Practice guide to Chronologies

A Care Inspectorate guide, revising and replacing Practice Guide: Chronologies published by the Social Work Inspection Agency in 2010

A guide to chronologies

Contents

Introduction

The original version of this guide, published in 2010, set out to draw on practitioner experience in order to define chronologies, explaining their uses and limitations. It was in part a response to inspection findings, based on the reading of literally thousands of children's case records, which demonstrated considerable variation in the quality and application of chronologies.

Since April 2011, the Care Inspectorate has been responsible for inspecting standards of care in Scotland. Part of this role includes joint inspections of services for children and those for older people, reporting on the difference services are making to the lives of individuals within a local authority area. In the course of this work, we have continued to review practice through reading significant numbers of case records held by services. In doing so, the wide variation in the quality of chronologies has continued to feature in our inspection findings, and the need for improvement in this important area of practice persists.

Significant developments in approaches to multi-disciplinary working and service delivery have had an impact on how chronologies should be prepared and applied. For example, the implementation and consolidation of Getting it Right for Every Child[1] means that the chronology is important not just in social work practice, but amongst a wider range of professionals, including health visitors and teachers. Chronologies have equal relevance in work with adults, particularly in adult support and protection and criminal justice social work serious incident reviews.

We use the term 'chronologies' in the plural as there is latitude for various models and requirements of a chronology depending on the intended scope and format adopted. However, the essential purpose of the chronology is to draw together important information and assist understanding, highlighting early indications of emerging patterns of concern.

We recognise both the distinction, as well as the complex relationship, between assessment and chronology. Consequently, this is not a 'how to assess' guide, but a recognition of the role of chronologies as part of assessment.

This guide draws on our own scrutiny findings as well as those of different agencies, including the former Social Work Inspection Agency (SWIA). It includes practice examples from other UK published reports, including SWIA's 2010 guide to chronologies. Any identifying details, including names and places, within the practice examples in this guide have been changed to preserve the anonymity of the people concerned.

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[1] http://www.gov.scot/Topics/People/Young-People/gettingitright

Chronologies: defintion and purpose

In our work with community planning partnerships, health and social care providers and other organisations, we continue to be asked about a working definition of a chronology and what one should look like.

We have come across many definitions of a chronology, for example:
- a list in date order of all the major changes and events in a person's life
- a chronology seeks to give a clear account of all significant events in a child's life to date, drawing upon the knowledge and information held by agencies involved with the child and family.

However, we consider the definition contained in the National Risk Framework[2] to be comprehensive and helpful. Although it makes explicit reference to children and families, it is a useful definition of a chronology for all groups.

"Chronologies provide a key link in the chain of understanding needs/risks, including the need for protection from harm. Setting out key events in sequential date order, they give a summary timeline of child and family circumstances [or those of an individual using adult services], patterns of behaviour and trends in lifestyle that may greatly assist any assessment and analysis. 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, investigation and assessment".

Within this definition, chronologies may be compiled and used on a single or multi-agency basis and be developed to assist in current and ongoing assessment and risk management, or as an aid to reviews of past events. Despite being applied to a range of situations with different focus and purpose, the basic approach is essentially the same. The various approaches we describe in this guide can be applied to a range of situations, unless specifically stated otherwise.

In this guide, we explore nine key characteristics of a chronology that should mean it is:
- a useful tool in assessment and practice
- not an assessment, but part of assessment
- not an end in itself, rather a working tool which promotes engagement with people who use services
- accurate and relies on good, up-to-date case recording
- detailed enough but does not substitute for recording in the file
- flexible so that detail collected may be increased if risk increases
- reviewed and analysed — a chronology which is not reviewed regularly is of limited relevance
- constructed differently according to different applications, for example current work and examining historical events
- recognising that single-agency and multi-agency chronologies set different demands and expectations.

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[2] http://www.gov.scot/resource/0040/00408604.pdf

Why are chronologies useful to practitioners and managers?

In working to improve practice that protects and enhances the lives of vulnerable children, young people and adults, one of the main issues for professionals has been the concept of risk. This guide does not explore the wider aspects of risk assessment in any detail[3], but it does focus on chronologies - a single important aspect of that process. A chronology is not an assessment, or an end in itself. It is a tool that professionals in a range of disciplines can use to help them understand what is happening in the life of a child or adult[4].

Chronologies in services for children and young people

Getting it Right for Every Child (GIRFEC) provides the core to policy and practice affecting children, young people and their families in Scotland. Central to the GIRFEC approach is the National Practice Model[5], which "...provides a foundation for identifying concerns, assessing needs and initial risks and making plans for children in all situations". The comprehensive practice framework introduced as part of the National Practice Model defines risk and emphasises the need for all agencies to collaborate in assessing and analysing family circumstances together.

The Model stipulates that "...each agency involved with a child and their family should collate key information into a single agency chronology of contact and where working with partner agencies actively work to combine and consolidate this into a multi-agency chronology"[6]. In relation to this last point, the lead professional, in consultation with the person taking on named person responsibilities, should collate the information from services involved with the child, and combine them into an integrated chronology. Ideally, this should be held electronically and shared with all relevant persons, in accordance with applicable legislation and agencies' information sharing guidance and protocol.

Chronologies in services for adults and older people

Chronologies are of central importance to adult support and protection and also apply more widely across adult services, as demonstrated by developments in self-directed support (legislation that applies to all groups in Scotland). Relevant guidance[7] sets out how those assessing risk and need "...should take full account of how the person's needs and risks might change over time." Relevant professionals can only fully achieve this if they identify and understand the significant patterns and trends in circumstances that an effectively prepared chronology will reveal.

For front line criminal justice practitioners, the importance of a chronology in work with people who have committed offences is highlighted in practice standards and guidelines developed by the Risk Management Authority[8]. This sets out how an assessment underpinning a risk management plan

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3 Those seeking a more in depth understanding should refer to academic works such as Carson and Bain (2008)
4 For example, see O'Brien, S (2003) Report of the Caleb Ness Inquiry. Edinburgh
5 http://www.gov.scot/Topics/People/Young-People/gettingitright/national-practice-model
6 http://www.gov.scot/resource/0040/00408604.pdf
7 Statutory guidance to accompany the Social Care (Self-directed Support) (Scotland) Act 2013
8 http://www.rmascotland.gov.uk/standardsandguidelines/

will include evidence from a range of sources, including chronologies. Chronologies have also been a helpful feature in the review of serious incidents. Guidance relating to Care Inspectorate serious incident reviews and MAPPA significant case reviews highlights the value of a well-constructed chronology in helping to understand past events and derive learning from them.

Examples of inquiries which have promoted the importance of chronologies

For the most part, inquiries into the circumstances surrounding serious child abuse have drawn attention to the importance of chronologies.

The Jay Report (2014) on child sexual exploitation in Rotherham found that there was a chronology in fewer than half the cases looked at (43%) where it would have been appropriate to have one. Most chronologies were out of date, with significant gaps. Professor Jay concluded that: "...It is likely that the absence of structured chronologies contributed to key information being missed when decisions were made".

Lord Laming, in his report into the death of Victoria Climbié (2004) was unequivocal in stating: "I regard the inclusion in any case file of a clear, comprehensive and up-to-date chronology as absolutely essential".

In a youth justice context, the follow-up inspection into the management of Colyn Evans (2009) concluded that: "SWIA did not find comprehensive and up-to-date chronologies in any of the files in the sample. Good risk assessment requires detailed and accurate information. For example, the young person referred to in the previous paragraph had assaulted staff in a residential unit on several occasions, and had a long history of abusive behaviour which could have been identified by an accurate chronology".

The report into the case of Miss X (2004) looked at the case of a woman with learning disabilities who, along with other adults at risk, was seriously abused over a period of years.   It recommended that any reviews of social work case records of people with learning disabilities should answer a critical question: "Is there a chronology of significant events and are the implications of these events understood?"

The chronology: nine things to consider

1. The chronology as a tool in assessment and practice

Many practitioners have asked: "do we need chronologies for every person we are working with?" As stated above, the National Practice Model sets out an expectation that, as a basic requirement, each agency involved with a child and their family will collate key information into a single-agency chronology. However, for adult service users, the answer is: "not necessarily", but arriving at this decision depends on the assessment of the person and their circumstances.

There are five key elements to compiling all chronologies.

Compiling a chronology

- Deciding on the purpose of compiling a chronology in the context of the assessment of the child or adult – using professional judgment.
- Identifying the key events to be recorded.
- Making sure that what is recorded is accurate and in date order.
- Recording facts, significant events in the person's life.
- Taking account of the perspective of the child or adult at the centre – that is, understanding the significance of events for them.

There are questions surrounding what to include in a chronology and we discuss this in detail later, but as a starter, core elements are set out here.

Core elements of a chronology

- Key dates such as dates of birth, life events, moves.
- Facts, such as a child's name placed on the child protection register, multi-agency public protection arrangements (MAPPA) meeting, adult who is subject to adult protection procedures.
- Transitions, life changes.
- Key professional interventions such as reviews, hearings, tribunals, court disposals.
- A very brief note of an event – for example, a fall down stairs, coming to school with a bruise, a registered sex offender whose car keeps 'breaking down' outside a primary school.
- At the same time, the writer needs to provide enough information for the entry to make sense. Statements like: "…[the individual] behaved inappropriately…" do not necessarily have sufficient detail.
- The actions that were taken. Many chronologies list events and dates but do not have a column which enables the action taken to be recorded or, if no action was taken, to explain why.
- Not opinions – these may be for the case record, but the strength of chronologies lies in their reporting of facts, times, dates and so on.

Appendix 1 contains an example of a chronology template, developed for use in Angus, Dundee, and Perth and Kinross, which reflects the core elements given above.

Chronologies have a wider application than risk assessment and management. A chronology can be a valuable tool for planning and supervision. When staff are very busy juggling many different demands, progress in working with a person may drift. Several months can pass without any action and such unacceptable delay is not always easy to identify from a record. A chronology of dates can help to flag up delay and drift.

Practice example 1

Michael is aged 18 and has learning disabilities and restricted mobility. He left a specialist residential placement when he was 16 years old and has been at home ever since. An assessment was undertaken identifying his needs but competing demands have meant significant delay in progressing plans for an alternative placement. In the meantime, the only contact has been through duty social workers. Michael's mother finds it hard to care for him full time and she has increasingly severe attacks of angina. Michael used to go to a respite family for long weekends once a month when he was younger, but that ceased when he was 17.

When Michael's mother is taken into hospital, her sister contacts the duty social worker who reviews the record and decides to compile a chronology. She sets out his placements, respite care dates and any stated outcomes. She presents this at a joint meeting between social work and health staff and the delays and length of time Michael has been waiting become quite clear.

2. A chronology is not an assessment – but part of assessment

A chronology is not an assessment, it is informed by, and is part of, an assessment.

"Gathering together large amounts of information is not an assessment. Sharing it does not constitute a child protection plan. Professionals must take the next step to state why they attach significance to some issues and not to others."[9]

 Chronologies are a key part of assessing and managing risk.

Practice example 2

James is seven years old and attends school regularly. Until recently, he has been a happy child who enjoys reading and football. A children's hearing has made James subject to a supervision order and his school keeps in regular contact with his social worker. His mother is on a methadone programme and she has been making good progress. She has started work two afternoons a week in the local supermarket and James is collected by his maternal grandfather on these days.

James has good health but recently has been sick after lunch. His mother told her social worker that she was surprised when James screamed and refused to go for a check-up at the dentists as he has never been a problem in the past. He has wet his bed on some nights.

James' social worker wonders if James is unsettled by his mother working, as he worried about her before, when she was using heroin. At a meeting at the school, the social worker asks James' teacher to keep notes of his behaviour and when he is being sick. She asks James' mother to keep a note of which days he wets the bed. She asks his grandfather if he has seen any changes in James' behaviour. He is quite dismissive of her enquiries and blames his daughter for giving James too many sweets.

After a month, the social worker puts all the data into a chronology and discusses it with her senior in supervision. They notice that James is only sick on the days when he is collected by his grandfather and wets his bed usually on the same night. They do not jump to conclusions but decide to review the previous case files on James' mother. Here they find a record of an allegation made when she was 15 years old, that her father was sexually abusing her. She was not believed at the time and there was no supporting evidence. Using a chronology in this way has enabled the social worker to revise her assessment of what might be distressing James, and a plan can now be developed to engage with the family, seeking more information and ensuring that James is safe.

3. A chronology is not an end in itself but a working tool which promotes engagement with people who use services

In the example above, if the social worker had simply gathered the information and not analysed it, the chronology would have had no purpose and James might have remained unprotected. Some practitioners told us that they felt compiling a chronology was an exercise that took up considerable time but did not lead anywhere – largely because the chronology had not been analysed.

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[9] Social Work Inspection Agency (2005) An inspection into the care and protection of children in Eilean Siar, Edinburgh: Scottish Executive

Chronologies are a part of recording and should be available to the person they are about, unless there are justifiable reasons to withhold the information because sharing it would increase risks for the person. The chronology should normally be shown to, and discussed with, the person it is about, or their parent in the case of a young child.

Sharing chronologies and consulting people who use services is important in ensuring accuracy. Mistakes, particularly concerning dates of significant family events (such as dates of birth, dates when families moved home) where small but significant errors in a chronology can then be replicated over and over again in reports. Sharing chronologies can also help in working together and strengthening a sense of achievement and progress. Reviewing a chronology alongside a person who uses services can help to identify where they have succeeded, for example in reducing their drug dependency or improving the school attendance of their child.

A chronology is not simply a way of storing contact data. In our discussion with practitioners, we found differing views on where key information about a child or adult should be located. Electronic file systems vary but all should have the equivalent of a file front sheet with essential information about contacts, professionals, health staff, and so on. Storing this essential information, however, is not the purpose of the chronology.

4. A chronology must be based on up-to-date, accurate case recording

The importance of accurate recording has been a key theme in child protection inquiries since the mid-1970s.

One of the first major child protection inquiries into the death of Maria Colwell noted that: "Inaccuracies and deficiencies in the recording of visits and telephone messages played a part in the tragedy... the importance of recording actual dates and distinguishing between fact and impression".[10]

Other inquiries found that allegations by neighbours were sometimes not recorded fully, were ignored or deemed malicious. All eight child protection inquiries concluded between 1974 and 1981 reported that records were incomplete. Many years later, poor recording was noted in Lord Laming's inquiry into the death of Victoria Climbié (2004).

The chronology should record what was done at the time. Many chronologies list events, dates etc. but do not have a column which sets out the action which was taken at the time. This column should also include a note when there was no action

Children's reporters contributing to this guide's predecessor (published by the former SWIA in 2010) identified accurate recording of events and incidents as important for them when compiling grounds of referral. They were looking for specification and relevance. Specific incidents or concerns in isolation can be relevant. However, to gain a coherent view of the child's situation, patterns of incidents, injuries or concerns together with accurate dates and times are important.

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[10] Field-Fisher, TG (Chair) (1974) Report of the Committee of Inquiry into the care and supervision provided by local authorities and other agencies in relation to Maria Colwell and the co-ordination between them.

5. A chronology should contain sufficient detail but not substitute for recording in the file

Practitioners have told us that this is one of the most complex areas. Some commented that chronologies had become repeats of the case recording, they were arduous to compile and, once completed, were so detailed workers could not 'see the wood for the trees'.

One reason for this surplus detail has been an attempt, in some areas, to introduce a system-based solution to compiling chronologies, that is, providing the facility to transfer automatically case-record entries into the corresponding chronology. The intention was to make it less time consuming to compile chronologies. However, in a significant number of adult and children's case records we looked at, this had led to the indiscriminate transfer of case-recording entries, resulting in chronologies that were too long and detailed.

In practice examples 1 and 3 above, had the workers recorded excessive details, it would have been more difficult for them to pinpoint what might have been important issues. For example, in a situation where staff are worried about a child or adult who may be at risk, the temptation is to record everything in the chronology as well as the case record. This needs to be resisted.

6. A chronology should be flexible – detail collected may be increased if risk increases

Chronologies are working tools, not an end in themselves. The needs of the assessment will influence the type of chronology.

A chronology should set out a series of significant events. The amount of detail in a chronology should depend largely on how a significant event is defined. Appendix 2 gives a good practice example of a multi-agency chronology from Inverclyde.

It is beyond the scope of this guide to provide a detailed account of what events might be considered significant, and in what circumstances. However, there are some pointers, which may help practitioners exercise professional judgement in arriving at such decisions.

The following events may be classed as significant in most chronologies, depending on the age of the person: births; deaths; marriages; house moves; serious illness; changes in household composition; changes in legal status; arrests and court appearances; educational achievement; employment status; child or adult protection case conferences.

As the needs of the individual become more complex, vulnerability increases and everyday events may helpfully be regarded as carrying more significance. Here are two examples.

- A child who rarely misses school and who is occasionally absent - this is unlikely to be regarded as significant. On the other hand, for a child whose name is on the child protection register for neglect, any absence is likely to be regarded as significant.
- Where there is a high risk for a child living at home, the chronology may not just include school attendance, but also specific details. This could include whether the child was dressed appropriately, whether the child was collected from school on time, and by whom.

Practice example 4

Robbie, aged 29, has been released from prison on parole licence. He has an extensive history of violent offences, including domestic violence and targeted violence towards women involved in prostitution. He has conditions attached to his licence including the need to be at his named address by 8pm, to have no contact with his ex-partner and to attend addiction counselling as instructed by his supervising officer. He is living in supported accommodation. He has mental health issues that require medication and has struggled with alcohol misuse over many years. Robbie has been assessed as high risk and need with high risk of harm and has a risk management plan in place.

Over the past three months, he has resettled well, but staff in the accommodation have noted a change in his behaviour over the past couple of weeks. They reviewed his case record, pulled together the examples of the changes in his behaviour and looked at what else was happening in his routine and life at those times. They contacted the supervising social worker and a meeting was called including forensic health and addictions staff. He has come in late on a couple of occasions and been vague about his whereabouts. He was struggling to make eye contact and communicate, and was increasingly agitated. One member of the accommodation staff suspected he had been drinking but when they asked him, he denied this. The group decided to look back over his previous pattern of offending behaviour and what was taking place in the lead up to the offences. They were able to identify that he had come off his medication, had increased his use of alcohol, was having relationship problems with his then partner and was frequenting areas known for prostitution. The social worker contacted the police who were able to confirm he had been sighted over the past week in an area known for prostitution.

The social worker and forensic mental health nurse arranged a follow-up meeting with Robbie, who confirmed he had stopped taking his medication and was struggling to manage his agitation and feelings. He also advised that in complying with his licence conditions not to contact his ex-partner he was lonely and finding it difficult to cope on his own. He also admitted to using alcohol. These were all identified as significant risk factors and an immediate review of the risk-management plan was undertaken to increase supervision and monitoring as well as providing additional help and support for his mental health.

7. The importance of review and analysis – a chronology that is not reviewed regularly is of limited relevance

In order to carry out an effective assessment it is essential to review and analyse the chronology. A chronology which is not reviewed and analysed serves little, if any, purpose.

There is a range of opportunities to review a chronology. Our case examples above have illustrated the role of supervision in reviewing a chronology. Some practitioners told us about peer reviews, where staff reviewed chronologies each had written and considered patterns, timescales and risks which could be identified.

Joint inspections of children's services and services for older people show us that partnerships still have some way to go in ensuring the quality of chronologies produced in case records. As revealed in section 6, less than half of the chronologies we read were of a standard that could help staff to accurately identify patterns of significant events, or help parents, relatives or carers to understand the impact of these events on the individual's wellbeing.

Practice example 5

In 2012, children's social work services in Aberdeenshire identified chronologies as a suitable area for review, and undertook a case file audit with a view to examining the use and quality of chronologies within children's services, to inform improvement activity. In order to do this, the council formed a chronology audit group consisting of a social work manager, a strategic development officer and six practitioners from across children's services. A comprehensive audit tool was developed for the purpose.

Audit results demonstrated a clear need for improvement, in that two-thirds of case files had a chronology evident in the file, and of these, only a third were found to be of a reasonable standard. As a result, it was recommended that chronology guidance and template be reviewed and reissued and exemplars produced, with a view to enabling practitioners to complete chronologies that would be fit for purpose.

A subsequent review carried out in 2015 demonstrated a marked improvement in the quality of chronologies contained in social work case records. Findings from the joint inspection of children's services, reporting in October 2015, further reinforced this. Inspectors found that 99% of case records featured a chronology, of which three-quarters were considered to be fit for purpose. Just as importantly, staff understood the value and impact of chronologies in their work individually and collectively.

Although the majority of chronologies in lead professionals' files were appropriate and helpful, partners in Aberdeenshire acknowledged the need to further improve the consistency of recording and use of chronologies in assessing and managing risk and need.

8. Different types of chronology are needed for different reasons

So far, we have discussed chronologies that are part of current work with children and adults. However, case reviews and inquiries have all compiled chronologies to help them to make sense of what has happened in the past. These will rely on retrospective information and may mean the records of several agencies need to be brought together into a single chronology. The choice of data may change as a tentative hypothesis is developed and explored.

Practice example 6

Operation Dash (2013-15) was a large-scale multi-agency investigation into child sexual exploitation in the west of Scotland[11], led by Police Scotland and Glasgow city council.

Taking lessons learned from an earlier investigation, investigators initially generated a list of potential victims and perpetrators, using various sources of intelligence. Over the course of the investigation, 139 potential victims were identified.

In order to clarify the risks faced by individual children and young people, investigators designed a chronology format, with a specific purpose of identifying potential victims of child sexual exploitation. The chronology focused on indicators of CSE and vulnerability, supported by an accompanying CSE matrix used previously to support research in Glasgow. As well as identifying vulnerabilities and risk indicators, the chronology provided a pen picture of when young people went missing, who they were associating with, and who they went missing with.

The investigation was multi-agency from the outset and agencies involved police, social work, education, health, Glasgow young women's service and Barnardo's. Each agency compiled their own single-agency chronology for each of the children and young people from case records, using the newly designed format. These were then brought together into an integrated multi-agency chronology. This enabled police officers and social workers to identify patterns, trends and incidents of potential or actual concern. As well as the value added in assessing and managing the risks faced by children and young people, the information gleaned from the integrated chronologies also helped aspects of the criminal investigation. As was the case for the children, individuals of concern and their associations were identified. This approach helped with planning engagement with children and young people, interview plans and joint interviews, and in the subsequent criminal investigation and interviews of suspected perpetrators.

The outcome of Operation Dash was to enhance the safety of significant numbers of children and young people, as well as leading to a number of prosecutions. In addition, Operation Dash had a lasting impact on multi-disciplinary practice in Glasgow — this approach to investigating child sexual exploitation having been carried forward into subsequent large-scale investigation, as well as being reflected in a review of the council's vulnerable young people procedures[12].

[11] Mainly in Glasgow, but with some cases emerging in North Lanarkshire, South Lanarkshire and Renfrewshire.
[12] Available from Glasgow Child Protection Committee lead officer.

9. Single-agency and multi-agency chronologies set different demands and expectations

Scottish Government guidance on Getting It Right for Every Child[13] contains definitions of single agency and integrated chronologies, which can apply equally to practice in adult and community justice. They helpfully set out the different demands and expectations.

"A single-agency chronology provides a brief description and summarised account of events in date order. It should be used as an analytical tool to assist in the understanding of the impact of life events and to inform decision making. Integration of single-agency chronologies can establish a wider context from the agencies involved with a child or young person."

"An integrated chronology is produced as part of a specific multi agency intervention and will include only information extracted from single agency chronologies that is relevant and proportionate to support that intervention."

An integrated chronology should therefore be started when there is concern about a person's wellbeing, to support a multi-agency response.

Complications can arise between professionals if it is not clear exactly who has responsibility for gathering together single-agency chronologies, combining them into one chronology and updating it regularly. Multi-agency chronologies must also be regularly reviewed, analysed and updated by the lead professional.

"The lead professional is responsible for collating the integrated chronology, and all agencies contributing to the integrated assessment are expected to contribute to it. The process will work best when there is a shared sense of responsibility by all for gathering, recording and passing the information to the lead professional..."[14]

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[13] http://www.gov.scot/Topics/People/Young-People/gettingitright
[14] GIRFEC Briefings for practitioners, 8 of 8: Single agency and integrated Chronologies http://www.gov.scot/Resource/0039/00399456.pdf

Scrutiny findings

Previous guidance on chronologies, published by the former Social Work Inspection Agency (SWIA) was largely prompted by findings emerging from their inspections of social work services. Although only 57% of the case records read during those inspections contained a chronology[15], inspectors found evidence that staff were paying increasing attention to developing single and multi-agency chronologies, the latter in partnership with education, health and other agencies.

Further analysis indicated that there was a positive association between chronologies and the quality of assessments. Within children's social work services, children with disabilities were found to have the least good assessments and the lowest numbers (25%) of files that contained a chronology. Given the evidence from many studies that disabled children can be significantly more vulnerable to abuse, SWIA highlighted this as an area for improvement.

The Care Inspectorate inspects both registered care services and the way in which local partners jointly provide services for children and older people. Our triennial review of our scrutiny and improvement activities undertaken between 2011 and 2014[16] revealed significant variation in the quality of assessment of both risk and need. We found there was corresponding variation in how well chronologies were prepared and applied and considered this to have a significant impact on the standard of assessment of both risk and need.

> In our joint inspections of services for children, we apply the following criteria as part of our evaluation of quality indicator 5.2 – Assessing and Responding to Risks and Needs:
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> "Our chronologies of significant events in a child or young person's life start at birth and are maintained throughout their childhood. We compile carefully significant events or factors which impact on wellbeing. We use chronologies very effectively to identify concerns or an accumulation of experiences which may adversely affect the child or young person's wellbeing. We integrate our chronologies when we identify a child or young person who needs help from more than one agency" (Care Inspectorate (2014).

In addition, the 2011-14 triennial review identified a number of key areas for development. Inspection of registered children's care services had identified examples of staff being unaware of the purpose of a chronology, and a lack of understanding about the importance of recording significant events in a child's life and how these details can be used to identify and respond to any concerns early. We considered this to be a particular challenge to those managers operating in private and voluntary and not-for-profit services.

More encouragingly, the importance of developing and maintaining a chronology was becoming more established and in children's services, 90% of the lead-professional case records we read contained a chronology. Many partnership areas had invested considerable time and resources in training and staff development to improve both the process and the use of chronologies. However, less than half of

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[15] http://www.gov.scot/Publications/2010/01/22134612/0

[16] http://www.careinspectorate.com/images/documents/2385/Care%20Inspectorate%20Triennial%20Review%202011-14.pdf

those we read (both adult and children's care records) were yet of a standard that could help staff to accurately identify patterns of significant events, or help parents or carers to understand the impact of these events, on the person's wellbeing.

Across most areas inspected, services had made slow progress in implementing integrated chronologies. Agreeing a standard format across services will support a more consistent approach to recording information. AYRshare is a very promising example of services designing an electronic system to meet the needs of the business and overcome barriers presented by separate computer systems.

AYRshare

AYRshare is an innovative computer system developed by the three Ayrshire councils in partnership with NHS Ayrshire and Arran. It enables effective, timely and secure sharing of information between partners to help address concerns about the wellbeing and protection of children and young people. Different ways of working and different computer systems hinder the sharing of information. This is where AYRshare makes a difference. Electronic links have been created between child health, council social work systems and AYRshare over a secure network. Practitioners, including social workers, teachers and health visitors, have the opportunity to use AYRshare to share information that informs multi-agency assessment and care planning. In addition, practitioners can use AYRshare to create a shared and integrated chronology of significant events in the life of a child or young person.

Conclusion

Our scrutiny work considers the effectiveness of chronologies in identifying patterns of significant events or experiences and we continue to find that staff in many agencies are recognising the value of chronologies, although this is less pronounced in adult services.

We want practitioners to use the new approaches to recording and assessment in work with both adults and children as opportunities to develop the use of chronologies. However, there are also risks that a mechanical approach which automatically records predetermined 'key facts' could weaken the focus and role of professional judgment, which are vital to effective practice. A chronology must never become an end in itself.

Chronologies, as part of a skilled and focused approach, can be an essential tool in caring for and protecting children and adults by:
- bringing together issues identified by different agencies and presenting them coherently
- contributing precise data which can help practitioners to identify patterns of behaviour which will contribute to an assessment
- recognising that a chronology is relevant in criminal justice work for assessing and managing people who constitute a high risk to themselves and/or others
- using their findings as an integral part of supervision and peer review
- strengthening the partnership between practitioners and people who use services.

We have included on the following pages a good practice example of a chronology template used by agencies in Tayside (Appendix 1) and a good practice example of a shared chronology from Inverclyde (Appendix 2).

Appendix 1: Tayside Chronology Template

The purpose of a chronology is to record significant concerns, events or incidents that have had, orcontinue to have, a significant impact (positive or otherwise) on a child or young person's wellbeing.

Name of child or young person: _____

Date of birth: _____

Date or peri-od of event	Significant event	Source	Impact (either positive or negative	Action taken to mitigate adverse impact on child	Entered by (name and agency)	Date of entry
The date or period each significant concern, event or incident occurred should be recorded here	A brief description of the significant concern, event or incident should be recorded here. Children, young people and their families will see this information. Language should be in plain English and non-judgmental. Information should be clear; factual; accurate; current; evidence based; succinct and concise to support good decision-making. A significant event may include: 1. Significant changes in the child or young person's wellbeing (SHANARRI) 2. Significant changes in the parent or carer's wellbeing, which impacts on the child or young person 3. Significant changes in the family structure eg housing; unemployment; separation; divorce; bereavement; birth of a sibling; new partner; presence of a significant adult 4. Significant changes in the child or young person's child protection status or legal status or referral to SCRA 5. Events including eg missed appointments; absences from school; exclusion from school; involvement in offending; bad associations; running away/missing 6. Frequency of child concern reports; referrals; investigations; case conferences; registrations 7. Frequent changes in professional staff or services/ agencies accessed by the child, young person or family	The source of the significant concern, event or incident should be recorded here i.e. who and what practitioner, service or agency Where known, the impact on the child or young person should be recorded here Record whether the significant concern, event or incident had a positive or negative impact on the child or young person. If unknown, say so	The impact on the child or young person may become clearer over time and may also change	Professional action or response taken to mitigate any adverse impact on the child from each significant concern, event or incident should be recorded here This should include single practitioner, service / agency response and multi-agency responses If no action taken, specify why not	The name of the practitioner and their service / agency making the entry should be recorded here	The date on which the entry is made should be recorded here as soon as possible after the significant concern; event or incident has been identified. Also acknowledge any retrospective reporting

Review:_____ Intitials: _____ Dates: _____

Appendix 2: Inverclyde good practice example of a shared chronology

Case study

Health visitor, concerned about a very overweight child only recently known to her. Single agency plan stepped up to multi agency through a request for assistance by the health visitor of local nursery family support (education) service and specialist children service dietician on 22 June 2015.

A wellbeing assessment was carried out which showed baby Christine and her mother, who had recently moved into the area, were isolated. Christine and her mother were supported to attend a local mother and toddler group where mum could learn skills for healthy cooking and child could be involved in active play.

The nursery family support worker, as the lead professional, asked other involved practitioners to bring their single agency chronologies to a team around the child meeting. The team which included mother were able to construct a shared chronology that helped structure information which in turn informed analysis of need, potential risk and next steps decision making. There was no need at this stage to contact children's social work services.

Lead professional name: Jean Jones		Lead professional agency: Education – Greenock Nursery		
Date shared chronology was last updated/reviewed: 29 09 2015				
Date and Time date and time the event happened should be recorded	Significant event A brief description of the event should be recorded here. Language should be plain English, clear and concise, so that the chronology improves understanding and supports good decision making.	Source of information Information in the chronology should be current, factual and from a reliable source. Record where information has originated e.g. professional, neighbour, friend, relative or child themself	Action taken/Actual outcome This may be simply monitoring or increased observation, reported to the person taking on named person responsibilities or a very short statement of action. Narrative should be in the child's file, record or clinical notes	Practitioner name, title and agency It is important to record the date name, title, and agency of the practitioner who entered the significant event onto the chronology	Event code This can include a traffic light system; Red for alerts or Negative outcomes, Amber for significant events, Green for positive outcomes
15 05 2013 at 14:00	During a pre-birth contact home visit Ms Cumming disclosed she had separated from Christine's father and he had gone back to Iran with no plan to return.	Ms Cumming the child's mother	Midwifery service increased support to ensure Ms Cumming was clear about the Hospital location and birth plan arrangements	18 05 13 Alice Smith, Midwife, Townhead Maternity Unit GGC NHS	
12 06 13 at 04:30	Premature delivery of baby Christine at week 36	Midwife	Assisted (ventouse) delivery of healthy baby girl. Discharged home after 48 hours	14 06 13 Alice Smith, Midwife, Townhead Maternity Unit GGC NHS	

Lead professional name: Jean Jones			Lead professional agency: Education – Greenock Nursery		
Date shared chronology was last updated/reviewed: 29 09 2015					
Date and Time date and time the event happened should be recorded	Significant event A brief description of the event should be recorded here. Language should be plain English, clear and concise, so that the chronology improves understanding and supports good decision making.	Source of information Information in the chronology should be current, factual and from a reliable source. Record where information has originated e.g. professional, neighbour, friend, relative or child themself	Action taken/Actual outcome This may be simply monitoring or increased observation, reported to the person taking on named person responsibilities or a very short statement of action. Narrative should be in the child's file, record or clinical notes	Practitioner name, title and agency It is important to record the date name, title, and agency of the practitioner who entered the significant event onto the chronology	Event code This can include a traffic light system; Red for alerts or Negative outcomes, Amber for significant events, Green for positive outcomes
10 04 14	Mum and baby relocate to Greenock to be closer to Ms Cumming's best friend Carol.	Mother	All went well with the move. Ms Cumming registered with GP five months after arriving in Greenock (reg - 26 August 2014).	09 09 14 Sarah Brown, Health visitor, Greenock Health Centre	
04 09 14 at 15:00	First Home visit; 15 month Developmental and wellbeing review. Baby has not had 4 month or 12–13 month immunisations yet and mum says she is receiving treatment for depression from her GP.	Health visitor (EMIS record)	Immunisations brought up to date. Mum declined HV offer of parenting support. Next review due Sept 2015.	09 09 14 Sarah Brown, Health visitor, Greenock Health Centre	
16 03 15 at 13:30	First Greenock GP appointment for mum with toddler Christine also attending. Christine is significantly overweight mum continues to be low mood.	GP (EMIS record)	With consent of mum GP shares information with HV. Mum agrees to a home visit from health visitor.	13 04 15 Sarah Brown, Health visitor, Greenock Health Centre	
20 04 15	Health - wellbeing universal assessment and plan completed		Single agency plan introduces the, Health visiting Nursery nurse service to support on healthy eating and physical activity.	22 04 15 Sarah Brown, Health visitor, Greenock Health Centre	
22 06 15 at 11:00	Review meeting of single agency plan. Weight of child continuing to increase.	HV (EMIS record)	All agreed to step up the plan. Request for assistance to Early Years Admission panel asking for help from Greenock nursery. Specialist Children Service dietician also joins the team as does mums friend Carol	Sarah Brown, Health visitor, Greenock Health Centre	

Lead professional name: Jean Jones			Lead professional agency: Education – Greenock Nursery		
Date shared chronology was last updated/reviewed: 29 09 2015					
Date and Time date and time the event happened should be recorded	Significant event A brief description of the event should be recorded here. Language should be plain English, clear and concise, so that the chronology improves understanding and supports good decision making.	Source of information Information in the chronology should be current, factual and from a reliable source. Record where information has originated e.g. professional, neighbour, friend, relative or child themself	Action taken/Actual outcome This may be simply monitoring or increased observation, reported to the person taking on named person responsibilities or a very short statement of action. Narrative should be in the child's file, record or clinical notes	Practitioner name, title and agency It is important to record the date name, title, and agency of the practitioner who entered the significant event onto the chronology	Event code This can include a traffic light system; Red for alerts or Negative outcomes, Amber for significant events, Green for positive outcomes
02 07 15 at 10:00	Multi agency Wellbeing assessment completed and child's plan updated.	Family support worker (SEMIS record)	Assessment completed by lead professional Family support worker. Mum to attend Skills for cooking twice per week and toddler Christine to attend nursery 5 times per week	16 04 15 Jean Jones, Greenock Nursery Family support worker, Education	
17 07 15 at 15:45	Sporadic attendance at nursery	Family support worker (SEMIS record)	Of a possible 10 attendances Christine has attended 7. She has missed both Mondays. I will speak to mum and see if she needs additional support.	17 07 15 Jean Jones, Greenock Nursery Family support worker, Education	
07 08 15 at 10:00	97% attendance in past 3 weeks at nursery. 1 authorised absence	Family support worker (SEMIS record)	Mum said Monday morning motivation was poor but her friend Carol now gave her an alarm call. Excellent response by mum and Carol.	07 08 15 Jean Jones, Greenock Nursery Family support worker, Education	
29 09 2015 at 13:30	Child's plan review meeting	Family support worker (SEMIS record)	Christine is now in the healthy weight range (88th centile). Attendance 100% since 07 08 15. 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.	05 10 15 Jean Jones, Greenock Nursery Family support worker, Education	

Appendix 3: References

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