

# **SAFEGUARDING CHILDREN AND YOUNG PEOPLE**

**A Toolkit for General Practice**

**2011 revision**

**Annex B: Glossary**



## **Annex B - Glossary**

### **Agencies with statutory child protection powers**

Agencies – that is, social services, the police, the courts, or the NSPCC – who can, because of the law, take steps to intervene in a family to safeguard a child from harm.

### **Assessment framework**

The Assessment Framework is a conceptual framework for assessing a child in need and their family and then deciding:

- is this a child in need?
- is this child suffering or likely to suffer significant harm?
- What services are required to respond to the child's identified needs?

### **Child 'in need' [see S17 enquiries]**

Children who are defined as 'in need' under the Children Act 1989 are those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health and development, or their health and development will be significantly impaired without the provision of services. The critical factors to be taken into account in deciding whether a child is in need under the Children Act 1989 are what will happen to a child's health and development without services, and the likely effect the services will have on the child's standard of health and development.

### **Child Protection**

Child Protection means protecting children from physical, emotional or sexual abuse or neglect

### **Child protection conference**

The initial child protection conference is a meeting which brings together family members, the child where appropriate, and those professionals most involved with the child and family, following s47 enquiries. Its purpose is to bring together and analyse, in an inter-agency setting:

- information obtained about the child's health, development, resilience and functioning;
- parents' or carers' capacity to ensure the child's safety and promote the child's health and development
- environment and community context
- judgements about the likelihood of a child suffering significant harm in future;
- the future action needed to protect the child and promote their welfare;
- how that action will be taken forward, and with what intended outcomes.

### **Child Protection Plan**

An individualised plan to guide and co-ordinate agencies in response to a child's assessed needs. Usually drawn up as outcome of Child Protection Case Conference.

**Compulsory intervention**

State intervention in accordance with the law

**Core assessment**

An in-depth assessment addressing the central or most important aspects of the needs of a child, and the capacity of their parents or carers to respond appropriately to these needs within the wider family and community context.

**Core group**

A group of professionals and relevant family members who will develop and implement the child protection plan as a detailed working tool

**Developmental needs**

These are the areas in which a child needs to make developmental progress throughout their childhood in order to reach their potential and enter adulthood successfully.

**GIRFEC** Getting It Right For Every Child, an assessment framework for professionals working in Scotland.

**Key worker**

The key worker is allocated to the child's case and is responsible for making sure that the outline child protection plan is developed into a more detailed inter-agency plan, as well as for a number of other tasks.

**Local Safeguarding Children Board [LSCB]**

The body established under *Working Together to Safeguard Children 2006* to co-ordinate multi-agency working to safeguard and protect children. Usually mapping to Local Authority boundaries, these organisations draw representation at strategic, not operational referral. Health professionals will usually access the LSCB through the PCO lead for Child Protection, Such leads may be the Designated Doctor and/or Nurse.

**NFA**

No further action; the case is therefore closed.

**PDP**

Personal Development Plans

**Promoting children's welfare**

- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care.
- Creating opportunities to enable children to have optimum life chances such that they can enter adulthood successfully.

**Protocols**

Agreements made between agencies on how staff in each agency will undertake their work with respect to a specific matter – for example, information sharing.

### **Provision of services**

Responding to the needs of children in need may require the provision of services from a variety of agencies, including social services.

### **Referral**

Contacting another agency and requesting they assess and/or provide services to a child.

### **S17 enquiries [*Child in Need*]**

The process carried out by all agencies to assess concerns relating to a child considered to be in need, but not at risk of significant harm. Refers to Section 17 of the Children Act 1989 [amended 2004].

### **S47 enquiries [*Child at Risk of significant harm*]**

The process carried out by all agencies [but predominantly Police and Social Care Services] to assess the risk posed to a child considered to be at risk of significant harm. Refers to Section 47 of the Children Act 1989 [amended 2004].

### **Safeguarding children**

Safeguarding has two elements:

- protecting children from maltreatment
- preventing impairment of children's health or development.

### **Serious case review (also known as Part 8 review)**

When a child dies or suffers significant injury, and maltreatment or neglect are known or suspected to be a factor, agencies should consider whether there are any lessons to be learned from the event about the ways in which they work together to protect children. The review is conducted by the LSCB and it examines the involvement of agencies and professionals with the child and family. The LSCB decides whether a review should be conducted where a child: sustains a potentially life-threatening injury or serious and permanent impairment of health and development or has been subjected to particularly serious sexual abuse. (See Appendix 6 of the main document).

Case reviews are not enquiries into how a child died or who is culpable; that is a matter for coroners and criminal courts respectively to determine, as appropriate.

Refers to Part 8 of *Working Together to Safeguard Children 2010*.

### **Significant harm**

There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, and the extent of premeditation, degree of threat and coercion, sadism, and bizarre or unusual elements in child sexual abuse. Each of these elements has been associated with more severe effects on the child, and/or relatively greater difficulty in helping the child overcome the adverse impact of

the ill-treatment. Sometimes, a single traumatic event may constitute significant harm – for example, a violent assault, suffocation or poisoning.

More often, significant harm is a compilation of significant events, both acute and long-standing, which interrupt, change or damage the child's physical and psychological development. Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long-term emotional, physical or sexual abuse that causes impairment, to the extent of constituting significant harm. In each case, it is necessary to consider any ill-treatment alongside the family's strengths and supports.

### **Strategy discussion**

Whenever there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm there should be a strategy discussion (in either a series of telephone discussions or a meeting) involving the social care department and the police, and other agencies as appropriate – for example, education and health – in particular, any referring agency. A strategy discussion may take place following a referral, or at any other time – for example, if concerns about significant harm emerge in respect of child receiving support under s17 or after a report of domestic abuse. Where a medical examination may be needed, a senior doctor from the providing service should be included in the strategy discussion.

### **UNOCINI**

*Understanding the Needs of Children in Northern Ireland*, an assessment framework for professionals working in Northern Ireland implemented in 2007.

### **Vulnerable children and families**

Vulnerable children are those disadvantaged children who would benefit from extra help from public agencies in order to make the best of their life chances. These include homeless children and young people, asylum seekers, trafficked children, children from “hard to engage” families, those at risk because of parental ill-health, domestic abuse or substance misuse; those subject to the Youth Justice agency, services or system.

