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**Chronology Guide**

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| **Page 2** | **Introduction.** |
| **Page 3** | **What is a chronology?** |
| **Page 4** | **Who is this Guidance for?** |
| **Page 5** | **Adult Social Work- what information should be in a chronology?** |
| **Page 6** | **Chronology: Do’s and Don’ts** |
| **Page 6 to 7** | **How to use the chronology as part of the assessment- analysis, understanding and reflection.** |
| **Page 8** | **Information Sharing** |
| **Appendix 1** | **Chronology Template** |
| **Appendix 2** | **Content of a chronology for partner agencies** |
| **Appendix 3** | **Further descriptions for each section of chronology.** |
| **Appendix 4** | **Best practice standards to measure our shared performance against.** |
| **Page 17 & 18** | **Definitions.** |

Developed: February 2022

**Introduction**

All agencies involved with people maintain records of their involvement. In some instances, these may contain events or patterns that when added to a chronology will help people and practitioners review their significance to the current circumstances.

Chronologies have a long history in working with both children and adults, particularly within Social Care and Health. Findings from numerous Case Reviews enquiries (across the UK), and reports into the care of children and adults at risk of harm, have concluded that a chronology could have supported the earlier identification of risks to the child or adult.

The most notorious enquiry, in adult social care, which promoted a change in the law to protect adults at risk of harm (Adult Support and Protection Act 2007) and highlighted the importance of chronologies, was the report into the case of Miss X (Borders Report, 2004), which looked at the case of a woman with learning disabilities who, along with other adults at risk, was seriously abused over a period of years. It recommended that any reviews of social work case records of people with learning disabilities should answer a critical question***: “Is there a chronology of significant events and are the implications of these events understood?”***

**Border Report:**

[*https://blogs.glowscotland.org.uk/fa/public/GirfecFalkirk/uploads/sites/2017/2019/08/14092849/Report-of-the-Inspection-of-Scottish-Borders-Council-SWS-Borders-Report-2004.pdf*](https://blogs.glowscotland.org.uk/fa/public/GirfecFalkirk/uploads/sites/2017/2019/08/14092849/Report-of-the-Inspection-of-Scottish-Borders-Council-SWS-Borders-Report-2004.pdf)

*Chronologies are of central importance to Adult Support and Protection and also apply more widely across adult services…. Relevant guidance sets out how those assessing risk and need “…should take full account of how the person’s needs and risks might change over time.” Relevant professionals can only fully achieve this if they identify and understand the significant patterns and trends in circumstances that an effectively prepared chronology will reveal (Care Inspectorate (CI)-, Practice Guide to Chronologies, 2017, p.4).*

[*https://www.careinspectorate.com/images/documents/3670/Practice%20guide%20to%20chronologies%202017.pdf*](https://www.careinspectorate.com/images/documents/3670/Practice%20guide%20to%20chronologies%202017.pdf)

The following guidance provides organisations and practitioners with information to support the effective initiation, maintenance and application of **single agency** and/or **a multi–agency** **integrated** chronology. **The multi-agency chronology** brings together chronologies created by **different agencies** and presents them coherently, giving a clear account of significant events in the life of the adult, to promote the safety and wellbeing of adult’s who may be at risk of harm.

***“An integrated chronology is produced as part of a specific multi agency intervention and will include only information extracted from single agency chronologies that is relevant and proportionate to support that intervention”.*** *(CI Practice Guide to Chronologies p.14)*

**Definition- What is a chronology?**

The chronology seeks to provide a clear account of all **significant events** in an adult’s life to date, drawing on the knowledge and information held by agencies involved with them and/or their family.

It is a 'sequential story' of significant events in a person’s history. It contributes to an emerging picture- **significantly**; **current events are understood in the context of historical information**. It will contribute to the practitioner's understanding of the immediate and cumulative positive and negative impact (on safety or physical or mental wellbeing) of events and changes upon individuals **(see Appendix 2 for suggestions of content of a chronology for specific agencies).**

**A significant event is an incident/s that impacts/ or has impacted upon an adult’s safety, physical and mental wellbeing, welfare, circumstances or home environment (positive or negative impact on the adult) throughout their life.**

**NOTE: The significance of individual issues has to be understood and links made between the past and the present risk of harm.**

Agencies are asked to use their professional judgement in completing the chronologies, but the chronology should be factually based and it should be clear what the source of the information is. **Positive & negative factors should be recorded in order to provide balance in order to reveal risks; patterns of behaviour; concerns; themes; pressures; strengths; resources and protective factors; evidence of resilience; and the adult’s potential to support their own needs or progress with minimal intervention (see definitions for these concepts at the end).**

Chronologies can also help identify previous periods of professional involvement / support and the effectiveness / failure of previous intervention. It informs the overall assessment regarding the adult’s or their carers ability and motivation to change.

**Each event should have an action or an outcome** that has had a significant impact on the adult- if known. It is not appropriate to only record dates of meetings, visits etc without the outcome that therefore details the significant event.

Generally **a multi-agency** **integrated chronology *(see Appendix 3 for an example)*** will be initiated when there is a concern for the safety or wellbeing of an adult, and an intervention under the Adult Support and Protection (Scotland) Act (2007) is being considered.

Up to date **single agency chronologies are vital to the process of creating an integrated chronology**. As a result, **good practice would suggest, that a single agency chronology should be initiated whenever there is concern that an adult is at risk of harm, particularly if your agency has made a referral under Adult Support and Protection.**

**Who is this Guidance for?**

This guidance is for organisations, managers and practitioners in Renfrewshire **working directly with or supporting adults who may be at risk of harm.**

Chronologies are also a powerful tool to help other people and the professionals who support them to make sense of life experiences and the impact this has on their current wellbeing. For example, this might include people who are or have care experience or people who have emotional or mental health issues.

While councils have the lead role in Adult Support and Protection, effective intervention will only come about as a result of productive co-operation and communication between a range of agencies and professionals. **What one person or public body knows may only be part of a wider picture**. The multi-agency nature of Adult Support and Protection work is crucial to the work of protecting adults from harm.

**Whilst it is not currently a requirement for each agency to be responsible for collating their own single agency chronology of information, good practice would suggest:**

* ***All agencies should consider providing a chronology and ensure that their chronology provides the type of information as indicated in Appendix 2,******when* an intervention under the Adult Support and Protection (Scotland) Act (2007) is being considered.** Submitting this to the Lead Professional/Council Officer **using the chronology template in *Appendix 1****.*
* ***Additionally, the agency referring Adult Support and Protection concerns should consider providing a single agency, up to date, chronology within 5 working days.***

**Adult Social Workshould consider initiating a** **multi-agency integrated chronology** for every adult with whom they work, **particularly for complex cases**, or **for whom they receive a referral** where there is a perceived concern **as part of an AS & P process. A multi-agency chronology is essential to protect the individual from harm and develop a protection plan to reduce the risk to the individual concerned.** **(see below for suggested content of the chronology)**.

This should also be considered when:

*‘****where THREE incidents of concern occur in any 6 month period. The Adult Services Request Team (ASeRT) should flag such referrals for the attention of the Locality or Service Manager who will decide on the basis of the information if it is appropriate to convene or re-convene an adult protection case conference to share information and assess the risk of harm to the individual’*** (RENFREWSHIRE ADULT PROTECTION COMMITTEE, INTER AGENCY ADULT SUPPORT AND PROTECTION GUIDANCE AND PROCEDURES, p.56).

***‘an adult is the subject of 3 or more referrals in a 6 month period the Team Manager should consider progressing straightaway to investigation. If this is not required reasons should be recorded on ECLIPSE’ (Renfrewshire Adult Support and Protection Operational Procedures, section 4.2 p.4).***

**Format**

**The template** provided in ***Appendix 1*** is the recommended best practice standard for both **single agency** and **multi- agency integrated chronologies**.

**Adult Social Work:** list of what could be considered within a chronology- positive and negative impact (not an exhaustive list). **The significance of individual issues has to be understood and links made between the past and the present risk of harm.**

**Consider: *How does that event/ behaviour/ situation relate to what you are dealing with today?***

* **Births of significant persons.**
* **Deaths of significant persons.**
* **Referrals to Children's Services- e.g. if the person had been involved in children services.**
* **Child Protection issues- for their children or as a child themself.**
* **Admissions to the care of a local authority.**
* **Discharges from the care of a local authority.**
* **House moves.**
* **Schools attended/ Changes of school, e.g. if moved from mainstream to school for additional support needs- if relevant.**
* **Education, training and employment details- if relevant.**
* **School issues- if relevant.**
* **AS & P inquiries; investigation; or Multi agency discussions.**
* **An observation during a home visit- if relevant.**
* **Persons moving in and out of the household.**
* **Details of new partners.**
* **Significant incidences of anti-social behaviour.**
* **Criminal proceedings (convictions/ pending).**
* **Significant assessments by any professional agency (e.g. Additional Support Needs; Capacity; Alcohol/Drug service).**
* **Significant referrals to key partner agencies (e.g. Mental Health, OT’s).**
* **Significant police service logs.**
* **Incidences of reported domestic abuse/ violence.**
* **Changes in significant health professionals.**
* **Mental health issues**
* **Significant health issues.**
* **Significant Adverse Financial Issues, e.g. debts.**

**Chronology Do’s and Don’t**

***√ Do:***

***To be of value, the chronology should be:***

* ***Succinct****- if every issue/ contact is recorded the value of the Chronology is diluted.*
* ***Simple in format****- thus ensuring that information is efficiently merged and sorted.*
* ***Informative****- assist with the decision making process.*
* ***Coherent****- use clear, straightforward language that explicitly depicts the issues.*

***X Don’t:***

***What should not be in a chronology:***

* *SW visits - these points should be in the assessment or the case notes (although specific issues/disclosures may be relevant);*
* *Analysis.*
* *Wordy Descriptions.*
* *Dialogue unless a verbatim quote re: harm.*
* *Copy of case recording.*
* *Insignificant telephone contacts with person or carers.*
* *Record every ‘failed’ home/ office visits- separately.*

**How to use the chronology as part of the assessment.**

**A chronology is not an assessment – but part of assessment**

Chronologies in themselves are not an assessment but, used as a dynamic tool, they are a useful part of an assessment. As a result, it is essential to review and analyse the chronology. A chronology which is not reviewed and analysed serves little, if any, purpose. Additionally, chronologies require consistent attention to ensure they are kept accurate, informative and up to date with events in the adult’s life.

**The chronology should not replace case notes or records, which include more detailed and sensitive information. There should be a clear distinction between the case record and the chronology.**

It is best practice to discuss the event with the person to establish their view of the event and its impact on their life.

**To support analysis, understanding and reflection, the following questions should be considered by practitioners, with the person wherever possible:**

* ***How does that event/ behaviour/ situation relate to what you are dealing with today?***
* ***Are there similar situations? If so, What is it about it that is recurring? Are you seeing a pattern?***
* **Has this event increased or reduced the risk to the person?**
* ***What is the information/ chronology highlighting as the unmet needs/ outcomes? (intrinsic personality traits e.g. those associated with resilience- see definition section- or those due to or compounded by their condition/ health/ illness; or external- e.g. socio economic circumstances; family/social supports; community interests)***
* ***Why have these needs arisen?***
* **What has been working until now, to keep them safe; and how have things changed?**
* **How does the person feel about this event? For example, do they feel safe?**

**Draw out the person’s strengths; resources; achievements; and any attempts to keep themself safe, that the person is bringing to the situation:**

* **What did they do to survive those negative events in their life?**
* **How have they managed to persevere through those times?**
* **What do they think helped, if not to make things better, then at least to prevent things from getting worse?**
* **What protective factors are there? Who or what acted as a buffer?**

***Early indicators of concern- context, cause, character, consequence.***

* ***What has been the context in which harm occurred previously?***
* ***What was the context in which harm occurred this time?***
* ***What appears to have the trigger for this event (cause)? Is this similar to triggers for past events?***
* ***What harm did the adult experience, include information about the type of harm, describe injuries- if relevant- and severity of harm; impact of harm, including evidence of cumulative harm (character).***
* ***What was the outcome for the adult or how was the situation resolved/ dealt with (consequence)?***

*This allows for indicating that harm will likely occur in a certain context and contingency plans.*

**Information Sharing**

Practitioners must understand ***when*** to share information*;* ***what*** information to share; ***how much*** information to share*;* ***who*** to share the information with and ***the way in which*** the information should be shared. Practitioners must also understand the possible adverse consequences ***of not*** sharing information.

Practitioners must understand the legislation underpinning information sharing which includes The General Data Protection Regulation (GDPR); The Data Protection Act 2018; The Human Rights Act 1998 and the European Convention on Human Rights (ECHR).

Under the UK GDPR and Data Protection Act 2018 you may share information without consent if, in your judgement, there is a lawful reason to do so, such as where safety may be at risk. Legislation supports lawful information sharing and should not be seen as a barrier.

GDPR https://gdpr-info.eu/ describes the principles which must underpin information sharing practice and the basis (formerly known as conditions) upon which information can be shared. **All practitioners must understand the principles and basis for sharing information: necessary, proportionate, relevant, accurate, timely and secure. Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely** (Practitioners must always follow their organisation's policy on security for handling personal information).

A ***multi-agency chronology*** should only include information that is ***relevant, necessary, legitimate, appropriate*** and ***proportionate*** for sharing with other practitioners, services / agencies to protect the adult from harm and/ or support a specific intervention under the AS & P Act.

***Appendix 1: Chronology Template***



**Chronology of Significant Events**

Information contained within this chronology has been collated from multi agency records

|  |  |  |  |
| --- | --- | --- | --- |
| **Adults Name** | **DOB** | **AIS no.** | **CHI No.** |
|  |  |  |  |

**Earliest Event First**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date Of Event** | **Event (brief description)** | **Action Taken/Outcome** | **Agency** |
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***Appendix 2:***

**Whilst it is not currently a requirement for each agency to be responsible for collating their own single agency chronology of information, good practice would suggest:**

* ***All agencies should consider providing a chronology and ensure that their chronology provides the type of information as indicated under this section,******when* an intervention under the Adult Support and Protection (Scotland) Act (2007) is being considered.** Submitting this to the Lead Professional/Council Officer **using the chronology template in *Appendix 1****.*
* ***Additionally, the agency referring Adult Support and Protection concerns should consider providing a single agency, up to date, chronology within 5 working days.***

**Suggested content of a chronology for partner agencies**

**These lists are not exhaustive.**

The actions which were taken & outcomes or consequences relating to an event should also be recorded.

***Police Scotland***should consider initiating a single agency chronology for any person for whom they have a concern, whose environment may impact on their wellbeing or where the behaviour of others or their own behaviour may impact on their wellbeing.

* Any incident involving an adult at risk of harm as defined by the 3 point criteria under the Adult Support and Protection Act.
* Any incident where the environment or circumstances would impact on the wellbeing of an adult at risk of harm, as defined by the AS & P Act, (which could include neglect and/or poor living conditions).
* Some convictions of other adults may impact on the wellbeing of the adult at risk of harm, where they are part of; become part of their family; or frequent the house associated with the adult at risk of harm (could include Registered Sex Offenders, Domestic Abusers, violent)
* Significant events where the adult at risk of harm has been the victim of a crime.
* Where compulsory measures of detention has been required.
* Where an officer has repeated contact for minor behavioural issues with the adult/ family or community.

***Health***

* Positive or negative changes in health-related problems in relation to the adult or their parents/carers, such as disability, substance related issues, mental health issues etc.
* Changes in family care structure e.g. through separation, divorce, bereavement, custodial sentence.
* Changes to care giver/parental/ guardian/ attorney responsibility.
* Assessments of capacity.
* Changes to the adult’s physical or emotional wellbeing.
* Referrals to any health-related services, e.g. Therapy Services, Other Agencies.
* Attendance at Accident and Emergency, Out of Hours and NHS24.
* Incidences of hospital admissions.
* Illnesses and/or diagnosis of disability.
* Changes in disability/ Mental disorder, mental health.
* Kept or missed appointments for any physical and mental health related issues/ surveillance, vaccines, hospital appointments.
* Missed appointments without acceptable reasons, including refusal of entry or variation to routine appointment schedule.
* Indicate if the **adult was not brought** to appointments, if they require to be supported to do so.
* Formal health assessments.
* Change to key health staff member working with the adult/ informal carer.
* Threats or actual incidents of violence to staff.
* Any other relevant concerns or positive improvements.
* Significant home visits.

***Housing***

* Positive or negative changes in an adult at risk of harm housing situation e.g. relocation, eviction, transfer to private tenancy.
* Positive or negative changes in maintenance of tenancy agreements.
* Positive or negative changes in neighbour relations or anti-social issues. Where this has led to further action being taken, for example ASBO, then this should be recorded.
* Evidence of, or referrals for suspected drug dealing, drug taking or excessive alcohol use.
* Reports of anti-social behaviour towards the adult.
* Reports from Elected Members, members of the public or Anti-Social Behaviour Staff regarding anti-social behaviour associated with the address of the adult.
* Any concerns about the safety or welfare of children or young people, who reside with or frequent the house of the adult at risk of harm, noted directly by housing staff or passed to them by others in the community e.g. children left unattended, poor standards of household cleanliness, children wandering the streets or being out in poor weather without adequate clothing.
* Any threats or actual incidents of violence to staff from those associated with the address.
* Any other relevant concerns or positive events

***Scottish Fire and Rescue Service***should consider initiating a single agency chronology for any address point where interaction with the occupier has occurred and/or where concerns have been identified to the health, safety and wellbeing of those within.

* Any incident involving an adult who demonstrates an unsafe or concerning interest in fire or have been involved in fire related antisocial behaviour.
* Referrals made to other agencies by the Scottish Fire and Rescue Service with concerns to the health, safety or wellbeing of the adult.
* Any concerns relating to the safety and welfare of the adult relating to the standards within the home, e.g. increased fire risk due to hoarding activity.

***The Third Sector and Voluntary Services*** should consider initiating a single agency chronology for every person for whom they provide a service on behalf of a local Authority or Health Board, should a significant event in the person’s life become apparent. Use the most relevant information section from above, depending on the type of support you provide.

***Appendix 3- Further descriptions for each section of chronology.***

**

***Chronology of Significant Events***

*Information contained within this chronology has been collated from multi agency records*

***NOTE: Practitioners MUST use their professional judgement about how detailed a chronology should be and what events to include. The chronology can help organise historical information gathered to enable individual issues to be better understood, links made between the past and the present areas of potential risk; risk heightening factors; protective factors; and can assist in predicting future risk situations and behaviours (Please refer to page 6 & 7 about how to use your chronology).***

|  |  |  |  |
| --- | --- | --- | --- |
| ***Adults Name*** | ***DOB*** | ***AIS no.*** | ***CHI No.*** |
|  |  |  |  |

***Earliest Event First***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date Of Event** | **Event (brief description)**  *(Summary of key points of the event).*  ***(This section is Brief Summary of Significant Events:***  ***A ‘significant event’ is something that has happened in the life of the adult that impacts on the adult’s safety and welfare, circumstances or home environment.***  ***Positive factors should also be recorded in order to provide balance.***  ***A ‘significant event’ is not something that is a day to day event, or concerned with the management of the case. It should not be a simple list of visits and contacts such as standard visit, letters, phone calls, conferences or reviews that are considered regular and where nothing ‘significant’ happens or is decided (specific issues, patterns of behaviour or disclosures may be relevant).***  ***When adding information to case chronologies consider its relationship to previous information and relevance to current risk situation (e.g. numbers of missed appointments; A&E presentations; police call outs to a home- specific issues/ patterns of behaviour. Do not list each separate event but group together e.g. Between 10/11/21 & 01/01/22, X presented at A & E 15 times for minor cuts, bruises and on one instance a burn to the hand). This indicates a pattern of behaviour but the relevance to current risk situation has to be made in analysis).***  ***Include Data which can help practitioners to identify patterns of behaviour which will contribute to an assessment of need and risk, or concern. Enabling the significance of individual issues to be better understood and links made between the past and the present risk of harm.***  ***Practitioners MUST use their professional judgement about how detailed a chronology should be and what events to include.***  ***If constructing a chronology from a computerised system, professional judgement and editing should be used to ensure that a meaningful document is produced.*** | **Action Taken/Outcome**  ***(What happened?***  ***What action was taken?***  ***It is acceptable to put no action was necessary or n/a in this box if there was no follow-on action.***  ***Please reference key documents).*** | | **Agency**  ***(This is where information comes from e.g. Police, Social Work, health, the person, their family).***  ***The source of the information should clearly state from where the information is derived (i.e. the origin of the information).*** |
|  |  |  |  | |
|  |  |  |  | |

***Appendix 4***

**We will measure our shared performance against the following best practice standards:**

* *The agency referring Adult Support and Protection concerns provided a single agency, up to date, chronology within 5 working days.*
* *All agencies will ensure that their chronologies provide the required information to meet the best practice standard described in Appendix 2.*
* *Chronologies will always be analysed when there is a significant event or there are cumulative concerns about a person’s safety, to consider their implications in that context and inform any actions to be taken.*
* *An integrated chronology will be developed and maintained by the lead professional for each person for whom an Adult Support and Protection plan is put in place.*
* *Chronologies will be regularly reviewed/ updated as part of formal interagency processes, e.g. at each Adult Protection Core Groups, at other routine review meetings, or according to single agency guidance. These will be recorded as a chronological event directing readers to relevant documents within the person’s record.*

**Definitions:**

**Resilience:** Psychologists define resilience as **the process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress. Personality characteristics generally associated with resilience are**: sense of competence and self-efficacy;internal locus of control (they believe they can influence events in their lives)**;** empathy with others**;** problem-solving skills; flexible and adaptable; communication skills; sociable; independent; reflective, not impulsive; ability to concentrate on tasks; autonomy; emotional expressiveness; sense of humour; hobbies/ interests; willingness and capacity to plan; preference for structure; social perceptiveness; nurturing; self-awareness and emotional literacy.

**Strengths:** are tasks or actions that the person can do well. These include knowledge, proficiencies, skills, and talents. People use their traits and abilities to complete work, relate with others, and achieve goals.  ‘What is strong’ rather than simply ‘What is wrong’.

**Resources/ asset based approach**: An asset-based approach places the emphasis on the person’s natural supports withing their communities. The individual’s support network (friends, family, neighbours, professionals, etc.).

**Protective Factors:** are conditions or attributes in individuals, families, communities, or the larger society that, when present, mitigate or eliminate risk; ‘who or what acted as a buffer from harm’.

**Outcomes:**

The Personal Outcomes framework for adult services is Talking Points Personal Outcomes (Cook A and Miller E, 2012).

|  |  |  |  |
| --- | --- | --- | --- |
| **Feeling Safe** | **Having things to do** | **Seeing people** | **Being as well as I can** |
| **Living where/as I want** | **Dealing with stigma/**  **discrimination** | **Being listened to** | **Having a say** |
| **Being treated with**  **respect** | **Being treated as an individual** | **Being responded to** | **Being able to rely on people/things** |
| **Improved confidence** | **Improved skills** | **Improved mobility** | **Reduced symptoms** |
|  |  |  |  |

**Reference:** Talking Points: Personal Outcomes Approach A Practical Guide for Organisations Ailsa Cook and Emma Miller June 2012.

[*https://www.ccpscotland.org/wp-content/uploads/2014/01/practical-guide-3-5-12.pdf*](https://www.ccpscotland.org/wp-content/uploads/2014/01/practical-guide-3-5-12.pdf)

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