

CHRONOLOGY GUIDANCE

What is a chronology?

A chronology is a series of “headlines” which record, in date order, the significant events and changes in a child or young person’s life. It gives an immediate, visual overview of significant events that can impact upon the assessment of the child’s needs.

Why do a chronology?

It is a quick, effective way to see what is happening in the life of a child or young person. It helps identify patterns and issues – invaluable in assessing risk and when analysing the likely impact of events. It is particularly useful in cases where there may be no single “incident” – e.g. in neglect. It is therefore an essential tool in analysis and planning at all stages and especially when cases are transferred. Equally important it may later help a young person make sense of their own life.

How often should the chronology be updated?

A chronology must be started for every case at the point of referral and should contain the last 2 years of history. Chronologies with histories extending past two years should be archived with a new chronology created.

If there is no previous chronology, the newly allocated social worker can write a case summary giving an overview of the previous case history/concern/outcomes prior to current referral before continuing the chronology from the point of current referral. If there is an existing chronology but this is not to standard please see below “*What to do if the existing chronology is not to standard / is too long to edit in a reasonable timescale.*”

It is the responsibility of the allocated social worker to keep the chronology up to date. Each new significant event must be recorded on the chronology as soon as possible. This will ensure that all relevant information is available should it be required (such as in the event of Emergency Duty team becoming involved out of office hours).

The chronology should be completely up to date for all CIN, LAC and CP reviews and must be up to date at the point of case transfer / closure.

What should be in the chronology?

The chronology should contain significant events/headlines which reflect the date and what happened, the impact on the child, what work / intervention took place, who was responsible and what the outcome was. It should be an ‘at a glance’ view of the case. An example is provided at Appendix A.

Significant events which must be recorded in a chronology include:

- Dates of birth for the child and significant others (usually parents / siblings)
- Significant changes of circumstances: changes of carer, address, legal status, school, family circumstances and household composition
- Incidents and allegations of abuse, educational issues including out of school episodes, incidents of absconding, going missing or running away, incidents re bullying, gender or culture, offending or police involvement
- Family issues: changes in family composition, domestic violence, financial or housing problems, physical or mental ill health, substance misuse, homelessness, imprisonment or victimisation
- Professional involvement: Referrals (with source), assessments, significant decisions, interventions, S47 enquiries, CIN / CP episodes, court hearings, Children’s Centre involvement, FGCs, involvement of specialist services e.g. CAMHS.

Entries to the chronology should be:

- Specific, including dates / times where appropriate and the source of the information
- Contain factual information or be clearly specified as unsubstantiated
- One line only, e.g. "Jo moved to Southfields School"
- Neutral reporting, e.g. "Alleged assault on mother by father".
- Give the source, e.g. information in letter from Health Visitor
- Include all relevant headlines even if they seem contradictory
- Include headline information received from other agencies

For example:

01/01/2000

Georgina appeared at school with severe bruising to her arms and she made a disclosure to her teacher that, "daddy hits her with a brush". Management decision made to initiate s.47 enquiries.

or

03/03/2000

Strategy meeting held, agreed to hold an ABE interview with Georgina, to undertake a medical examination and to make enquiries with the family as to alternative carers within the family, whilst s.47 enquiries progress.

How to complete the chronology on Liquid Logic

Option One:

1. Click onto 'chronology'
2. Click on 'Add new chronology'
3. Enter the event date
4. Under 'Category', enter Child Protection/Child in Need or Looked After, according to what category of episode the event occurred in.
5. Under 'Type', enter the nature of the event, e.g. Strategy Meeting or S.47 enquiry.
6. Under 'Event Details' enter the details of the significant event, in no more than a few lines.

Option Two:

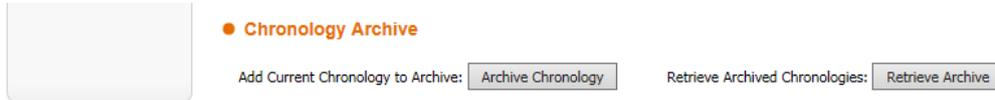
1. Click onto 'History'
2. Select 'oldest events first'
3. Click in to 'configure view' and select significant tabs (eg child protection plan) and de-select less significant tabs (eg documents)
4. Click on 'return to information view' and read through the reduced list using the + on the right hand side to add significant events to the chronology
5. Return to the chronology tab and edit the entries to ensure the event details reflect what happened, the impact on the child, what work / intervention took place, who was responsible and what the outcome was

Using the 'significant event' tab in case notes will automatically populate that case event in to the chronology. Depending on how the case note has been written this may need to be edited in the chronology to ensure the event details reflect what happened, the impact on the child, what work / intervention took place, who was responsible and what the outcome was

Workers may decide to complete a chronology in word format and upload to the documents section. In these cases an entry must be made on the electronic chronology advising of this and where in documents the chronology can be found.

What to do if the existing chronology is not to standard / is too long to edit in a reasonable timescale or goes back further than two years.

In these cases it is possible to archive the existing chronology by clicking on the “Archive Chronology” button at the bottom of the chronology page.



Once the existing chronology has been archived you can start a new chronology using either of the methods described above. This can start with a single entry that offers a case summary giving an overview of the previous case history/concern/outcomes prior to current referral before continuing the chronology from the point of current referral and should include an alert to the current chronology having been archived.

Extracting the chronology from Liquid Logic

Go to ‘print chronology’ and print a copy. This can also be saved as PDF. It is also possible to highlight the chronology in Liquidlogic and then copy (right mouse button “copy”) in order to paste in to a word document.

Appendix A

Event Date	Category	Type	Event Details
05-Feb-2014			<p>Previous Chronology has been archived – please see archive.</p> <p>Family have been known to CSC since June 2011.</p> <p>Current referral dates from 13/11/2012</p> <p>Historic concerns relate to parental substance misuse, ability to manage routines and home environment. In March 2012 Ambulance Service attended a male (visitor) who had overdosed on heroin in the family home.</p>
06-Feb-2014		CIN meeting	<p>Reports from CIN meeting that parents have separated. Update from Aspire relating to Y's recent arrest for theft.</p>
26-Apr-2014		CIN meeting	<p>Aspire reports Y's engagement with DRI Order but drug testing positive for opiates.</p> <p>Z positively engaged with Aspire but reports occasional heroin use (once per week)</p> <p>A referred by SENCO to child neuro- developmental service</p>
25-Jul-2014		CIN meeting	<p>Concern raised at the CIN meeting regarding Y's drug use. Y reports heroin use twice weekly. Probation report his poor engagement with Dug Rehabilitation Order, punctuality at appointments etc.</p> <p>Z reports occasional heroin use, once per week. Daily methadone scrip increased to 80mg</p>
09-Sep-2014		CIN meeting	<p>Y's improved engagement with Aspire and negative drug testing noted.</p>
05-Dec-2014			<p>Parental capacity assessment for drug and alcohol services completed.</p> <p>Parents renew their relationship, Y returns to the family home</p>
14-Jan-2015		CIN meeting	<p>Concern raised about A school attendance - 76%.</p> <p>Aspire report Y's poor attendance with Aspire</p> <p>Z offered additional family support from CSC</p>
29-Jan-2015		Concern noted	<p>During social work visit, it is noted that the family struggle to manage routines and household chores.</p>
25-Feb-2015		CIN meeting	<p>Y and Z report improvement in their relationship.</p> <p>Aspire report drug testing over the last month to be negative.</p> <p>A has improved attendance and punctuality at school.</p> <p>Family support visits offered to the family on a weekly basis.</p>
17-Mar-2015			<p>Parents report issue with bedbugs which appears to have been brought in to the house on a second-hand rug. Furniture, bedding and toys had to be destroyed.</p>
17-Apr-2015		Concern received	<p>Call from the head teacher reporting that, Z was late picking children up from school and seemed confused and dizzy. Z informed the school that she had had an accident, that she'd left baby D sleeping in her cot but she couldn't find C. Two teaching assistants went with Z to the home and found D asleep in her cot, C was hiding in a pile of clothes in a corner of the house.</p>

			Arrangements made for the children to stay with paternal grandparents over the weekend.
22-Apr-2015		Concern received	Information received from Middleton Primary. School receive a report that Z has been seen to be hurt and lying on the road. The boy with her is reported to say "my mum has been hurt by my dad". Z is reported to have a bleeding elbow. Z refuses any help.
01-Sep-2015			C starts reception year at Middleton Primary School
07-Sep-2015		CIN meeting	CIN meeting held at Middleton School - ongoing concern regarding parents' engagement with Aspire. Z expresses commitment to working with Aspire and her intention to reduce methadone medication.
14-Oct-2015		Concern received	Anonymous referral alleging that Y and Z are associated with drug dealing and that parents have committed house burglaries. Referrer alleges that the children are out at night with parents. Issues discussed with Z and Y and believed to be malicious.
23-Oct-2015			Y and Z decide to separate on a temporary basis. Y moves to live with his parents
30-Oct-2015			A attends appointment with neuro-developmental team. A is assessed and diagnosed with ASD. Referral for A made to sleep solutions
16-Nov-2015			Referral made for support from family aide. Twice weekly visits agreed to focus on routines and boundaries in the home
10-Dec-2015		Concern received	Z is threatened when collecting children from school. Threats to burn the house down are made by another parent. Z reports incident to the police but does not make a formal statement
17-Dec-2015		Concern received	Z is seen by the GP for an infected injection site. Z reports this is a one off
06-Jan-2016			CIN meeting held. Z does not attend as she reports she is unwell. Professional concerns include issues relating to the extent and impact of illegal substance use, risks posed by associates and visitors to the property, ongoing school attendance and lateness, Z's emotional wellbeing. All professionals at the meeting agree escalation of the case
08-Jan-2016		Strategy Discussion	Strategy discussion - decision to request initial child protection conference agreed
11-Jan-2016		Concern received	School report that A tells a member of staff he doesn't want to go home. When asked jokingly if he wants to stay in school he replies 'yes'
27-Jan-2016		ICPC	ICPC - Children made subject to CP Plans under the category of neglect