Chronologies – practice guidance

A good chronology is more than a list of events. It is at the heart of a good social work record. It enables continuity when the child’s social worker is off work or moves on. It tells the child’s story, so is an invaluable starting point when a child or young person wants to see their records. It provides an overview of the child’s experiences and helps us understand what their life has been and is like. It reveals patterns and trends, so we can understand events in their historical context and not just as one-off incidents. It describes the actual and likely impact of their experiences. It provides us with the basis of important conversations with children. It gives us evidence for intervention.

You can see from all that just how important chronologies are in helping children. The better we can make them, the more valuable they are for the child.

# What constitutes a good chronology?

* **It needs to be up to date**. If it’s not, it doesn’t tell the whole story. That’s frustrating if you’re a social worker new to the child, as it means you have no immediate picture of the child’s story. How much worse is it if the child reads their records in years to come and sees big gaps?
* **It needs to show key events**. What constitutes a key event will vary to some degree according to the child’s circumstances and needs, so professional judgement is needed. Going on a school trip isn’t a key event for most children, but for a child who has had poor school attendance and limited social interaction with peers because of neglect, it may well be a pertinent inclusion. There are some events that should always be included. It is not an exhaustive list.
  + **Referral information**. When and why did we conclude the child needed a single assessment? Include a summary of the referrer’s concerns.
  + **Strategy meetings and s47 investigations**. What led to it? What were we worried about? What was the outcome and why?
  + **Single assessment outcome**. Decisions and reasons should be included, even if it’s for no further action.
  + **Child protection conferences – initial and review**. It’s important note why they were convened, what the decision was and the reasons.
  + **Admission to care**, with reasons, names of carers, whether placed with brothers and sisters or not, nature of admission (emergency, planned, legal status). It might also be important to note whether the child was distressed, relieved, pleased or blank.
  + **Changes of home (placement) for a child in care**, with the same types of information as for admission to care.
  + **Changes of school**, with reasons and details of new school. This is easily overlooked but is very significant for children.
  + **Changes of care plan**.
  + **Births, deaths, separations, admissions to care within the child’s family**.
  + **Significant medical assessments, diagnoses and treatment**. We don’t need to record a common cold unless the child has compromised immunity and the impact may be great. Serious conditions and illnesses, including A & E attendance and hospital admissions are key events. So too might be conditions that can indicate neglect, such as low weight, scabies and speech delay.
  + **Breaches of safety plans**.
  + **Violent incidents within the home or family**.
  + **Arrests, charges, convictions – of the child or parent/carer**.
  + **Significant life events** such as exam results, school commendations, achievements and passing the driving test. These are contextual. For a child who refuses to leave the house, going shopping or to an event is a big deal and worthy of inclusion.
  + **Significant management decisions**.
* **It can include a summary of other relevant events**. For example
  + If school attendance is a significant problem, the inclusion of each non-attendance would quickly lead to a very long chronology. In such circumstances we can ask the school for weekly or even half-termly attendance figures and include them: “In February, attendance was 67%, a reduction from 76% in January”. On the other hand, for a child where a single day’s non-attendance is likely to be critical, such us when it’s a breach of a safety plan, then it should be included.
  + For most children a missed medical appointment is not a key event. For some, it is part of a pattern of neglect. Depending on the nature of our concerns, we may summarise a series of missed appointments or, if each is critical for the child’s health and wellbeing, we might choose to include each in the chronology. Professional judgement is required.
* **Impact**. All chronology entries should include an impact statement, in essence what does the information we’re including mean for the child and their quality of life, and a record of what we have done about it.

From the above, you will see that there are some things that should always be included and others where professional judgement is needed. There are, though, some things that shouldn’t be included.

* **Home visits, telephone calls, messages, emails**. Unless something happened or was said that constitutes a key event, including these creates a chronology that is too long and makes it harder to find the things in it that really matter.
* **Core groups, CIN reviews, child in care reviews** – again unless something happened or was said that makes it a key event.
* **Routine management oversight**.

Finally, it’s important to stress that a chronology should be a useful working tool that helps the social worker and others reading the record, including the child, to understand the story, what it means and what we’ve done about it. It should never be simply a copy of the case records.