

**Chronology Practice Guide**

**What is a Chronology?**

A chronology is a timeline of events that are written in date order of all the major changes and significant events in a child’s or family’s life. This helps us, as practitioners, to form an understanding of what has influenced or shaped the child or family from the experiences they have had. It should contain periods where there has been significant challenges but also when things have been stable and going well.

**What is an impact Chronology?**

Chronologies are an essential document in our work, setting out the timeline, or history, of a child and their family. However, it is important that we understand how each major change, or significant event has impacted on the child. This is the purpose of an impact chronology; it considers what the specific impact was on the child of that event.

**How to use a chronology effectively**

Practitioners can use the chronology to analyse the impact of their history on the child, leading to an improved understanding of how to promote the child’s safety, wellbeing, and life chances.

Good chronologies support work with children and families by –

* Organising information in a meaningful way, enabling concise summaries of concerns, and periods of stability to be shared with the child, family, partner agencies and the court (where necessary)
* Informing planning for the child
* Providing an accurate picture of the child’s journey
* Helps explore trends that facilitate predictions and impact analysis.
* Identifying risk factors, often helping to identify risk at an early stage.
* Helping to recognise the cumulative impact of harm such as neglect which may not be immediately recognisable from looking at one incident.
* Highlighting gaps that need further assessment.
* Outlining what work has been tried previously and what worked and what did not.
* Providing an analysis of the situation
* Supporting meaningful life work with a helpful clear understanding of a child’s history.

A chronology is an important tool in avoiding ‘start-again syndrome’, where current circumstances are taken in isolation and professionals do not adequately assess risks to a child because these have not been considered in their historical context. This often results in supportive interventions being repeated even though these have not created change in the past and there is no evidence as to why these would now be effective (Brandon et al., 2008).

The child’s chronology is one of the first documents a practitioner should read when allocated to them.

**When is a Chronology Required?**

All children who are open to the Trust need to have an up-to-date chronology.

Whenever key decisions are made there should be consideration of the significant events in the family history and the impact on the child and family.

**Using Chronologies for Assessment**

Chronologies are essential to a good quality assessment and decision-making. They provide a historical overview of risks, themes and patterns, the previous involvement of services and professionals, and identify times when things have gone well. This will enable the features from the child’s history to be considered in assessing how the child and family should be supported.

Chronologies should be reviewed at the start of every new assessment to ensure that all key events have been included in the chronology but also because a good chronology will help to inform the assessment.

The chronology should not replace case records, which include more detailed information and analysis. There should be a clear distinction between the case record and the chronology. A chronology does not replace the need for a case summary which should be recorded on each open case at a minimum of 3 monthly intervals.

**What is Recorded in a Chronology?**

The chronology should not be repetition of information in the case file but key events that significantly affect a child’s life.

Core elements of chronology should include –

* Key dates of birth of the child and their family.
* Life events such as bereavement, marriages and separations, significant illness/accidents, hospital admissions and transitions i.e., change of school, change of address.
* Family issues such as criminal activity (especially violence), domestic abuse, substance misuse, parental mental or physical ill health, homelessness, financial problems, imprisonment and missed appointments.
* Key professional interventions by social care and partners – referrals, assessments, and interventions by other agencies such as a parenting programme, input on health needs, substance misuse. **Include outcomes.**
* Key risk events such as an injury, neglect evidence, missing, CSE or trafficking. **Include action taken and outcomes.**
* Key decisions such as strategy meetings, child protection conferences and reviews, child in care reviews, legal decisions.
* Positive events and periods when things are settled or going well should, where possible, also be included.

 **A chronology is not -**

* Just a reference to events or contacts without context or considering the impact of the event on the child.
* Copied across from LCS history without being edited. Excessive and unfocussed entries detract from identifying and understanding a child’s journey.

Practitioners should use professional judgement about what detail to add to the chronology and what events to include, considering the guidance of what should be included.

A chronology should be concise and contain sufficient information about a significant event or sequence of events but should not be so detailed that they become difficult to read or that important issues or patterns are lost.

**Example of a good chronology**

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| **Event Date**  | **Event Details**  | **What does this mean for the child / ren?**  | **Source / Location on Child’s file**  |
| 31-Jul-2018  | Domestic abuse incident between Mary and James. Mary presented at Police Station to report black eye and bruise to her foot. She had been kicked and punched. Mary is 6 months pregnant.   | Unborn Baby has been exposed to domestic violence and this may impact on her development when born.  | Details in the contact record.  |
| 31-Jul-2018  | Progressed to Referral. Single assessment to be completed  | Assessment required to understand whether unborn baby and family need support considering the domestic abuse incident that has happened to make sure baby is safe.   |   |
| 14-Aug-2018  | Assessment confirms concerns to unborn due to James’s alcohol misuse and ongoing domestic abuse towards Mary. Checks with partners confirm that there are worries about Mary’s mental health as a result of the violence and Police report 2 x DA incidents. Progress to ICPC  | Unborn baby is at risk of being exposed to harm due to domestic violence within the home.The impact on Mary’s mental health may lead to her not always being emotionally available to the baby, although this needs testing out. | Assessment dated 14.08.2018  |
| 01-Sep-2018  | Unborn baby made subject to Child Protection Plan under category of Emotional Abuse due to domestic abuse.Safety Plan agreed with James and Mary; James will go and stay with his brother for a couple of weeks to allow for a family meeting to take place to help keep Mary and the unborn safe.James has agreed to get support for his alcohol misuse as this is the catalyst for his violence. | There is a multi-agency plan to ensure that the unborn is protected from harm.The interim safety plan will be strengthened by family support.  | CP plan and notes of the CP meeting dated 01.09.2018.Safety plan also dated 01.09.2018. |

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| --- | --- | --- | --- |
| 21-Sep-2018  | Mother moves to own tenancy - 6 Park Avenue, Wibsey. James will not be living with her as Mary has decided that she does not want to be in a relationship with James.James has accepted this decision.Family support is in place.   | The unborn is not being exposed to domestic violence  | Case note dated 21.09.2018 |
| 01-Oct-2018  | Birth of Myley Bethany Jackson at 6pm. Mother is remaining in hospital and initial care is positive. Mother is breastfeeding. Social Worker to contact maternity ward to discuss plans for discharge.   | Myley is being cared for in a safe environment and receiving love and good care from her mother. The discharge plan is that Mary will return home with Myley and Mary’s mother will stay with her for the first week so that Mary has support with caring for Myley.  | Case notes  |
| 02-Dec-2018  | CP Review held. Decision to Rec step down to Child in Need plan. There is no evidence that the relationship has resumed between Mary and James and no further incidents of DV. Myley is meeting her milestones. Mary is accessing mental health support. James is accessing support for his alcohol misuse. Social worker has completed a risk assessment of James for family time.  | Mary has continued to keep Myley safe and is no longer in a relationship with James. James is seeing Myley in a safe way supervised by Mary’s mother. Myley is benefiting from living is a safe and loving home environment.  Mary has received treatment for her depression and is no longer suffering from low mood. Mary is therefore emotionally responsive to Myley who is developing well.  | C.P Meeting notes dated 02.12.2018 |
| 04-Jan-2019  | CiN Review. Myley continues to make good progress. Universal services are in place to support the family. CiN plan recommends closure in 3 months if progress continues.  | Myley is well cared for and safe at home with her mother. Mary is continuing to access support for her mental wellbeing and has positive support from her mother and friends and family. This means that Myley is benefiting from good quality care and seeing other people which is helping her development and social skills.   | Meeting notes dated 04.01.2019 |
| 31-Mar-2019  | CiN Review. CiN threshold no longer met. HV to take lead professional role.   | Myley is safely cared for with her mother. Health Visitor will continue to be involved to monitor Myley’s development. | CIN Review Meeting notes dated 31.03.2019 |
| 04-Apr-2019  | There is no role for children’s social care, the H.V is the lead professional.Closure agreed Julie Bridges TM  | Parents and key family members and professionals are aware of the safety plan and the need to re refer if there are further domestic abuse incidents or the couple resume their relationship. This will ensure that Myley continues to be cared for well and safely in the future.  | Case note dated 04.12.2019 |
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**Producing a chronology for Court**

The purpose of the chronology to be submitted to the court is to assist the magistrate or judge in understanding the child’s history by identifying and dating key events.

A good chronology can help to cut down on the need for the filing of statements, as at an early stage the parents and other respondents will be directed to make statements in response to the local authority case and to provide a position statement in response to local authority documents. These will include the chronology and a schedule of facts upon which the Court is invited to make findings. If facts are not in dispute, it will not be necessary to seek statements from the witnesses concerned.

The chronology must be kept simple.

Whilst children and their families often have extensive complex histories, a Court Chronology must primarily refer to the past **two years**, although if an historically significant event continues to have current relevance, then this should also be included.

It is important to include the dates on which social workers were allocated to the child or ceased working with them.

The chronology must be a balanced document so should include information that does not necessarily support the local authority case. It is important to consider parental strengths as well as concerns.

**Ask yourself:**

Have I included all events or changes in circumstances that had a significant impact on the child?

* Only include a CP/LAC visit if something **significant** happened.
* Don’t clutter up the chronology by copying and pasting case notes or including lists of dates of visits.

Is it easy to read?

* Multiple significant events may be **grouped** together e.g.: Between April – June 2012 there were 23 incidents of absconding which increased in frequency and duration each week, rather than listing all 23 separate incidents.

Is the outcome clear for each event?

* If events are significant, they require a **response** – a chronology of incidents with no details of what was done raises questions about the SW involvement.
* If there was no action, explain why not.

Is the evidence included?

* Where relevant, bring together information from a **variety of sources** and always identify the source.
* Always reference other documents clearly

The Court chronology can be downloaded from LCS into a word document and then edited. The LCS guidance (below) will show you how to do this.

**LCS Chronology Guidance Can Be Accessed Here:**

[**K:\Children's Department Shared Area\LCS\Guidance\General LCS Guides\LCS History and Chronology Quick Reference Guide V11.docx**](file://Bradford.gov.uk/Datavault/SSDCHI/Children%27s%20Department%20Shared%20Area/LCS/Guidance/General%20LCS%20Guides/LCS%20History%20and%20Chronology%20Quick%20Reference%20Guide%20V11.docx)