**Chronologies of significant events**

**Guidance for** **Health Staff**

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| Lead Manager | Marie Valente, Head of Child Protection Development, NHSGGC Child Protection Unit |
| Responsible Director: | Director of Information Technology. HSCP Directors, Directors of Acute Services |
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**CONTENTS PAGE**

1. **PURPOSE OF THIS GUIDANCE 3**
2. **WHO THIS GUIDANCE APPLIES TO 3**
3. **BACKGROUND 4**
4. **DEFINITIONS 4**
5. **PURPOSE OF A CHRONOLOGY 4**
6. **CORE ASPECTS OF CHRONOLOGY 4**
7. **CORE ELEMENTS OF A CHRONOLOGY 5**
8. **CHRONOLOGY AND NEGLECT 5**
9. **WRITING THE CHRONOLOGY 5**
10. **HOW MUCH INFORMATION SHOULD A 6**

 **CHRONOLOGY CONTAIN?**

**APPENDICES**

**Appendix 1: Significant events 7-9**

**Appendix 2: Significant event considerations for midwives 10**

**Appendix 3: NHSGGC Child Protection Unit Key Contacts 11**

**1. Purpose of this guidance**

1.1 Chronology is a key part of an assessment. It is used to record significant events to help professionals from a range of disciplines understand what is happening in the life of a child or young person. ‘A chronology seeks to provide a clear account of all significant events in a child’s life to date, drawing on the knowledge and information held by agencies involved with the child and family.’ *(Practice Guide Social Work Inspection Agency January 2010)*

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| *It is important to note that what might be a key event in one child’s life, such as a period of good health or good school attendance after a long period of absence or exclusion, will not even be relevant to another child. In this respect, agencies are asked to use their professional judgement in completing the chronologies.* |

1.2 Developing and analysing chronologies are essential to help identify patterns of behaviour /risk or concern that may be preventing a child achieve positive outcomes and ensures timeous action to protect the welfare of vulnerable children. This can be particularly important where a child may be subject to neglect, poor parenting, and exposed to gender based violence.

**2. Who this guidance applies to**

* 1. This policy reflects NHSGGC’s commitment to promoting equality and diversity as outlined in the Equality Act 2010. We are committed to developing and promoting policies and procedures to meet individual needs in a positive and supportive way. All procedures are implicit of people’s rights not to be discriminated against regardless of race, gender, ability needs, sexual orientation, age or religion.
	2. All services within NHSGGC, where relevant, have a responsibility to share a chronology on the child with the named person. This may be a single service chronology or a contribution to a health shared chronology. It is acknowledged that currently some health services e.g. GPs do not have IT functionality to compile a chronology. These services should share relevant information to contribute to the child’s chronology.

2.3 All staff should be aware of the importance of contributing to a chronology of significant events. All staff have a responsibility to share and receive information related to significant events with the named person, health colleagues and other agencies.

* 1. Chronologies should be kept up to date and reviewed on a regular basis.

**3. Background**

3.1 Several Significant Case Reviews and National Enquiries into child deaths have promoted the importance of chronologies. Lord Laming highlighted the importance of a chronology in child protection in both enquiries into the deaths of Victoria Climbie (2004) and Baby Peter (2008).The report into the care and protection of children in Eileen Siar (2005) recommended that ‘all of the agencies involved in protecting children must gather the information they have on individual children at risk into a chronology of key events and contacts, review it regularly and make sure that it is passed on to the professional with lead role in protecting the child. The professional with lead role must co-ordinate this in to a multi-agency chronology on a regular basis’. With the move to GIRFEC there is a duty to pass information onto the Named Person who will have the duty to coordinate information and call for a multi-agency meeting to discuss and share chronologies. If there are concerns that a child is exposed to risk then there must be a move to child protection procedures wit Social Work and Police.

3.2 The Children and Young People (Scotland) Act 2014 states, that there is a ‘Duty to help named person and to share information that is likely to be relevant to the exercise of the named person functions in relation to a child or young person’.

**4. Definitions**

4.1 Chronology is the “Science of computing dates, arrangement of events according to dates of occurrence” (*Oxford English Dictionary)*

4.2 The National Guidance for Child Protection in Scotland (2014) states ‘chronologies can help identify patterns of events or accumulation of concerns (or positive developments). They should be reviewed and monitored by managers with a quality assurance role.’

**5. The purpose of a chronology is to:**

5.1 Document systematically achievements, events, developments and changes in a child’s life, so that the pattern and impact of events on the child over time may be observed and responded to. *(Getting it right for every child)*

**6.** **Core Aspects of a Chronology** – A useful tool in assessment and practice

* **NOT** an assessment – but part of an assessment. Be accurate – rely on good, up to date record keeping.
* Contain sufficient detail but NOT substitute for recording in the record.
* Be reviewed and analysed – **A chronology which is not reviewed regularly is of limited relevance.**
* Recognise that single agency and multiagency chronologies are needed for a range of reasons e.g. current work and examining historical events.
* Record what happened and what was done at the time. Where there was no action taken this too should be documented.
* Record the source of information.

**7. Core elements of a chronology**

* + Key dates e.g. of birth, life events, moves. Transitions, life changes e.g. started nursery, new partner, bereavement
	+ Facts e.g. child on child protection register (child protection plan)
	+ **NOT opinion** - these may be for the record but the strength of chronologies lies in their reporting of facts/times/dates.
	+ A **BRIEF note** of an event, e.g. fall down stairs, came to school with bruise.
	+ The actions which were taken.

**8. Chronology and Neglect**

8.1 In cases of neglect, there needs to be a succinct, readily accessible chronology of events and concerns*. (SE 2002, Laming 2003).*

8.2 Should be kept for individual children rather than sibling groups*. (Cleaver and Walker 2004).*

8.3 The nature of neglect means that often these chronologies will be kept by Universal Services and it is important that these chronologies are regularly reviewed and well maintained so that they can be retrieved and shared as and when required.

**9. Writing the chronology**

9.1 All staff should contribute to the chronology in the child’s record. In instances of sibling groups, each child should have a separate chronology. With the move to EMIS and National Practice Model, CAMHS , Speech and Language Therapy, Health Visitors and School Nurses can all contribute to the one record therefore it is a health shared chronology and can be shared when requesting assistance from a specialist service or meeting to discuss well being of child protection concerns.

9.2 Chronologies are not exhaustive. In most cases practitioners will use

their professional judgement regarding each event in relation to an individual child’s wellbeing. The event or change must be assessed with regard to the possible impact on the child, be that positive or negative, considering both strengths and weaknesses.

9.3 New events should be added as staff become aware of them for example hospital attendance is recorded on the date the information was received but noted within the chronology as “attended Emergency Department” (ED) on the date seen at ED. If subsequently transporting chronology information to an inter-agency chronology the actual date attended can be entered sequentially into this chronology.

10. **How much information should a chronology contain?**

Chronologies should be concise but contain sufficient detail, but should not substitute for recording in the record, for example, a chronology should not contain details of every contact with the child or young person, but may include details of the contacts that were missed. The details of all the contacts with the child or young person would be contained within the child’s record, according to guidelines.

1. Health Visitors, CAMHS, SALT etc use EMIS web and have a shared record so these chronologies will be joint.

**It is not possible to provide a definitive list all the incidents that may be significant for a child. The following appendices are useful in preparing chronologies of significant event.**

**Appendix 1**

**Significant events**

**Child protection/statutory system**

* Initial case conference
* Review case conference
* Pre-birth case conferences
* Core groups
* When child protection meeting minutes are received
* Period of registration on child protection register
* De-registration from child protection register
* Notification of concerns from health or partner agency
* Information sharing request where there is wellbeing or child protection concerns from social work services agency including anonymous referrals received by social work department
* Any statutory orders i.e. supervision and any conditions attached
* Referral to children’s reporter
* Integrated assessment activity

**Risk factors/ key changes**

* Parental health issues that may impact negatively on child i.e. addictions, physical disorders i.e. arthritis, mental health problems, disability
* New partner
* Birth of a sibling
* Breakdown of existing relationship
* Changes to contact with parent for example following a custodial sentence
* Death of a close family member where there is the possibility that it will impact on the child or the parents capacity to care for the child
* Removal from the care of parents for example to kinship care or short-term intervention
* Changes to work or educational engagement i.e. parental engagement with education or job loss
* Homelessness i.e. following gender based violence
* Travelling families
* Any threats or actual incidents of violence towards NHS staff

**Contact with health services**

* GP liaison Special needs in pregnancy (SNIPs) referral and updates
* Special needs in pregnancy (SNIPs) referral and updates
* Birth details that may impact on child’s well-being i.e. prematurity, neonatal abstinence, neonatal surgery
* Childs attendance at Emergency department
* Childs attendance at out of hours GP service
* History of child having poor dental health or dental extractions
* Hospital correspondence for child where there is an outcome or change to care noted
* Health assessment i.e. LACC, comprehensive medical

**Contact with other agencies**

* To share concerns with another partner agency
* To ascertain child’s attendance at education for purpose of unseen child policy
* To share non-attendance information
* Referral made on behalf of the child

**Patterns of engagement with services including:**

* Pattern of failure to gain access to pre-arranged home visits
* Initiation of unseen child policy
* Pattern of failure of parents to attend their own appointments where such failure could impact negatively on the child’s well-being or safety i.e. mental health services, addiction services
* Re-engagement with services after a period of poor engagement i.e. home visits or appointment attendance
* Significant home visits either positive or negative
* Families seeking asylum or displaced due to human trafficking
* Over-crowding or unsuitable housing tenure
* Change of address particularly where there is possible significant impact on child either positively or negatively i.e. young parent moving into own tenancy, where there are frequent house moves, new larger tenancy

**LAAC**

* Looked after and accommodated meetings

**Movement in or out of child from caseload/health information**

* Transfer to school health for additional children
* Change of HPI which constitutes either a positive or deterioration in family circumstances
* Attendance and outcomes of extended support team meetings (educational EST)
* Change of address
* Change of child’s name (would be updated in dedicated area within notes)
* Change of educational establishment (would also be updated in contact sheet)
* Previous children accommodated - likely to have social work involvement so will be included as part of this intervention
* Completion of Triple P
* Completion of 30 month assessment
* Early weaning
* Surveillance attendance and outcomes
* Birth details including mode of delivery and Apgars
* Completion of scheduled immunisations

**Appendix 2**

**Significant event considerations for midwives** (many /all of above are significant to midwives).

* The chronology is shared with the Named Person (Health Visitor) at discharge of mother and baby.
* Registered/not registered/temporary registration ··with a GP and subsequent changes of GP.
* New born child’s significant events that occurred ··during pregnancy and birth e.g. birth trauma, congenital abnormalities, foetal alcohol syndrome, blood borne viruses, low Apgar score at ten minutes (assessment of baby’s physical condition) etc.
* Kept or missed antenatal appointments.
* Any recorded concerns for the child’s wellbeing including attachment and care of child or environment.
* Mother who ‘goes missing’.
* Parents or carers physical or emotional well-being including substance misuse, mental health, learning disability, domestic abuse, criminality or antisocial behaviour.
* Family, care structure e.g. through separation, divorce, bereavement, birth of a sibling new partner.
* Family circumstances e.g. re-housing, homelessness, changes to those living in the home, custodial sentence.
* Child protection activity, including antenatal period e.g. child protection request for assistance, investigation, registration, date when child protection activity ceased, child protection order, initial case conference, case discussion, planning meeting, protection case supervision, child protection case conference dissent.
* Any threats or actual incidents of violence towards NHS staff.

**Appendix 3**

**NHSGGC Child Protection Unit – Key Contacts**

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| --- | --- | --- | --- |
| **NAME** | **TITLE** | **TELEPHONE NUMBER** | **EMAIL ADDRESS** |
| Marie Valente | Head of Child Protection Development | 0141 451 5617 | Marie.valente@ggc.scot.nhs.uk |
| Jean Herbison | Clinical Director | 0141 451 6604 | Jean.herbison@ggc.scot.nhs.uk |
| Catherine Martin | Business Manager | 0141 451 6550 | Catherine.martin@ggc.scot.nhs.uk |
| Kerry Milligan  | GPwSi child protection  | 0141 451 6605  | kerrymilligan@nhs.net  |
| Karen Gleed  | Child Protection Advisor | 0785 509 7867 | karen.gleed@ggc.scot.nhs.uk |
| Elaine Smith | Child Protection Advisor | 0797 273 2185 | elaine.smith@ggc.scot.nhs.uk  |
| Phyllis Orenes | Child Protection Advisor | 0789 117 2240 | phyllis.orenes@ggc.scot.nhs.uk |
| Liz Lamb  | Child Protection Advisor | 0774 747 5442  | Liz.Lamb@ggc.scot.nhs.uk  |
| Mary Ann Tanzilli  | Child Protection Advisor | 0777 321 3721  | MaryAnn.Tanzilli@ggc.scot.nhs.uk  |
| Carol Bews  | Child Protection Advisor | 01389 814 344  | carol.bews@nhs.net  |
| Janice Thorn  | Child Protection Advisor | 0776 864 5965  | janice.thorn@ggc.scot.nhs.uk  |
| Shona Wylie  | Child Protection Advisor | 0776 608 5403  | shona.wylie@ggc.scot.nhs.uk  |
| Claire Keenan  | Child Protection Advisor | 0778 696 1113  | claire.keenan@ggc.scot.nhs.uk  |
| Verity Douglas  | Child Protection Advisor | 0797 175 5687  | Verity.douglas@ggc.scot.nhs.uk  |
| Dorothy Ramsden  | PA to Marie Valente & CP Advisors  | 0141 451 6607  | dorothy.ramsden@ggc.scot.nhs.uk  |
| Elaine Archibald  | PA to Jean Herbison  | 0141 451 6604  | elaine.archibald@ggc.scot.nhs.uk  |
| Marian McGeever  | Medical Secretary  | 0141 451 6605  | Marian.McGeever@ggc.scot.nhs.uk  |
| Sharon Menzies  | ESCI Administrator  | 0141 451 6601  | Sharon.Menzies@ggc.scot.nhs.uk  |
| Karina Hamilton  | ESCI Administrator  | 0141 451 6600  | Karina.Hamilton@ggc.scot.nhs.uk  |
| Marion Crammond  | ESCI Administrator  | 0141 451 6602  | Marion.Crammond@ggc.scot.nhs.uk  |
| Linda Lamont  | ESCI Administrator  | 0141 451 6603 | Linda.Lamont@ggc.scot.nhs.uk  |

The Head of Child Protection Development, Child Protection Advisors, GPwSi, Administrative staff and Clinical Director are available daytime hours, Monday – Friday, 9.00am – 5.00pm. The Clinical Director is available for clinical advice and intervention 24 hours when on call.