GIRFEC Briefings for practitioners

8 of 8:

Single agency and integrated Chronologies

Single agency and integrated Chronologies

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Acknowledgements

The Scottish Government acknowledges the following sources as having influenced and inspired the materials contained in this document

- SWIA Chronologies a guide – Published by the Social Work Inspection Agency, January 2010.
- Getting it Right – Integrated Chronology – West Lothian GIRFEC Learning Partnership 2009
- Single Agency and Integrated Chronologies – the Lanarkshire GIRFEC Learning Partnership 2011.
- Getting it right for every child – a Chronology of Significant Events – South Ayrshire Council 2011
- The Data Sharing Code of Practice – West Lothian Council 2011

1   Introduction

This practice paper has been produced to provide guidance on the use of chronologies to practitioners and professionals involved or working with children and young people. Everyone working with children, young people and families needs to be aware of the *Getting it right for every child* approach and how it can have a positive impact on outcomes for all children and young people.

2   Getting it right for every child: foundations and priorities

The Getting it right for every child approach is based on solid foundations. There are ten **core components** and a set of **values and principles** which bring meaning and relevance at a practice level to single-agency, multi-agency and inter-agency working across the whole of children's services. They can be applied in any setting and circumstance where people are working with children and young people. Practitioners, strategic and operational managers will also want to read this guide's sister-publication, 'A Guide to Implementing Getting it right for every child: messages from pathfinders and learning partners'.

2.1 The core components

Getting it right for every child is founded on ten *core components* which can be applied in any setting and in any circumstance. They are at the heart of the *Getting it right for every child* approach in practice and provide a benchmark from which practitioners may apply the approach to their areas of work.

1 A focus on improving outcomes for children, young people and their families based on a shared understanding of well-being
2 A common approach to gaining consent and to sharing information where appropriate
3 An integral role for children, young people and families in assessment, planning and intervention
4 A co-ordinated and unified approach to identifying concerns, assessing needs, and agreeing actions and outcomes, based on the *Well-being Indicators*
5 Streamlined planning, assessment and decision-making processes that lead to the right help at the right time
6 Consistent high standards of co-operation, joint working and communication where more than one agency needs to be involved, locally and across Scotland
7 A *Named Person* for every child and a *Lead Professional* (where necessary) to co-ordinate and monitor multi-agency activity
8 Maximising the skilled workforce within universal services to address needs and risks as early as possible
9 A confident and competent workforce across all services for children, young people and their families
10 The capacity to share demographic, assessment, and planning information electronically within and across agency boundaries.

2.2 Values and principles

The *Getting it right for every child* values and principles build from the Children's Charter and reflect legislation, standards, procedures and professional expertise.

Promoting the well-being of individual children and young people

This is based on understanding how children and young people develop in their families and communities and addressing their needs at the earliest possible time

Keeping children and young people safe
Emotional and physical safety is fundamental and is wider than child protection

Putting the child at the centre
Children and young people should have their views listened to and they should be involved in decisions that affect them

Taking a whole child approach
Recognising that what is going on in one part of a child or young person's life can affect many other areas of his or her life

Building on strengths and promoting resilience
Using a child or young person's existing networks and support where possible Promoting opportunities and valuing diversity: children and young people should feel valued in all circumstances and practitioners should create opportunities to celebrate diversity

Providing additional help that is appropriate, proportionate and timely
Providing help as early as possible and considering short and long-term needs

Supporting informed choice
Supporting children, young people and families in understanding what help is possible and what their choices may be

Working in partnership with families
Supporting, wherever possible, those who know the child or young person well, know what they need, what works well for them and what may not be helpful

Respecting confidentiality and sharing information
Seeking agreement to share information that is relevant and proportionate while safeguarding children and young people's right to confidentiality

Promoting the same values across all working relationships
Recognising respect, patience, honesty, reliability, resilience and integrity are qualities valued by children, young people, their families and colleagues

Making the most of bringing together each worker's expertise
Respecting the contribution of others and co-operating with them, recognising that sharing responsibility does not mean acting beyond a worker's competence or responsibilities

Co-ordinating help
Recognising that children, young people and their families need practitioners to work together, when appropriate, to provide the best possible help

Building a competent workforce to promote children and young people's well-being
Committed to continuing individual learning and development and improvement of inter-professional practice.

3   Context

Every inquiry into a child's death in the UK over the last 20 years, and the 2001 report of the audit and review into child protection practice across Scotland, has demonstrated clearly that effective sharing of information within and between agencies is fundamental to improving the protection of children and young people.

The GIRFEC approach is a way of working that provides consistency across agencies and geographical boundaries for all children in Scotland, and is designed to improve how information is analysed and shared. This includes children who are assessed as having additional needs or are in need of protection.

It is recognised that current practice may already involve the use of single agency chronologies or methods of recording information or events in time order about children or young people These practices may be well established and already contribute to the improvement of outcomes for children and young people. This describes a minimum standard for streamlined and consistent process of collating that information to enable identification and consideration of needs, patterns and risks.

3.1 Consent and Information Sharing

Getting it right for every child advocates that the principle of sharing information – with consent (unless a child may be at risk of harm) – is commonly understood and routinely practised within and across all agencies. This way of working should be valued as a way of securing help to improve outcomes for children.

A distinction should be made between the type and extent of information that might be shared in order to *support* a child, and that needed to *protect* a child.

There are several specific principles in relation to information-sharing to ensure that a child's wellbeing is protected:

- The safety, welfare and well-being of a child are of central importance when making decisions to lawfully share information with or about them.
- Children have a right to express their views and have them taken into account when decisions are made about what should happen to them. For children with a communication impairment, learning disability or where English is not their first language, consideration should always be given to how to support a child with this.
- The reasons why information needs to be shared and particular actions need to be taken should be communicated openly and honestly with children and, where appropriate, their families. A child and their parents should have access to the records unless doing so would place a child or other persons at risk of harm, or prejudice any subsequent investigation.
- In general, information will normally only be shared with the consent of the child (depending on age and maturity). However, where the child is at risk of harm , or where there are wider crime prevention or public safety implications or where such action would prejudice any subsequent investigation information may need to be shared without consent, although the intention to share and the reasons for this will normally be notified to the child and be recorded.

- At all times, information shared should be relevant, necessary and proportionate to the circumstances of the child, and limited to those within the child's personal network and the practitioners or agencies who need to know.
- There needs to be a clear objective in sharing personal information with an understanding of the benefits that you expect to achieve, and this should be documented. The amount of information required to achieve that outcome can then be assessed and also with whom you need to share to effect the outcome. There must always be weighing of the balance between protecting the privacy and the rights of children and families with the intended aim.

It is important that a degree of proportionality is applied to this sharing of information as chronologies. In all cases Information should only be shared as is appropriate to the purpose.

Further guidance on Information Sharing can be found in Appendix 2 attached to this guidance.

4   Definition of Chronology

A chronology seeks to provide a clear account of events in a child's life to date, drawing on the knowledge and information held by each agency involved with the child and family. A Single Agency chronology provides a brief description and summarised account of events in date order. It should be used as an analytical tool to assist in the understanding of the impact of life events and to inform decision making.[1] Integration of single agency chronologies can establish a wider context from the agencies involved with a child or young person.

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.

A chronology may also provide an early indication of an emerging pattern of risk and concern. This may be evident by gradual and persistent withdrawal from protective factors such as non-attendance or avoidance of health appointments and non-attendance at nursery/school alongside a frequent attendance at A&E or GP on-call service. Concerns such as domestic abuse, problematic substance use, other concerns impacting on the wellbeing of the child and referrals to the Children's Reporter should also be recorded. In most circumstances the child's chronology will start with their birth, however in some cases, it will be relevant to start the chronology pre-birth. This will show emerging patterns of risk before the baby is born.

A single incident, no matter how significant or insignificant it may appear itself can take a greater importance in the life of a child when placed in the context of a time-lined chronology that can be shared. A chronology is designed to make sure that important information about children and young people is gathered systematically in a consistent format and used to assist practitioners and the children and families they work with in decision making wherever possible. It keeps track of what has happened and is happening and allows children, families and practitioners to understand how the unique circumstances and experiences of each child and young person impact on their wellbeing. .

An event can be anything that has a significantly positive or negative impact on the child. It does not have to happen to the child, but could result in a change of their circumstances, which has positive or negative consequences for them. It is important to note that what might be a key event in one child's life, such as a period of good health or good school attendance after a long period of absence or exclusion, will not even be relevant to another child. In this respect agencies are asked to use their professional judgement in completing a chronology or chronologies.

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[1] www.scotland.gov.uk/Publications/2010/01/22134612/0

5 Purpose of a Chronology

The key purpose of a single agency chronology is to provide an easily accessible summary of information that allows further dialogue and exploration with the child, family and practitioners to help everyone develop a better understanding of the child's well-being and decide what might help.

An integrated chronology will be used where two or more agencies have an involvement with a child and support is being provided through a single plan under the coordination of a Lead Professional. An Integrated Chronology is produced as part of a specific intervention and will include only information extracted from Single Agency Chronologies that is relevant and proportionate to support that intervention.

6 Starting and Maintaining a Chronology

Entries in the chronology should be in a neutral language suitable for professionals and the individual themselves to read and should contain factual information with sources clearly identified. All agencies involved with children and young people must maintain records of their involvement and in some instances these may contain events or patterns to be added to a chronology.

The minimum standard of chronology recording requires information to be of sufficient quality and relevance to be shareable and meaningful to other agencies if required. The information should be clear, concise and sufficiently detailed to enable analysis and assessment of risk , resilience and patterns in the individual's life and to support core business.

In maternity services, a Chronology will be created within the mother's record where there is a concern that is having or may have a significant impact on the newborn child. If there were any significant events during or immediately after the pregnancy, this information will be recorded in the mother's medical record. After the child is born a chronology will be commenced, parents will be asked for permission to add their information to the child's Chronology. **At transition from midwife to public health nurse this information will be shared.**

Public health nurses will create and maintain a Single Agency Chronology within every child health record which will build on the information gathered in maternity services until the child transfers into Primary One.

In education electronic date ordered pastoral notes are recorded by staff that will commence when the child enters education. **A Single Agency Chronology** will be created when there is a concern about a child or young person's wellbeing.

Children and families social work will initiate a **chronology** for every child or young person with whom they are working.

The Police will initiate a single agency chronology for a child or young 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.
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The Third Sector and Voluntary Services will initiate a chronology for every child for whom they provide a service on behalf of a local Authority or Health Board, should a significant event in the child's life become apparent

7   Minimum standards for Integrating a Chronology

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. It constitutes events positive and negative, resilience factors, hazards and alerts from the records of each individual participating agency that are deemed to have significance to the well being of the child and the intervention(s) under consideration. Child protection related assessments and plans may also form part of the shared chronology as should include lower level concerns that may have a consequence or impact on a child or young person's wellbeing.

Not all information held in a single agency chronology will be relevant and proportionate to be shared in an integrated chronology. Professional judgement will be required when assessing relevance to the purpose for which it is required. In particular care should be taken not to produce unmanageable lists of events that make it impossible to identify risks or patterns of behaviour. The management of this becomes even more important when single agency chronologies are integrated. To reduce the risk of chronologies becoming unmanageable it is important to regularly review their content to ensure quality. Such reviews could be incorporated into everyday business practice and involve supervisory staff where possible.

An integrated chronology should include significant statutory steps e.g. referrals to the reporter; reporters' decisions, children's hearings' decisions. Unless it is completely relevant to do so, it should not include every phone call or visit to a family unless the call or visit is significant.[2] That the event is relevant and the information proportionate should always be the key consideration.

A chronology is not a record of an agencies involvement with a child, it is a record of significant events in that child's life.

Chronologies may be critical to decision making in the legal process (for example by the children's reporter, children's hearing or court) and therefore it is essential that the chronology is factually accurate.

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[2] A frequent comment from reporters on chronologies is that they should not include every detail of calls and visits, leading to the chronology being so lengthy it is difficult to identify the important information

8   Key Roles in respect of Chronologies

The role of the Named Person and Lead Professional are key to improving outcomes for children and young people.

8.1 The Named Person

Every child will have a *Named Person* within Universal Services. A child or family may contact their *Named Person* if they have concerns about the child's well-being that suggest further action is needed. Other individuals or agencies may have concerns about the child or young person and should share them with the Named Person as appropriate. **It is recommended that a child's Named Person should be**

- From conception to 10 days – Maternity Services
- From 10 days to entry into primary school – Public Health/Health Visitor
- From primary 1 to end of secondary education – Education staff

In relation to the single agency chronology there is a key role for the Named Person at transition points. They must ensure that all shareable relevant information appropriate to the needs of the child is passed to the next Named Person who may or may not be in a different agency.

Upon receiving a concern from another agency relating to the wellbeing of the child or young person, the Named Person will record that information has been received and what action has been taken.

Further details on the role of the Named Person can be found at
www.scotland.gov.uk/Topics/People/Young-People/gettingitright/publications/practice-briefings/named-person

8.2 Lead Professional

The *Lead Professional* is the second key role in the *Getting it right for every child* approach. It is seen alongside the role of the *Named Person*.

There are some circumstances where children's needs involve two or more agencies working together delivering services to the child and family. Where this happens, in all cases, a Lead Professional will be needed (where it is appropriate the Lead Professional role may be carried out by the Named Person).

The *Lead Professional* becomes the person within the network of practitioners supporting the child and family who will make sure that the different agencies act as a team and the help they are all offering fits together seamlessly to provide appropriate support for the child and family. The *Lead Professional* will have a significant role in working with other agencies to coordinate a multi-agency *Child's Plan*.

The Lead Professional is responsible for collating the integrated chronology and all agencies involved in the integrated assessment are expected to contribute to the chronology. The process will work best when there is a shared sense of responsibility by all for gathering, recording, and passing the information to the lead

professional who will in consultation with the other partners to the child's plan take overall responsibility for coordinating, collating and distributing the integrated chronology.

Further detail on the role of the Lead Professional can be found at www.scotland.gov.uk/Topics/People/Young-People/gettingitright/publications/practice-briefings/lead-professional

8.3 Children and their Families

Parents, carers, young people and children are entitled to a copy of the integrated chronology, providing this does not place the young person or child at further risk and any restricted information is removed.

It is good practice to record that child, young person and/or family have had sight of the Chronology, agree with the content or where not record and consider what the disagreement centres on.

9 Chronology Format

It is appreciated that areas will have developed their own practice and presentation style in respect of chronologies. Figure 1 below provides a suggested but not exclusive format for a chronology, which may prove to be useful to readers of this guidance. In addition Appendix 1 provides examples of significant events, although this is not a definitive list and their occurrence of a may or may not be deemed to be significant, at times it depends on other factors in a child's life.

Figure 1 Suggested Chronology Format

Source of information (System)	of the recording practitioner	Date/Time of event	Event Title	Notes/Action Taken	Category (SHANARRI)	Event Significance
Information in chronology should be current, factual and from a reliable source. The source of the information relating to a chronology item should be displayed in every instance.	Contact details (Including Name Title and agency) Other colleagues may have further information which may be of relevance improving the knowledge and understanding of those supporting the child/young person. It is essential that everyone is clear about the contact details of the practitioner recording the event.	The date and time the event happened should be recorded in all instances.	A brief description of the event. Children/young people and their families will see this information and may also be asked for their informed consent to share (with other involved agencies and relevant parties) where it is in their best interest to do so. Language should be clear, concise, non-prejudicial and plain English so that the chronology improves understanding and supports good decision making.	A more detailed description of the event and any actions taken in relation to that event. Children/young people and their families will see this information and may also be asked for their informed consent to share (with other involved agencies and relevant parties) where it is in their best interest to do so. Language should be clear, concise, non-prejudicial and plain English so that the chronology improves understanding and supports good decision making.	The desired GIRFEC outcomes for children and young people are that all children can be: Confident Individuals, Effective Contributors, Responsible Citizens, Successful Learners. To achieve this all children need to be Safe, Healthy, Active, Nurtured, Achieving, Respected, Responsible and Included. These are known as the 'wellbeing indicators' and are remembered by the acronym S.H.A.N.A.R.R.I. The most relevant SHANARRI category should be recorded against the event.	Each recorded chronology item should be appropriately graded for significance as an Alert, Positive, Negative, or Significant when it is none of the above. This can include a traffic light system (Red for Alerts/ Negative, Amber for significant events, Green for positive outcomes)

Appendix 1   Significant Events
(NB The events identified in this section should not be regarded as in any way definitive.)

The following areas have been identified by each of the agencies as worthy of recording but not every area will be recorded for every child only where it is a relevant key even.

REMEMBER – A chronology is not a record of an agencies involvement with a child, it is a record of significant events in that child's life, these lists are only for example:

Education
- Positive or negative changes in family care structure e.g. separation, divorce, bereavement, custodial sentence
- Positive or negative changes in family circumstances e.g. housing, birth of a sibling
- Physical and mental health and wellbeing of child, parents/carers
- Positive or negative changes in performance, attainment or achievement
- Identification of Additional Support Needs within staged intervention process (including requests for support services involvement e.g. psychological service, intensive support team, care and learning)
- If the child has an Individual Education Plan or Co-ordinated Support Plan
- Positive or negative changes in attendance
- Positive or negative changes in parental presence, engagement or support with child's learning
- Episodes of exclusion or re-integration
- Significant periods of absence e.g. illness, pregnancy, truancy
- Social inclusion within the school setting including evidence of bullying or positive support networks
- Decision to initiate an Integrated Assessment.
- Outcomes of internal assessment team or joint support meeting
- Change of teacher or other key member of staff from the child's school
- Change of school
- Any threats or actual incidents of violence to staff by parents or child
- Any other relevant concerns or positive improvements

Health
- Positive or negative changes in health related problems in relation to the child 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 child's physical or emotional wellbeing
- Changes in family circumstances e.g. housing, birth of a sibling, emotional well-being
- Referrals to Paediatric Services, Therapy Services, Other Agencies

- Attendance at Accident and Emergency, Out of Hours and NHS24
- Incidences of hospital admissions
- Childhood illnesses
- Changes in disability
- Dates of immunisations and screening (these may or may not be of significance depending on the child's circumstances.)
- Kept or missed appointments for ante-natal, post-natal appointments, immunisations, child health surveillance, hospital appointments
- Formal health assessments e.g. developmental, LAAC
- Change to the Health Visitor, School Nurse or other key staff member working with the family
- Missed appointments without acceptable reasons, including refusal of entry or variation to routine appointment schedule
- Threats or actual incidents of violence to staff
- Any other relevant concerns or positive improvements
- Significant home visits

Social Work Services

- All referrals to social work
- Information relating to health or parental lifestyles of parents/carers that significantly impact on the child
- Positive or negative changes in family care structure e.g. through separation, divorce, bereavement, custodial sentence
- Positive or negative changes in family circumstances e.g. homelessness, birth of a sibling
- Referrals to Family Support Services, Home Support, Childcare or other agencies
- Dates and details of Social Work Involvement e.g. start date, closure of case and reason
- Lack of engagement
- Child concern referrals
- Outcome of child protection referrals/enquiries/investigations
- Outcome of child protection related meetings e.g. case discussions, case conferences, core groups
- Dates and reason for child being looked after and accommodated
- Change of social worker or other key worker from the service
- Changes to legal status including primary and secondary statutes where applicable
- An established pattern of missed appointments without acceptable reasons, including refusal of entry
- Dates and conditions of contact/conditions of no contact
- Change of address including foster placement and temporary accommodation
- Referrals to the Children's Reporter and the grounds of referral
- Outcome of children's hearings
- Details of planning meeting and/or review dates including LAAC
- Any other relevant concerns or positive progress
- Any threats or actual incidents of violence to staff including verbal threats

- Date when summary statements, working agreements, risk assessments are completed
- Significant home visits

Police

- Any incident involving a child that would require notification to another agency about a child(could include child protection, bullying, SHANARRI concerns, missing persons, youth offending and ASB)
- Any incident involving an adult that would impact on the wellbeing of a child (could include parent's arrest/ drug or alcohol misuse, involvement in serious and organised crime groups, mental health issues)
- Any incident where the environment or circumstances would impact on the wellbeing of a child (could include neglect, poor living conditions, inappropriate risk taking, internet communications)
- Some convictions of an adult may impact on the wellbeing of a child or young person where they are part of or become part of a family (could include Registered Sex Offenders, Domestic Abusers, Schedule 1 offenders)
- Significant events where a child or young person is victim of or witness to a serious crime
- Where compulsory measures of supervision are likely to be required.
- Where an officer has repeated contact for minor behavioural issues in the family or community (could include children dealt with by campus officers**)**

Housing

- Positive or negative changes in family care structure e.g. separation, divorce, bereavement, custodial sentence
- Positive or negative changes in family and housing 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 on the child or parents
- Reports from Elected Members, members of the public or Anti-Social Behaviour Staff regarding anti-social behaviour
- Any concerns about the safety or welfare of children or young people 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
- Any other relevant concerns, positive events

Scottish Children's Reporters Administration

- Dates of referral
- Referral reason e.g. care and protection, youth justice, domestic abuse, school attendance. Will be detailed as follows;
- *Section 52(2) a, out with control*
- *Section 52(2) b, moral danger*
- *Section 52(2) c, lack of care*
- *Section 52(2) d, schedule 1 against child*
- *Section 52(2) e, member of same household as a child who is victim of a schedule 1*
- *Section52 (2) f, member of same household a schedule 1 offender*
- *Section 52(2) g, member of household where the offence of incest or intercourse against a child has been committed by a member of that household*
- *Section 52(2) h, has failed to attend school*
- *Section 52(2) i, has committed an offence*
- *Section 52(2) j, has misused alcohol or drugs*
- *Section 52(2) k, has misused a volatile substance*
- *Section 52(2) l, special measures to deal with behaviour*
- Legal status and changes to legal status
- Dates of any Children's Hearings
- Any decisions made about the child i.e. hearings, voluntary measures, compulsory measures of care

Should be seen as a guide only as no definitive definition can be given.

Appendix 2   Data Sharing Code of Practice

The code explains how the Data Protection Act 1998 (the DPA) applies to the sharing of personal data. It also provides good practice advice that will be relevant to all organisations/service areas that share personal data.

The code covers activities such as:

- a local authority sharing assessment, alert, planning or chronological information with a health, education, police, private sector or housing department
- a primary school passing details about under-performing children to a social services department;
- the police passing information about the victim of a crime to a counselling charity;
- a GP sending information about a patient to a local hospital;
- the police and immigration authorities exchanging information about individuals thought to be involved in serious crime;
- two departments of a local authority exchanging information to promote one of the authority's services;
- two neighbouring health authorities sharing information about their employees for fraud prevention purposes;
- a school providing information about pupils to a research organisation.

The Data Sharing Code of Practice can be accessed in full at
www.ico.gov.uk/for_organisations/data_protection/topic_guides/data_sharing.aspx

Practitioners are also advised to consult their local/partnership Information Sharing Protocol and Information Sharing Guidance.

Appendix 3 Glossary of terms

GIRFEC

Getting it right for every child: an evidence-based approach based on UNCRC principles to improve outcomes for children and young people from pre-birth until 25.

Named Person

Getting it right for every child is a focused on early intervention and aims to cover each and every child by ensuring that all children have a *Named Person* within the universal services of Health and Education, depending on the child's age, and to ensure that all relevant concerns about that child's wellbeing are brought to their attention.

Concerns

At present the majority of concerns about a child are generated by the Police but they can emanate from health, housing, 3rd sector organisations or indeed any service that has contact with children, or services that have contact with adults whose behaviour or lifestyle could impact on children. Concerns may be generated by parents or carers themselves or members of the public. There are a variety of practices in place to deal with these concerns. In areas which are mature in GIRFEC culture and practice all concerns other than those where the child is at risk of harm or where a Lead Professional is in place are directed to the child's Named Person by conventional means of post or secure e-mail. In other areas they are sent to the Reporter to the Children's panel or triaged with those requiring immediate action prioritised, the remainder being disregarded. This does not reflect best practice or support work to deliver the National Performance Framework.

If early and effective intervention is to be achieved it is essential that concerns about a child are directed *as soon as possible* to a child's Named Person where appropriate.

Chronologies

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A chronology may also provide an early indication of an emerging pattern of risk and concern. This may be evident by gradual and persistent withdrawal from protective factors such as non-attendance or avoidance of health appointments and non-attendance at nursery/school alongside a frequent attendance at A&E or GP on-call service. Concerns such as domestic abuse, problematic substance use, other concerns impacting on the wellbeing of the child and referrals to the Children's Reporter and should also be recorded. In most circumstances the child's chronology will start with their birth, however in some cases, it will be relevant to start the chronology pre-birth. This will show emerging patterns of risk before the baby is born.

Practitioner Summary

There will be times when information regarding ongoing or previous work with children or young people needs to be shared between workers and agencies.

The reasons for this will vary but will usually be to provide the Named Person or Lead Professional with additional information to assist the development of the Child's Plan. This can best be achieved by workers and agencies using the National Practice Model, clearly identifying strengths and pressures and analysing outcomes for the child/young person. This information may also be required to access additional services and/or to review the effectiveness of action already taken as part of the Child's Plan.

Complex and specialist information may need to be interpreted and an analysis provided by the sending worker or agency.

In all cases information shared must be relevant and proportionate and workers should be able to say why they have shared it.

Transition Points

In addition to the above it is considered that there would also be a key role for the Named Person at transition points**.** The role of the *Named Person* would be to contribute to planning for children who need extra help at key transition points, for example, between pre-school and primary or secondary education.

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[3] www.scotland.gov.uk/Publications/2010/01/22134612/0

Lead Professional

Where a child has more complex needs or where two or more agencies need to work together to help the child, a Lead Professional is agreed and a single **Child's plan** is formed and actioned by partners to the plan coordinated by the Lead Professional. Information sharing is central to this process and should be regarded as a core requirement to improving the life chances of our children and young people.

National Practice Model

All agencies working with children, and adults who are parents or carers, use the National Practice Model and its common language as the basis for identifying concern, assessing need and risks and planning when children require help.

Child Protection Messaging (CPM)

The Child Protection messaging system being developed in some areas has been devised to assist agencies in being aware of Child Protection activity with regards client's children through messages displayed on Social Work and other computerised systems. There are six different message types that can be displayed to alert staff that Child Protection activity exists or has existed for the child.

Significant Event

A significant event is anything that has a significantly positive or negative impact on the child. It does not have to happen to the child, but could result in a change of their circumstances, which has positive or negative consequences for them.