



Chronologies in Adult Support and Protection

Moving from current to best

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JUNE 2023

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1. Executive summary

This report describes scoping research undertaken by **Iriss**, commissioned by the Scottish Government in 2022, in support of the implementation of key elements of the Adult Support and Protection (ASP) National Improvement Plan (Scottish Government, 2019), in relation to the areas of 'data and evidence' and 'practice improvement.' A key focus is chronologies which are consistently identified across inspection reports and numerous other reviews of Adult Support and Protection activity (including Significant Case Reviews) as an area of improvement.

This research also supports the work of the ASP National Implementation Group, formed to support both national and local implementation of the revisions of the Adult Support and Protection (Scotland) Act 2007 Code of Practice. Membership comprises a wide range of stakeholder organisations who will work together between 2022 and 2024 and has a number of subgroups including one on chronologies.

Existing evidence including joint inspection reports, collated reviews of ASP Initial Case Reviews and Significant Case Reviews as well as individual Significant Case Reviews were reviewed to inform the design of the scoping research. Interviews and a survey were used to collect views and experiences from a range of stakeholders on chronologies including on existing guidance, processes, tools, IT systems, challenges, effective practice and improvements needed.



SUMMARY OF FINDINGS

Interviews

Inspectors reiterated the findings from inspection reports, highlighting the absence or mixed quality of chronologies, ineffective use, and inconsistency within partnerships and nationally. Despite evidence of good training, it is not being effectively applied in record keeping. Standard documentation is either missing or inconsistently used, and technology does not adequately support chronology development. Concerns were raised about the content of chronologies, lack of analysis, and limited involvement of the supported person. Management oversight and support for practitioners regarding chronologies need improvement. While guidance emphasises the importance of chronologies, its effectiveness varies, and without clear expectations at the national and local levels, prioritising chronologies becomes challenging. Other aspects of the ASP process, such as multi-agency discussions and case conferences, sometimes need to compensate for deficiencies in chronology practice.

In response to these challenges, the **Pan-Lothian Partnership** aims to establish a unified and comprehensive approach to single and multi-agency chronologies, focusing on consistency through a standard template, key training messages, and a technical solution. However, their research revealed a lack of understanding and appreciation for the value of chronologies, with chronology practice often seen as separate. They emphasise the importance of collective ownership, strengthening training, and identifying good practice to drive improvement.

Health colleagues working in ASP face challenges in developing effective chronologies, including the lack of guidance or templates, poor IT systems, time constraints, and unclear responsibilities. Considering poor chronology practice as a performance issue was suggested as a way to improve accountability. Information sharing and leadership were also identified as challenges, and better guidance and inclusion of health colleagues in discussions and working groups were seen as important.

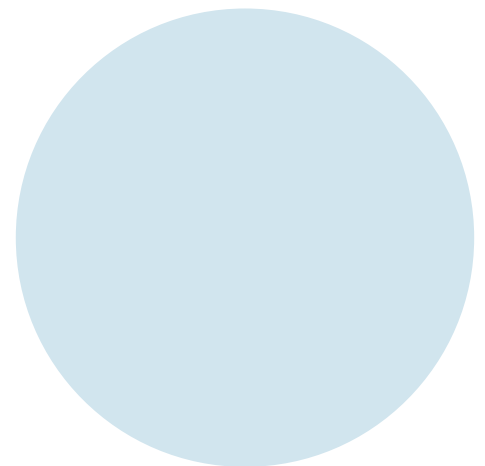
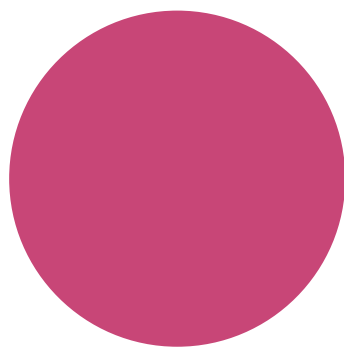
Learning and development colleagues highlighted the challenges posed by the context and culture surrounding chronology practice, such as time pressure, conflicting views on its value, and lack of clear expectations. Training and guidance on chronologies were found to be lacking,

and a culture of practice development was deemed necessary to address the implementation gap between training, guidance and practice. Issues with information access, sharing, and multi-agency working were identified as additional challenges, with practitioners lacking confidence in using different systems and facing barriers in accessing information. Blame being placed on frontline practitioners for poor chronology practice was identified as a problem. Leadership and management were recognised as critical factors in improving chronology practice, with effective leadership, supervision support, and clear expectations playing key roles.

Survey


- Almost all respondents were from statutory social work and had considerable ASP experience.
- Respondents have a good understanding of what should be included in a chronology and what constitutes a significant event.
- They recognise the value of chronologies when done correctly and can describe the features of good chronologies.
- Some practitioners feel confident about developing chronologies.
- Some practitioners reported chronologies featured occasionally, rarely or never in supervision.
- Most managers are familiar with guidance and find it fairly clear. They support their teams through raising awareness, providing training and learning opportunities, using templates for consistency and supervision, although time constraints limit discussions about chronologies.
- There is a lack of consensus on when a chronology should start and how long it should be, indicating a need for more clarity in this regard.
- The frequency of chronology use varies among respondents, with some using them on all ASP cases, while others use them only occasionally or on some cases.
- There is a need for a more consistent approach to analysing chronologies, as views on how and when analysis should take place differ among respondents.
- IT systems are generally unhelpful for chronology practice, although some provide templates. Overall, practitioners feel confident in using systems and tools.
- Most respondents are familiar with single agency chronologies, with just over half routinely using them. Fewer respondents use multi-agency or both types of chronologies.

- Some have contributed to multi-agency chronologies, with varying experiences of ease or difficulty in doing so. Challenges with multi-agency chronologies include a lack of common understanding, poor engagement with other agencies, information access and sharing issues, IT system limitations, and inadequate recording standards. However, positive impacts of multi-agency chronologies are noted when the process works well.
- Barriers to effective chronology practice include time and capacity constraints, IT system limitations, recording processes, information access and sharing challenges, multi-agency working issues, and a lack of clarity in guidance.
- Suggestions for improvement include enhanced guidance, better IT systems and recording tools, increased consistency, more training focused on the value of chronologies, better leadership and management support (including supervision), and addressing wider workforce issues.



AREAS OF INTERVENTION AND NEXT STEPS

The research findings have informed a set of interventions which aim to lever parts of the system, both practical and cultural, to help improve chronology practice and address the implementation gap between training, guidance, tools and practice. The interventions provide a framework for discussion, planning and co-design of next steps with key stakeholders. There are suggestions for new tools, resources and project work to complement new ways to use existing resources. Intervention areas include:

- A multi-agency self-assessment tool to identify local barriers and strengths
 - Networking and peer support through the ASP Implementation Chronologies Subgroup
 - An online repository to gather together existing training, tools and templates to be adapted by local areas
 - Potential new tools and resources to be developed to fill identified gaps
 - Innovation and service design project work and support
 - Improving the clarity and language of guidance and messaging around chronologies
 - Reducing practitioner fear and increasing confidence through improved leadership, oversight, supervision, training (including on multi-agency working) and peer support
 - Improved recording practice including implementation of existing templates and resources on analysis
 - Engagement with IT providers, Management Information Systems (MIS) professionals and other technical supports to explore developments to current systems
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2. Introduction and context

This scoping research aimed to improve understanding around how best to respond to the challenges around ASP chronologies and provide the Scottish Government with timely, robust information about:

- The current limitations and challenges of ASP chronologies identified in recent joint inspections
- ‘What works’ in producing effective ASP chronologies
- Current resources (guides, tools, templates) available to support the development of effective ASP chronologies
- Interventions to move from current ASP chronology practice to best

CHRONOLOGIES IN ASP

The Care Inspectorate published an updated **Practice Guide to Chronologies** in 2017, containing the below definition of a chronology:

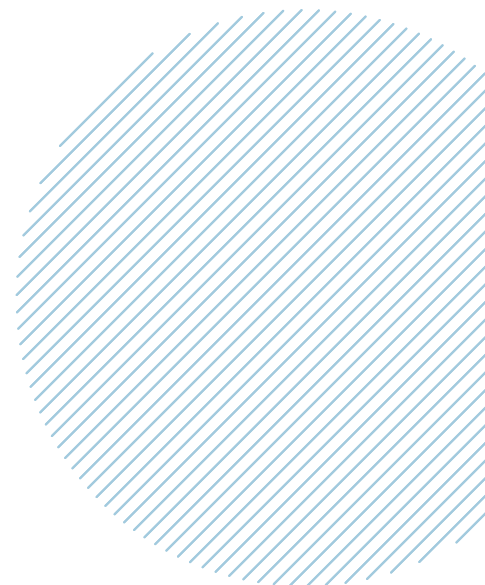
Chronologies provide a key link in the chain of understanding needs/risks, including the need for protection from harm. Setting out key events in sequential date order, they give a summary timeline of child and family circumstances [or those of an individual using adult services], patterns of behaviour 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.

Chronologies may be compiled and used on a single or multi-agency basis and be developed to assist in current and ongoing assessment and risk management, or as an aid to reviews of past events.

The guide outlines nine characteristics of good chronologies:

1. A useful tool in assessment and practice
2. Not an assessment, but part of assessment
3. Not an end in itself, rather a working tool which promotes engagement with people who use services
4. Accurate and relies on good, up-to-date case recording
5. Detailed enough but does not substitute for recording in the file
6. Flexible so that detail collected may be increased if risk increases
7. Reviewed and analysed – a chronology which is not reviewed regularly is of limited relevance
8. Constructed differently according to different applications, for example current work and examining historical events
9. Recognising that single-agency and multi-agency chronologies set different demands and expectations.

Chronologies are of ‘central importance’ (Care Inspectorate, 2017) to practice across children and adult services, however, there is evidence which highlights persistent challenges with effective chronology practice as discussed throughout this scoping research. The purpose of this research is to help unpack some of the known challenges around ASP chronologies and present a set of interventions to help move ASP chronology practice from current to best.

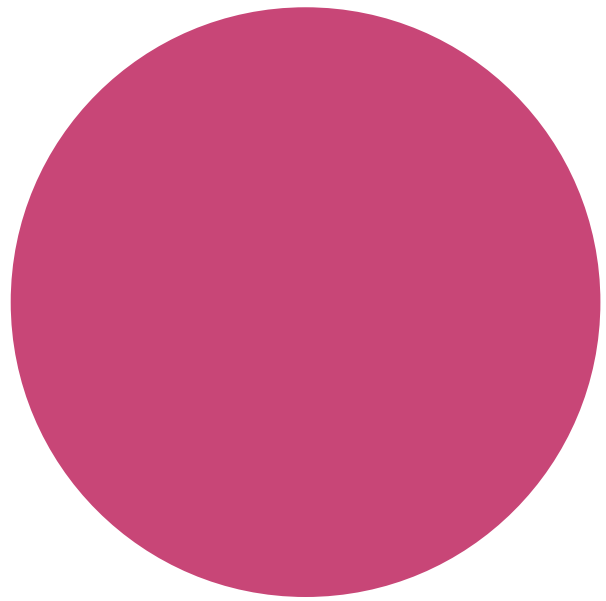


3. Methods

This research involved three research tools:

1. **Desk-based research** to produce a rapid review of recent evidence from joint inspection reports, collated reviews of ASP Initial Case Reviews and Significant Case Reviews as well as individual Significant Case Reviews.
2. **Qualitative data collection** through semi-structured stakeholder interviews. The purpose was to unpack key issues from joint inspection reports, gather data on good practice, and explore specific issues related to health, and learning and development. Interviewees included:
 - Inspectors from Care Inspectorate, Healthcare Improvement Scotland (HIS), His Majesty's Inspectorate of Constabulary in Scotland (HMICS)) (three participants, one joint interview, one single)
 - Pan-Lothian Partnership (two participants, joint interview)
 - Learning and development practitioners (four participants, individual interviews)
 - ASP Health practitioners (two participants, joint interview)
3. **A Survey** designed for all ASP practitioners and managers across social work, health and police:
 - To test assumptions and themes from the interviews
 - To understand processes – when practitioners encounter chronologies or engage with them
 - To gather views across agencies, roles, disciplines
 - To gauge what is needed – what are practitioners' self-reported needs regarding chronologies

The draft survey was shared with a range of ASP partners and adapted based on their feedback. It was circulated by Iriss, Scottish Government and across ASP networks in early December 2022. By the closing date later that month, the survey had gathered 100 responses. A copy of the survey questions can be found in appendix 1.



4. Existing evidence

Inspection reports and learning from Initial Case Reviews and Significant Case Reviews provide detailed sources of evidence about the role of chronologies in ASP and improvements needed. Challenges recur across the evidence, demonstrating issues are widespread, cross-sector and shared nationally.

INSPECTION

The Joint Inspection of Adult Support and Protection Interim Overview report (Care Inspectorate, 2022) cited ‘little progress since our 2017-2018 inspection with respect to adult support and protection chronologies, risk assessments and protection plans.’ Absent chronologies, mixed quality, lack of consistency and a need for stronger management oversight, were linked to weakened decision-making throughout the ASP process.

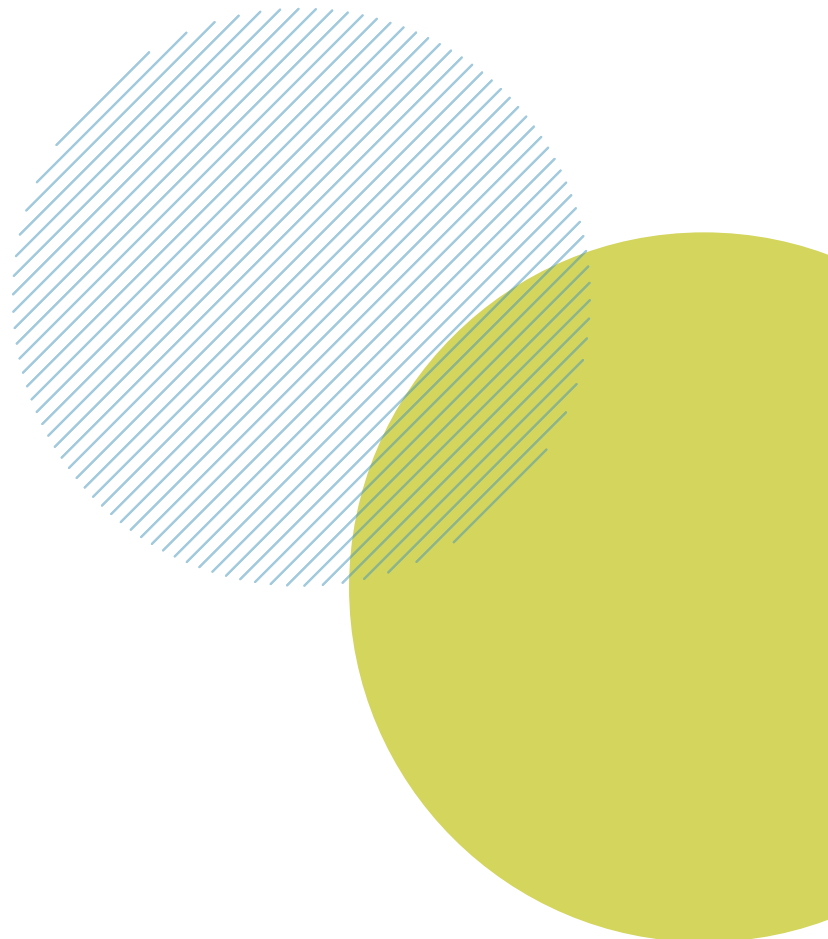
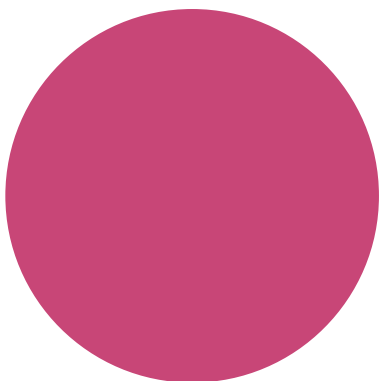
Joint inspection reviews published between the interim report (May 2022) and the time of writing (April 2023), almost exclusively indicated chronologies as an area in need of (urgent in places) improvement. Whilst improvements in a few partnerships were noted, familiar issues persisted including:

- Absent chronologies for those that require them
- Poor quality, specifically:
 - Lack of relevant detail
 - Little or no analysis
 - Service-led intervention included rather than significant life events
 - Not up to date
- Tools and templates in place but inconsistently applied in practice or multiple templates in play
- Improvement needed in recording of multi-agency information

SIGNIFICANT CASE REVIEWS

The Triennial Review of Initial Case Reviews (ICR) and Significant Case Reviews (SCR) for adults (2019-2022) (Care Inspectorate, 2023) did not reference chronologies directly but did acknowledge 'ineffective communication and information sharing contributed to poor outcomes for adults at risk of harm' which closely relates to known issues with chronologies. Similar weaknesses in chronology practice were also found in the Triennial Review of ICRs and SCRs for children's services (Care Inspectorate, 2021).

Weak chronology practice also featured in Significant Case Reviews for adults whereby the chronology in place 'offered little value as an assessment or decision-making tool' (Adult 018 (2020)). Another example, Adult P19 (2021) noted that 'whilst chronologies and risk assessments were in place, these were not reflective of all the relevant information from all agencies and were not up to date'.



5. Findings and analysis

5.1 INTERVIEW ANALYSIS

Inspectors

Inspectors from the Care Inspectorate, HIS and HMICS were interviewed about their experiences of ASP chronology practice. They reflected on the findings of joint inspection reports in terms of absent chronologies, existing ones of mixed quality, a lack of their 'effective use' (Insp2), and inconsistency within partnerships and nationally. Additional concerns focused on the content of chronologies including, out of date information, lists of social work contact rather than analytical descriptions of significant events, and duplication of case notes. Importantly, there is little evidence of the supported person being involved and a lack of focus on the impact of significant events on them. The existence of good training is noted but no evidence that it is transferring into practice in record keeping. A recognised gap was a lack of example multi-agency chronologies.

Standard documentation is either absent or inconsistently applied in practice. Technology is not supportive (no place for a chronology, in an unhelpful place, or unable to easily update). Additional challenges arise when supported people move between partnership areas and information is not shared, compounding issues with IT systems and partnership working. Inspectors also noted the varied perceptions and thresholds across agencies around what constitutes a significant event.

Inspectors reflected on when chronologies are started and how this relates to quality:

“...we do see chronologies occasionally, often when the person has come from children’s services where chronologies tend to be better ... which actually do go back quite a bit and do evidence salient events from 5 years ago, some going back 10 years. And you see these patterns of behaviour, patterns of harm going back a significant amount of time. Now you don’t see that very often, that’s not a common thing.” (Insp1)

In terms of areas for improvement, inspectors felt chronologies need to be routine practice but recognise the time pressure on those expected to collate them. They appreciate chronologies as a skill and recognise the confidence needed for ‘pulling out the relevant information from an individual’s very, very varied and complex life’ (Insp2). In terms of management oversight and support for practitioners, this was an area in need of further exploration: ‘...are front line managers reading records, are they aware that this is happening, are they seeing it’s happening and if it is happening what are they doing to rectify it?’ (Insp1)

File audits were noted as activities related to improving chronologies, but highlighted that their robustness was variable in practice.

In terms of guidance, inspectors felt messages around the importance of chronology as a default part of a ‘triumvirate approach to managing risk’ along with risk assessment and plans were ‘quite clear’. However, how well the message gets through was felt to be ‘variable’ (Insp1)

There was a focus on expectations, that chronologies are a standard expectation in children’s services but this ‘isn’t integral in the ASP process’ (Insp2):

“What the national expectation should be is, even if it is those one-off cases that have just come in, that is then the starting point of the chronology if there isn’t already a chronology in place. Or that we need to get better at establishing a culture where those chronologies are done as routine part of practice which they are with children.” (Insp2)

Without a national and local expectation, inspectors reflected the difficulty in prioritising chronologies. Related to this, if the value of chronologies isn’t well understood, prioritising them would be difficult. In terms of prioritisation, how the roles are organised around developing chronologies may have a bearing:

“...the expectation is that the council officer would start the chronology or do the chronology if there isn’t one or they would update it certainly. But usually ... somebody that is doing the ASP investigation may not and is often likely not the allocated social worker for that individual, so we were discussing the challenge rightly or wrongly about how invested is that individual in the case.” (Insp2)

The strengths of specialist adult protection teams were highlighted but raised questions about how they collaborate with other parts of the ASP system:

“...adult protection teams can be a good thing, they build up expertise in adult protection work, they build up expertise at doing investigation, they build up expertise in adult protection generally but then you’ve got the issue of how do the adult protection teams interact with other teams within their partnership.” (Insp1)

The interview highlighted how other parts of the ASP process provide ways to strengthen chronologies and compensate for ‘deficits prior in the process’ (Insp1). An example included multi-agency discussions which can be ‘a really central part to updating a chronology’ and case conferences:

“So, if there isn’t a good chronology, it’s not uncommon to see a case conference, a good case conference, pull together all the chronological issues in relation to person X. So, in fact a good case conference is actually making up for previous deficits. Now ideally, they shouldn’t have to do that, but I would say that’s not uncommon...” (Insp1)

Overall, the inspectors outlined the ways in which effective chronology practice was scarce nationally and acknowledged areas for improvement.

Pan-Lothian Partnership

The Pan-Lothian Partnership ambition is to drive progress towards a collective commitment to implement a robust, transparent, and inclusive common approach for single and multi-agency chronologies across all services and agencies within the Partnership. The work of the partnership has focused on increasing consistency through a standard template and key messages for training as well as a technical solution that can be applied to chronologies. Resources are made freely available via the [Knowledge Hub](#).

The interview raised familiar issues to do with the lack of analysis in chronologies, the need for standardising certain aspects (e.g. length), awareness raising, training, and culture change to realise improvement.

They recognised this ask in an atmosphere of unprecedented pressure on services, exacerbated by Covid ('people are on their knees at the moment' (PL1)). Their own research has indicated 'there's not a true understanding of the value of chronology and chronology in practice is almost seen as a slightly separate thing' (PL1), echoing comments from the inspector interviews. They highlighted what's needed: collective ownership (individual, corporate, national), stronger training and to identify where good practice exists. They recognised that practice examples are often heralded as the answer to improving training: 'I sometimes think people think that's the answer, just to look at a practice example, and it's not. It's to understand the culture change that's required, the practice change that's required, and the technical solution that's required.' (PL1)

Service design was noted as a way to achieve larger scale change within which chronologies could be improved and embedded into wider organisational processes. Pan-Lothian Partnership noted that some organisations report that in order to make changes to chronologies they would 'have to do a service redesign for other parts of other services, which chronologies are an integral part of' (PL2). This could be daunting depending on the skills and capacity for service design in a team or organisation.

A barrier discussed in the interview is that the problems of chronologies are so familiar and persistent, creating a sense that this is 'too big' and 'too much work' to address. For this reason, the Pan-Lothian Partnership aims to 'gift' the package of information, an IT solution, documentation and training to the sector.

ASP in Health

Two health colleagues working in ASP across different localities were jointly interviewed. Developing effective chronologies was described as 'hurdle after hurdle' (NHS1). One interviewee noted that despite good training and guidance, challenges were raised in several local SCRs related to chronologies, echoing the point made in interviews with inspectors about there being little evidence of training changing practice: 'I've seen really good chronologies and you know we have the guidance, we have the training so, some practitioners seem to just have the skill and the knack, whether it's because they have been part of a process before where they've had fingers burned' (NHS1). The other noted a lack of 'guidance or template or anything that we would recommend for our health staff ... to make use of whether for a single agency chronology or to provide information to a multi-agency chronology.' (NHS2)

Shared in this interview was the perspective that guidance and training are not magic bullets and framing poor chronology practice as a performance issue might help gain more traction for improvement:

“...we have invested so much time and effort into chronologies ... It’s not about training that we’re now getting into performance because we’ve done the guidance, we’ve done the training, we’ve done the supervision, we’ve done the support, and at the end of the day, it is a core role or task of staff and if someone is consistently not completing a chronology or it’s not at a good enough standard, does this become a supervision and performance issue? And are we shying away from that?” (NHS1)

A significant challenge was IT systems, specifically a lack of ‘one electronic system that’s core across our organisation’ compounded by different roles having different access across systems and the knock-on impact on time:

“[Staff] don’t all have access to all the same IT systems so, you might have different people working on it. So, what then happens is, we find that it’s a member of my team ends up having to do it to take control, to coordinate it because they’ve got the time because they’ve got access to all the systems. But we couldn’t sustain that for every single case.” (NHS1)

Time and responsibility were highlighted together as an issue, related to when to start a chronology (‘How far back are we going? Whose responsibility is that?’ (NHS1)). It was also noted that with no named person for an adult at risk within health, roles and responsibilities are perhaps less clear than in children’s services. The question of when to start a chronology recurs in the scoping research as needing more clarification. This also has implications for how a chronology might effectively transition between children and adult services and systems.

One interviewee described the difficulty adapting systems to better support chronology development and lack of buy-in from other colleagues: ‘...it would be great if we could get even, a chronology template into EMIS but to get stuff through the digital directorate ... it goes into a queue, it’s part of system rebuild ... it’s really difficult to get non-clinical colleagues to understand the benefit and rationale.’ (NHS1)

System issues of other partners can also increase barriers to information sharing, impacting directly on the adult at risk:

“...our partners, they introduce new systems, but they never think about how they talk. And we’ve been talking about this since integration. Then we’re going into a new National Care Service, if we don’t get it right, this will happen time and time again. There’s not one SCR I’ve read that information sharing isn’t there”. (NHS1)

This interview was able to draw clear lines between the impact of poor information sharing across agencies on good person-centred practice: ‘We’re working in a vacuum, we’re not able to look at the person’ (NHS1). However, when chronologies are done well, it makes a positive impact on partnership working and more robust protection:

“...the positive feedback we’ve had from partners around that just showing, not only the information but it’s that analysis that health can make of that, what is that telling us? Where is that aligning with the risks? And being able to contribute to a much more detailed discussion and development of the protection plan.” (NHS1)

Time, capacity and pressure were acknowledged, particularly given the complexity of some adults’ lives and the sheer number of services that might be holding information. A lack of leadership for practitioners was noted and that some in senior roles ‘don’t get it either.’ (NHS1)

More targeted guidance and language for health staff was highlighted as important in engaging them:

“...a lot of the national guidance tends to be still quite social worker focused and orientated for a lot of the agendas around adult protection. And I think health staff switch off because we do use different terminology and I think health staff just feel that it doesn’t relate to them. So, by doing a health document that’s health language, that mentions professional roles and responsibilities, mentions clinical terms and systems, I think then helps engage our staff a bit more. That this is for them, it’s on our systems, it’s in our format of our NHS policies and protocols.” (NHS1)

Language matters and it can contribute to confusion, creating barriers to engagement (an example given was ‘partnership’ might mean HSCP but to health colleagues it means the multi-agency partnership). Similar issues to do with language and ‘very confusing messages’ were also located in the joint inspection reports: ‘...the work that’s coming out from the joint inspection actually isn’t completely helpful for NHS staff unfortunately.’ (NHS2)

Having ‘overarching principles and some guidance of what should be considered when there’s a local approach implemented’ was seen as ‘a whole massive step forward in the right direction.’ (NHS2)

Interviewees also noted the importance of better inclusion for health colleagues in discussions and on working groups to consolidate shared understanding:

“... health isn’t always included in conversations and therefore the understanding of some of the challenges is missed. And some of the complexity isn’t fully appreciated and that may lead to some people feeling as though we’re not that involved, or we don’t really take our roles and responsibilities under ASP seriously when in fact, it’s actually quite the opposite.” (NHS2)

Issues raised in this interview confirm that barriers and frustrations are shared across partners.

Learning and development

This section brings together themes from four individual interviews with learning and development colleagues from different local authorities across rural to urban areas.

Context and culture

Learning and development colleagues recognised the wider sector context within which chronology practice exists. ‘Firefighting’, the urgency of practice tasks and time pressure (a sense this might be worse for those in urban areas), created a ‘perfect storm’ of why chronologies continue to be problematic (LD1). There were conflicting views on what underpins the issue; whether workers recognise the value but don’t have the time or don’t give it the time because they don’t recognise the value: ‘There are reasons why people don’t complete chronologies when they should and to the standard that they should. I think whenever we bring people into training ... everybody knew why we should be doing chronologies ... people were very clear, it’s about the time.’ (LD3)

Time-specific issues highlighted included the amount of potential information to process, spanning years or decades in some cases, and the time-sensitive nature of the process for ASP. Colleagues noted push back from time-pressured practitioners who asked, ‘what do you want me to stop doing in order that I can do a chronology?’ However, there were other views that the value of a chronology in the ASP context wasn’t well understood:

“I think the argument about intervention in adult support and protection cases is much more difficult because there’s that bit about, it’s choices, people might be making dangerous choices, but you know, there’s a limit to what we can do ... I would still have colleagues that would say, oh no, no, it’s a choice, it’s nothing to do with us. And if that’s the view you’re taking then, I don’t know that you necessarily see the value of a chronology.” (LD2)

Interviewees described a sense of overwhelm that improving chronologies ‘feels too difficult and it feels like too much’ (LD2) (echoing comments from the Pan-Lothian Partnership interview) and practitioners being in ‘panic mode’, fearful of getting it wrong (LD1). Contributing to this fear was what was seen as a cultural ‘lack of requirement of chronologies’ (LD4) and unclear expectations. There was a perception that this is linked to the shift of social work to care management and away from ‘relational practice’: ‘...all the sort of best practice stuff about getting to know somebody and their background, it’s not just ASP, that’s one of the first things to fall. It’s in other areas of work as well...’ (LD1)

“And because the bulk of adult social work has gone down that road, because that’s the policy, that’s the national policy, chronologies have taken on a lesser significance. And because there’s a lesser significance there’s a lesser requirement to be doing them, a lesser expectation that they should be done and less of an understanding of the benefits of them by practitioners... And that culture sees a lack of importance of chronology and if your managers are not chasing you up to get chronologies done, why are you going to do them?” (LD4)

One interviewee noted the role chronologies could play as a tool to support a meaningful conversation with supported people about their lives and the events which impacted them. This aligns with a trauma-informed approach to practice, outlined in the updated Adult Support and Protection (Scotland) Act 2007: Code of Practice as particularly relevant for those working in ASP where trauma could impact on an adult’s decisions and choices.

Evidence from this scoping research and a survey conducted by the Pan-Lothian Partnership in June 2022, also points to a lack of involvement of supported people with their chronologies.

Understanding chronologies in a wider context can be useful, for example, one interviewee recognised that there ‘might be some room to think about how we fit chronologies’ into a wider service redesign (LD1) which echoes the discussion in the Pan-Lothian Partnership interview.

Training, guidance, learning and development

Only one of the four interviewees described having stand-alone chronology training in their organisation. This was developed as part of an inspection improvement plan informed by a survey and working group. Another interviewee described training being 'bought in' after an inspection to 'tick that box' (LD4) but the training focused mainly on the compilation rather than the use of chronologies as a tool. There was agreement that training could be part of the solution to improving chronologies but wouldn't address wider systemic and contextual issues, or be able to respond to variation at local and practitioner level.

Specific gaps identified in training were around General Data Protection Regulation (GDPR), information sharing related to multi-agency working (including best practice examples of this), making chronologies meaningful using case studies, and being clear on when to start a chronology. Effective training needs to be workshop based, focused on case studies and allow space for discussions with peers to give practitioners confidence around chronologies. Peer review of cases, and regular case file audits with practitioners as file readers were noted as activities in support of improved chronology practice. However, it was highlighted that without a culture of practice development, the implementation gap between training and improved practice is unlikely to be addressed: 'Training is episodic, learning and practice development is an ongoing process. So, once you've done your training ... you then have to make sure that you have that culture of practice, where reflection, self-evaluation, is simply business as usual.' (LD4)

There was a view that guidance could be strengthened, that the Care Inspectorate guidance was 'still pretty much slanted towards children and families' (LD4) and specific adult protection guidance was needed.

The points highlighted in this section suggest several gaps where training, learning and development activities could help improve ASP chronology practice. However, this would require learning and development roles and capacity to deliver this which local areas may not have access to.

Information access, sharing and multi-agency working

As in other areas of the scoping research, issues around access to information and information sharing collide with challenges around multi-agency working, IT systems and recording practice processes.

Interviewees talked about practitioners' lack of confidence in using different systems, access arrangements and contacting other areas. Some social work practitioners were either unaware what information sharing was possible or knew but were fearful about accessing NHS systems and 'getting in trouble for looking at the wrong information' (LD1). Clarity around this was called for. NHS systems were seen as complicated with no consistency across record keeping. Better access and information sharing was discussed for integrated teams. The time and risks associated with information access and sharing were highlighted, for example, duplication where investigations had been done in other areas but not shared or where information about criminal charges was missed.

Technology was described by learning and development interviewees as 'unhelpful', 'clumsy', 'difficult' and not 'fit for purpose' for chronologies with barriers for multiple agencies to add information. IT systems were seen to contribute to difficulties around making chronologies a 'shared responsibility' across partners. Lack of practitioner confidence in using systems was also noted: '...we were preparing the files for inspection, lots of social workers and social work teams didn't have chronologies to present to the Care Inspectorate because they didn't know how to put them on to the management and information system that we'd moved to 9 months previously.' (LD4)

A mix of paper-based and electronic chronologies also poses issues with discrepancies between information. However, templates can help improve chronology practice. One interviewee commented that there were noticeable positive differences once a new template (adapted from another local authority) was implemented.

The importance of clear, comprehensive information for people accessing support to have 'at least one part of their records [that] is coherent and how it presents the information about their lives' (LD3) was also highlighted.

Leadership and management

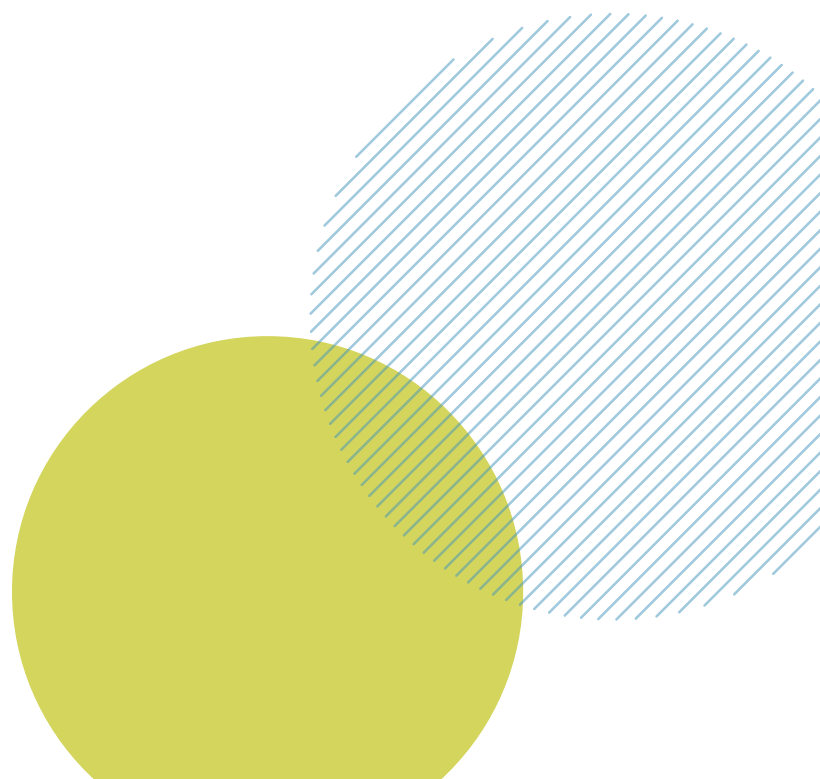
One interviewee described bringing learning from improved chronology practice from children's services into adult services, using their templates and developing a draft of adult protection guidance. The improvement work in children's services was attributed to a service manager that gave it the time and attention it needed, reiterating the need for 'a lead from the top' (LD2).

Interviewees agreed that a lack of supervision support, quality assurance and managerial oversight contributed to challenges around chronologies. Better monitoring using tools and prompts, and clear expectations from managers at all levels were needed. There was a sense that there needs to be more responsibility from managers to avoid blaming those in frontline roles for poor chronology practice:

“[practitioners] are now expected to do something, all of a sudden, but that expectation hadn’t been there before, why did our managers not tell us? And if you’re a team leader, why were our service managers not telling us? Or if you’re a service manager, why were our senior managers not telling us? You know for practitioners, it’s almost as if everything comes down the way. And it’s the practitioner’s fault.” (LD4)

Interviewees described the development of resources to respond to challenges, including a reflective supervision tool for multi-agency use with a specific part for social work managers to check with practitioners about chronologies, and (where necessary) to capture evidence of why they’ve not been prioritised. Gaps included ‘national opportunities to take a lead on improving chronologies’, and collaboration to share good practice and ensure ‘we not do things 32 times’ (LD2).

Overall, issues raised by those in learning and development roles, echoed those discussed in the other interviews.



5.2 SURVEY ANALYSIS

This section summarises the findings from the survey which captured both quantitative and qualitative data (see appendix 1).

To describe quantitative findings that include percentages (figure 1), the convention used is taken from the Care Inspectorate (2023).

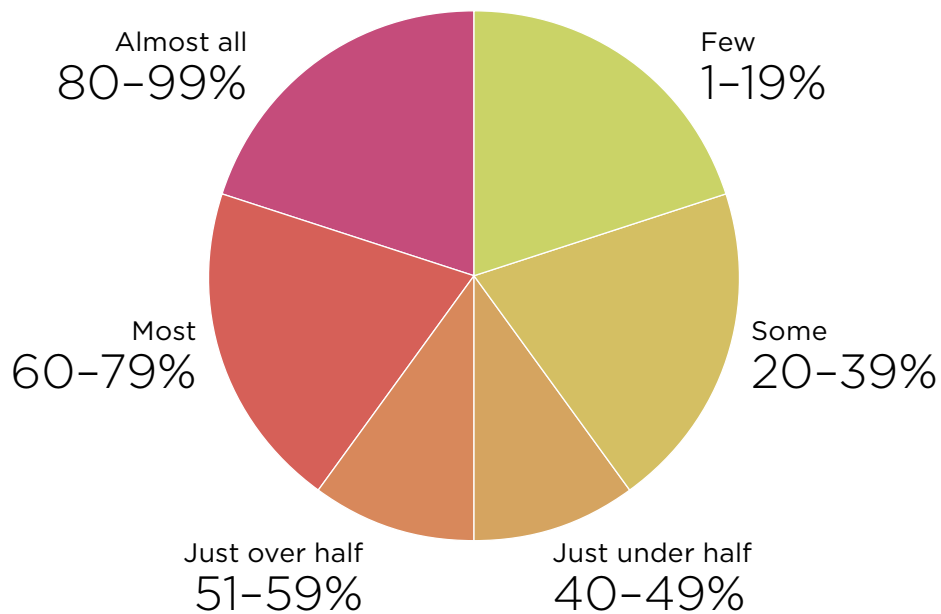


Fig. 1 Standard terms used, as they correlate to percentage ranges

Demographics: sector, role, experience

KEY POINT

- The survey spread means we are hearing mostly from those with considerable ASP experience working in the statutory social work sector. There are still missing voices from other agencies (e.g. police and health).



Almost all respondents identified as being from social work, with a few respondents in the other categories (social care, police and health). Some respondents identified as council officers or manager/team leader, with a few

practitioners, lead officers, and those in strategic roles. Just under half had over 10 years of experience, with a few in each of the other categories (7-9, 4-6, 1-3 years, less than a year). Most respondents identified that they worked in a local authority, with two from a police division and seven from health.

Some said they did have an improvement plan, a few said they didn't. Just over half said they were unsure if their agency had one.

Guidance: familiarity, sources and clarity

KEY POINT

- Overall, answers suggest strong familiarity with sources of guidance, but clarity could be improved.



Most of those who answered the question said they were familiar with guidance, only some said they were not. Respondents commonly cited three main sources of guidance (as per the question prompt): Care Inspectorate (2017), Code of Practice (2022) and 'local guidance'. Overall, local guidance featured the most frequently in responses, followed by the Code of Practice and then Care Inspectorate guidance. Other sources of guidance referenced included:

- Children and Families chronologies system
- Getting it Right for Every Child (GIRFEC) system
- GP guidance in Primary Care Setting
- NHS Tayside Learn Pro/NES
- Pan-Lothian guidance
- Training sessions
- Research in Practice tool
- Significant Case Reviews
- ASP Act

In terms of clarity, some found the guidance 'fairly clear' or 'somewhat clear', only a few felt guidance was 'very clear'. This aligns with comments in interviews with inspectors which noted messaging around chronologies was seen to be 'quite clear'.

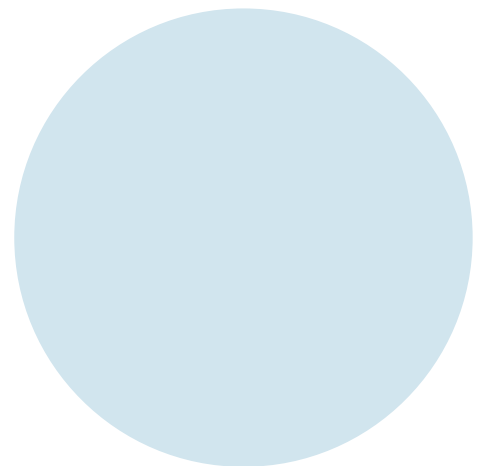
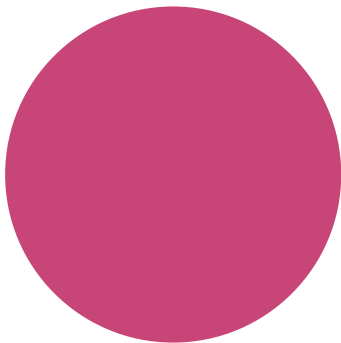
Training and access to resources

KEY POINT

- Just over half of respondents had some kind of training in chronologies and knew where to access support.



The picture on training is broadly split across respondents with just over half saying they'd had some kind of training and just under half not having had training. In terms of access to resources and training, responses were again split; just over half said they knew where to access training and resources, just under half said 'no' they didn't know where to access training and resources, with some saying they were 'unsure'.



Processes

These questions gathered data about the type of information to be included in a chronology: views on relevance, significant events, length, use, purpose, review, analysis, and IT processes.

KEY POINTS



- Respondents were mainly familiar with single agency chronology with just over half describing that they ‘routinely’ used them, with only a few using multi-agency or both.
- There is a good understanding among those that responded of what is required to be included in a chronology.
- There is understanding around what constitutes a significant event.
- Views varied on when a chronology should start and how long it should be, suggesting more clarity is needed here.
- How chronologies are used varied – to understand context, identify patterns/ themes, assess risk, aid decision-making.
- Regularity of use varied. Some respondents said they used chronologies on all of their ASP cases, with a few describing using them on ‘most’ of their ASP cases or on ‘some’ cases, or ‘occasionally’.
- Answers varied in terms of how and when analysis would take place. This could be developed in terms of ensuring that there is a more consistent approach to analysing chronologies.
- IT systems were not generally helpful for chronology practice, with some providing templates and some not. Overall, practitioners seemed confident using systems and tools.

Types of information and relevance

Most respondents described what goes into a chronology by using words like ‘significant life events’ or ‘key events’. Participants also reflected on the importance of including relevant information that should be recorded in a concise and clear manner.

Relevance was determined according to whether it helps the care plan, through discussion with colleagues, by assessing the impact of events on

the person, by using professional judgement and by considering the risk. Respondents recognised that often relevance is context specific.

When asked about what's relevant for a chronology, answers showed a general consensus with the focus being on impact for the supported person, any changes in their wellbeing and patterns of events.

Significant events and information gathering

Answers to the question on what constitutes a significant event included change in circumstances like moving or relationship changes, birth, divorce, traumatic experiences (e.g. abuse), events that had a significant impact (e.g. change in care plan), and events that put individuals at risk. Some respondents also considered that this depends on the individual person and the context.

Information needed to collage a chronology would be gathered from a range of sources including case notes, databases, discussion and a range of different sources, including the person at risk, colleagues, and other agencies.

Length and when to begin

In terms of how long a chronology should be, answers varied, with many saying, 'as long as it needs to be' and others arguing for a succinct chronology.

Answers to the question about what age should a chronology begin revealed an interesting variation in perceptions among respondents. For example, many thought a chronology should start at birth, some early childhood, some at 16 and some at significant events.

Uses of a chronology: purpose and regularity

Uses of a chronology varied. Some respondents used a chronology to develop a contextual understanding of a case, building a picture and gathering background information. Others used it to identify patterns and themes. Some use chronologies to assess and identify risk. Some also used them to aid in decision making regarding assessments and interventions. Regularity of use varied. Some respondents said they used chronologies on all of their ASP cases, with a few describing using them on 'most' of their ASP cases or on 'some' cases, or 'occasionally'.

Chronologies feature in multiple areas across the ASP process. Responses show that some would create or use a chronology at inquiry stage, case conference and review meeting with some only using at inquiry stage (see appendix 3 for detailed breakdown).

Review and analysis

Answers to this were split between descriptions of how respondents would analyse the information: by talking about it in supervision, with the individual at risk and by identifying patterns. Other respondents said they analyse chronologies when needed for specific processes or to update new information. Many answered that they review chronologies by collating information. Many also highlighted that it's context specific. The Pan-Lothian Partnership survey also showed that generally, practitioners understood why, how and when to record, maintain, review and edit chronologies.

IT processes, tools and confidence

IT systems used to input a chronology included CareFirst and Mosaic predominantly. Some respondents also highlighted that their IT system was not suitable for developing chronologies. Practitioners reported that many of their IT systems have chronology templates. However, not all have such templates, which highlights that IT integration and digital tools continue to be a challenge as outlined by the Joint Inspection Reports and the interviews.

Some said they felt fairly confident or very confident with only a few saying they felt 'not at all confident' or 'somewhat confident' about using IT systems for chronologies. Interestingly, this is in contrast to some views expressed in the interviews, that low practitioner confidence with using information systems contributed to weaknesses in chronology practice.

Views

These questions gathered data on the value of chronologies, challenges and improvements needed.

KEY POINTS



- There was consensus that chronologies were ‘highly valuable’, ‘vital’, ‘essential’ – if done correctly. Respondents were able to describe the features of good chronologies.
- Barriers included time and capacity, IT systems, recording practice processes, information access and sharing, multi-agency working and lack of clarity in guidance.
- Some practitioners felt ‘fairly confident’ or ‘very confident’ about developing chronologies.
- Some practitioners reported chronologies featured occasionally, rarely or never in supervision.
- Suggested improvements included improved guidance, better IT, recording and tools, more consistency, more training and learning opportunities focused on the value of chronologies, better leadership and management support including supervision, and addressing wider workforce issues including lower caseloads and better pay.

Value of chronologies

There was consensus that chronologies were ‘highly valuable’, ‘vital’, ‘essential’ when done correctly. This was defined as ‘comprehensive’ with ‘useful’, ‘relevant’ information captured and collated. Their value was also located in supporting risk assessment and safeguarding, ASP thresholds, planning and review, decision making, accountability, identifying errors and improvement areas, and timesaving.

Respondents commonly identified the value of chronologies in terms of identifying patterns, trends, questions, gaps, and providing a timeline and overview. A chronology was recognised as a learning and reflection tool for both the supported person and practitioner. There was value in recording the views of other professionals and sharing information. Importantly, chronologies were seen to help understand the supported person: their current behaviour in historical context (exploring possible root causes), their vulnerabilities and

strengths, their past engagement with different interventions and services, their progress and outcomes, and their views. In this way, respondents commented it could be used as a therapeutic tool, a point also made in the interview with learning and development colleagues and aligned with a trauma-informed approach. Arguably, the perceived value of a chronology can be enhanced when the context of a person's life, choices and behaviour are better understood through a trauma-informed lens. This also links to the ambitions for an integrated care record in the Data Strategy for Health and Social Care (Scottish Government, 2023), which aims to support people to tell their story once and ensure that staff have the right information at the right time to deliver the right care. Overall the survey responses suggest that the value of chronologies is quite well understood by practitioners, which is in contrast to some of the points made in the interviews.

Challenges

TIME AND CAPACITY

Respondents commonly cited multiple barriers. Where a single one was cited, it was 'time'. Time was seen as 'a luxury' and that collating chronologies were particularly time consuming. The time issue was closely related to capacity and the 'unrelenting' pressure of working in crisis-mode, making it challenging to prioritise chronologies. However, many of the other challenges increased the burden of time on practitioners to complete chronologies. Challenges were interconnected and often compounded each other, highlighting these as systemic issues.

IT, RECORDING PRACTICE AND INFORMATION GOVERNANCE

Challenges around IT systems were interconnected with issues to do with recording practice and how information is accessed and used.

IT issues identified spanned both inter and intra agency issues, mixing technical system challenges with multi-agency issues. Respondents experienced limitations to their own recording systems as well as issues between theirs and other agencies, for example, social work and health ('lack of integrated IT system for multi-agency chronologies'). Lack of access from social work to information held by health IT systems were noted, risking 'unbalanced' views in chronologies. System limitations also were noted between information on adult's and children's plans with 'no natural progression on Care First to the

chronology on a Child's Plan if there is one', echoing an earlier point about challenges to chronologies during transition between service areas.

Barriers and challenges presented by IT and recording practice were closely related and sometimes consolidated in people's responses. Some felt a disconnect between the design of the recording systems and the reality of practice, feeling that, 'People that design the recording systems do not have the relevant practice experience to formulate an appropriate system so details may be missed due to IT restrictions.' Other recording practice issues included an absence of templates or where they exist, they're 'cumbersome' or not 'supportive'. An over-focus on templates rather than what's contained in them was also noted.

A strong theme was information – access, quality and governance. Respondents noted difficulty in finding information, gaps or lack of records. If the information is there it's difficult to access (possible reasons cited as lack of confidence with GDPR, confidentiality and accessing information from other agencies). Issues with existing information are: not the 'right information', 'anecdote and opinion rather than fact', 'only detailing legal orders', events recorded but not why it's significant to person or outcome. Of particular challenge was information about people with long involvement with services, keeping the order of events clear and what information to include.

Other issues were to do with coding information in case notes and the inability to tick a 'significant event' option on previous case notes. Variable recording quality and standards were noted including inconsistencies of what's relevant to include. The balance required by a good chronology – succinct but retaining substance around impact – was described as 'a form of art'. The variability of professional judgement came up often as did the difficulty in interpreting other professional's writing and language.

MULTI-AGENCY WORKING

Collaboration with other agencies was difficult. Specific areas identified were a lack of shared understanding and a common language, in particular what constitutes a significant event, variations in professional judgement, a perceived 'lack of awareness from health', and the acknowledgement that other agencies are under pressure with stretched capacity, making it difficult to obtain necessary information for chronologies.

Another challenge was different training across agencies, specifically, a lack of consistent training resources to support the implementation of guidance and nothing offered beyond a basic understanding. More advanced training to support practitioner development and more on multi-agency working were seen as gaps.

GUIDANCE

Inconsistency was seen as due to lack of clear guidance. It was suggested that clarity was needed about when a chronology should start (e.g. at what age of the adult) and what constitutes a significant event. On the first point, the Practice Guidance (Care Inspectorate, 2017) does not provide a hard and fast rule for the age at which an ASP chronology should begin as it is likely to vary case by case and practitioners would need to use professional judgement. On the second point, the guidance acknowledges that:

The amount of detail in a chronology should depend largely on how a significant event is defined... It is beyond the scope of this guide to provide a detailed account of what events might be considered significant, and in what circumstances.

However, the guide includes pointers and examples 'which may help practitioners exercise professional judgement in arriving at such decisions' (p10-11).

Though guidance exists on some points raised in the survey that are deemed to require clarification, this perhaps indicates areas where practitioners and managers feel they need more support in the messaging around chronologies. Where guidance is already present, these areas could be reinforced with training and tools. This relates to comments from interviews with inspectors, acknowledging that messaging and guidance can be variable in how clearly it's understood.

CONFIDENCE AND SUPERVISION

Some practitioners felt 'fairly confident' or 'very confident' around developing chronologies with a few in the other categories. There didn't appear to be any noticeable patterns indicating length of experience increased confidence. Confidence was similar across the breadth of experience.

Practitioners were asked how frequently discussions about chronologies featured in their supervision with their managers. Some practitioners reported chronologies featured occasionally, rarely or never in supervision with only a few citing frequent or very frequent discussion about chronologies.

Improvements needed

Similarly to barriers, respondents suggested more than one improvement. If they did cite a single one, it was 'training' or 'time.' Current strengths in the system included 'ASP advisors' ('a great benefit') and Police Concern Hub officers who were also valued but 'we need more of them'.

GUIDANCE

It was suggested that improvements to guidance could help 'reduce the fear and stress around chronologies'. More clarity about when to use a chronology and what to include were called for. One suggestion was around developing guidance to be 'a closer cousin to current national Child Protection guidance'. Other suggestions included 'clear top tips' to help inspire practitioners.

IT, RECORDING, TOOLS

Accessible, 'smarter', user-friendly systems to reduce burden and be shared across agencies were called for. Systems need to better support recording (example given: labelling case notes for significant or chronological events or adding items to a chronology by ticking rather than doing it manually). Templates need to be 'easier' to use, ideally designed with practitioners, with adequate space to include necessary information. Recording standards could be improved with more routine use of chronologies and starting them earlier in the process. Templates could be 'national', toolkits could be 'universal' and shared for multi-agency use. Existing systems could be streamlined or adapted to make chronologies more easily editable.

CONSISTENCY

The drive for consistency was evident with suggestions of a standardised and shared framework, a common approach to multi-agency chronologies, a national standard and system, consistent practice, common language, and agreed approach, training and systems. A 'unified purpose and decentralised execution' was suggested, as was making chronologies a legal obligation. However, alongside calls for consistency was also the recognition of the need for professional judgement and discretion, which would vary, suggesting a balance is required between standardisation and flexibility. Points in this research on consistency also relate to the aims of the integrated care record described earlier.

TRAINING AND LEARNING

Respondents noted what would constitute ‘good training’: uses real-world examples and case studies, focuses on multi-agency working, learns from the Child Protection sector, is face to face, includes other agencies, and focuses on the value and importance of chronologies. Training needs to be meaningful, sustained, comprehensive and ideally started at university. Targeting training to different practitioner stages from student, newly qualified to experienced practitioner is needed.

MANAGEMENT SUPPORT, LEADERSHIP AND CULTURE

The role of supervision was highlighted as a mechanism for supporting practitioners and reinforcing the value of chronologies. Leadership to support practitioner understanding of chronologies, to give motivation and to help practitioners make time and prioritise chronologies is needed. Organisational buy-in around the value and demonstrating their value in review meetings was noted as was more routine quality assurance. Discussion and debate in supervision and with other colleagues across agencies to share tools and experiences is needed. Raising awareness, promotion and clarity would support improvement. There was a strong sense that chronologies need to be ‘a manageable and achievable task’ for practitioners and to be a useful tool not a requirement (though some felt making it a requirement for all ASP cases would support improvement). Other shifts noted included involving the supported person more.

WORKFORCE

Workforce issues raised in terms of improving chronology practice included more workers, lower caseloads and better pay to address the wider backdrop of time, capacity and pressure on practitioners.



Manager views and experiences

Managers were asked to describe their familiarity with guidance, what challenges they saw around chronologies and how they support their teams.

KEY POINTS



- Almost all managers said they were familiar with guidance. Most managers found the guidance 'fairly clear'.
- Managers support their teams through supervision though acknowledge there is not always time for discussing chronologies.
- Discussion, encouragement and setting clear expectations were also used to support staff.
- Just over half of managers reported being 'fairly confident' about chronology best practice.
- Challenges included culture, time and capacity, IT systems, and inconsistencies in recording practice and language.
- What works well when supporting teams includes raising and maintaining awareness, training and learning, templates (promoting consistency), and good digital recording systems.

Guidance: familiarity and clarity

Almost all managers said they were familiar with guidance. Similar to practitioner responses, key sources of guidance cited (as per the question prompt) were the new Code of Practice, Care Inspectorate guidance, local or agency guidance. Again, local guidance was mentioned most frequently, followed by Code of Practice and Care Inspectorate guidance. Other sources included:

- ASP communities of practice
- Scottish Government
- Scottish Social Services Council (SSSC)
- Knowledge Hub resources through Pan-Lothian project
- 'Other general guidance from social work literature'

A comment was made about 'competing guidance/advice on chronologies' in terms of length of chronologies related to when it should start. Most managers found the guidance 'fairly clear'.

Team support: supervision, training, templates

Supervision was mentioned most frequently as being a mechanism for supporting staff, followed by training, peer support, mentoring, shadowing, and e-learning. However, comments noted that there is often no time for discussion in supervision. Also in training comments, respondents noted both a need for and lack of training. Managers talked about the importance of sharing knowledge through discussion, debriefing and raising awareness around chronologies. Discussion in meetings, supervision, team sessions, peer development sessions and multi-agency discussions were highlighted. One manager made the point that discussion and learning should happen across Child Protection and ASP.

Other areas of support included using templates, guidance and worked examples. Experience of templates varied – one manager noted they were part of risk assessment and another that ‘investigation forms don’t even have a chronology space, so staff have to do it separately and attach,’ highlighting the inconsistencies described elsewhere in this and other research.

Clear expectations and encouragement of staff were supportive factors. There was one mention of ‘improvement work through audit and self-evaluation, and one of ‘doing alongside frontline staff’ which presumably would require the manager to be confident and competent at developing chronologies. Just over half of managers reported being ‘fairly confident’ about chronologies best practice with some feeling ‘somewhat confident’. Again, very few identify at either end of the scale (very or not at all confident).

Challenges

Respondents generally cited multiple challenges impacting their team, service or organisation. Arranging these issues into themes demonstrates that the issues raised by managers in the survey, align with themes uncovered in existing evidence and interviews from this scoping research.

CULTURE

Some expressed the view that cultural issues were more challenging than those related to guidance and training, echoing other views in this research:

There is a wealth of guidance in relation to chronologies across Scotland. Some partnerships have significantly advanced in both training and practice guides. However, it remains the case

that implementing chronologies for ASP or Child Protection will not be successful unless we tackle the culture across social work and partners in relation to the collation of chronologies.

However, other respondents disagreed with this point and felt a lack of clear guidance undermined effective chronology practice. Other cultural issues included the need for more involvement of the supported adult in their chronology and commitment from all partners to create chronologies as tools of proactive, supportive and preventative practice.

TIME AND CAPACITY

Unsurprisingly, time and capacity, exacerbated by Covid pressures, were raised in the managers' responses. One noted that 'time would be the biggest barrier given the rapid expansion through the pandemic of adult protection referrals and case conferences and there is no sign of this slowing up.' Managers recognised that 'to compile a useful and complete chronology, practitioners need to have the ability to spend a significant amount of time on it, particularly if they are incorporating multi-agency information as good practice guides would recommend'. High caseloads and a sense of duplication of existing records also surfaced in the responses. A lack of protected time for chronologies and the onerous task of searching and retrieving accurate information for 'over stretched frontline staff' were noted. These points relate to those made in other parts of this research about stresses in the wider system which make it more difficult to develop effective chronologies. Poor chronologies in turn also impact other parts of the ASP process (e.g. multi-agency discussions, case conferences) that can end up compensating for weak chronology practice as highlighted in the inspector interviews.

IT SYSTEMS AND RECORDING

Again, system issues persisted both within and across organisations. Computer systems were described as 'poor', lacking 'capacity to build a great chronology nor for staff to add one to reports', not 'lending themselves to chronologies' and 'not standardised within the organisation'.

The various systems which are used across the NHS which do not link together meaning chronologies do not join up.

Our systems are not linked with our partners in Health/Police.

Other recording issues included: a lack of templates, difficulty finding chronologies or using them when they become 'very lengthy', and access to historical information in archived paper files. The below example provides a walkthrough of the difficulties around collating information on a database:

...current Social Work electronic database does not have a function in Adult Services to support chronologies, unless this is part of ASP investigation. A chronology prior to an ASP investigation requires to be undertaken separately, using other formats, e.g. a Word document. This is then only accessible by the local team where the client's electronic file is stored. The current SW database has chronology function but only for Children's Services. Significant information is recorded via electronic 'observations'/case notes, which is very time consuming to filter through all the recordings to highlight significant events, dates etc. The information prior to any ASP investigation is vital to provide context around the suspected harm and risk, providing background information.

Additionally, recording challenges included inconsistent understanding about what needs to be recorded and why ('most workers miss out the impact of events on the service user which lessens the usefulness of the entry'), lack of consistency about levels of detail, relevance; when to start them, whether they are being done and kept up to date, an overall lack of experience in using them, lack of training, lack of prioritising them and too much focus on 'negative impacts':

Workers regularly advise they want to record good outcomes to better inform what works but the guidelines prohibit it. In practice, if workers maintain life chronologies well, when trying to pull through to an ASP investigation there tends to be an overabundance of entries which somewhat defeats the aim of having useful highlights...

Related to this point, one manager noted that 'within ASP, staff typically do a chronology linked to risk' and it can be a challenge ensuring broader life events are covered. It was suggested that 'different 'types' of chronologies can be beneficial at different times.'

Managers also described difficulties in maintaining valid, up to date single agency chronologies and consistently identifying what is significant which can vary from person to person or sometimes only becomes significant in due course. As raised previously, a lack of 'language that is embedded into practice' across different agencies can 'create difficulties.'

What works well when supporting your team with chronologies?

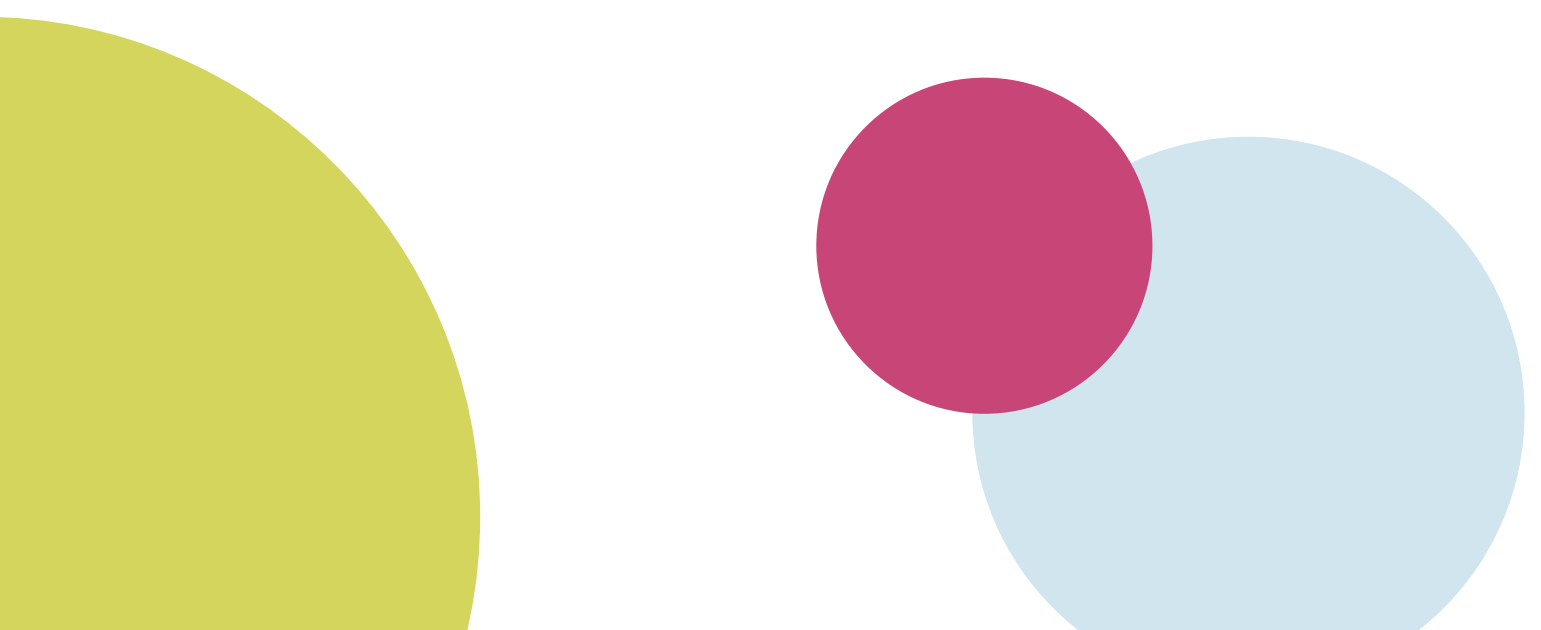
Managers noted part of the support provided to staff included: raising and maintaining awareness through 'keeping it on the team agenda', 'reminding' about the importance of chronologies, training and briefings, clear expectations, encouragement (e.g. giving permission, one-to-one support), discussion (including in supervision and within teams), goal setting, feedback on chronology drafts, promoting understanding of process and rationale; protected time, and making chronologies required.

TRAINING AND LEARNING

A range of training and learning opportunities were highlighted including one-to-one and group training, protected time for training, learning packs, online and in-person briefings. Using case studies, good practice examples and including lessons learned from SCRs in briefings were highlighted. Good practice guidance, file audits and handovers were also noted. An identified gap was 'relatable guidance which does not focus on Local Authorities or social work (or children) but is more inclusive of ASP Partners.' Practice wisdom, knowledge and experience of ASP in Local Authorities were seen as supportive factors in effective chronology practice.

IT AND TOOLS

A positive example shared was a 'new shared electronic system for Interagency Referral Discussion, this works well for pulling together a tripartite chronology. It would be helpful to have a shared risk assessment tool that everyone could access, too'.



Multi-agency chronologies

Experiences were gathered around multi-agency chronologies including ease of contributing, sharing and communicating them.

KEY POINTS



- Just under half had contributed to a multi-agency chronology.
- Some found it 'easy' to contribute to multi-agency chronologies, some found it difficult.
- Some found it difficult to share multi-agency chronologies, some found it easy.
- Challenges identified included a lack of common understanding about what to include, lack of engagement with other agencies, access to and sharing of information, IT systems, poor recording standards, and lack of analysis.
- Comments indicated the positive impact of multi-agency chronologies when the process works well.

Contributing, sharing, communicating

Just under half of respondents had contributed to a multi-agency chronology and just over half had not. Some found it 'easy' to contribute to multi-agency chronologies, some found it difficult, with a few finding it 'very easy' or 'very difficult'. Some found it difficult to share multi-agency chronologies, some found it easy. Again, only a few found it very easy or very difficult. Some found it difficult to communicate to other agencies about a chronology, and some found it easy, with a few at either extreme (very easy or very difficult).

We asked an open question to gain some qualitative information on experiences of using multi-agency chronologies. Comments could be themed in terms of how and when they're used, challenges and strengths.

Use

Respondents noted that their involvement included being part of chronology and adult protection meetings, contributing verbally in these.

Several responses indicated that chronologies are used for learning reviews, Large Scale Investigations and 'complex cases' rather than day-to-day preventative practice:

I have contributed to a multi-agency chronology for learning reviews but never as part of an ongoing ASP. We only do them when we are reflecting on a complex case and it's the ASP Coordinator who compiles the chronology. They are very helpful in providing a richness and depth to a risk assessment and opportunities for intervention.

Challenges

A lack of common understanding on relevance and how to integrate information were highlighted as was the variation across roles and experiences. A perception that 'other agencies are less keen' and 'difficulty finding people' in other agencies were noted:

I usually prepare a chronology and email it to the other attendees, asking them to add in any issues they consider relevant. Most do not fill anything in. A few (usually the Police) or community-based health professionals will add further information.

Barriers around access to information, its quality, recording and governance were outlined including data sharing protocols, incompatible IT systems, obtaining relevant information timeously, manually pulling information, sifting and sharing make chronologies a 'painful experience'. Respondents described difficulties with multi-agency working related to information sharing and time:

Children and Families have access to significant material of which we are unaware.

Main difficulty in developing multi-agency chronologies is you either end up with a list of meaningless appointments and meetings or significant events are missed off because the person compiling them doesn't fully understand the significance of the information and doesn't check it. The only way I have ever compiled decent multi-agency chronologies is to sit with my colleague and write it up together – incredibly time consuming.

Information difficulties can make multi-agency collaboration difficult, as different professionals hold different parts of the picture which again relates to earlier points about challenges to chronologies through the transition between children and adult services.

I had a complex ASP where it would have been helpful in having hospital incident reports of past/historic violent behaviours, in order to establish if we were seeing a repeat or

something new. This led to a conflict between health and Social Work as I felt the violence stemmed from a person's reduction in independence due to declining health from a chronic illness – this was challenged by Mental Health consultant because they knew of historical data which changed the picture from one of decline and increase in violence, to a static picture where these behaviours were consistent across time – this changed the working theory.

Issues around recording surface here again including poor recording standards, lack of analysis and restrictive templates. Respondents noted a sense of 'learning as you go' rather than more formal support around multi-agency chronologies.

Strengths

Despite the challenges, the survey also captured positives of multi-agency collaboration including mutual professional respect and learning from other agencies.

I have had good experiences of integrated working where chronologies have been compiled together going through Social Work and Mental Health or Learning Disability health notes in tandem.

Getting it Right for Every Child (GIRFEC) was acknowledged as 'a useful approach' by survey respondents, which might also indicate helpful links between chronology practice improvement and the development of the Getting it Right for Everyone (GIRFE) Practice Model. GIRFE is predicated on the principle of joined up working and information sharing to improve wellbeing which aligns with effective chronology practice.



6. Interventions

Drawing on the key findings of the scoping research, this section outlines areas for intervention and suggested recommendations. The areas aim to contribute across the nine characteristics of effective chronologies outlined in section 2.

In line with improvements suggested throughout this scoping research, interventions range from practical and smaller scale to wider systemic changes. There are suggestions for new tools, resources and project work. These can work in combination with the suggested changes to existing resources, details of which are described in the table. Adaptations to existing resources and processes focus on reframing chronologies as a meaningful activity and a useful tool for practitioners to effectively support and protect adults at risk of harm.

Intervention areas aim to provide a framework for discussion, planning and co-design of next steps with key stakeholders across ASP. These discussions would help identify roles and responsibilities to lead and coordinate innovation and improvement activities.

CHRONOLOGIES MULTI-AGENCY SELF-ASSESSMENT TOOL

Using the evidence from the scoping research, a multi-agency self-assessment tool could be developed to identify which barriers are most prevalent and what strengths can be drawn on in local areas. The challenges surfaced across the existing evidence, interviews and surveys are common but may differ locally in terms of their priority and scale. A multi-agency self-assessment tool could support the collection of local data about challenges and strengths.

NETWORK AND PEER SUPPORT

The ASP Implementation Chronologies Subgroup is an existing resource and has strength in its multi-agency membership. This could provide a rich source of peer support, information sharing and collaboration. In partnership with Iriss, the group could coordinate activities and provide a forum for discussing and collaborating on improvement plans, sharing ideas, approaches and tools. Good practice examples could also be captured and shared (Iriss could support this activity through an online repository).

RESOURCES: TRAINING, TOOLS, TEMPLATES

A central, online repository (potentially hosted by Iriss or on the [NASPC website](#)) could provide a space to gather and share existing training materials, local guidance, case studies, tools and templates. These could be adapted by other local areas. Bringing resources together could also help highlight gaps and inspire new tool development.

Iriss and partners could work together to fill any identified gaps in the pool of resources gathered in the online space and or adapt existing resources (for example, the [Iriss Writing Analysis Course](#)). The scoping research findings could be used to shape a tool about effective chronology practice.

INNOVATION AND SERVICE DESIGN

Iriss and partners could work with groups of practitioners and managers from across agencies to target specific barriers. Using a range of approaches which support innovation and service design, tests of change could be used to demonstrate improved chronology practice with the aim of inspiring and motivating others. This could help address the sense of overwhelm around chronologies and evidence inroads to persistent challenges. A pathfinder or learning partner model could be developed to undertake this project work.

EXISTING RESOURCES

The following table (over) outlines areas of intervention to existing resources and processes, and specific recommendations. Part of the next

steps is to explore suggested intervention areas to ensure the right people, including supported people, carers and families, are involved in future improvement work around chronologies.

Intervention area	Suggested recommendations
<p>Guidance and messaging</p>	<p>More targeted guidance and templates for health practitioners and managers who work with adult protection systems.</p> <p>‘Relatable’ and ‘inclusive’ guidance, messaging and language to increase engagement with all ASP partners.</p> <p>Clear messages in national and local guidance about accountability of managers at all levels to ensure the completion and quality of chronologies.</p>
<p>Practice development: learning and development, training</p>	<p>Chronologies training.</p> <p>Outcomes:</p> <ul style="list-style-type: none"> • Increase confidence • Reduce fear • Make chronologies more meaningful – integral to role, not an ‘add on’ • Increase peer support and networks <p>Focus:</p> <ul style="list-style-type: none"> • Value and importance • Relevance – what to include • Clarity on what is a significant event • Analysis and recording practice • When to begin a chronology • What length it should be • GDPR • Multi-agency information sharing • Link to practice development and defensible decision-making of both practitioners and managers • Target to different practitioner stages (e.g. student, newly qualified, experienced) <p>Format:</p> <ul style="list-style-type: none"> • Workshop based • Multi-agency • Case study examples • Peer learning • File audits/practitioners as file readers <p>Other activities:</p> <ul style="list-style-type: none"> • Share training materials in online collection/repository • Provide and share audit tools for robust self-evaluation of chronologies (eg multi-agency self-assessment tool) • Subgroup discussions and work planning • Explore what learning can be transferred from children’s services and GIRFEC about chronology practice. Related to this, explore links with the development of GIRFE. • Identify areas with ‘ASP advisors’ and Police Concern Hub officers to build on learning.

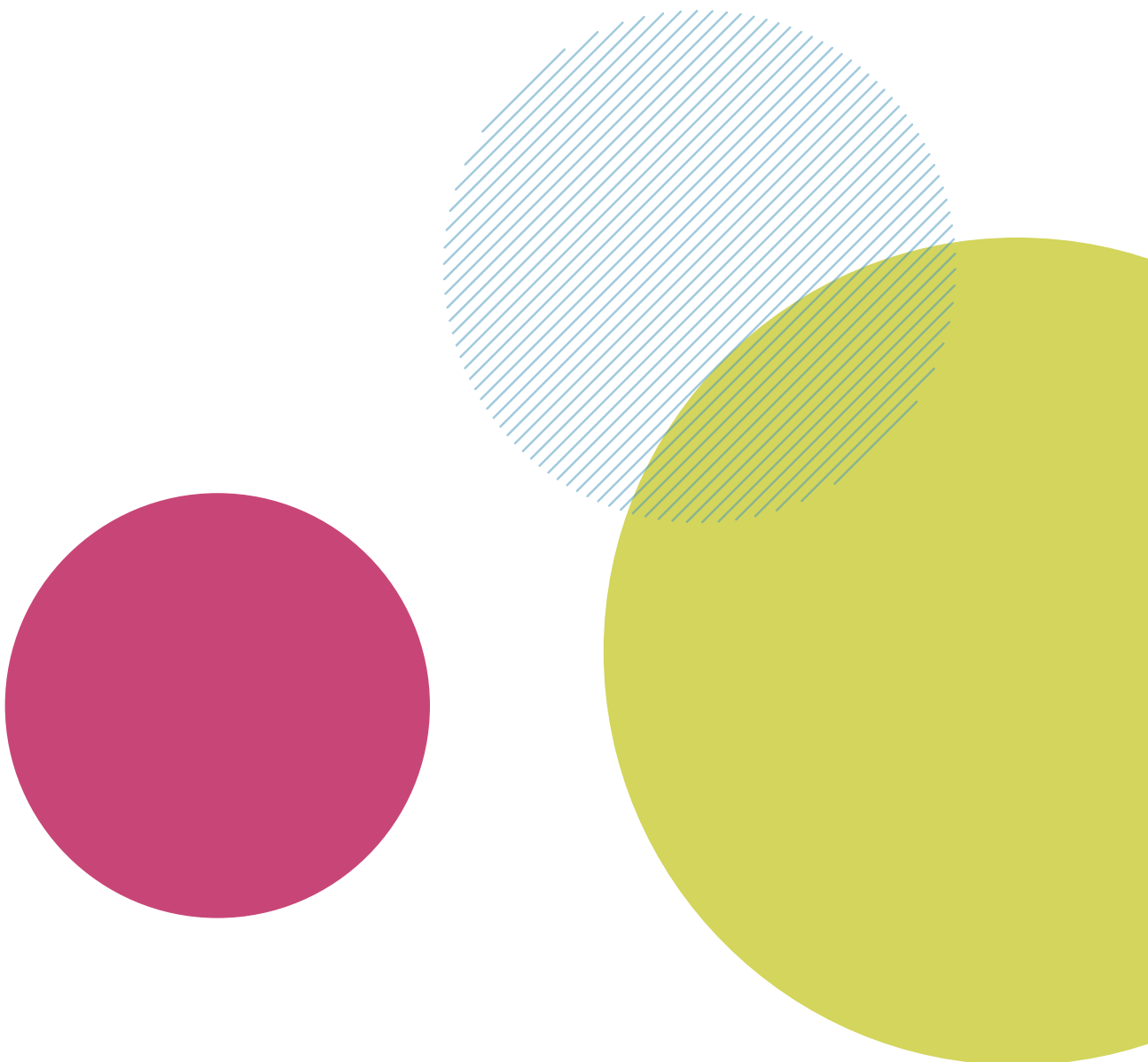
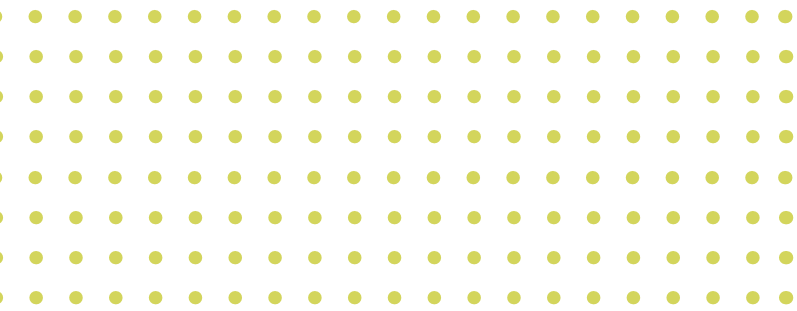
Intervention area	Suggested recommendations
Recording practice	<p>Explore ways to involve the supported person in their chronology to help ensure accuracy, understand the impact of significant events and take a trauma-informed approach.</p> <p>Templates:</p> <ul style="list-style-type: none"> • Use, share and adapt existing templates via repository • Design with practitioners <p>Management oversight of recording.</p> <p>Access training and tools around recording best practice and analysis.</p> <p>Understand recording barriers to information sharing during transition between children and adult services.</p>
Management and leadership	<p>Guidance: Clarity in national and local guidance about the accountability of managers at all levels for the completion and quality of chronologies.</p> <p>Oversight and quality assurance.</p> <p>Supervision support including:</p> <ul style="list-style-type: none"> • Clarifying expectations • Encouragement, reassurance, motivation, • Help to prioritise • Performance management • Support practice development • Support using chronologies as a tool with supported people <p>Peer support and awareness raising via team meetings.</p> <p>Identify and feedback information from practitioners about local barriers, training needs etc (multi-agency self-assessment tool).</p> <p>Membership of working groups (local/national).</p> <p>Protected time for practitioners (caseload management).</p>
IT systems	<p>Buy-in from IT managers and providers.</p> <p>Design systems with practitioners.</p> <p>Add information to the systems about access (e.g. who can access, who to contact for further clarification).</p> <p>Connect with work to take forward the Data Strategy for Health and Social Care (2023).</p> <p>Explore how the design of the integrated record could address gaps and limitations in existing systems and help to bring together information from across different agencies into multi-agency chronologies.</p> <p>Understand system barriers during transition between children and adult services.</p>
Multi-agency working	<p>Promote prioritisation and foster shared responsibility through supervision and joint training.</p> <p>Increase awareness of how systems interact across partnerships and consider this when implementing new systems.</p> <p>Involvement of multi-agencies in discussions and working groups.</p> <p>Provide multi-agency information sharing examples.</p> <p>Explore potential to links with GIRFE development work.</p>
Service (re)design	<p>Link chronologies improvement to service (re)design (existing or new).</p>

7. Conclusion

This scoping research has underlined how this specific area of practice within ASP is impacted by wider systemic pressures and post-Covid workforce issues across the health and social services sectors. Experiences shared through interviews and the survey illustrate how barriers to effective chronology practice have real emotional impact on practitioners in terms of fear, stress and frustration as they grapple with long-standing challenges. Views shared also point to the impact of poor information sharing on relational, trauma-informed, preventative support to adults at risk. Strengths and good practice were also uncovered and the value, content and function of chronologies were highlighted. Views vary on what good chronologies are (a 'skill', a 'knack', a 'form of art') and where best to focus solutions – either on guidance and training or on wider cultural change.

With challenges impacting a range of areas, a combination of practical and cultural interventions is needed, co-ordinated and supported by key stakeholders collaborating on chronology improvement. Interventions need to be supported by vastly improved information infrastructure so creating, updating and sharing chronologies ceases to be the painful and time-consuming process it is often described as. Improvement of chronology practice would benefit considerably from realising the ambitions of the Data Strategy for Health and Social Care to 'empower individuals and professionals to make better-informed decisions by providing access to the right data at the right time.' Improving the processes and systems related to recording, sharing and accessing information would allow other interventions around practice development, training, guidance, supervision and leadership to have full impact. Though the challenges around chronologies are complex and widespread, there is a strong sense from this scoping research

that this is an area worthy of the improvement work needed. There is a readiness to tackle persistent barriers, build on existing good practice and collaborate to move from current to best chronology practice.



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Appendices

Appendix 1: Chronologies in ASP survey questions

DEMOGRAPHICS

- Your service sector
- Length of ASP practice
- Role

GUIDANCE, CONTEXT AND TRAINING

- Are you familiar with guidance on chronologies (e.g. new Code of Practice, Care Inspectorate guidance, local or agency guidance)?
- Please tell us what guidance on chronologies you are familiar with (e.g. new Code of Practice or Care Inspectorate guidance)?
- How clear do you find the current guidance on chronologies?
- Have you received any training on how to develop or contribute to chronologies?
- Do you know where to access training and resources on chronologies?

PROCESSES

- In your service, do you routinely use a single or multi-agency chronology?
- What type of information do you think should go into a chronology?
- How do you decide what's relevant to include in a chronology?
- What do you think is a 'significant event' in an adult's life?
- Where would you get the information that you need to collate a chronology (add N/A if this doesn't apply to you)?
- How long do you think a chronology should be (add N/A if this doesn't apply to you)?
- What age do you think an adult's chronology should begin?
- What would you use a chronology for?
- In the ASP process, when would you usually create a new chronology or use an existing chronology (select all that apply)
- How regularly do you use a chronology in ASP?
- How do you review and analyse a person's chronology (add N/A if this doesn't apply to you)?
- What IT system(s) do you use to input into a chronology, if any?

- How confident do you feel using your current IT systems for chronologies?
- What tools or templates do you use, if any?

VIEWS

- From your experience, what is the value of chronologies in the ASP process?
- What are the main barriers or challenges you experience in contributing to, developing and or using chronologies?
- How confident are you with developing a chronology?
- How frequently are chronologies discussed during supervision with your manager?
- What do you think would improve the development and use of chronologies in ASP?

MANAGER VIEWS AND EXPERIENCES

- Are you familiar with guidance on chronologies (e.g. new Code of Practice, Care Inspectorate guidance, local or agency guidance)?
- Please tell us what guidance on chronologies you are familiar with.
- How clear do you find the guidance?
- How do you support your team to use chronologies? (e.g. supervision, access to training, peer support)
- How confident are you about what the best practices in chronologies are?
- What are some challenges/barriers surrounding chronologies in your team/service/ organisation?
- What works well when supporting your team with chronologies?

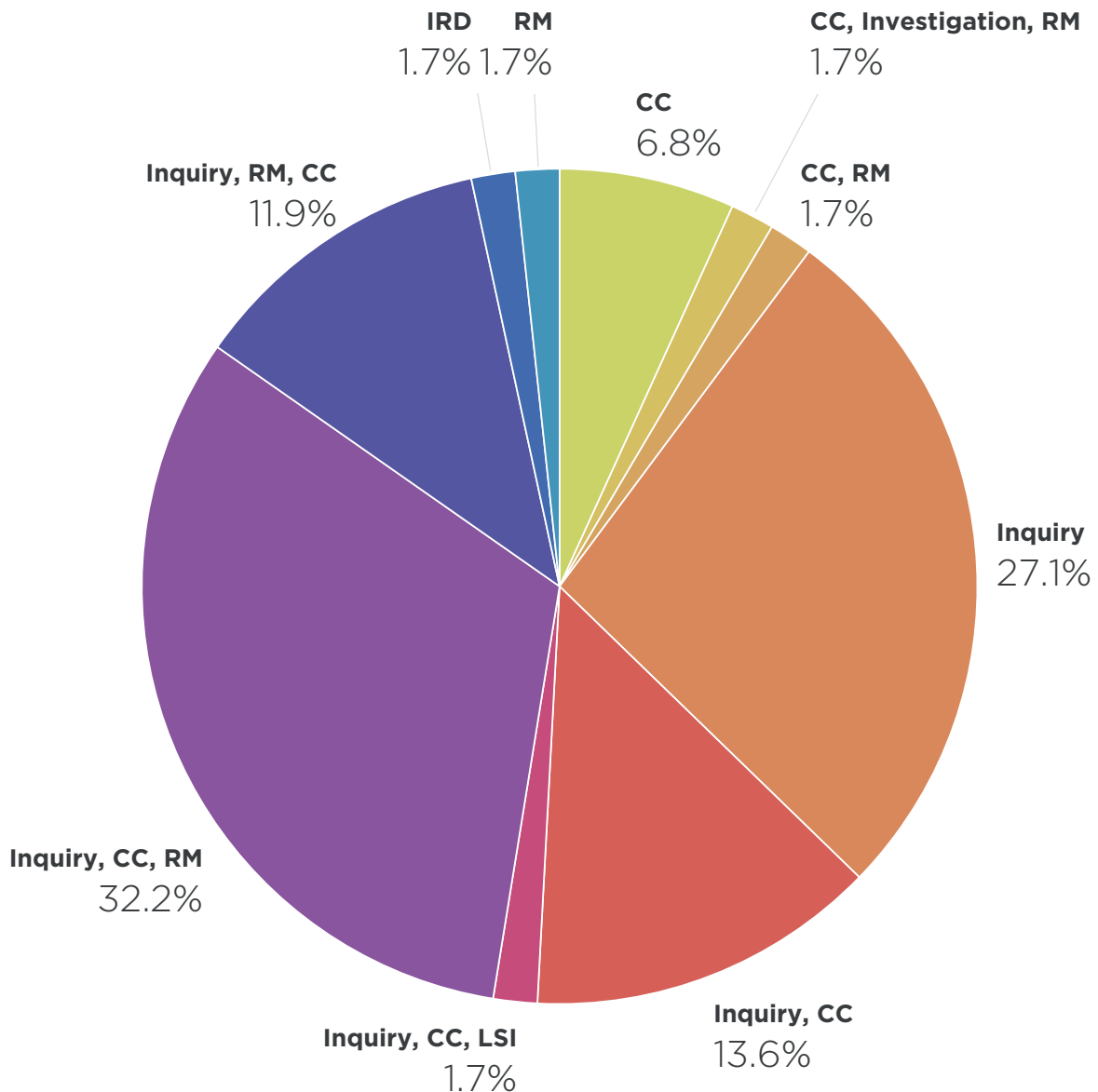
MULTI-AGENCY CHRONOLOGIES

- Have you ever contributed to a multi-agency chronology?
- How easy or difficult was it to contribute to multi-agency chronologies?
- How easy or difficult was it to share multi-agency chronologies?
- How easy or difficult was it to communicate to other agencies about the chronology?

IMPROVEMENT PLANS

- Does your organisation have an improvement plan for chronologies?

Appendix 3: When in the ASP process chronologies are used



Abbreviations: CC – Case Conference, IRD – Interagency Referral Discussion, RM – Review Meeting, LSI – Large Scale Investigation



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Iriss is part funded by the Office of the Chief Social Work Adviser (OCSWA) in the Scottish Government.