

Guidance on Compiling a Chronology

What is a chronology?

“Chronologies provide a key link in the chain of understanding needs/risks, including the need for protection from harm. Setting out key events in sequential date order, they give a summary timeline of child and family circumstances, patterns of behaviour and trends in lifestyle that may greatly assist any assessment and analysis. They are a logical, methodical and systematic means of organising, merging and helping make sense of information. They also help to highlight gaps and omitted details that require further exploration, investigation and assessment”. (National Risk Framework, 2012)

Every family open to Social Care should have a working chronology that is regularly updated to reflect the developing story of the family.

What events need to be included in a chronology?

A chronology is a table which includes the columns: date, event and actions taken.

All chronologies should include:

- Key dates such as births, deaths, marriages, divorces
- Transitions and changes: house moves, change of education provision, change of care provision, new partners, parents separating, people moving in or out of the home, new allocated worker
- Key dates for Children’s Services involvement: referrals, S47 enquiries, strategy discussions, start/review/end of plans, conferences, transfers between teams, start/end of LAC provision
- Start and end of assessments or interventions by a professional agency, e.g. CYPS, Platform, Barnardo’s
- Any court hearings and orders made
- Missing episodes
- Any significant events relating to issues such as CSE, physical harm, mental health, youth offending, criminal offences, DV reports, health/illness, direct work completed, disclosures made

Use of professional judgement is needed as to recording events specific to the needs of a particular family. For example:

- Where there is neglect, home conditions, appearance of children etc might be recorded
- Where there are issues with mental health, presentation of mood during home visits could be recorded
- Where there are concerns about substance misuse, drug test results/presentation during visits could be recorded
- Where there are issues of engagement, attempts of visits, successful/unsuccessful visits, unannounced visits could be recorded

Chronologies should be a balanced record and should also include positives such as:

- Evidence of improvements in issues such as home conditions, school attendance, engagement with professionals
- Positive reports from professionals

- Parent's self-referral for support

Entries should be succinct and informative: not long and full of excessive amounts of detail. The chronology should include facts and specific details, not analysis and opinion.

The chronology can be single or multi-agency. A multi-agency chronology can support an integrated multi-agency response to a family.

How can I use a chronology?

Chronologies should be used as part of the assessment, planning and decision-making processes to:

- Understand a family's history and how they have come to be where they are today
- Map changing risk and concern over time
- Assess frequency, duration and severity of harm and likelihood of change
- Look for patterns: for example, a pattern of violent relationships or physical neglect
- Make connections: for example, alcohol use increases during periods of transition or school attendance drops when parent is struggling with mental health
- Identify successes and difficulties over time
- See what interventions have worked/not worked, been tried/not been tried
- Share with a family as a reflective activity
- Share with other agencies to aid a collaborative approach to working with the family

Retaining the chronology on your desk top for reference and updating has proved a very useful way of keeping it up to date.

Colour-coding should be used to give a visual representation of entries, for example:

- To highlight issues such as CSE concerns, missing episodes, youth offending incidences for a teenager
- To identify successful and unsuccessful visits where engagement is a concern
- To differentiate between the entries of different agencies
- To identify CP concerns and periods where the child is subject to a plan
- To identify Looked after episodes

The worker can create their own colour code which must be identified at the beginning of the chronology (see example) and maintained throughout the course of the case for consistency particularly where the case transfers.

Note:

A good chronology relies on accurate and up-to-date case recordings where fact and opinion are clearly distinguishable. Remember, a family's chronology can follow them for a long time and it is important that the information objectively and accurately reflects their story.

An anonymised chronology of significant events is attached as an example – see Appendix 1

Chronology of Significant Events

P Number of Child: P

Name of Child: SM

Chronology prepared by:

LD

Signed:

Date:

Full Name, Designation

- Youth Offending
- Mental Health
- Missing Episode
- CSE

Date	Detail of Significant Event	Outcomes/Actions
24/11/14	S commits S47 Assault against a female at school.	S received Youth Caution. Completed plan of work with YOT, closed 30/04/15. Assessed as low risk of re-offending/harm to others/vulnerability.
2015	S home educated for a year.	Following this S is placed at Kings Meadow.
14/10/16	S discloses she is pregnant after presenting at A+E with her mother after vomiting. She informs that she has taken 8 codeine tablets to try to induce miscarriage.	Advised to see GP for referral for termination.
14/10/16	S seen by GP to request termination.	Self-referral number for

		termination given.
October 2016	S has a miscarriage.	
04/01/17	S reported missing by parents.	S located on 06/01/17 when seen running out of home address of boyfriend A, known adult offender with mental health issues, reportedly in a distressed state under the influence of substances. A reported to have assaulted S's sister who was also at the address.
09/01/17	S reported missing by parents.	Police and family recovered S from property in North Shields with boyfriend A on 14/01/17. A and S pawned their phones so they had money for food while missing together.
12/01/17	Strategy meeting due to S's missing episodes during which she was with A, an adult for whom there are concerns around criminal activity and mental health.	S.47, CIN assessment.
17/01/17	S seen by GP, reporting that she is feeling stressed and guilty about miscarriage.	Referred to school counsellor, however S then stops attending school for rest of academic year.
02/02/17	GP review of S's mental health.	Given number to self-refer to Talking Therapies.
02/03/17	S reported missing by parents after they tried to get her to stop seeing A.	S returns home of own accord on 03/03/17.
06/03/17	S reported missing by parents after she left the house after an argument.	S stayed with A and his father. S continues to go home and leave again.
16/03/17	GP review of S's mental health. Discussed relationship and missing episodes.	GP discussed Streetwise and Emotional Wellbeing team as support options.
16/03/17	S reported missing by parents - she left the house while father was in shower, stealing £140 from his	S stayed in hotel with A

	wallet.	overnight.
17/03/17	S commits Burglary of a Dwelling.	YOT attempted engagement, but S failed to comply with the assessment process.
19/03/17	A+E attendance for overdose.	
23/03/17	R&A refer family to FIT.	Unable to commence work due to missing episodes.
23/03/17	S seen by psychiatry liaison team.	Referred to ICTS for review prior to being seen by CYPS.
29/03/17	S reviewed by CYPS.	Referred to WEYES for counselling.
30/03/17	S reported missing by parents after stealing mobile phone from family home.	Strategy meeting as missing for over 72 hours.
05/04/17	Strategy meeting.	S47 threshold not met.
07/04/17	S reported missing by parents after she came home and then left again, stealing from family. Concern that S is drinking two bottles of cider a day.	
07/04/17	S attended A&E with bruises on shin – S says that she does not know how she got them.	
11/04/17	CSE risk assessment completed.	Unclear if S currently subject to CSE.
13/04/17	S put on CIN plan. Transfer from R&A to Safeguarding team.	
18/04/17	S reported missing by social worker.	
25/04/17	S reported missing by parents.	Had phone contact with mother, was staying with A.
10/05/17	S seen by GP for scabies – question raised if this is due to sleeping rough.	S refused to take medication.
23/05/17	Care Team Meeting	Referral made to DV worker and CYPS.
May 2017	S has failed to complete GCSE exams after not attending school since January.	
26/06/17	Re-referral to YOT after S receives another Youth	S failed to comply, case closed.

	Caution.	
20/08/17	S takes an overdose.	S seen by mental health liaison team and referred to ICTS and CYPS.
21/08/17	S reviewed by GP. Weight loss.	
Sept 2017	S ends relationship with A after he holds a knife to her throat.	
14/09/17	S did not attend review appointment with CYPS.	Discharged from service.
16/10/17	Successful initial session with DV worker - S spoke at some length about her abusive relationship with A, her upset at witnessing him self-harm, sleeping rough, blocking out her emotional pain using alcohol, cocaine, and cannabis and difficulties between her and her dad.	S failed to engage in follow up sessions.
24/10/17	CSE concerns - S attended an address in Old Durham Road with AS and CH. There were a number of older males there. There was reported to be a quantity of vodka, cocaine and weed available which S accepted. S reported to have willingly engaged in sexual relations with the males.	Strategy meeting. Referral to Operation Sanctuary.
31/10/17	Strategy meeting	S47 and CIN assessment.
10/11/17	S reported missing by parents after she did not turn up at family member's house as expected.	S text her parents to say she is staying with a friend for the night.
13/11/17	Joint visit to S by police and Social Worker re: incident at Old Durham Road.	
14/11/17	S heard at MSET - concern that S has been visiting house parties and consuming alcohol and drugs in company of older men. S recently came home with a new iPhone 6.	Continue to review.
14/11/17	Parents phone GP over concern for S's low mood.	Advised S comes in to be reviewed.

15/11/17	A+E attendance for overdose - ambulance called to Asda at metro centre after S took 1 packet of paracetamol and 1 packet of Ibuprofen. She did not need any medical treatment. S reports that she took overdose due to concerns about borrowing money from her mother to pay a cannabis dealer.	CYPS referral.
22/11/17	S reported missing by parents.	S was found 25/11/17 with her boyfriend CD after CD contacted police saying that people were trying to get into his house.
05/12/17	S arrested for assaulting a PC whilst under the influence of substances.	Mother informed about Gateshead carers who support parents dealing with children who misuse drugs and alcohol.
12/12/17	Case heard at MSET.	
20/12/17	Unannounced visit to S by Kim Pearson (Operation Sanctuary) and Rebecca Pharoah (Platform).	Unsuccessful – S refused to talk. Make another attempt in January.
21/12/17	S given 4 month referral order with YOT due to assault on 05/12/17.	
03/01/18	S discloses she has been raped by a 26 year old Romanian male in a property in the Bensham area. She alleges that she was given alcohol and was intoxicated but states that she refused to have sexual intercourse	S refused medical and has not given a formal statement. Complex strategy meeting.
06/01/18	S physically assaulted by several girls at Mowbray Park in Sunderland. She alleged she had been assaulted by several youths that she had been drinking with.	S taken to City Hospital Sunderland by police.
08/01/18	Complex Strategy Meeting.	S.47, transfer to Laura Drew in Complex CIN team.
08/01/18	S begins 12 week course with the Princes Trust.	
11/01/18	Visit to S by Laura Drew and Kim Pearson. S spoke about her previous relationship with A, drug use, family relationships and missing episodes.	S agrees to weekly visits.

22/01/18	Risk assessment management meeting between Complex CIN team and Service Manager. Risk Assessment Recording Template completed to inform outcome of S47.	S to be placed on Complex CIN plan.
23/01/18	Completed genogram with mother. Discussed risks, protective measures in place and mother's hopes for S's future.	
24/01/18	S shares during session that she has not smoked cannabis for 5 days and feels happy at the moment.	
01/02/18	Care Team meeting.	New Complex CIN plan agreed with mother, S and professionals.
09/02/18	PNC check on new boyfriend CB.	No convictions – NFA - burglary & theft (2010) 1 DV 5 CCN's 1 in 12 months last warnings: harassment victim
13/02/18	S heard at MSET.	
14/02/18	Further information received on CB. Incident on police record from May 2016 – Curtis was having sex with a vulnerable female who was under-age, concerns that he was behaving in a jealous and controlling manner towards her.	Complete Claire's Law disclosure on S's behalf.
21/02/18	S gives ABE re: incident in January.	Ongoing police investigation.
22/02/18	YOT took S's referral order back to court for revocation and resentencing.	S's order was changed to a three month conditional discharge.
01/03/18	Care Team Meeting cancelled due to snow.	
01/03/18	CSE concerns – S's mother advised that friends of H (man who was grooming S in Bensham last October) have been contacting S via Facebook sending messages saying how beautiful she is and that their friend H has told them about her. Mother believes that H is now living in London.	Mother supported S to reply saying not to contact her again and block them. Police investigate.
05/03/18	S has ended relationship with Curtis. She reports that Curtis told her to go slit her wrists and	

	reported to her dad that she is taking smack and hard drugs but parents do not believe him as she is not coming home under the influence.	
07/03/18	S arrested for stealing a bottle of wine after drinking in Sunderland with three other girls.	S arrested.
08/03/18	Care Team Meeting.	Weekly sessions with Social Worker and Operation Sanctuary to continue. Work focussing on relationships, grooming, substance misuse and coping strategies. Progress made on plan.
19/03/18	S reported missing by parents after she did not come home at 11.30pm as expected.	S returned home at 4am on 20/03/18. She stated she had been in the Dunston area drinking with friends that she would not name.
27/03/18	S completes Princes Trust course.	
03/04/18	S's mother reports that on 29/03/18 S was out drinking, possibly in the Bensham area, and did not return home until 10.45am on 30/03/18. S then went out again on 01/04/18 and came home intoxicated and reported that she had taken cocaine.	Meet with S to explore further on 04/04/18.
04/04/18	Social Worker supported S to hand out copies of CV in metro centre and reflect on recent events.	
05/04/18	S's mother cancels CIN Review today.	Re-arrange review.
09/04/18	Review Strategy meeting following Strategy meeting in January 2018.	
13/04/18	Social Worker supported S to attend sexual health appointment.	Results clear.
27/04/18	S's mother cancels CIN Review today.	Re-arrange review.
04/05/18	S shares with Operation Sanctuary worker that last week she went to a house party in Sunderland where she drank excessively. S supported another girl to attend A&E and there approached a policeman and asked to be taken home. S had not been reported missing.	

11/05/18	S's mother cancels CIN Review today.	Re-arrange review.
23/05/18	S's mother reports that S has not been home for two days and told her that she has been staying at a flat in Allerdene with friend CH and older males. S in text contact with mother.	Mother advised to call police.
25/05/18	Social Workers attempt to visit S at flat in Allerdene – unsuccessful.	
29/05/18	S reported missing by parents.	S found at flat in Allerdene with new boyfriend BT. S returned home by the police only to leave again.
30/05/18	Strategy meeting held.	S47. Visit to Allerdene flats by police and social workers.

Signed:

Date:

Full Name, Designation