



Renfrewshire Children's Services Partnership

Getting it Right for Every Child (GIRFEC) Policy and Multi-agency Operational Guidance, incorporating Chronologies Guidance 2022



**This document replaces the previous
RCSP GIRFEC policy (2014).**

Issued by	
Date approved	
Implementation date	
Review date	



Renfrewshire
Council

Getting It Right for Every Child

Renfrewshire Children's Services Partnership GIRFEC Policy

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1. Introduction

Renfrewshire's children's services planning partners are committed to improving outcomes for local children and young people, with a particular focus on those who are most vulnerable. The Renfrewshire Children's Services Partnership promotes the Getting it Right for Every Child (GIRFEC) approach to enable collective achievement of our vision for children and young people:

Working together to get it right for children, families and communities – protecting, learning, achieving and nurturing. We want Renfrewshire to be a child-friendly authority.

All partners, both statutory and non-statutory, have agreed to follow this policy and to align their related policies and procedures to

- support closer partnership working
- promote early identification of need and appropriate intervention as described within the principles of Getting it Right for Every Child and

2. What is GIRFEC?

Getting it Right for Every Child is the national policy approach aimed at promoting the wellbeing of all children and young people in Scotland. The [Children and Young People \(Scotland\) Act 2014](#) enshrined certain aspects of the GIRFEC approach in law, and a summary of the Act's main provisions can be found on the [GIRFEC website](#). The Act confirms GIRFEC as the national approach to improving the wellbeing of children and young people in Scotland. This builds on a growing body of evidence demonstrating the value of supporting children and families at the earliest opportunity, rather than waiting until families reach crisis point. The framework embeds the articles of the [United Nations Convention on the Rights of the Child \(UNCRC\) into practice and promotes a rights-based approach](#). The four core principles of the Convention are:

- non-discrimination
- devotion to the best interests of the child
- the right to life, survival and development
- respect for the views of the child

The Getting It Right approach makes sure individual children and young people receive timely support which is proportionate to meet assessed wellbeing needs and helps children and young people overcome challenges which impact on their wellbeing. Most children make their way from birth to young adulthood needing nothing more than the help

- ensure that the workforce has the skills, knowledge and understanding necessary to deliver GIRFEC effectively.

We use the GIRFEC approach for all children and young people who need support in addition to that provided via universal services. This operational guidance describes how professionals and agencies will get the **right help at the right time to children, young people and families**.

This policy and operational guidance strengthens existing good practice where professionals work together, irrespective of their job titles, roles or agency, to help children, young people, and families when they need it. It aims to provide agencies and frontline practitioners with the confidence, clarity and practical support needed to deliver on our shared commitment to GIRFEC.

available from their families, local communities, and the support provided by universal services. Around one in four children and young people will need additional help at some stage while they're growing up. These children and young people receive higher levels of targeted support coordinated on either a single or multiagency basis.

The GIRFEC approach:

- **is compassionate and caring:** services care about children and families and work hard to support our most vulnerable in the community.
- **is child and family focused:** children, young people and their family/carers are at the centre of decision-making and support.
- **is based on an understanding of the wellbeing of a child in their own situation:** the wider influences on a child or young person and their developmental needs are considered so that the right support can be offered.
- **is based on identifying needs and intervening early:** needs are identified as early as possible to avoid bigger concerns or problems developing.
- **is joined-up:** services work together in a coordinated and collaborative way to meet needs and improve the wellbeing of children, young people and their families.

3. Getting it Right in Renfrewshire

In Renfrewshire, the GIRFEC approach is the bedrock of all services which support children, young people, parents and carers. GIRFEC is not simply a process for doing things – it is the over-arching framework in which we all work. In practice, this means that both statutory and non-statutory services come together to meet the needs of children and young people and share a common understanding of roles and responsibilities, a shared assessment and planning process, and a practice model which supports joint action and accountability.

Key Aims

- Children and young people get the help they need when they need it.
- Children's and young people's views are central to decision-making processes.
- Lead professionals co-ordinate help by pulling together a 'Team Around The Child'.
- The 'Team Around a Child' is accountable to the child, family, and to each other for completing actions agreed in the action plan.
- Our assessment and planning processes are streamlined to ensure better outcomes for children/young people, in one consistent approach.
- Professionals share information appropriately, and in line with their agreed protocols, for the benefit of the child.
- Professionals work in partnership with parents to meet identified needs.
- We work towards one single plan to meet the child's needs.
- Children and young people and parents/carers are integral to the process of action planning and decision making and work together with professionals to take responsibility in seeking appropriate solutions

Renfrewshire's children's services workforce – everyone from midwives and health visitors, to early years practitioners and teachers, family support workers and social workers, specialist health practitioners and General Practitioners (GPs) – shares a value base and has the skills and knowledge it needs to provide early and effective help as professionals and single agencies. Crucially, the workforce also has the confidence to know when a co-ordinated multi-agency response is required and benefits from a common language and approach to facilitate effective joint-working. Moreover, it means that all of our work with children, young people and families reflects our statutory duties, commitment to values-based practice and exemplifies best professional practice.

Children at the Centre

Putting our children at the centre endorses the UNCRC in two ways. Firstly, it means everyone concerned with children places Article 3 of the UNCRC at the forefront of their thinking, planning and actions.

Article 3 states that the best interests of the child must be the primary concern in decisions that affect children. All adults should do what is best for children and should think about how decisions will affect children.

Secondly, putting the child at the centre means that everyone concerned with children complies with Article 12, which is about children being respected by having the right to form and express their views in matters that affects them. This article drives the way we work with children and families.

Article 12 states that when adults are making decisions that affect children, children have the right to say what they should happen and have their opinions taken into account.

What GIRFEC means for children, young people and their families in Renfrewshire:

- They understand what is happening and why.
- They are listened to carefully and their wishes have been heard and understood.
- They feel confident about the help they are getting.
- They are appropriately involved in discussions and decisions that affect them.
- They can rely on appropriate help being available as soon as possible.
- They experience a streamlined and co-ordinated response from practitioners.

For practitioners:

- Putting the child or young person at the centre and developing a shared understanding within and across agencies.
- Using common tools, language and processes, considering the child or young person as a whole, and promoting closer working where necessary with other practitioners.

For managers in children's and adult services:

- Providing leadership and strategic support necessary to implement and maintain the changes in culture, systems and practice required within and across agencies to implement GIRFEC.

Across the partnership we will:

- Promote the wellbeing of individual children and young people based on understanding how children and young people develop in their families and communities and addressing their needs at the earliest possible time.
- Keep children and young people safe: Emotional and physical safety is fundamental to wellbeing.
- Put the child at the centre. Children and young people have their views listened to and are involved in decisions which affect them.

- Take a 'whole child' holistic approach. We will recognise that what is going on in one part of a child or young person's life can affect many other areas of their life.
- Build on strengths and promote resilience using a child or young person's existing networks and support where possible.
- Promote opportunities and value diversity. Children and young people feel valued in all circumstances and practitioners create opportunities to celebrate diversity.
- Provide additional help and support which is appropriate, proportionate and timely: providing help as early as possible and considering short and long-term needs.
- Work in partnership with families. 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.
- Support informed choice. Children, young people and families will be supported to understand what help is possible and what their choices are.
- Respect confidentiality and share information where it is necessary to do so.
- Promote the values of respect, patience, honesty, reliability, resilience and integrity.
- Respect and value the expertise of others, recognising shared responsibility.
- Co-ordinate our help and support, recognising that children, young people and their families need us to work together where we can to promote the best possible help.
- Build a competent workforce to promote children and young people's wellbeing.
- Agencies and professionals working with children and young people will work and learn together.

4. Renfrewshire’s Wellbeing Pathway—Staged Intervention Framework

All partners have worked together to refresh the staged intervention framework to further support inclusive working practices.

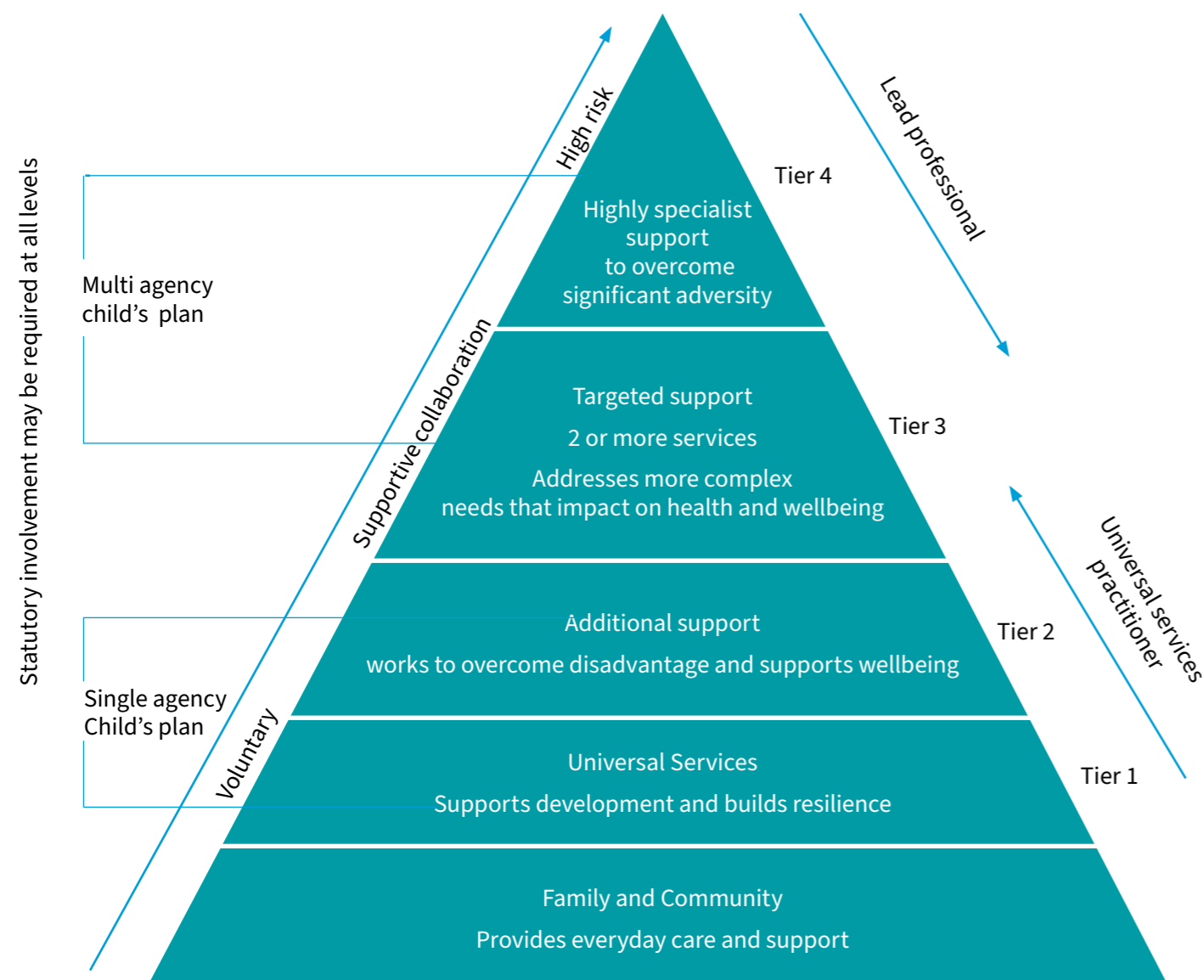
The staged approach provides the framework for all agencies to identify, assess and meet the needs of children and young people at the earliest stage whilst empowering children and young people and families to be part of the process. The process aims, wherever possible, to meet a child or family’s needs on a single agency basis – that is, with one professional from an agency leading the care plan.

The process is based on the principle that the practitioner who knows the child or young person best, in partnership with the parent, is best placed to provide help and support in the first instance. Only when the child or young person’s needs escalate

or become more complex are other agencies or professionals involved in a multi-agency plan.

Universal services are provided by education and health, such as schools, early year centres and health visitors. Most children and young people develop through to adulthood needing only the support available from universal providers which can include our community and volunteer partners. The diagram below shows the continuum of support from universal services which meet the needs of most children, right through to the most acute end of the continuum which supports children and young people with complex needs.

Renfrewshire Children’s Services Partnership Staged Intervention Model.



Stage 1

At the level of universal services, education and health work to support children and young people and their families, intervening early when necessary to prevent unmet needs escalating. This includes an element of personalised support but is provided within the service. The agency will co-ordinate and monitor the support to overcome the barrier to flourishing.

Stage 2

Sometimes children and young people need extra support within universal services. This additional support should be determined by a wellbeing assessment and informed by the views and wishes of the child or young person and their parent or carer. The universal service practitioner will initiate a single agency Child’s Plan and chronology.

Stage 3

Stage 3 supports are not needed by most children and young people. Targeted supports at this level go beyond what is available via universal provision and involve at least one other agency. With the agreement of the child or young person and their parent or carer, a wellbeing assessment will be undertaken to identify needs and specify additional supports required to overcome these. A multi-agency Child’s Plan is necessary at stage 3 to co-ordinate supports and clarify professional roles and responsibilities. A multi-agency Child’s Plan meeting will be convened involving the parents or carers, the child or young person (if appropriate), the universal service and partner agencies and will agree who should be the ‘Lead Professional’ for the child (see below).

In some circumstances, the multi-agency meeting will identify a need for statutory measures to support the child or young person.

Stage 4

For some children and young people, highly specialist support is required from two or more agencies to address their wellbeing needs. At stage 4, the Lead Professional will almost always be a social worker. If the child or young person is involved in a child protection process and/or is Care Experienced (looked after at home or away from home) or subject to a Compulsory Supervision Order, the Lead Professional will always be from Social Work.

Support at stage 4 is intensive and applied because the child or young person is experiencing significant risk. For these reasons, it is expected that support at this stage will be time limited. The Child’s Plan must be SMART (specific, measurable, achievable, realistic and time-limited) and should be reviewed regularly and amended as necessary to maximise impact upon positive outcomes for the child or young person. At stage 4, the ultimate aim of the Child’s Plan is to intervene minimally in the child or young person’s life to reduce or remove barriers to the child or young person’s happy and healthy development and to strengthen family capacity.



5. What is Wellbeing?

The concept of ‘wellbeing’ is at the heart of the GIRFEC approach and is defined in Part 18 (s. 96) of the Children and Young People (Scotland) Act 2014 through eight wellbeing indicators **Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included (SHANARRI)**. These are the foundation of the support children and young people need to grow up feeling loved, safe and respected and can realise their full potential. These are the foundation of the support children and young people need to grow up and reach their full potential.

Every child is unique and there is no ‘right’ level of wellbeing for children and young people. Wellbeing is influenced by individual experiences and changing needs throughout a child’s development. All children, however, need help to reach their full potential and to grow into happy, thriving adults.

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The wellbeing indicators are aligned with the range of rights specified by the UNCRC (see diagram above) to enable all young people to grow and develop, and to reach their potential.

The wellbeing indicators are inter-connected. For example, it is difficult to talk about a child achieving without relating to their health, nurture or indeed how active they are. Using the wellbeing indicator in the National Practice Model is a practical way of respecting children’s rights alongside achieving the best possible outcomes for them.

6. Lead Professional

The role of the ‘Lead Professional’ is established in the Children and Young People (Scotland) Act 2014. The role applies when there is a Child’s Plan, and the child is receiving targeted supports at stages 3 and 4.

The Lead Professional is a practitioner who is already, or will be, working closely with a child or young person and their family to co-ordinate targeted supports from involved services. It is the responsibility of the Lead Professional to make sure everybody works together to deliver the supports specified in the Child’s Plan and that the plan is helping to improve outcomes for the child or young person. While the Lead Professional has a role in identifying where agreed supports are not being delivered by others, they are accountable only to their employer for their own professional actions.

Multi-agency professionals involved in supporting a child via a Child’s Plan are responsible for identifying who will be the Lead Professional. Social Work is always responsible if the child or young person is referred to the Children’s Reporter or subject to statutory measures. In other cases, it might make more sense for a practitioner from health or education to take on the Lead Professional role. Every practitioner involved in a Child’s Plan should be prepared to take on the Lead Professional role if this is in the best interests of the child or young person.

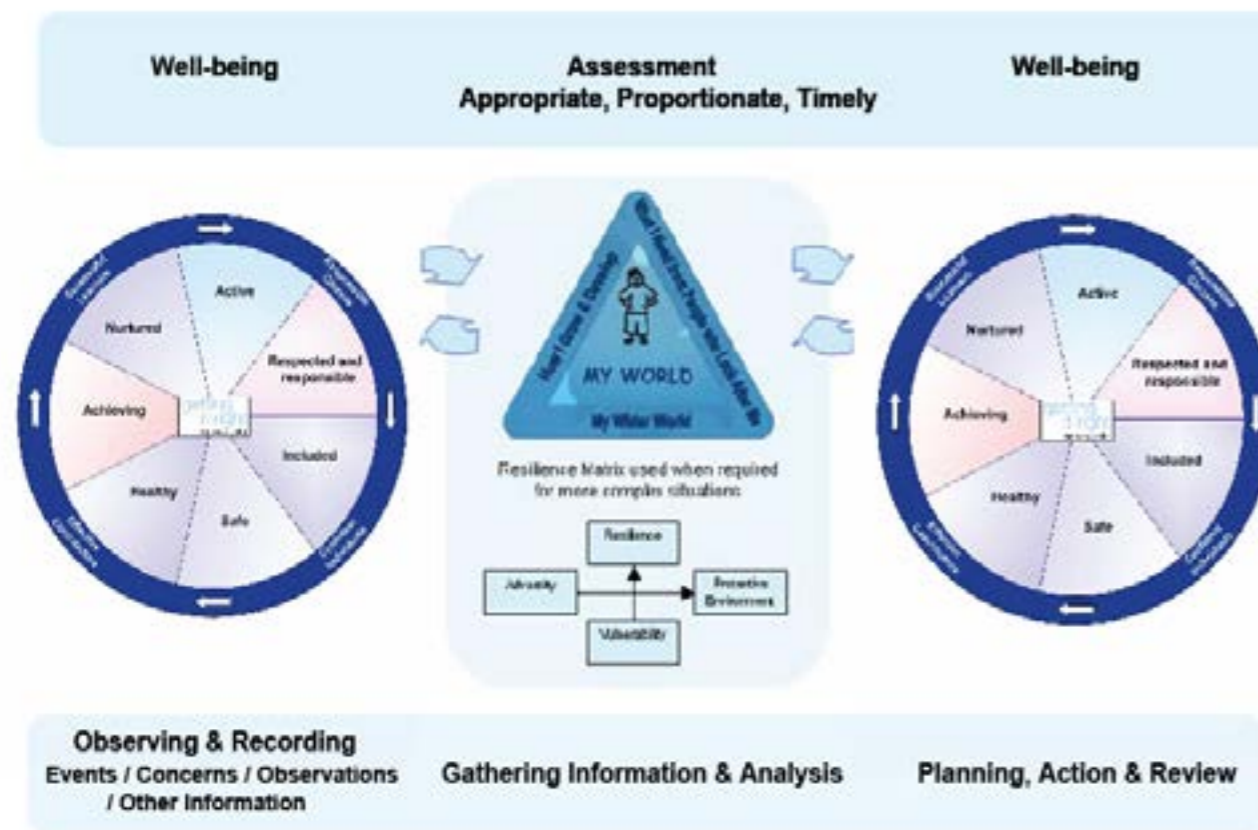
In the unlikely event that there is disagreement about who should take on the Lead Professional role, professionals should seek the advice of their respective line managers who will agree a resolution.

7. Professional Consultation

Sometimes a practitioner from one agency seeks advice and guidance from a professional in another agency to help them to understand or better address the needs of a child or young person. This consultation might take place via a one-to-one meeting, phone call or email or it might occur within the context of a Child’s Plan meeting. A common example is a social worker attending an education-initiated Child’s Planning meeting to offer professional advice about whether alternative approaches might be more effective for the family or to apply their professional judgement to consideration of whether a child or young person’s wellbeing needs constitute a welfare concern or a matter requiring a statutory or child protection response.

Seeking professional advice from a partner agency does not necessarily mean that the consulted agency will take on a Lead Professional role in the Child’s Plan. Indeed, in line with core GIRFEC principles, supports should be co-ordinated by the practitioner who knows the child or young person best and new workers should not be introduced into the child or young person’s life unless it is necessary to do so.

The parent or carer, along with the child or young person (if appropriate) should be informed that their situation is being discussed with a professional from another agency. Guidance on sharing information is noted below.



8. Wellbeing Assessment

The wellbeing of a child or a young person is influenced by a range of factors, both intrinsic and extrinsic. Everything around children and young people has an effect – positive, negative and neutral – upon how they grow and develop. Factors such as a child’s health and developmental progress, their experience of their parents and carers, their relationships with wider family and friend networks, their experience of school and their local community, are all important in understanding a child’s strengths, vulnerabilities and risks.

Most children and young people overcome challenges with the support of their family and professionals. Some, however, experience a number of [adverse childhood experiences](#) which have a significant impact upon their health, development and happiness.

Our approach to addressing wellbeing concerns endorses Article 3 of the UNCRC as all practitioners promote wellbeing. Our approach also embraces the intent of Article 4 as all of our agencies work together, bring their expertise and resources to identify concerns, assess a child’s situation and translates that assessment into a plan for action to bring the about positive outcomes for children and this process starts with all practitioners involved with supporting a wellbeing concern asking the GIRFEC FIVE Questions:

- What is getting in the way of this child or young person’s wellbeing?
- Do I have all the information I need to help?
- What can I do now?
- What can my organisation do to help?
- What additional help, if any, may be needed from others?

Unborn Babies

While these questions relate to a child or young person, they equally apply to the wellbeing needs of unborn babies. Answering the 5 GIRFEC Questions enables practitioners to identify the child or young person’s needs and the wellbeing outcomes to be achieved via the Child’s Plan.

GIRFEC is founded on the principle of early and effective intervention. The sooner the GIRFEC Questions are asked and answered, the sooner the child or young person can get the help they need. Seeking further information or advice from a colleague in a partner agency or discussing your concerns with a colleague is often necessary to fully understand a child or young person’s wellbeing needs. Sharing [necessary and proportionate](#) information with a colleague at an early stage may help to prevent concerns escalating and help to improve outcomes for the child or young person. In most situations, any wellbeing concerns should be discussed with the parent or carer in the first instance and their agreement sought for sharing information with a colleague. See information sharing section below.

If you think that a child or young person is at risk of significant harm (including from neglect), Child Protection Procedures must be followed without delay.

The [National Practice Model](#) is a tool for practitioners to help identify and assess the needs of children and young people in the context of their own family and community. Using this model is important as it highlights the important role which families play in fostering their children’s rights and wellbeing. This enables us to show them how policy, legislation and appropriate support can ensure their child’s rights are being upheld and that their wellbeing is promoted.

The model supports assessment, analysis and review and provides a framework to identify outcomes and solutions for children and young people. It supports the development of a Child’s Plan where this is required.

The [8 Wellbeing Indicators](#) are used to frame relevant observations and recordings and help to highlight areas of strength, need or concern.

The [My World Triangle](#) supports holistic assessment of a child or young person’s situation by gathering and analysing information in the context of their wider world. The model is rooted in systems theory and reflects the connections between the different areas of a child’s life. It gives practitioners the opportunity to look in detail at the issues that may be getting in the way of a child’s wellbeing. The different sides of the My World Triangle represent the individual but interlinked inputs that influence a child’s wellbeing. It is important that we look at the Triangle from the child’s perspective (reflecting Article 12 of the UNCRC) and the language used allows the child to take part in the assessment process, including them identifying their strengths and the pressures in their world. Families are important partners and the triangle also helps them to recognize the importance of their contribution to their child’s upbringing, to help them to identify what assistance they may need (this is laid out in Article 18 of the UNCRC)

In more complex cases, the [Resilience/Vulnerability Matrix](#) provides a framework to help analyse the strengths and vulnerabilities in the child or young person’s world, based on the information gathered through consideration of the Wellbeing Indicators and the My World Triangle. The Matrix brings together the two dimensions of vulnerability and adversity and that of resilience and protective factors. The Matrix supports analysis of assessment information and looks at what impact this has upon the individual child or young person by considering the balance of resilience and strength factors against adversity, vulnerability and risk.

The concept of resilience is fundamental to a child or young person’s wellbeing. A resilience-based

approach builds on the strengths in a child or young person’s world, drawing on what the family, community and services can offer as support. Recognising positives and strengths in a child or young person’s life helps to consolidate protective networks and often helps the development of a positive working relationship with families. Notwithstanding this, practitioners must be careful to strike the correct balance between strengths with vulnerabilities when assessing risk and planning supports.

The Matrix should be used by practitioners to organize information gathered via the wellbeing assessment into four headings: resilience; vulnerability; protective environment and adversity. This will enable practitioners to carefully analyse and interpret the information to:

- Identify needs or difficulties;
- Explain why these have happened;
- Understand the impact of strengths and vulnerabilities upon the child or young person;
- Help children, young people and families, as well as professionals, to agree what needs to change and what needs to be done;
- Describe the outcomes being sought; and
- Specify the actions necessary to achieve the desired outcomes.

[The National Risk Assessment Framework](#) (2012) provides additional guidance on a consistent approach to assessment of risk and need.

[Planning, Action and Review](#) Every child or young person who requires help additional to that generally available within universal services should have a plan to address their needs and improve their wellbeing. A child should only ever have one plan, whether their needs are being met via a single agency or a multi-agency plan.

GIRFEC promotes an integrated and co-ordinated approach to multi-agency planning and looks to agencies to think beyond their immediate remit, drawing on the skills and knowledge of others as necessary and thinking in a broad, holistic way. This means that a child receiving support from more than one service should have their support needs and outcomes co-ordinated via a single plan. For example, a looked after child who receives specialist health input and has an education additional support needs plan, should have all of these incorporated within a single Child’s Plan.

The Child’s Plan consists of an assessment and an outcomes-focussed action plan (see below).

The Child’s Plan should be reviewed regularly (see below).

9. Chronologies

Well-constructed chronologies are essential to understanding patterns of events within a child or young person's life and inform the ongoing assessment of needs and risks.

As a matter of course, all agencies formulate a chronology for children and young people receiving targeted supports. The content of an agency's chronology depends on the nature of the wellbeing needs and the focus of the intervention, and is determined by the agency's established internal procedures. For example, a health chronology might simply be a list of attended or missed appointments, punctuated by entries about medication or treatment.

Where a child or young person is being supported by a multi-agency plan at Stages 3 or 4 of the Wellbeing Pathway, a multi-agency chronology is required. Each agency involved in supporting the child or young person should continue to collate a chronology on a single agency basis. The single agency information will be combined by the lead professional to form the multi-agency chronology.

In view of the child or young person's more complex needs or high-risk circumstances, the multi-agency chronology will necessarily need to focus on recording events which are significant and relevant to the ongoing assessment of need and risk, and the measurement of progress towards agreed wellbeing outcomes. See chronologies guidance for more information.

The GIRFEC National Practice Model emphasises the need for all agencies to collaborate in assessing and analysing family circumstances. The Model stipulates that "...each agency involved with a child and their family should collate key information into a single agency chronology of contact and where working with partner agencies actively work to combine and consolidate this into a multi-agency chronology".

The Lead Professional is responsible for collating the information from services involved with the child, and for combining it into an integrated chronology. This integrated approach allows the Lead Professional to assess holistically and gain a full understanding of events which have a positive and negative impact upon a child or young person's life, as well as to assist identification emerging patterns that can help to inform planning.

The responsibility for maintaining an up-to-date, succinct chronology means that the Lead Professional might need to periodically edit or summarise chronology information provided by partner agencies. This information will not be deleted (the provided chronology will be saved in full within the child's electronic file), rather, certain information which is not relevant to the current circumstances, contains third

party information or duplicates information already within the chronology, will not be saved to the multi-agency chronology. Some other information, such as a list of missed appointments or non-attendance days at school, will be summarized within the chronology for ease of reading.

Reviewing and analysing the chronology is an essential part of the information gathering for an assessment of need and risk. The chronology is not simply a list. Issues identified from analysis of the chronology should be considered within the Child's Plan wellbeing assessment and be appropriately reflected in the action plan. The chronology should be reviewed and edited as necessary at least annually as part of the Child's Plan review process.

While there can be very good practice reasons to share parts of a chronology with a family, for example to highlight when risk or improvements have been notable, there are important information governance considerations to consider when sharing it with the child, young person, parent or carer, as well as with other agencies. Please see further information below.

If the Child's Plan is submitted to the Children's Hearing, the multi-agency chronology must be appended.

What is the difference between a single agency and a multi-agency chronology?

A single-agency chronology provides a brief description and summarised account of significant events relevant to a child or young person's involvement with that single agency. Its compilation, review and analysis is the responsibility of the single agency providing the service. It should be used as an analytical tool to support the understanding of the impact of life events upon the child or young person, as well as to help evaluation of the effectiveness of interventions.

A single-agency chronology should be created when there are concerns about a child that are likely to have an impact on their wellbeing. Analysis of the single-agency chronology will inform decision-making around escalation to a multi-agency meeting. A single agency chronology should accompany any referral to social work.

A multi-agency chronology is produced when a child's plan meeting decides that multi-agency intervention is necessary to support the child or young person. It is formed through the compilation of relevant information extracted from single-agency chronologies.

Who is responsible for the multi-agency chronology?

The Lead Professional is responsible for compiling the multi-agency chronology. The Lead Professional must use their judgement to include single agency information which is relevant, necessary, legitimate, appropriate and proportionate. In so doing, the Lead Professional will be required to summarise certain information before adding it to the multi-agency chronology and sometimes to exclude other information. The Lead Professional is the person who takes ultimate responsibility for the Child's Plan and is accountable for it at the Children's Hearing or in other legal proceedings. As such, they need to exercise their professional judgement about the content of the chronology.

However, the chronology should still be viewed as a shared responsibility between professionals and its development, review and analysis therefore requires careful co-ordination and close working between the agencies involved.

All agencies involved in the multi-agency child's plan 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 take overall responsibility for collating and distributing the integrated chronology.

Any disagreement between professionals about the content of the chronology should be recorded within the minute of the Child's Plan meeting. It is expected that a resolution will be agreed between professionals, however, if disagreement persists, the matter should be escalated to the Lead Professional's manager in the first instance.

[See Chronologies Practice Guidance \(page 23\)](#)

10. Child's Plan

The purpose of a [Child's Plan](#) is to address a child's wellbeing needs. A Child's Plan is required when support needs to be planned and co-ordinated and there is a requirement for professionals and services to collaborate to deliver what is needed. This might be when the child or young person needs targeted help beyond that generally available via universal services at Stage 2, or when there are more complex needs or significant risks at Stages 3 and 4.

A Child's Plan is also the document used by decision makers, SCRA and Children's Hearings, to make decisions about the need for Compulsory Supervision Orders and any measures they might contain.

A Child's Plan sometimes begins as a single agency plan and becomes a multi-agency plan at a later stage. In this instance, the practitioner responsible for the single agency plan should share the plan with the Lead Professional who will expand upon it to develop the new plan.

The Child's Plan is developed in partnership with the child or young person and their family using the GIRFEC tools described above, and managed by a Lead Professional who will be the practitioner with the right skills and experience to make sure the plan is managed effectively.

The Child's Plan format will be used to record the assessment of the child or young person's needs and to help structure the planning of any additional support to be provided. The format will be used to collaboratively plan all interventions to ensure that all partners continue to work towards the agreed desired outcomes. This shared approach ensures that supports are co-ordinated and effectively monitored to help improve outcomes.

Good practice requires that every plan should include and record:

- reasons for the plan
- partners to the plan
- the views of the child or young person and their parents or carers
- a summary of the child or young person's needs
- what is to be done to improve a child or young person's circumstances
- details of action to be taken
- resources to be provided
- timescales for action and for change
- contingency plans
- arrangements for reviewing the plan
- Lead Professional arrangements where they are appropriate
- an assessment as to whether compulsory measures might be required, and if so what these should be.

Practitioners might find the [Guidance on Referral to the Reporter - Information for Partners](#), produced by the Children's Hearings Improvement Partnership, useful.

Renfrewshire's statutory children's services partners have agreed to use a single Child's Plan format for all multi-agency plans. The template can be found in the appendix.

The Lead Professional is responsible for co-ordinating the child's wellbeing assessment and for completing the child's plan report. This should be done in partnership with the multi-agency professionals supporting the child and their views should be appropriately reflected in the final report.

When preparing the Child's Plan, the Lead Professional will request an assessment from each of the multi-agency partners. This should be provided in written form and saved within the child's file. The Lead Professional should avoid simply cutting and pasting this information into the Child's Plan. There are two reasons for this. Firstly, the different single agency child's plan formats used are incompatible with each other. Secondly, and more importantly, the role of the Lead Professional is not to simply collate information. Their role is to seek out a range of information from various sources and then to use their professional knowledge, skills and judgement to weigh the significance and relevance of information to their assessment of the child's wellbeing.

We recognise that this process would be more efficient via a secure digital platform for the sharing of information. Unfortunately, a suitable solution which is capable of bringing together multiple agency systems has not yet been identified. We will continue to pursue options.

If after discussion at the Child's Plan meeting there is an unresolved disagreement about the conclusions of the assessment, this must be recorded in the plan.

The Child's Plan will:

- include collated assessment information using the Wellbeing Indicators;
- include the child or young person's views, as well as the views of their parent(s) or carer(s) and if their wishes cannot be met, explain why and what alternatives are available;
- use the expertise of all involved professionals and the child or young person and parents or carers to state how identified needs will be addressed;
- describe who will be involved in delivering support and what the support will look like;
- make it clear how everyone will know if the support has made a positive difference;
- be regularly reviewed to see if supports are helping the child to achieve agreed outcomes;
- be agreed by all parties to the plan, including the child or young person and parents or carers and any disagreements recorded;
- be written in such a way that it is easy for the child or young person to understand; and
- include sufficient information and justification to allow decision makers to make good decisions about the need for compulsory measures. If CSO might be required any measures should be identified and clear justification for these provided

The Child's Plan form is not an end in itself – it is a part of a process which starts with assessment, leads to an outcomes-focused action plan agreed by all parties and involves regular review and, if necessary, amendment. In more complex cases or where circumstances change significantly, the review process results in a re-assessment of needs and risks and results in a new Child's Plan.

A Child's Plan is not complete until it is agreed by ALL parties at a Child's Plan meeting.

11. Child's Plan Meeting

The multi-agency meeting where the assessment is considered and the action plan agreed is core to our approach in Renfrewshire. The meeting is the forum for sharing the views of professionals and the child or young person (if appropriate), as well as the parents or carers, and for agreeing the assessment of need and related action plan. The meeting gives practical expression to the multi-agency nature of the plan.

The professional who identifies the need for a multi-agency discussion is responsible for convening the meeting. Where there is already a multi-agency plan in place, the Lead Professional is responsible for the arrangements. Meetings should be arranged to permit attendance by all relevant professionals involved with the child or family. If a worker is not available, a colleague who is able to provide the agency perspective should attend. If the child is unknown to an agency, a duty worker or other suitable professional should be invited.

Social Work, Education and Health have agreed to always send a representative to a multi-agency meeting when invited to do so.

The discussion at the Child's Plan meeting should be recorded on the Child's Plan minute template. In most cases this will be in a straightforward bullet point format. Any disagreements, and any necessary action relating to this, should be recorded. The views of the child or young person, as well as the parents or carers, should always be recorded. If the views were not obtained, an explanation should be recorded.

12. Consideration of the Need for Compulsory Measures

The need for compulsory measures should be considered at every Child's Plan meeting. The decision to refer to the Children's Reporter should be made in a multi-agency forum. However, this consultation must not delay a referral when it is clear that the referral criteria have been met. In some circumstances the referral will be in response to a child protection situation where the Lead Professional has taken specific action to protect the child or young person.

Information held on the child's circumstances by a number of agencies and professionals should be discussed and considered by the multi-agency group used to inform a decision to refer to the Reporter. This information can be collated in a way which gives a clear picture of the needs, concerns and risks which may require to be addressed. However, every agency and every individual profession working with a child, this includes practitioners with direct responsibility for children and those with indirect responsibilities (e.g. those delivering services to parents), have a responsibility to consider whether the criteria apply and whether to make a referral to the Reporter.

13. Child's Plan Action Plan

The Child's Plan action plan should be SMART – Specific, Measurable, Achievable, Realistic and Time-limited. It should specify outcomes to be achieved for the child or young person.

- Outcomes are the changes, difference or benefits that occur for a child, a parent or carer, or a family as a result of activities or interventions.
- Outcomes should reflect the impact the supports are expected to have upon the child or young person.
- Specification of outcomes enable measurement of the effectiveness of actions in improving the wellbeing of the child or young person.
- Outcomes are different from outputs. Outputs are the services or supports (actions/strategies/interventions) that have been delivered to the child or young person and/or their family. For example, counselling is an output. Improved emotional wellbeing is the desired outcome of the counselling.
- In complex cases, outcomes sometimes need to be prioritised otherwise families can become overwhelmed. What needs to change first?
- Outcomes should always be planned in partnership with children, young people and parents or carers, as well as all involved services at the Child's Plan meeting.
- Outcomes should be achievable within an agreed and specific timescale taking account of the level and nature of risk or adversity and the intended review schedule. It is likely that some outcomes within the same plan will have longer timescales for achievement than others.

13. Reviewing the Child's Plan

The Child's Plan should be reviewed regularly with the interval reflecting the child's needs, the level and nature of risk, and should avoid undue drift or delay. The interval should, however, be sufficient for the actions and supports to take effect and allow for progress to be measured. Where a child is Looked After, a review of their Child's Plan should happen at least six monthly, in line with [Looked After Children \(Scotland\) Regulations 2009](#).

The Child's Plan review meeting will be convened by the Lead Professional. All parties to the plan, including the child or young person (where appropriate) and the parent(s) or carer(s), should be invited to attend. The meeting should be convened at a place and time and in such ways which are conducive to the attendance and participation of the child or young person and parent(s) or carer(s).

Professionals attending the meeting should be familiar with the tasks allocated to their service and be prepared to provide an update on behalf of their wider service.

Completed actions will be recorded on the Child's Plan Meeting Record and the Child's Plan updated to remove obsolete or unnecessary actions, as well as to add new actions.

It is not necessary that every minor change to support is agreed via a Child's Plan meeting. Services will adjust certain aspects of interventions to changes in the child or young person's needs, their parent or carer's views or changes to the service's available resources. Any significant change in provision or family circumstances must be reviewed through the meeting process to ensure continuity of the plan and a continued co-ordinated response.

In reviewing the outcome of the plan with the child or young person and family, practitioners will need to ask these five questions:

- What has improved in the child or young person's circumstances?
- What, if anything, has got worse?
- Have the outcomes in the plan been achieved?
- If not, is there anything in the plan that needs to be changed?
- Can we continue to manage the plan within the current environment?

Every child's plan review meeting should re-assess the need for compulsory measures.

Where wellbeing needs are resolved and the child or young person's need for support reduces, a Child's Plan meeting may decide to step down from a multi-agency plan to a single agency plan. In this case, the single agency should continue to monitor the child or young person's progress via their own established agency procedures.

Where there is no longer a need for the provision of any targeted support to a child, young person or their family, there will no longer be a need for a Child's Plan. Ongoing assessment and planning should continue via universal services.

14. Ending a Multi-agency Child's Plan

When a child or young person no longer needs targeted supports from more than one agency and a decision is made at a Child's Plan meeting to end the plan, the role of the Lead Professional will naturally end. The child or young person would continue to receive support from universal services who are responsible for monitoring the progress of the child or young person through the agency's procedures.

In some cases where there have been complex support needs and/or welfare risks, the Child's Plan meeting which agrees the step-down to universal support should consider the potential for wellbeing concerns to re-emerge and clarify expectations about how early intervention approaches will be applied to prevent an escalation of problems. In particular, families should have a clear understanding of how they can access support if needed.

15. Information Sharing

GIRFEC relies upon professionals sharing information about children and young people in order to identify their needs and to provide joined-up help at the earliest stage. Services working with children, young people and families routinely deal with personal and sensitive information and in so doing, are duty-bound to handle, store, process and share personal information in line with existing laws and guidance. These include data protection and human rights laws, GDPR, common law duties of confidentiality and professional codes of conduct.

In most instances, professionals supporting children, young people and families will seek their consent before sharing information with another professional or agency. When they do share information, practitioners need to be careful to ensure that they only share information which is necessary and proportionate to the purpose they're seeking to achieve. For example, if the purpose of information sharing is a referral to obtain additional support, only the minimum information necessary for the agency to process the referral should be provided.

The principle of working in partnership with families is key to the GIRFEC approach. Practitioners should strive to form positive working relationships with children and young people and their parents or carers. Within this context, practitioners should be open and transparent with service users about the need to share information and the ways in which it can help services to provide them with the right help at the right time. Practitioners should be explicit about what information will be shared, with whom and why. Practitioners should respect the wishes of a child, young person or carer when they choose not to consent to information being shared.

If a child, young person, parent or carer requests that certain information is not shared, practitioners should consider whether sharing the information is necessary to **support** the child or young person or if it is necessary to **protect** them. If the information sharing is necessary to support or protect the child or young person, it should be shared irrespective of the wishes of the child, young person, parent or carer.

Practitioners should be aware that information may be shared if the assessment is that compulsory measures might be required to best meet the child's needs. This falls within the 'public task' basis for sharing information in terms of data protection law.

Practitioners should not seek consent before sharing information with another professional or agency if they believe it is necessary to protect the child or young person. **Consent should only ever be sought when the person has a real choice about whether or not information will be shared.** Confidentiality is not an absolute right and practitioners should never promise it to children, young people, parents or carers.

In circumstances where there are concerns that a child has suffered or is likely to suffer significant harm, information must be shared irrespective of a child, young person, parent or carer's wishes. Child Protection Procedures should be followed. Practitioners should aim to advise service users that certain information will be shared before this occurs or as soon as practicable thereafter.

Data Protection rules DO NOT prevent the sharing of information necessary to protect the welfare of a child or young person. If in doubt, practitioners should share the information and ensure they keep a clear record of what was shared, with whom and why it was deemed necessary.

Consent Flow Chart 2



Frequently Asked Questions

How should I share information?

- However you share information (verbally, email or written report), you must ensure it is done safely and securely in line with your agency's existing information security procedures.
- You should only share information on a need-to-know basis. You should record your decision to share or not to share in writing.

What should I be record when I share information?

- When you are actively sharing information it is important you record this in the child or young person's case notes.
- The following should be recorded:
 - » The specifics of the information being shared
 - » The rationale for sharing it
 - » Who you are sharing it with.

How do I request information from another agency?

- Where you are requesting information, you should clarify in your request:
 - » What information is needed
 - » Why the information is needed
 - » What you intend to do with the information
 - » Who else it may be shared with.

What if I decide not to share information?

- Practitioners should also record their decision not to share information along with the reasons for this.
- If you decide not to share information, then you must ask yourself the following three key questions:
 - » What are my reasons for deciding not to share information?
 - » What harm could result if I do not share information?
 - » What are the implications for the child or young person, for me and/or my service, agency and/or organisation if I decide not to share information?

What if I have requested information and it's been refused?

- If you have requested and then been refused information you need to discuss this with your Line Manager/Supervisor. You should also record any circumstances where there is a refusal to share information and the reason for that too.

- You should ensure that you record this clearly, accurately and concisely to prevent any misunderstanding and/or confusion on your part; on the other practitioner's part; and for future reference.

What about sharing information pre-birth?

- If you are concerned about the wellbeing of an unborn child you should share information. Practitioners should always consider the adults around a child and how their condition, behaviour or lifestyle impacts on the wellbeing of the unborn child. Best practice is to involve the parents-to-be in decisions about sharing information, unless this would increase the risks to the unborn child.

At what age can a child or young person consent to information sharing?

- Children over the age of 12 years in most circumstances are considered to be able to give consent. Of course, professionals should use their knowledge of the child and their professional judgment to decide whether a child of any age is able to understand what is being asked and to give informed consent. In some circumstances, a practitioner might consider a child aged under 12 years to be capable of giving informed consent to information sharing. In these circumstances, the practitioner should discuss the child's wishes with the parent or carer and seek their agreement before proceeding (unless doing so would be detrimental to the child).
- For younger children or those considered unable to give consent, consent should be requested from the parent or carer.
- The child or young person has a right to be kept informed and to participate in the process of information sharing if appropriate.

What about young people aged 16 to 18 years?

- Parental rights and responsibilities largely cease when a child is aged sixteen and as such a young person may make decisions in their own right.

[General Data Protection Regulations \(GDPR\)](#) and the [Data Protection Act 2018](#), provide a legal framework and safeguards which, along with each agency or service's practice guidance, support good information sharing practice within the GIRFEC approach.

Information Sharing Between Services in Respect of Children and Young People, a letter issued by the Dr Ken Macdonald, Assistant Information Commissioner for Scotland and Northern Ireland can be found [here](#).

Practice Guidance: Chronologies

Practice Guidance: Chronologies

Frequently Asked Questions

What is a chronology?

In its [Practice Guidance to Chronologies](#) (2017) the Care Inspectorate explores nine key characteristics of a chronology that should mean it is:

- a useful tool in assessment and practice
- not an assessment, but part of assessment
- not an end in itself, rather a working tool which promotes engagement with people who use services
- accurate and relies on good, up-to-date case recording
- detailed enough but does not substitute for recording in the file
- flexible so that detail collected may be increased if risk increases
- reviewed and analysed—a chronology which is not reviewed regularly is of limited relevance
- constructed differently according to different applications, for example current work and examining historical events
- recognising that single-agency and multi-agency chronologies set different demands and expectations.

Why is a chronology so important?

Professionals seeking to understand a child's wellbeing have always been concerned to consider past events and their relevance to the current situation. A chronology is a key tool which professionals in a range of disciplines can use to help them understand what is happening in the life of the child, young person or family. Successive serious case reviews across the United Kingdom have highlighted that better compilation and proactive use of chronologies could have helped towards an earlier identification of risk and the prevention of serious harm and death.

- A chronology:
- is an essential tool for best practice in assessment, analysis, and decision-making;
- is an aid to effective partnership working and discussion with families;
- is factual, accurate and evidence based;
- supports workers to maintain focus on the child;

- is in a neutral language, suitable for practitioners and families to understand;
- is presented in time and date order starting with the earliest available information;
- is concise – if every concern, event or milestone and circumstance is recorded then the chronology loses its value and impact; and
- it provides an early indication of an emerging pattern of need, concerns, and/or risks.

How can a Chronology support my practice?

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

- Organising information
- Informing planning
- Providing an accurate picture of the young person's journey
- Highlighting gaps that may need further assessment
- Evidencing early indication of emerging patterns or concerns
- Direct work with parent or carer to understand the impact of events on the family
- Informing reflective practice questions – are things improving? Are we getting it right for this child?

At the start of an assessment a chronology can help organise historical information gathered to assist in predicting future behaviours, areas of potential risk, risk heightening factors, protective factors and parental capacity for change.

Neglect typically, but not always, occurs over extended periods of time. The compilation of a timeline of events which may individually not give cause for concern may lead to an earlier identification of possible abuse or neglect

No chronology is going to be useful if it is not read and analysed. Keeping a chronology up-to-date while working with a young person and their carers will provide valuable information at Child's Plan review meetings.

When is a Chronology Required?

All children and young people in receipt of services should have an up-to-date chronology within their file. The detail and frequency of entries within the chronology will depend on the nature of the wellbeing concerns or interventions being provided. It should be noted that the nature and function of a chronology might change in line with the changing circumstances within the family and emerging patterns of risk.

What should go into a chronology?

A chronology is not expected to be a repetition of the narrative contained in process or case recordings, but a time-ordered list of significant events in a child, young person or family's life.

A chronology should be factual and accurate in all details. Precise language should be used. Practitioners should avoid generalisations such as 'inappropriate behaviour' and 'welfare concerns'.

As a matter of good practice, the chronology should be shared with the child (if appropriate) and the parents or carers. Care should be taken to ensure the entries are factual, avoid value judgements and language is accessible.

The chronology can form an important part of a child or young person's life story. Practitioners should include positive information, such as academic achievements, and consider the language being used to describe issues of concern. Practitioners should also consider summarizing historical information (see below) as young people tell us that they are upset by having to read details of their past behaviours when these are no longer relevant.

When reading a chronology there should be no apparent gaps in information. The reader should be able to identify at a glance the key patterns within a child, young person or family's life which impact upon the level and nature of risk and indicate their needs and resilience factors.

Workers should always consider the purpose of the chronology. There is a difference in recording "failed" home visits as part of a chronology in order to evidence a worker's efforts as opposed to recording this is part of a pattern of evidence of lack of parental engagement. This recording of evidence of lack of co-operation may contribute to evidence of significant harm in itself, which could be very important when compiling a chronology to support legal interventions.

What are significant events?

A significant event is anything that has, or is likely to have, a significantly positive or negative impact on the child. It does not have to happen to the child – it could be something relating to a parent or family member which has an impact (positive or negative) upon the child. For example, a sibling reports abuse by a family member or a parent becomes unwell or parent gains employment.

Examples of significant events are:

- death and birth within the family and extended network such dates of birth of new siblings or death of a grandparent or close friend
- life events such as house moves, periods of homelessness, serious accidents
- changes in family composition such as a parental relationship breakdown or new partner
- education events such as a move to a new school, period of exclusion, allocation of a support worker, attainment and achievement
- health events such as completed or missed vaccination, attended or missed appointments with GP or other professionals, treatment of particular conditions, referral to a consultant or attendance at A&E. Reasons for missed appointments or failure to complete a course of medication should be recorded.
- new diagnosis or treatment intervention
- instigation of a multi-agency assessment
- development of a child's plan
- referrals to social work or SCRA and outcome
- LAC reviews, significant changes within care placement
- Police or criminal justice involvement
- Issues arising from other agency involvement such as housing, council tax or Department of Work and Pensions
- Drug and alcohol issues such as overdose, new or changes to existing treatment (whether child or parent)
- Observed behaviours which raise particular concern, such as a change in presentation or mood
- Positive events should be recorded such as birthday parties, weddings, sporting achievements, mastery of hobbies, overcoming particular challenges and developmental stages such as walking and talking.

Importantly, a chronology should note actions which were taken as a result of the event. For example, if an assessment was undertaken, what was the outcome? If the child attended A&E, what treatment was provided? If a child misses a vaccination, what action was taken? If there was a child protection investigation, was there a conference? Was there a registration?

Chronologies are working tools and the circumstances of the family and the needs of the child will influence the nature of the chronology. An event in one family might be significant in terms of the risk assessment but of little relevance to the assessment of another family. Accordingly, the definition of what is considered a significant event for one child might not be for another. The amount of detail in a chronology will therefore depend largely on how a significant event is defined. As the needs of the child become more complex, vulnerability increases and otherwise everyday events may helpfully be regarded as carrying more significance.

The Care Inspectorate gives two examples of this:

- A child who rarely misses school and who is occasionally absent - this is unlikely to be regarded as significant. On the other hand, for a child whose name is on the child protection register for neglect, any absence is likely to be regarded as significant.
- Where there is a high risk for a child living at home, the chronology may not just include school attendance, but also specific details. This could include whether the child was dressed appropriately, whether the child was collected from school on time, and by whom.

What sort of information should be summarized and how?

A chronology is a dynamic tool for practice. It is not a static list. In order for it to serve its purpose of informing risk assessment and evaluating the impact of interventions, a chronology needs to be updated regularly to remove information which is no longer relevant or which gets in the way of highlighting new or emerging patterns.

When summarizing information, the aim is to highlight the important issue (what we're concerned about) while removing superfluous detail.

Typical examples of information which might be summarized are dates of medical appointments or home visits by services. Consideration should be given to summarizing groups of related or similar entries, particularly those which are older or not relevant to current circumstances. For example, ten separate entries for attended speech therapy appointments two years ago might be summarized as:

'Chloe attended ten speech therapy appointments between June 2018 and May 2019. Treatment ended.'

Similarly, a list of child contact sessions missed by the parent might usefully be summarized as:

'mother failed to attend more than half of weekly contact sessions between February and September'. School attendance entries could be summarized as 'erratic attendance record between August 2017 and June 2018 with more than 70 days' absence'.

A summary can also be a very useful way of identifying patterns. A review of the chronology might reveal that the parents failed to co-operate with a number of home visits over a short period of time. This might be summarized in the chronology as, **'pattern of parental non-engagement emerging. 7 home failed visits in 8 weeks'**.

In families with a long or complex history, consideration should be given to summarizing historical information. By keeping the chronology a manageable size, it makes it easier for readers to identify patterns and to contextualise the here and now. Importantly too, it means that families are not constantly confronted with details of events in their past, often relating to children no longer in their care and about previous relationships, which we know causes distress.

For example, a family with multiple social work involvements over several years might have dozens of entries about child protection concerns relating to events some years ago and concerning children not involved in the current intervention. This information might be summarized as:

'SW received 9 notifications from the police re domestic abuse between December 2011 and September 2012. There were two CP investigations neither of which resulted in a registration. Child A was removed on a CPO on 17th September 2012 and placed with maternal grandmother on a s.25 where she remains. Mr X was convicted of domestic assault and served 10 months in prison from September 2012. The relationship ended at this point and Ms Y started a new relationship with Mr Z'.

Should the chronology be shared with families?

Parents, carers, young people and children may be given a copy of the chronology, providing this does not place the young person or child at further risk and any third party or otherwise confidential information is removed.

Parents or carers should be encouraged to reflect on the content of the chronology with the help of the Lead Professional or other worker with whom they have a positive relationship.

The Care Inspectorate advises that sharing chronologies and consulting people who use services is important in ensuring accuracy. Mistakes, particularly concerning dates of significant family events (such as dates of birth, dates when families moved home) where small but significant errors in a chronology can then be replicated over and over again in reports. Some parents/carers or young people may wish to correct details or make a contribution to the chronology and this should be considered by the Lead Professional. Any factual inaccuracy must be correct as soon as possible as per data protection rules.

Sharing chronologies can also help in working together and strengthening a sense of achievement and progress. Reviewing a chronology alongside a person who uses services can help to identify where they have succeeded, for example in reducing their drug dependency or improving the school attendance of their child.

The views of the child, young person or parents/carers about the chronology should be recorded within the appropriate section of the Child's Plan.

When developing a chronology, practitioners should take account of the perspective of the child at the centre—that is, understanding the significance of events for them. As noted above, practitioners should consider how the child, young person or parents or carers might feel when reading the chronology. Is all of the information necessary? Is unnecessary historical information still included? Is the language used respectful? Does the time-line give a rounded account of the child's service journey? Is positive information included?

What are the data protection rules relating to chronologies?

Chronologies are a part of the child's record and the usual data protection rules apply. This means that the chronology should only include information which is necessary and proportionate to the purpose it aims to serve. The purpose of the chronology is to promote and protect a child's wellbeing, so the information recorded must be *necessary* for this purpose and the level of detail must be *proportionate* to this purpose.

In practice this means that practitioners should consider whether the information in chronologies is necessary to the assessment of a child's needs and provision of support and if it is, is the level of detail proportionate to the requirements of the assessment and service provision. For instance, it might be necessary to record that the grandmother was admitted to hospital for emergency treatment but it

might not be proportionate to include details of the illness or medical treatment.

Particular care should be taken when recording information about third parties – that is, individuals other than the child. Where there are issues relating to a parent's lifestyle or behaviour which are central to the intervention with the child, it is straightforward to include this information as is necessary to inform ongoing service planning and proportionate because of the risks posed to the child's wellbeing. Caution should be exercised where the information relates to a person (such as a non-custodial parent or other family member) when there is no clear link between the information and the ongoing support to the child.

As noted above, it is best practice for the chronology to be shared with the child or young person and their parents or carers. In circumstances where the Children's Hearing is involved, the chronology will be circulated to all relevant persons. For these reasons, practitioners should be mindful of who might be reading the chronology and whether any information requires to be redacted. An example of this is where it is necessary and proportionate to include personal and sensitive information about the mother's new partner in the chronology, but it is not appropriate to share the full details with the non-custodial father who is a relevant person at the hearing or who has parental rights and is therefore permitted to see the child's file.

Practitioners should always think about why they're sharing information and whether it's necessary and proportionate in the circumstances. Practitioners should be able to justify their decision to share (or not share) information and the level of information shared. This is a key principle of data protection law, known as the 'accountability principle'.

If in doubt, practitioners should consult their line manager or their agency's information governance team.

