Chronology
Multiagency
Practice Guidance

Single Agency and

Integrated Chronologies

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Single Agency and Integrated Chronologies – Practice Guidance

What is a Chronology?

A chronology is a tool that practitioners from a range of disciplines can use to help them understand what is happening in the life of a child, adult or family. Simplistically it is a list, in date order, of all the major changes and significant events in a child's, adult's or family's life. It provides a brief and summarised account of events to give an immediate overview.

Chronologies can be compiled by a single agency or can be integrated, pulling together the knowledge and information held by agencies involved with the child, adult and family. They represent significant events regarding a child, a sibling group, an adult or a family.

Chronologies in themselves are not an assessment; however they are a useful part of the assessment process. The chronology should not replace case notes or records which include more detailed and sensitive information. There should be a clear distinction between the case record/pastoral notes and the chronology.

The Purpose of a Chronology:

The purpose of a chronology is to provide an easily accessible summary of information to help everyone- child, family, practitioners- to develop a better understanding of a child's wellbeing.

The Chronology will:

- help gain an overview of events and changes in a child's, young person's or adult's life
- help practitioners understand the impact, immediate or cumulative, of events or changes on the child's or adult's progress
- provide accumulative evidence of emerging needs and risks and flag when a multiagency response may be required
- support early identification of patterns and issues. This can support the assessment and management of risk and is particularly useful in cases where there may be no single incident i.e. neglect
- support assessments in considering past events and their relevance to the child's adult's or family's current situation
- assist in the process of assessment, analysis, planning and review when working with a child, young person and family

A chronology should be a working tool which supports practitioners to analyse information to support risk assessment and management. It can also be valuable for planning and supervision as well as promoting engagement and understanding when working with children, adults and families.

The chronology should be used by the practitioner in conjunction with the other assessment tools to provide evidence and support for the analysis and planning being undertaken at the time. Chronologies provide structured data to help inform assessment and analysis by examining and identifying patterns. This supports the earlier identification of actual or potential risks and helps in decision making.

Chronologies are also particularly important to assessment and oversight of people whose circumstances are complex and constitute a risk to self or others.

When will Chronologies be created?

In NHSL Maternity Services, a chronology will be created where there is a concern that is having a significant impact on the wellbeing of the new born child. If there were any significant events during or immediately after the pregnancy, this information will be recorded in the mother's chronological medical record. At transition from Midwife to Health Visitor of Family Nurse the information in the chronology should be shared.

In NHSL Health Visiting Services a chronology will be created and maintained within every child health record from the first point of contact with a child and family and will include the impact on the child of any relevant information from the mother's chronology.

In NHS Lanarkshire the Named Person, Lead Professional, or other person as identified by the Named Person Service i.e. the midwife, the Health Visitor and Family Nurse, will create the chronology and add significant events. All other NHSL professionals will contact the Named Person or Lead Professional to advise of significant events. The Named Person, Lead Professional or other person as identified by the Named Person Service will add the significant event to the chronology and the notifying service or practitioner will continue to take appropriate action as per their code of practice with the child/family. Only the Named Person or Lead Professional will authorise the share into the eCare MAS.

In Education, a chronology will be created when there is a concern that is having a significant impact on the child's wellbeing. Up to the point of deciding that a chronology will be created, education staff will use the electronic Latest Pastoral Notes system or Wellbeing application on SEEMiS to record any concerns about the child's wellbeing. *(A Single Agency Chronology of significant events can be created through SEEMiS.)*

In Education, for children attending school, it will be the Named Person who will create a chronology of significant events:

- Primary schools – Head Teacher or designated member of the senior management team

- Secondary schools – PT Pupil Support (with Head Teacher, Depute Head Teachers, and PT as designated by SMT as NPS users)

- Other – Head of establishment

In Education, for children under the age of 5 attending a LA Nursery Class or Family Learning Centre, it will be a designated member of staff who would have access to Latest Pastoral Notes in SEEMIS to record significant events for the purpose of creating a chronology for pre-school children. This information should be shared with the child's Named Person (Health Visitor) following guidance on information sharing. Remember, staff have a duty to share concerns about a child's wellbeing with the child's Named Person.

- Local Authority Nursery Classes – Head Teacher or designated member of the senior management team
- Family Leaning Centres – Head of Centre

For children under 5 attending a Partnership or Private Nursery establishment, it would be the Head of the Establishment that would be required to record within their electronic systems any significant events and share that information with the child's Named Person.

Young people post 16 years to 18 years who have left school can have access to the Named Person service, which will be provided by Community Learning and Development. Where a concern about the wellbeing of the child is raised by themselves or by another agency, there is an expectation that previously held pastoral notes / chronology would be available to the person identified to provide support from the Named Person service. This would support any further assessment and planning that child may require to promote their wellbeing. (Under CYPA *child* means up to 18 years and young person means 18 years and still at school.)

Children and Families Social Work will create a chronology for every child with whom they are working. In Social Work the case holder will create or continue the chronology and a Social Work Support Assistant, Support Worker, Social Worker, Senior Social Worker, Locality Social Work Manager can input into the document. They may or may not be the Lead Professional. There is no Named Person in Social Work. The case holder will manage the chronology.

Other agencies coming in to contact with adults e.g. Housing, Addiction Services etc. may also hold chronologies where there is information about parental impact on a child's wellbeing, It is important that significant events are shared with the Named Person if there is a concern that is impacting on the child's wellbeing.

What is recorded in a Chronology?

The chronology should record all significant events and changes in the life of a child, adult or family which have an impact on the child's wellbeing. These can be recorded under the following categories:

A	Significant changes in child's wellbeing
B	Significant changes in parent/ carer's wellbeing (which impact on the child)
C	Significant changes in family, household, housing circumstances
D	Legislative changes (in legal status of child or parents/carers)
E	Patterns of failure to attend, e.g. appointments, school, school late comings, school exclusion and refused entry to family/household
F	Child protection activity
G	Requests for Assistance
H	Changes in professional staff or services

The events included must be considered significant to the child, young person or adult. What to enter into a chronology is a matter of professional judgement. Ideally a chronology should contain no opinion; these can be included in the case records/pastoral notes.

To help you consider if an event is significant you may wish to ask yourself the following questions:

- Is this event likely to impact on the child?
- How is this event likely to make the child feel?
- Has a similar event happened in the past and is there a pattern developing?
- Does this event increase or reduce the risk to the child's wellbeing?

Some examples of what may be considered a significant event are appended to this section (Appendix 1).

Positive and Negative Significant Events

The chronology should be balanced and record positives as well as negative events in a child's or adult's life. Recording positives and protective factors is important as it can support the assessment process by highlighting the lack of or wealth of positive events in a child's or adult's life. The child or adult and family's perspective of these events should also be included where possible as they can shed light on family strengths and support factors. Positive and negative values should be assigned to significant events only if practitioners are aware of the impact on the child otherwise they should register impact as 'unknown'. It is helpful to record the rationale for decision making in your case notes/pastoral notes.

Creating a Chronology

For Single Agency Chronologies the Named Person or other person as identified by the Named Person service should complete the chronology by extracting significant events from case notes in Health, or from SEEMiS Latest Pastoral Notes or SEEMiS Wellbeing application in Education.

The roles of Named Person and Lead Professional are key to the development of an integrated chronology. There is an expectation that the Named Person would collate all relevant information provided by other agencies and services involved and combine them into an integrated chronology. However for integrated chronologies where Social Work is the Lead Professional, they in partnership with the Named Person should collate the information from all agencies including voluntary and third sector and from any other relevant services involved with the child, young person and or family and combine them into an integrated chronology.

There is however an expectation that it is the responsibility of each practitioner service and/or agency to contribute to an integrated chronology.
(See flowchart Appendix 2)

Integrated Chronologies:

When should an integrated chronology be started?

An integrated chronology will be used where two or more services and/or agencies have an involvement with a child or young person and support is being provided through a Child's Plan under the coordination of a Lead Professional or Named Person.

An integrated chronology should include information extracted from single services and/or agencies chronologies that is *relevant* and *proportionate* to support the planning for the child or young person. Each agency should consider what information is relevant and proportionate to the specific needs of the child or young person at that time when making the decision what information they are going to share and with whom they will share it with. (Refer to Practitioner's Guidance on Sharing Information: URL)

An integrated chronology brings together chronologies created by different agencies and presents them coherently. Effort should be made to confirm information from the sources; the child, the adult and family, agency records and information held by other services at a multiagency meeting. It is particularly important that an integrated chronology includes the source and date of the information. A record of the justification for why information/chronology was shared will be held within each agency who shares the information/chronology with the Named Person. Integrated chronologies can be important in identifying critical events in the lives of children or adults and assist in decision making when working together with vulnerable children or adults and families. They can give a more rounded picture, for example a single incident may take on a far greater importance in the life of a child or adult when placed in the context of a proper, time lined integrated chronology.

Each service or organisation involved will need to provide their own accurate and up to date chronology and agree which agency will be responsible for the collation of the individual chronologies to produce an integrated chronology. Timescales for producing the integrated chronology should be agreed, this may be linked to assessment, intervention and reviews. Each service should continue with their single agency chronology. Where Social Work is not the Lead Professional, the Named Person would be expected to collate relevant information from other agencies involved with the child, young person or family and combine them into an integrated chronology. The other agencies would be expected to support the Named Person in doing this.

What should be included in an Integrated Chronology?

An integrated chronology should only include concerns, events, incidents, milestones and/or circumstances in a child or young person's life which are considered to be significant by the individual practitioners. It should only include information that is relevant, appropriate and proportionate for sharing with other services, agencies and/or practitioners. An integrated chronology is not a record of every practitioner, service and/or agency's involvement with the child or young person. To be useful it must be kept up to date through the contributions of all relevant practitioners, services and/or agencies and can inform risk assessment, decision making and care planning. It is necessary for dialogue and communication to be open between the Named Person and Lead Professional.

The integrated chronology should be regularly reviewed, analysed and updated. This should be a shared responsibility between the practitioners for gathering, recording and passing information onto the person who has agreed to collate the chronology and can be completed at meetings and reviews. Compiling an integrated chronology needs careful co-ordination and close working between the agencies involved, and requires individuals to note all matters which may constitute a significant event as part of their day to day working practice.

Key Factors for an effective Chronology:

Accurate
A chronology must be based on up-to-date and accurate case recording. Any inaccuracies or deficiencies will impact on the composition of the chronology and limit its usefulness. If any inaccuracies are discovered, clarity should be sought and if required the chronology amended.

Up to Date
Chronologies should reflect the best knowledge about a child's or adult's history at a point in time. It will need to be amended and updated in light of any new information received. Chronologies must be regularly updated and used to help children, families and practitioners understand how events impact on the child and to decide on the best course of action.

Detail
A chronology should contain sufficient details about a significant event or change but it should not be a substitute for recording in a Health case file/Education Pastoral Notes or professional records. Chronologies should NOT be repeats of the case file, be time consuming to compile, so detailed they are difficult to read or so overwhelming that important issues or patterns are lost amongst the detail. Deciding detail of an incident or change is a matter of professional judgement.

Involving the child and family

Chronologies are a part of recording and as such should be available to the person they are about. Involving the family in the chronology provides opportunity to check and ensure accuracy of information in a chronology. It also promotes and strengthens working together with children, adults and their families, as it helps to obtain family members perspectives on events and develops an understanding of their impact on individuals in the family. Sharing the chronology with the family can support them to reflect on the content and help develop their understanding of the child/adult/family as well as identify progress or lack of progress.

Analysis and Review

A chronology helps structure information which informs analysis and decision making; as such they are an essential tool in effective assessments and interventions. Chronologies should be reviewed as part of good practice.

Chronology - Appendix 1

Category A – Significant Changes in the Child's Wellbeing

- Any recorded concerns about the child's wellbeing
- Changes in child's performance, behaviour, attainment or achievement
- Newborn child's significant events that occurred during pregnancy and birth
- Childhood illnesses, disabilities, significant allergies
- Formal health assessments, e.g. developmental, looked after and accommodated children (LAC)
- Change to Health Plan Indicator
- Relevant meetings e.g. network of support
- A missing child or missing family
- Referrals to children's reporter (SCRA)
- Dates of children's hearings
- Any decisions made about the child in relation to SCRA, i.e. hearings, voluntary measures

Category B – Significant Changes in the Parent/Carer's Wellbeing which impacts on the Child

- Physical and mental health and wellbeing of parents/carers which impacts on child's wellbeing
- Episodes of parental aggression or violence towards child or any staff member
- Domestic abuse incident
- Parental or sibling substance misuse
- Criminal justice activity with parents/ carers or siblings impacting on child's wellbeing

Category C – Significant Changes in the Family, Household, Housing Circumstances

- Impact of family or care structures, i.e. separation, divorce, bereavement, birth of sibling, new partner, foster placements etc.
- Impact of family circumstances, e.g. re-housing, homelessness, relocation, eviction, unemployment/employment, custodial sentence
- Neighbour relations or antisocial issues
- Any concerns about the wellbeing of children shared by housing staff

Category D – Legislative Changes to Legal Status of Child and or Parent/Carers

- Legal status and changes to legal status
- Identified additional support needs
- Any statutory planning
- Looked after at home or away from home
- All periods of looked after and accommodated children
  - Date commenced
  - Date ended
- Periods of respite/short term care
  - Date commenced
  - Date ended
- Sex offenders registration
  - Date of registration
  - Period of registration
- Periods of custody
  - Date of custody
  - Date of release
- Interventions under vulnerable adults
  - Date of case conference
  - Decisions/actions
  - Statutory outcomes
- Interventions under Mental Health Act
  - Date of intervention
  - Nature of intervention
  - Date of review
- All other periods of statutory and non-statutory involvement
  - Date commenced
  - Date ended
  - Legislation type
  - Decisions and actions (supervision terminated, child accommodated)
- Significant periods of hospital education or home tuition
- Educational placements outwith of the authority

Category E – Pattern of Failure to Attend etc.

- Attendance patterns, inconsistent attendance/failure to attend
- Episodes of exclusion
- Kept or missed health appointments
- Attendances at Accident and Emergency, Out of Hours and NHS24
- Incidences of hospital admissions
- Refusal of entry
- Refusal of service

Category F – Child Protection Activity

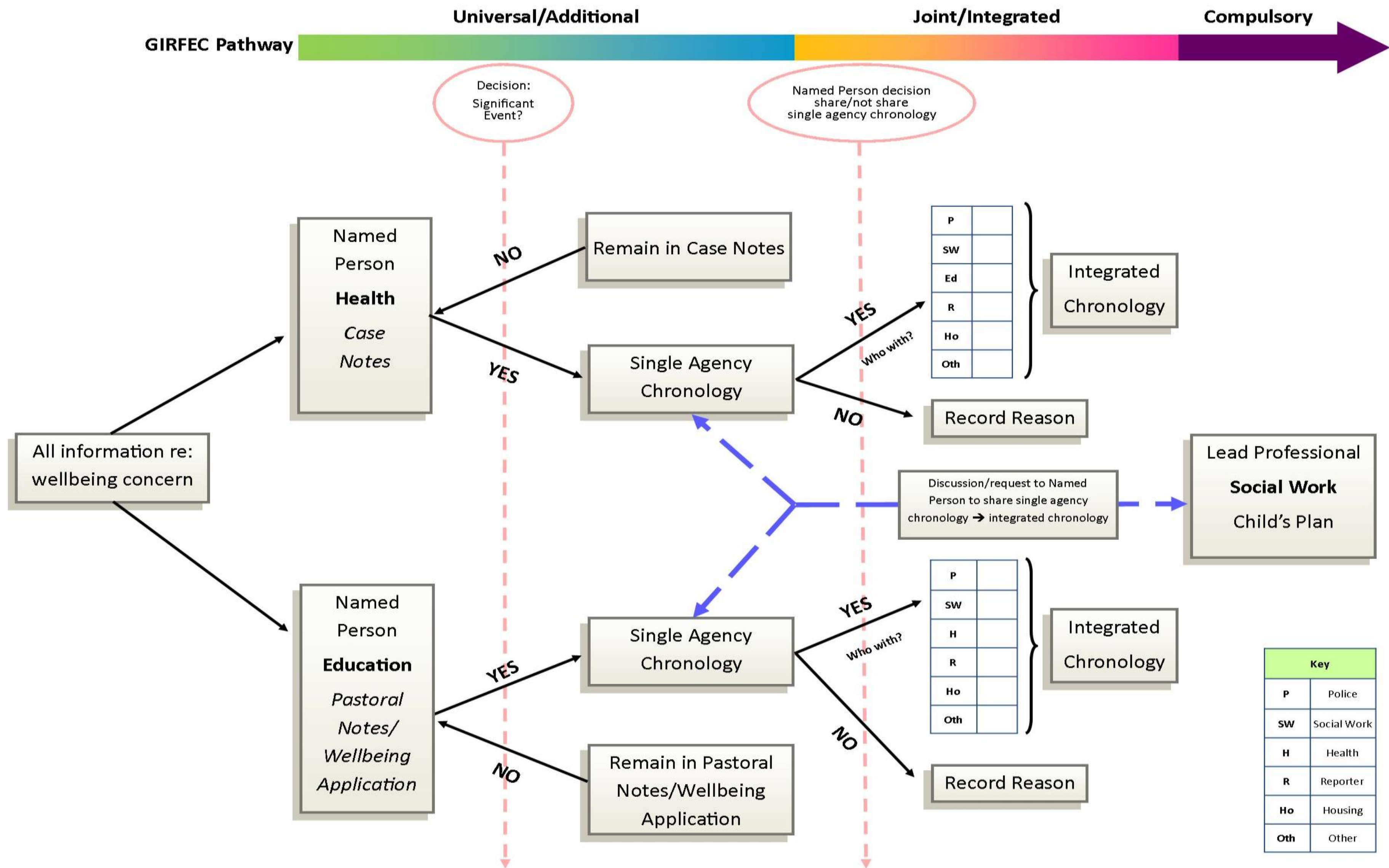
- Child protection referral/notification of concern
- Outcome of notification of concern
- Any measures taken under child protection procedures
    - Date commenced
    - Date ended
    - Decisions/actions
- Child protection activity, including registration date, date when registration ceased, child protection order, initial case conference, case discussion, NHSL child protection case supervision, review case conferences, core groups etc.

Category G – Requests for Assistance

- Any Request for Assistance

Category H – Changes in Professional Staff or Services

- Changes in professional staff or nursery, school, or educational services
- Changes to the GP, midwife, health visitor, school nurse or other key NHS staff member working with the family or any changes to services provided
- Changes to social worker or other key member of staff and/or services


Universal/Additional
Joint/Integrated
Compulsory
GIRFEC Pathway
Decision: Significant Event?
Named Person decision share/not share single agency chronology
All information re: wellbeing concern
Named Person Health Case Notes
NO
YES
Remain in Case Notes
Single Agency Chronology
YES
Who with?
NO
P
SW
Ed
R
Ho
Oth
Integrated Chronology
Record Reason
Discussion/request to Named Person to share single agency chronology → integrated chronology
Lead Professional Social Work Child's Plan
Named Person Education Pastoral Notes/ Wellbeing Application
YES
NO
Single Agency Chronology
Remain in Pastoral Notes/Wellbeing Application
YES
Who with?
NO
P
SW
H
R
Ho
Oth
Integrated Chronology
Record Reason
Key
P Police
SW Social Work
H Health
R Reporter
Ho Housing
Oth Other