# **GUIDE TO LEGAL PLANNING MEETING (LPM)**

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# **Preface:**

The Legal Gateway/Planning Meeting is an essential part of the process for dealing with public law children’s cases under the Public Law Outline. Its purpose is to consider all the information available and decide if the legal threshold is met. If met, a decision is made on whether it is in the best interests of the child to provide a further period of support for the family with the aim of avoiding court proceedings, or whether an application for an order should be initiated immediately.

The Threshold Criteria are the facts that a Local Authority must prove if they want the Court to make a Care or Supervision Order. Care proceedings are the option of last resort and should only be initiated where the safety and welfare of the child demands it, and the Threshold Criteria are met.

The purpose of this guidance is to support social workers and managers to make consistent and timely decisions when considering how to safeguard the best interests of a child. The ability to hold risk safely whilst building on family strengths is central to this. Local Authority decision-making should be underpinned by principles of partnership working and relationship-based and restorative practice at all times guided by our practice framework – Better Together. Our goal is to enable children to thrive within their own families, immediate or wider, when it is safe and appropriate to do so.

Legal advice at LPM that the Threshold Criteria are met does not always mean it is right, or proportionate to, proceed to pre-­proceedings or make an application to the court for an order. Progress with some families where the child is on a child protection plan can feel slow or absent or there may be a need for specialist assessments or tests. However, this should not be the driving factor in decision-making to escalate towards the Public Law Outline (PLO). Despite the Threshold Criteria being met, thorough consideration should be given as to what might be done differently to achieve progress without escalating towards PLO.

An important balance should be struck between working supportively with the family to bring about change, the potentially damaging impact of delay for the child, and the risk of the situation escalating to crisis point leaving no alternative but to commence care proceedings. It is also important that appropriate support is in place to facilitate the effective participation of the wider family.

Central to effective pre proceedings and care proceedings is being able to show clearly that the issues of concern have been explained to the parents and opportunities to change afforded. This must include communicating to parents when concerns are escalating and reminding them that the next step will be care proceedings unless they can demonstrate change. This is central to our work to help children be cared for by their parents. Parents need to understand what is required of them and be helped to understand what change is needed, and as already noted, be supported to make the necessary change.

#

# **When to refer families to LPM?**

[Public Law Working Group Best Practice Guidance: Support for and Work With Families Prior to Court Proceedings](https://www.judiciary.uk/wp-content/uploads/2021/03/Prior-to-court-proceedings-BPG-report_clickable.pdf) sets out some (non-exhaustive) examples of some key points at which a family should be considered for presenting at legal gateway/planning meeting:

N.B. Social work teams have access to a duty lawyer for advice and support at all times, regardless of the status of the child or stage of referral.

* When concerned that it may not be possible to safeguard the best interests of a child by working in agreement with the parents/carers and/or if it appears impossible to progress a viable plan for a child.
* Where a child has come into care under police protection.
* Where a Section 37[[1]](#footnote-1) report has been directed by the Court
* Where a Supervision Order is due to expire in the next three months
* Where Revocation of care or placement order is sought
* Where a child has come into care under S20
* Deprivation of liberty (‘DOLS’) and secure accommodation orders/extensions – s25[[2]](#footnote-2) advice
* Concerns identified that could indicate necessity to seek a forced marriage protection order – any such concerns should be discussed with legal at the earliest opportunity.
* Referrals concerning possible radicalisation.
* Wardship – inherent jurisdiction of the High Court
* Where families that have previously been through Pre-Proceedings and/or/Care proceedings and similar concerns re-occur.
* Where it is thought that a legal order may be required in order to assist in the permanence planning for children, whether that is a return to the family or to achieve permanence elsewhere.
* Where there is a serious concern about the welfare and safety of an unborn child.
* Families where the mother or father have had child(ren) removed from their care in the past and there is concern that any presently identified risks cannot be managed with the children remaining in the parents’ care.

# **What needs to happen before referral?**

The decision to refer a case to LPM should be taken by a Head of Service. It is the responsibility of the Team Manager to identify families who should be considered for referral to LPM through case supervision/discussions with the allocated Social Worker. In addition to the Team Manager, the Child Protection Chair should also consider whether a family should be referred to LPM at child protection conferences and discuss their views with the Team Manager.

*Factors to be considered before making a referral:*

* What is the lived experience of the child(ren) and how is it impacting on their wellbeing?
* Are you concerned that you can no longer ensure a child’s safety under the current protective measures that are in place?
* How long has social care been involved with the family? What are the concerns, and the history of such concerns, of the local authority and/or other agencies?
* Have any changes been made within the family to mitigate the risk factors?
* What support services have been offered to the family? Have the right services been offered to address current risks?
* What more can be done to support the family? Are there any additional multi-disciplinary services who might be able to help?
* Has there been a Family Group Conference and/or engagement with wider family and friends to consider what support they could provide?
* How has the family engaged with these services and what is the impact on the children’s wellbeing / outcome of this engagement?
* What needs to change/happen and what is the plan for the family moving forward?
* How have social and cultural differences and inequalities been addressed? Have interpreters been consistently used whilst working with the family?
* Have case management discussions included exploration and analysis of: (a) What is it hoped that proceedings will achieve? (b) Why are proceedings needed now? (c) Why do we need an Order to implement the plan of work?
* Do we have a viable care plan that will significantly improve the outcomes for the children? What care plan options available?

Following consideration of the above points, the Head of Service will then identify whether further work is required with the family or if a LPM is needed. At this point, the senior manager should make a written record, clearly setting out the reasons for their decision. This will inform the decisions that follow so clear and unambiguous reasoning is important. If Head of Service agrees to an LPM referral, SW team will complete the referral.

# **Family Group Conference (FGC):**

It is important that wider family members are identified and involved as early as possible, as they can play a key role in supporting the child and helping the parents to address identified problems. When problems escalate and children cannot live safely with their parents, local authorities are bound by statute to explore placement of children with suitable wider family members, where it is safe to do so.

Enabling wider family members to contribute to decision making where there are child protection or welfare concerns, including where a child cannot remain safely with birth parents, is an important part of pre-proceedings planning. Wider family meetings, such as Family Group Conferences are an important means of involving the family early so that they can provide support to enable the child to remain at home or look at alternative permanence options for the child. SW teams should consider referring the family to a Family Group Conference service if they believe there is a possibility the child may not be able to remain with their parents, or in any event before a child becomes looked after, unless this would be a risk to the child.

The use of family group conferences ensures that wider family members understand early the seriousness of the situation and have the opportunity to make contingency plans for alternative care within the family if the parents do not satisfactorily resolve their problems within the child’s timescale.

It is expected that a Family Group Conference has taken place or is planned at the time of an LPM referral.

# **Referral documentation:**

To allow a full and informed discussion to take place at LPM the following information must d be on hand to assist the members of LPM with their deliberations:

1. LBTH common referral form
2. Child Impact Analysis (Section 3 of the SWET)
3. Single Assessment completed within the past six months
4. Genogram (three generational) and Ecomap
5. Chronology (see a brief guidance on good chronologies at the end of this document)
6. Current Child Protection Plan/Child in Need Plan/Pre-Proceedings Plan/Supervision Support Plan/Children in Care plan
7. An outline of the proposed plan for working with the family and draft Letter Before Proceedings (if Pre-Proceedings is sought)
8. Copy of the Section 37 report in draft (for Section 37 cases only. Section 37 cases must be presented to LPM at least 2 weeks prior to their filing date)
9. Details of any previous expert assessments (if there have been previous Pre-Proceedings/Care Proceedings and if available)

The referral form and accompanying documents must be vetted by the Team Manager before submitted to the panel clerk.

LPMs are held **every Tuesday afternoon** and the cut-off date for referrals is **4pm on a Thursday**. The referral documents must be sent to Yema Willaims – Yema.Willaims@towerhamlets.gov.uk panel clerk. In her absence, the referrals documents must be sent to Alex MacGarr – Alex.MacGarr@towerhamlets.gov.uk

SW team should ensure that referral from is completed with all relevant details of the children and parents and relevant supporting documents are submitted. Failure to provide this may lead to child/ren not placed on the LPM agenda. The panel clerk will circulate the referral documents to panel members before 4pm on Fridays.

Head of Legal Safeguarding or the Principal Lawyer for Children will read the referrals and allocate the child/ren to lawyers within the legal team, subject to capacity and experience.

The panel will read all referrals before the LPM. The allocated lawyer will provide written advice to panel members and to social worker and Team Manager within 48 hours of the LPM.

Once a LPM date has been booked, the request for a LPM cannot be withdrawn without the Chair’s approval.

# **Panel discussions:**

A Legal Gateway/Planning Meeting is an opportunity to discuss child/ren’s circumstances fully, and to consult with colleagues to ensure that children are the subject of active case management and that appropriate legal action is taken when required to promote and safeguard the welfare of the child.

The role of the local authority legal adviser is to advise about the legal possibilities for achieving the desired aim and to give a view about the quality of the evidence available.

The panel will have read the referral documents. SW team will be asked to provide a brief overview of the case and asked about what action is being sought from the panel. Discussions will be focused on the facts of the case and on conclusions that flow from those facts. Clarification of facts will be sought, and any missing information identified. Legal advice will then be provided.

The expectation is that the SW team, along with their Head of Service will have explored the care plan options, prior to the LPM. These plans can then be agreed/clarified at LPM once advise on threshold has been given and decision made as to next steps.

At the meeting, a decision should be made in principle about whether the Threshold Criteria have been met. The local authority should then decide, based on a robust analysis of the level of assessed risk, whether:

* It is in the best interests of the child to provide a further period of support for the family with the aim of avoiding proceedings; or
* Whether proceedings should be initiated immediately.

The meeting should also identify any evidence gaps, clarify whether additional assessments will be required, and consider what would be a suitable draft Care Plan for the child.

**Note**: where children are already Section 20 Accommodated there should be no delay in issuing proceedings where this is required (see [Decision to Look After Procedure, Section 20 Accommodation](https://www.proceduresonline.com/towerhamlets/cs/p_dec_look_aft.html#section_20)).

The Chair's role is to consider all the information and advice available and decide the most effective course of action to promote the safety and wellbeing of the child(ren).

Any potential issues/documentation regarding parental capacity to litigate should be flagged up at the meeting.

Note: Minutes of Legal Planning meeting and Legal advice are legally privileged and should not be made available to parents or other parties in any potential proceedings without discussing with legal first.

# **Emergency LPMs:**

There may be occasions when a case needs an urgent decision such as an application for an Emergency Protection Order/Short Notice ICO/Ex-Parte ICO/Forced Marriage Protection Order or when a child comes into care under Police Protection. In cases where a decision needs to be made urgently, the Head of Service for the Team will convene a LPM to which the duty lawyer and the Courtwork Manager will attend, together with Social Worker and their Team Manager. Convening an emergency LPM should be the exception and not the rule. The SW Team must invite the duty lawyer to any strategy meeting regarding these matters.

# **DOLS review:**

In order to ensure a high level of scrutiny of any child placed with a DOLs, a review of a DOLs will take place at Legal Planning Meeting.

A deprivation of liberty is when a person has their freedom limited in some way. It occurs when: 'The person is under continuous supervision and control and is not free to leave, and the person lacks capacity to consent to these arrangements.

Restricting the liberty of children in order to safeguard their welfare is clearly a very serious step and should only be used on rare occasions. This should be taken only when the needs of the child cannot be met by a more suitable placement elsewhere. Section 25 of the Children Act 1989 sets out two criteria, one of which must be met before a young person being looked after by the local authority can be kept in secure accommodation. Restricting the liberty of a child should be given the same consideration and needs to meet these criteria.

The review under Secure Accommodation Regulations is entirely different to those for children subject to DOLs. It is intended that any child subject to a DOLs will have a significant high level of scrutiny, as so to ensure no children has their human rights breached. It is therefore intended that a child subject to a DOLs will be reviewed in line with the same time scales as children subject to secure accommodation orders and through the legal planning meetings. A review of the DOLs should take place within 28 days of a child being placed with a DOLs and every three months thereafter. This will take place through the Legal Planning Meeting to consider any application to the court to keep the child subject to a DOLs order beyond the expiry of the current DOLS.

An explicit time slot needs to be arranged with the administrator of the Legal Planning Meeting and a Head of Service independent of the line management of the child placed subject to DOLs, will lead the review of the DOLs. The social worker will be responsible for preparing a report (using the Secure Accommodation Review Panel Report Template) for the LPM, which has been approved by the social worker’s manager and reflects the views of those consulted about the placement, the Children’s Guardian and the DOLs provider. The report must include an exit plan. This must be sent to the LPM administrator x working days before the LPM.

An independent Head of Service (with no case line management or involvement with the child) will attend the LPM and will be responsible for the independent review of the DOLs, alongside the LPM standing members and chair. The independent Head of Service will be responsible for determining, once all the information has been shared, about whether it is appropriate for the DOLs to continue. The Head of Service will complete criteria for DOLs and decision in the form. The child will be advised by the Head of Service about the outcome of the DOLs review via letter.

# **Children under Police Protection:**

Social Work teams (including EDT) must immediately inform the duty legal and Courtwork Manager when children are police protected. Emergency legal advice should be sought on such cases.

# **Pre-birth/New-borns and Infants:**

The timing for initiating PLO is critical here. Where there is a serious concern about the welfare and safety of an unborn child and families where the mother or father have had child(ren) removed from their care in the past and there is concern that any presently identified risks cannot be managed with the children remaining in the parents’ care, the unborn child/ren should be referred to LPM without delay. If the Local Authority is already involved with the expectant mother and/or the father, a pre-birth assessment should commence as early as possible. The identification of needs, and the provision of support, should happen as soon as possible. With some families, the pre-birth assessment may not commence until very late in the pregnancy or even after birth due to late referrals, however where referrals are made early, the case should progress to LPM swiftly without delay.so that a clear plan is in place prior to the birth.

LPM will consider the outcome of any pre-birth assessment and make a decision as to whether an application for a care order will be made at birth. SW team must recognise that this is a stressful time for expectant parents, and we want to work humanely and compassionately whilst also recognising the need to safeguard the unborn baby. If an application at birth is deemed necessary, then draft court documents (statement and evidence in support) should be ready to send to lawyers by the 34-35 weeks of gestation (consideration to be given to the likelihood of early arrival of babies).

Placement options should be explored with the parents and with family members from the very beginning of the Local Authority’s involvement. Placement options will be discussed at LPM, and a decision made at LPM as to where and with whom the baby should live after discharge from hospital. parent-and-baby foster placements or fostering-to-adopt placements, placement with family members, so as to ensure that early permanence is achieved for babies, as appropriate.

Case progression should follow the below timeline. This is an ideal timeline to follow in case of early enough referrals, but in cases of late referrals, the process should be fast tracked. Similarly, in cases new-borns and infants, case progression should be fast tracked to ensure no delays.

|  |  |
| --- | --- |
| 12 weeks | Contact/Progress to Referral |
| 13 weeks | Post Referral Visit |
| 19 weeks  | Completion of Pre-Birth Single Assessment |
| 20 weeks  | Strategy discussion/Meeting (if required) |
| 21 weeks | CIN review (if that’s the case progression pathway) |
| 23 weeks | ICPC/LPM (if required) |
| 25 weeks | Initial Pre-Proceedings meeting |
| 25-34 weeks | Support/Assessments |
| 30 weeks | Review PPM |
| 34-35 weeks | Final PPM |
| 35 weeks | Preparation to issue (if that’s the care plan). Draft SWET to be sent to Legal |
| Day of Birth | Issue court application on first working day after birth |

# **Supervision Orders:**

Children subject to Supervision Orders must be referred to LPM at least 2 months prior to the Order’s expiry. A review by the CIRO must take place before the case is presented to the LPM.

Referrals to LPM must include a clear recommendation from the SW team and CIRO and a plan forward. If the recommendation is to seek an extension of the Supervision Order, an updated Supervision Support Plan should accompany the referral. If the recommendation is for Supervision Order to lapse, a clear step-down plan should be provided (refer to LBTH Procedure on Supervision Orders).

# **Panel:**

Legal Planning Meeting panel consists of:

* Head of Service, Family Support & Protection (Chair)
* Head of Service, CLA & TCT (as critical friend and Co-Chair)
* Head of Legal Safeguarding or Principal Children’s Lawyer
* Court Work Manager
* Group Manager, Permanence
* Group Manager, Parenting Assessments
* Family Group Conference Manager

Two Heads of Services will be present at all LPMs. If not available, cover arrangements must be made with another Head of Service. Cases for consideration by LPM should be presented by the social worker, supported by their team manager. Legal advisor for the allocated case will attend and advise on each case presented. If available, the CIROs should also attend where appropriate and provide a view.

DOLs and DOLs extensions - The Head of Service for SQA will Chair cases where DOLs and DOLs extensions are sought.

At the LPM, the Group Manager for parenting assessments will bring details of capacity for parenting assessments – both availability of assessors and timescales. This will aid quick case allocation for parenting assessments.

Where the child has been in foster care, the views of the foster carer should be sought by the child's social worker and taken into consideration in the Legal Gateway/Planning Meeting. This may include information on the child's progress in their placement and on the impact of contact with their family.

# **Review of Decisions made at LPM:**

At times, decisions made at LPMs require review due to changes in children’s circumstances. In these circumstances, the SW team will update the relevant Head of Service who will in turn have a discussion with the Chair of the LPM, allocated lawyer and the Courtwork Manager and a decision will be made. Whether the change necessitates a review LPM, will be decided by the Head of Service. In any event, a record of the above discussions and legal advice should be made and placed on Mosaic and on legal’ s case management system.

#

# **Post LPM:**

Following the LPM, Courtwork Manager will send out outcomes from the LPM by the close of the day. Allocated lawyer will provide written legal advice within 72 hours.

If decision has been made to commence care proceedings, Letter of Intent/Issue must be served on parents or anyone with Parental Responsibility within 48 hours and an application to the Court must be made within 5 days. However, on short notice applications, Letter of Intent must be served as soon as possible, and applications must be made as soon as possible as well.

If decision has been made to commence Pre proceedings, Letter before Proceedings must be served to parents or anyone with Parental Responsibility within 3-4 days. The initial Pre-Proceedings meeting should be held within 10 days of the LPM. A mid-way review should be held around 6-8 weeks and a final review held at 12 weeks.

Please see below a Process Chart on Legal Planning Meetings, an updated referral form and a guide to compiling an impactful case chronology.

# **Legal Planning Meeting – Process Chart**

SW discusses case with Team Manager. SW team considers the guidance while having case discussion

SW team discusses the case with HoS, HoS considers the LPM guidance document in case discussion, considers the merit of the case and offers critical challenge, and explore alternatives. HoS Agrees/Disagrees with a referral to LPM

Panel clerk circulates the agenda and LPM referral documentation to panel members by Thursday 5pm

SW team makes referral to LPM if HoS approves. Referral is sent to the panel clerk by 4pm on Thursday (Refer to the referral checklist and required accompanying documents)

Head of Legal Safeguarding/Principal Children's lawyer allocates case to a lawyer

Panel reviews the referral documentation in advance of the LPM and allocated prepares a draft legal advice.

LPM takes place on Tuesday afternoon. Brief outcomes are sent out by Courtwork manager by the close of day. Legal advisor to provide written legal advice within 72 hours

Threshold not met - No further action. Continue under current plan

Threshold met, but it’s not deemed in the best interests of children to pursue either PLO route. Case to be worked under current plan

Threshold Met - but does not require immediate issue. Commence Pre-Proceedings

Threshold met – Issue Care Proceedings


# **A close up of a logo  Description automatically generatedLBTH Request for Service Form (internal)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Start date of latest CSC involvement:**

|  |  |  |  |
| --- | --- | --- | --- |
| **No** | **Child’s Name** | **Dob** | **Mosaic ID** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
|  | **Parents Name** |  |  |
|  |  |  |  |
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|  |  |  |  |

**Address:** |
| **Attachment checklist (please check)** *Single Assessment* *[ ]  Child Impact Analysis [ ]  Chronology [ ]  3 Generational Genogram/Ecomap [ ]  CIN/CP/Pre-Proceedings/Supervision Support Plan* *[ ]  Suggested action plan* ***[ ]*** *Draft Section 37 report**[ ]  DOLS paperwork [ ]*  |
| **Reason for this referral:*** *This is an overview, an opportunity to summarise the salient points of the child and family’s circumstances in a few paragraphs, ideally less than one page. Think about what harm the child has suffered, likely to suffer, and evidence of that harm.*
* *There is no need to repeat in detail anything covered in other accompanying referral documenst such as Chidl im Pact analysis, case chronology*
* *It might be helpful to think about: past harm, future danger and complicating factors here.*
* *Details of any precipitating incident,*
* *Work already undertaken/support offered to mitigate the risks,*
* *What family options/support has been explored.*
* *Can we keep the child safe at home with support?*
 |
| **Actions requested (What we want/ what is needed):*** *State what action is being sought from the panel, please provide evidence of why this is being requested i.e. why now, what has changed? If Pre-Proceedings is sought, the referral must accompany the Pre-Proceedings intervention plan.*
 |

**Social Worker:**

**Team Manager:**

**Date:**

# **How to compile a Chronology**

This brief guidance is taken from Watts R. (2022). *Completing social work chronologies: Practice Tool (2022)*. Dartington: Research in Practice. Full guidance can be accessed at - [Completing social work chronologies: Practice Tool (2022) | Research in Practice](https://www.researchinpractice.org.uk/children/publications/2022/august/completing-social-work-chronologies-practice-tool-2022/)

A chronology is a list of events that have occurred within a family in date order providing the date of the event, brief detail of what the event was and the source of the information where required, and the significant of this event. Overall, the chronology should provide a prompt, concise and visual outline of significant events based on the facts.

Where children are receiving support from more than one service, this running order of events should be multi-agency with each agency contributing, and the social worker taking the lead in pulling the information together and taking care to identify the source for each entry.

|  |  |  |
| --- | --- | --- |
| **Date** | **Significant event** | **Impact on the child(ren)** |
| The date or time period for each significant event should be recorded here. | A brief description of the significant concern, event or incident and the professional action or response. If no action taken, specify why not.Information should be clear, factual, accurate, and concise. Full case notes should not be copied over.The source of the information should be identified. | Potential and actual impact on the child. To include observation, child’s expressed views and professional judgment. |

Significant events should focus on the circumstances that had a positive or negative impact on the child.

They might include:

* Key dates of birth, deaths, marriages, co-habitations, relationships.
* Childhood history of parents.
* Transitions and life changes, house moves, changes of carer, contact arrangements.
* Social care intervention - Injuries, neglect of care, incidents of hospital admission, parental incidents including domestic abuse, substance use, violence, criminal history.
* Incidents of racism and oppression.
* Key professional interventions, what’s been tried, missed appointments, engagement, other professionals involved.
* The child’s voice – when seen, observed behaviour, views sought.
* When the child has been provided with explanations and what words were used.
* Family and organisational responses to intervention.
* Outcome of referrals and actions taken.
* Child’s health history, immunisations, injuries and hospital admissions.
* Education, training and employment including achievements, qualifications, changes of school, periods of exclusion, absence.
* Changes in the child’s legal status and placement history of children in care.
* Events of religious/cultural significance.

The information recorded in chronologies should be succinct and to the point. Practitioners should avoid an indiscriminate transfer of case recording as too much information is likely to lessen the chronology’s effectiveness and impact. Usually, two or three sentences detailing the incident or event and its significance will be sufficient and help social workers identify relevant patterns when it comes to analysing the information at a later point.

Social workers should remember that the chronology will be shared with the family and potentially the child when they are older, so it should be written in accessible language with jargon and acronyms avoided.

This should provide a visual aid for social workers to notice patterns of events and potential escalation in harm and the level of risk and times of greater protection for the child easier to identify. Practitioner analysis should also be used here to consider what the level of risk and impact of each incident is for that specific child.

An example:

|  |  |  |
| --- | --- | --- |
| **Date** | **Incident or sequence of incidents relevant to the child/ren’s welfare** | **Significance – Impact on child/ren** |
| 01.05.21 | Police Referral: Mr Johnson and Ms Smith had an argument whilst the children were at maternal grandmother’s. The police were contacted by a neighbour. The police found Ms Smith with injuries amounting to ABH (Actual Bodily Harm). Mr Johnson said that he had bitten and punched Ms Smith, but said that she started the altercation.Initial home visit and agreement for support to be offered under a child in need plan. Family group conference to agree a safety plan arranged.   | Further incident of domestic abuse which contributes to ongoing risk to the children, despite them not being present.  |
| 07.06.21 | Mr Johnson called the social worker to inform that he and Ms Smith decided to separate to prevent further arguments in their relationship.  | Potential increased safety for the children with Ms Smith and Mr Johnson understanding risks of violence between them and acting to protect them.   |
| 11.06.21 | New police referral – Ms Smith was assaulted by Mr Johnson and this was witnessed by the children. Samantha was injured when she fell out of the pram during the dispute. A Section 47 was initiated, and found Samantha had a bruise and abrasion on her forehead. Tommy told the social worker that he was worried about his mother being hurt by his father.Child protection conference arranged.   | Samantha physically injured and both children were scared and distressed. Children assessed to be at high risk of further emotional and physical harm due to safety plan not protecting the children.   |

1. Refer to - [Children Act 1989 (legislation.gov.uk)](https://www.legislation.gov.uk/ukpga/1989/41/section/37) [↑](#footnote-ref-1)
2. Refer to - [Children Act 1989 (legislation.gov.uk)](https://www.legislation.gov.uk/ukpga/1989/41/section/25) [↑](#footnote-ref-2)