS24
- Incidences of hospital admissions
- Childhood illnesses
- Changes in disability
- Dates of immunisations and screening (these may or may not be of significance depending on the child's circumstances.)
- Kept or missed appointments for ante-natal, post-natal appointments, immunisations, child health surveillance, hospital appointments
- Formal health assessments e.g. developmental, LAAC
- Change to the Health Visitor, School Nurse or other key staff member working with the family
- Missed appointments without acceptable reasons, including refusal of entry or variation to routine appointment schedule
- Threats or actual incidents of violence to staff
- Any other relevant concerns or positive improvements
- Significant home visits

Education

- Positive or negative changes in performance, attainment or achievement
- Identification of Additional Support Needs within staged intervention process (including requests for support services involvement e.g. psychological service, intensive support team, care and learning)
- If the child has an Individual Education Plan or Co-ordinated Support Plan
- Positive or negative changes in attendance
- Positive or negative changes in parental presence, engagement or support with child's learning
- Episodes of exclusion or re-integration
- Significant periods of absence e.g. illness, pregnancy, truancy
- Social inclusion within the school setting including evidence of bullying or positive support networks
- Decision to initiate an Integrated Assessment.
- Outcomes of internal assessment team or joint support meeting
- Change of teacher or other key member of staff from the child's school
- Change of school
- Any threats or actual incidents of violence to staff by parents or child
- Any other relevant concerns or positive improvements

Social Work

- All referrals to Social Work
- Information relating to health or parental lifestyles of parents/carers that significantly impact on the child
- Positive or negative changes in family care structure e.g. through separation, divorce, bereavement, custodial sentence
- Positive or negative changes in family circumstances e.g. homelessness, birth of a sibling
- Referrals to Family Support Services, Home Support, Childcare or other agencies
- Dates and details of Social Work Involvement e.g. start date, closure of case and reason
- Lack of engagement
- Child Concern referrals
- Outcome of child protection referrals/enquiries/investigations
- Outcome of child protection related meetings e.g. case discussions, case conferences, core groups
- Dates and reason for child being looked after and accommodated

- Change of social worker or other key worker from the service
- Changes to legal status including primary and secondary statutes where applicable
- An established pattern of missed appointments without acceptable reasons, including refusal of entry
- Dates and conditions of contact/conditions of no contact
- Change of address including foster placement and temporary accommodation
- Referrals to the Children's Reporter and the grounds of referral
- Outcome of children's hearings
- Details of planning meeting and/or review dates including LAAC
- Any other relevant concerns or positive progress
- Any threats or actual incidents of violence to staff including verbal threats
- Date when summary statements, working agreements, risk assessments are completed
- Significant home visits

Police

- Any incident involving a child that would require notification to another agency about a child(could include child protection, bullying, SHANARRI concerns, missing persons, youth offending and ASB)
- Any incident involving an adult that would impact on the wellbeing of a child (could include parent's arrest/ drug or alcohol misuse, involvement in serious and organised crime groups, mental health issues)
- Any incident where the environment or circumstances would impact on the wellbeing of a child (could include neglect, poor living conditions, inappropriate risk taking, internet communications)
- Some convictions of an adult may impact on the wellbeing of a child or young person where they are part of or become part of a family (could include Registered Sex Offenders, Domestic Abusers, Schedule 1 offenders)
- Significant events where a child or young person is victim of or witness to a serious crime
- Where compulsory measures of supervision are likely to be required.
- Where an officer has repeated contact for minor behavioural issues in the family or community (could include children dealt with by campus officers)

Housing

- Positive or negative changes in family and housing e.g. relocation, eviction, transfer to private tenancy
- Positive or negative changes in maintenance of tenancy agreements
- Positive or negative changes in neighbour relations or anti-social issues. Where this has led to further action being taken, for example ASBO, then this should be recorded
- Evidence of, or referrals for suspected drug dealing, drug taking or excessive alcohol use
- Reports of anti-social behaviour on the child or parents
- Reports from Elected Members, members of the public or Anti-Social Behaviour Staff regarding anti-social behaviour
- Any concerns about the safety or welfare of children or young people noted directly by housing staff or passed to them by others in the community e.g. children left unattended, poor standards of household cleanliness, children wandering the streets or being out in poor weather without adequate clothing
- Any threats or actual incidents of violence to staff
- Any other relevant concerns, positive events

APPENDIX 2

Example of Care Inspectorate Chronology

Example Chronology

Person ID 123456789.....

Name of Child/Young Person Xara Ample.....

Date of birth 12/06/13.....

Date of Event	Significant Event Details	Impact/Action Taken/Actual Outcome	Source of Info (name, role, agency)
15/05/2013, 14:00	During a pre-birth contact home visit Mum disclosed she had separated from baby's father and he had gone back to Iran with no plan to return.	Impact: Impact on mum's emotional wellbeing could be significant, reduced support during her pregnancy Action taken: Midwifery service increased support to ensure Ms Ample was clear about the Hospital location and birth plan arrangements Outcome: Increased support for mum	Ms Ample, the child's mother
12/06/13, 04:30	Premature delivery of baby Xara at week 36	Impact: Emotional and physical impacts due to premature birth on mum and baby Action taken: Midwife Assisted (ventouse) delivery of healthy baby girl. Discharged home after 48 hours with support arranged from health visitor Outcome: Mum supported during hospital admission and on discharge	Alice Smith, Midwife, Townhead Maternity Unit GGC NHS
10/04/14	Mum and baby relocate to Dundee to be closer to mum's best friend Carol.	Impact: Increased support for mum and baby Action Taken: Relocation took place Outcome: All went well with the move. Mum registered with GP after arriving in Dundee (date)	Mother
04/09/14, 15:00	First Home visit; 15 month Developmental and wellbeing review. Baby has not had 4 month	Impact: Mum's low mood impacting on her ability to ensure the health needs of baby are met	Health visitor

	or 12–13 month immunisations yet and mum says she is receiving treatment for depression from her GP	<p>Action taken: Mum supported to attend for immunisations and support offered for parenting</p> <p>Outcome: Immunisations brought up to date. Mum declined HV offer of parenting support. Next review due Sept 2015.</p>	
16/03/15, 13:30	First Dundee GP appointment for mum with toddler Xara also attending. Xara is significantly overweight mum continues to be low mood.	<p>Impact: Mum's low mood continuing to affect baby's health</p> <p>Action taken: With consent of mum GP shares information with HV. Outcome: Mum agrees to a home visit from health visitor, increased support for mum and baby</p>	GP
20/04/15	Health - wellbeing universal assessment and plan completed	<p>Impact: Increased understanding from services of support needs of mum and baby</p> <p>Action taken: Assessment carried out</p> <p>Outcome: Health visiting Nursery nurse service to support on healthy eating and physical activity.</p>	
22/06/15, 11:00	Review meeting of single agency plan. Weight of child continuing to increase.	<p>Impact: Continuing concerns re mums mood and impact on baby's health</p> <p>Action taken: Review meeting took place</p> <p>Outcome: All agreed to step up the plan. Request for assistance to Early Years Admission panel asking for help from Dundee nursery. Specialist Children Service dietician also joins the team as does mum's friend Carol</p>	Health visitor
02/07/15, 10:00	Multi agency Wellbeing assessment completed and child's plan updated.	<p>Impact: Increased ability to provide necessary support to mum and baby</p> <p>Action taken: Assessment completed by lead professional Family Support worker.</p> <p>Outcome: Mum to attend 'Skills for Cooking' twice per week and toddler Xara to attend nursery 5 times per week</p>	Family support worker

17/07/15, 15:45	Sporadic attendance at nursery (Of a possible 10 attendances Xara has attended 7).	<p>Impact: Raises concern re mum's mood and parenting capacity, inconsistent routine for baby and lack of ability to monitor the situation</p> <p>Action taken: Family support worker spoke to mum to see if she needs additional support.</p> <p>Outcome: Increased support from family support worker</p>	Family support worker
07/08/15 , 10:00	97% attendance in past 3 weeks at Nursery. 1 authorised absence	<p>Impact: Improved routine for baby and ability to monitor the situation</p> <p>Action taken: Mum said Monday morning motivation was poor but her friend Carol now gives her an alarm call. Excellent response by mum and Carol.</p> <p>Outcome: Reduced concern for the family, improved routine for baby</p>	Family support worker
29/09/15, 13:30	Child's plan review meeting	<p>Impact: From review discussions professional ascertained that baby is now in the healthy weight range (88th centile). Attendance 100% since 07/08/15.</p> <p>Action taken: All agreed services to continue but plan can be monitored by universal services under the person taking on named person responsibilities. Agencies agreed to maintain their chronologies.</p> <p>Outcome: Reduced monitoring of family and improved situation for mum and baby</p>	Family support worker

Adapted from: Care Inspectorate. (2017). *Practice Guide to Chronologies*, pp 23 [Online] Available from: <https://www.careinspectorate.com/images/documents/3670/Practice%20guide%20to%20chronologies%202017.pdf>

APPENDIX 3**Example of new DCC Children & Families Service Mosaic Chronology**

Please click on the link below to open a downloaded PDF chronology from Mosaic.



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Document