Child Protection

Chronology Guidance for all Health Staff

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APPENDICES

1. Introduction

1.1 This guidance has been developed to provide all health staff working and/or involved with unborn babies, children, young people and their families clear practice guidance on the effective use of a chronology. NHSGGC's approach to protecting children and child protection is based on a commitment to implement the United Nations Convention on Rights of the Child (UNCRC). It reflects the national child protection legislation and guidance (National Guidance for Child Protection 2021 - updated 2023) and implements the Getting it Right for Every Child (GIRFEC) principles. Central to GIRFEC is the National Practice Model which assesses needs, defines risk and emphasises the need for all agencies to collaborate in assessing and analysing family circumstances together (Care Inspectorate 2010).

1.2 This guidance relates to all unborn babies, children and young people up to the age of 18 yrs. (National guidance for Child Protection 2023).

1.3 There should be an open chronology for all children from birth. In the ante-natal period a chronology should also be opened for expectant mothers. Chronologies can be used to identify strengths for a child and their family but can also identify where support is required. Where there are concerns regarding a child and their family, there should be a specific focus on using a chronology to assist those professionals involved in gaining a more comprehensive understanding of the family situation and potential impact on the health and well-being of the child. Chronologies should be reviewed and used as part of the assessment process to ensure that the accumulation of concerns is recognised and next steps taken. (Glasgow City 2019).

1.4 Chronologies are a useful tool to aid person-centred practice and ensure that individual experiences are at the heart of decision-making. 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

2.1 This guidance 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. Legislation & policy - NHSGGC

2.2 All services providing direct care to unborn babies, children and young people should recognise the need to collate key information into a chronology and, where relevant, have a responsibility to share a chronology on the child with the named person and lead professional. This may be a single service

chronology or a contribution to a health shared chronology. It is acknowledged that currently some health services do not have IT functionality to compile a chronology within the child's record. In such circumstances a template is provided to create a chronology (Appendix 3).

2.3 All staff, including those working within adult services, should be aware of the importance of contributing to a chronology of significant life events. All staff have a responsibility to share and receive information related to significant events with the named person, health colleagues and other agencies and contribute to multi-agency chronologies when required.

2.4 Completing a chronology is a complex activity. Health Practitioners need to decide what constitutes a 'significant life event' and how much detail to include. Chronologies should not be used as a standard for every universal contact with a child and their family. Chronologies should be kept up to date and reviewed on a regular basis including at supervision and with managers. The frequency of which will be dependent on risk and individual circumstances.

3. Definitions

Chronologies are a vital tool for practitioners working with children and their families. They capture significant life events, consider lived experience, identify strengths and risks. Chronologies provide a key link in the chain of understanding needs/risks and sets out key events in sequential date, provide a summary timeline for the child or young person, allow patterns of behaviour and engagement to be identified and assists with assessment and planning.

The National Guidance for Child Protection in Scotland (2023) states a chronology is:-

- A summary of events key to the understanding of need and risk, extracted from comprehensive case records and organised in date order.
- A summary which reflects both strengths and concerns over time.
- A summary which highlights patterns and incidents critical to understanding of need, risk and harm.
- A tool which should be used to inform understanding of need and risk. In this context, this means risk of significant harm.

4. The purpose of a chronology is to:

4.1 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)* Chronologies are working tools, not an end in themselves and can support your work with children and families in a number of ways:

- Organising information.
- Inform planning.
- Provide an accurate picture of the young person's journey.

- Highlights gaps that may need further assessment.
- Early indication of emerging patterns or concerns.
- Direct work with parent or carer to understand the impact of events on the family.
- At the start of an assessment a chronology can help organise historical information gathered to assist in predicting future behaviours, areas of potential risk, patterns of behaviour which may be continuous or intermittent, risk heightening factors, protective factors and parental capacity for change.
- Neglect by definition occurs over extended periods of time. The compilation of timeline of events which may individually not give cause for concern may lead to an earlier identification of possible abuse or neglect.

4.2 No chronology is going to be useful if it is not read and analysed. Keeping a chronology up to date whilst working with a young person and their carers will provide valuable information when the case is reviewed.

4.3 It is good practice to submit a chronology with a notification of concern (NOC) this has particular relevance for caseload holding staff who work with children and their families over time. Chronologies are particularly useful tools in supporting cases of neglect or accumulation of concerns. They can also be submitted with reports to child protection meetings or team around the child meetings.

5. <u>Core Aspects of a Chronology</u> – A useful tool in assessment and practice:-

- **<u>Not</u>** an assessment – but part of an assessment and analysis. Be accurate – rely on good, up to date record keeping.
- It is a dynamic tool and its value lies in its use as a critical tool for the collation, management and analysis of key information relating to a child or young person's wellbeing.
- Contain sufficient detail but NOT substitute for recording in a child or unborn babies health record.
- It should be concise, too much information can lessen the chronology effectiveness and impact.
- Written in accessible language, avoiding acronyms and professional jargon.
- Be reviewed and analysed – **<u>A chronology which is not reviewed regularly is of limited relevance.</u>**
- Recognise that single agency and multiagency chronologies are needed for a range of reasons e.g. current work and examining historical events.
- Record the source of information.
- It is not an administrative task but a professional responsibility.

6. <u>Core elements of a chronology</u>

- A chronology is a list of significant life events that have occurred in date order. Chronologies should provide the date and time of the event,

source of the information, event details, the impact on the child and what action was taken. If no action was taken this should clearly recorded.

- Key dates e.g. of birth, life events, moves. Transitions, life changes e.g. started nursery, parent has new partner, bereavement, Emergency Department attendances.
- 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 eg. seek CP supervision, submit NOC.
- Should also include the impact of the event on the child.

7. Chronology and Neglect

7.1 Chronologies are particularly useful for children where basic physical and emotional needs are not being met and there is identified neglect. In these cases there needs to be a succinct, readily accessible chronology of events and concerns and should be maintained for individual children rather than sibling groups.

7.2 Information may provide evidence of capacity for change including the motivation and commitment to change.

7.3 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.

8. Writing the chronology

8.1 All staff should contribute to the chronology in the child's record. In instances of sibling groups, each child should have a separate chronology. However where concerns are known to be relevant to all children within the family it may be necessary and proportionate to enter a significant event to each child's chronology to inform risk assessments even if that child is not your patient. Within EMIS services such as CAMHS, Speech and Language Therapy, Health Visiting, Family Nurse Partnership and School Nursing 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 wellbeing of child protection concerns.

8.2 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.

8.3 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 transferring chronology information to an inter-agency chronology the actual date attended can be entered sequentially into this chronology.

9. How much information should a chronology contain?

9.1 Chronologies should be concise but contain sufficient detail, however 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.

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

Appendix 1

Significant events

Child protection/statutory system:

- Interagency referral discussion (IRD)
- Scottish Child Interview Model (SCIM) for joint investigative interview (JII) for child or young person.
- Child Protection Planning Meeting (CPPM) – now preferred terminology for previously known initial and review child protection case conferences.
- Pre-birth CPPM.
- 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 Scottish Children's Reporter Administration (SCRA), Children's Hearings and outcomes.
- Integrated assessment activity.
- Emergency legal measures- voluntary accommodation, child protection order (CPO) or child assessment order.

Risk factors/key changes:

- Parental health issues that may impact negatively on child i.e. substance use related issues, parents require admission to hospital due to ill health, mental health problems, disability with a parent or sibling.
- Parent has new partner.
- Birth of a sibling.
- Breakdown of existing relationship/divorce/separation.
- Episodes of GBV including intimate partner violence and including between

same sex couples.

- Changes of contact with parent for example following a custodial sentence or victim of an offence.
- Death of a close family member where there is the possibility that it will impact on the child or the parent's 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.

- Family presents as homeless
- Any threats or actual incidents of violence towards NHS staff.

Contact with health services:

- Relevant GP referrals and updates.
- Blossom Service referrals (previously known as SNIPS) and updates.
- Birth details that may impact on child's well-being i.e. prematurity, neonatal abstinence, neonatal surgery.
- Child's attendance at Emergency Department.
- Child's 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, a new health diagnosis or change to care noted.
- Health assessment i.e. Health for All assessment, child protection medical or assessment.
- Child/young person is not brought to appointments/contact with health services
- Key change of worker.
- Established patterns of missed appointments/Was Not Brought (WNB) including if different with different service areas.
- Key outcomes of MDT meetings held between GP and HVs.
- A child who is weight faltering.

Contact with other agencies:

- To share concerns with another partner agency-Police and/or SW.
- To ascertain child's attendance at education for purpose of Was Not Brought guidance.
- To share non-attendance/WNB 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 Was Not Brought 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, Alcohol and Drug Recovery 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.

Care and Experienced and Looked after children:

- Looked After Childrens meetings.
- Health assessments
- Changes of placement or breakdown in placement

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

- Transfer to school health for children who require support from school nursing and/or are subject to a child protection plan.
- Change of Health Plan Indicator (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.
- Referral to parenting support and outcome of this.
- Earlier than expected weaning, particularly before 4 months.
- Child Health Surveillance attendance and outcomes.
- Birth details including mode of delivery and Apgar.
- 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 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 **in**cluding substance use, mental health, learning disability, domestic abuse, involvement with justice services or antisocial behaviour.
- Family, care structure e.g. through separation, divorce, bereavement, birth of a sibling with a 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

Chronology of Significant Events

1. Child or Young Person's Details

Name	CHI	Lead health professional maintaining the chronology

2. Chronology

Date	Significant Event	Professional Involved	Impact	Action Taken