**Tameside Neglect action plan- Glossary**

**Actions:** In the context of The Tameside Neglect action plan after completing each section a set of goals are to be agreed that addresses the concerns raised in the assessment.

**Adequate/Inadequate:** Satisfactory or acceptable quality or quantity. Inadequate is when there is a failure to provide the right level of support to a child.

**Adversely**: A way that prevents success or development that harms a child’s development.

**Adverse Childhood Experiences**: When a child experiences neglect, abuse or household dysfunction it negatively impacts upon a child. Parents who have experienced ACE might transfer these experiences to their parental style.

**Age appropriate:** What is correct action for a baby won’t be the right approach for a teenager. This is why in the Tameside Neglect action plan we will focus on the right level of your child rather than a prescriptive list.

**Ailments**: An aliment is another word for illness/diseases that affects both children and adults.

**Assessments**: Are standardised tools used to capture the lived experience of the family. These can range from how much a person is drinking to understanding parental styles.

**Appropriate Boundaries**: Parents need to set what is acceptable and unacceptable behaviour and ensure these are respected.

**By whom and when**: In the context of The Tameside Neglect action plan once actions have being agreed then it is the responsibility of the person to complete the action and by the date agreed.

**Cautious optimism:** A feeling of a realistic hope for the family.

**Case Reviews**: When children suffer a serious injury or harm there are investigations into why things happened and anything services can do better to prevent the same situation happening to other children.

**Challenge Parental accounts**: People who work with families will ask parents what is going on in a child’s life. Sometimes parents don’t tell the truth. Therefore, people who work with families will want to get evidence to support the parent’s accounts. When they notice a difference between parent’s views and evidence, the workers are expected to ask questions of the parents to ensure the child is being kept safe.

**Child’s health needs**: It is expected that a parent can meet the health needs of their child in two ways; (1) supporting health professionals in delivering treatment programmes to the child and (2) preventative measures, such as a good diet and exercise.

**Child’s history**: Every child’s experience will influence their development, from interactions with parents, and their health needs, therefore professionals will seek to understand what has happened in the child’s life.

**Child’s networks**: Every child will have people involved in their lives, these can include family members, family friends, the child’s friends and professionals who work with the child. These networks should all be supporting and guiding the child.

**Child’s culture**: There are a wide range of experiences that gives a child a sense of identity which can include, food, language, religion, artistic expression, sports, where they grow up and leisure clubs.

**Conflict is resolved amicably**: Children will always test the boundaries with parents, which will naturally create conflict. These conflicts should be resolved in a friendly manner and not result in any physical or verbal aggression.

**Consistently/ Inconsistently**: Being able to provide the right support/care for the child all the time. Inconsistently in care means that not all the time the child is receiving the right support/care they need for their development.

**Criminality**: A behaviour that breaks the law regardless of whether been caught by the Police or not.

**Crying cure**: are patterns of crying in an infant that is normal for children. It can be particularity distressing for parents when a child is uncontrollably crying, despite the carer using a variety of techniques that don’t help.

[ICON - Babies cry you can cope - Advice and Support | ICON (iconcope.org)](https://iconcope.org/)

**Deterioration**: The situation the child faces is getting worse.

**Die**t/ **nutritional needs**: How much sugar/fat and fizzy drinks and what are age appropriate foods is largely dependent upon the age of the child. The NHS has provided some guidance on what is healthy eating.

[What to feed young children - NHS (www.nhs.uk)](https://www.nhs.uk/conditions/baby/weaning-and-feeding/what-to-feed-young-children/)

[Advice for parents of healthy-weight children - NHS (www.nhs.uk)](https://www.nhs.uk/live-well/healthy-weight/childrens-weight/healthy-weight-children-advice-for-parents/)

**Desired Outcomes**: In the context of The Tameside Neglect action plan, there was agreement between a professional and family on what needs to be achieved to improve the life of the child.

**Digital safety**: A child may have access to a range of devices that are connected to the virtual world, such as internet and social media. It is important that children are kept safe in terms of only accessing age appropriate material, and protected from adults who want to cause them harm.

**Domestic Abuse**: Is a pattern of behaviour that is used to gain or maintain power and control over an intimate partner or family member. Abuse can be physical, sexual, emotional, economic or psychological actions. If a child witnesses these behaviours they will be considered a victim of domestic abuse.

**Emotional and psychological health**: Affects how a child thinks, acts and feel. Good emotional/psychological health helps a child to handle stress and respond to others.

**Exploitation**: The act of person (perpetrator) with some kind of power over another person (victim), using the victim to do something that isn’t age appropriate, against their will or something the victim isn’t comfortable with, such as sexual or criminal exploitation.

**Good standard of hygiene in food preparations:** There isn’t one thing that makes good hygiene practice**.** For a range of tips you can visit.

[Food safety | Parent Club](https://www.parentclub.scot/articles/food-safety)

**Family background**: Understanding the child’s background allows professionals to produce better assessments and plans that will help to build a better life for the child.

**Family dynamics**: How the family interacts with a child will influence their development, this could relate to a child’s relationship with close family, extended family, any step parents and how adults within the family interact with one another.

**Friendship groups**: It is important for parents to understand the friendship groups of their children and whether they are appropriate and have the best interest of the child.

**Harm**: A behaviour that causes distress or injury to a person, which could include physical, emotional, psychological.

**Hazards or risks**: Are items that might cause a danger to a child, i.e., such as bleach for a young child, or a relationship with an inappropriate older person.

**Healthy lifestyle**: A healthy lifestyle contains a range of factors which include a good diet, the right amount of exercise, learning opportunities and friends.

**Healthy scepticism**: Is when a person working with children looks for evidence within the family that improvements have been made rather than relying on just what the family says.

**Home facilities/ Essential facilities:** are what is available to children within the home to promote learning/education, social, cognitive, language development, such as toys, games etc.

**Kinship options**: Is when a child has lived most of the time or full-time with a relative or friend who isn’t their parents, these could be older siblings, aunts, uncles, neighbours or grandparents.

**Learning environments**: A child’s home promotes learning that is age appropriate, i.e., opportunity given to play for infants and a suitable environment to complete homework.

**Lived Experience**: In order to understand whether a child is suffering harm, it is the job of professionals to understand what is happening in the child’s life, and this is referred to as the lived experience.

**Malnourished**: When a person’s diet doesn’t contain enough nutrients for healthy development or maintenance of the body.

**Medical neglect**: When a child doesn’t receive the correct medical care, such as not taking medicine set out by health workers, dental care.

**Medical Appointment/ Health checks**: Medical appointments need to be attended, and regular health checks for children, including dental, health checks and optical care etc.

**Meditation services**: When there a conflict between two people or organisations they seek a service/person to help to solve the dispute, such as parents going through a divorce.

**Multi-agency views**: There are many organisations that work with children, each with their own views on the child, such as schools, and GPs. It is important in safeguarding for each agency to come together and share their thoughts.

**Nonverbal signals**: The majority of communications is done nonverbally therefore it is important for parents to pick up on their children’s nonverbal communications.

**Obese**: A person has excessive weight or fat that may put the person at risk of future health problems.

**Online safety**: For children the virtual world is becoming an increasing part of a child’s life, therefore it is important when a child is online they are protected from viewing inappropriate material and people wishing to harm children.

**Parental capacity:** The level of support a parent provides to their child, these include keeping a child safe, supporting learning and development and developing emotional resilience.

**Parental guidance**: The ability of the parent to provide support and advice to their child.

**Pathwa**ys: Are standardised process that people working with children have agreed, to respond to a safeguarding concern.

**Plans**. Are agreed actions from people who work with the family and parents/caregiver to improve the child’s life.

**Preventative measures**: Actions taken to stop illness/behaviours developing into a worse condition.

**Professional advice often followed**: when a person working with children gives guidelines for parents to follow, such as treatment program from a health professional.

**Professionals bias**: When a person working with children has either a positive or negative thought pattern of a family that isn’t based on evidence.

**Professional challenge**: When people who work with families question each other about getting the best outcomes for the child.

**Professional curiosity**: When people who work with children notice potential signs of abuse they are expected to understand what is happening in the child’s life. In order to do this they need to be curious, which might involve asking some awkward questions to parents. Sometimes parents might feel they are being nosey into their life but the workers are assuring themselves that the child is safe.

**Professional enquiry**: When people working with children investigate safeguarding allegations.

**Unconditional acceptance**: relates to accepting the child personal identity, providing unconditional love for the child.

**Released under investigation**: An action from the Police when a person is suspected of a crime but more work is needed to establish the facts, this may involve conditions on the person.

**Risks to children**: There is no environment that is risk free for children but adults can manage the risks to children depending upon the age, physical and cognitive abilities of children.

**Safe adult**: Age appropriate carers with sufficient capacity to provide care to the child, i.e., grandparents, uncles/aunties.

**Safeguarding practice:** Is a term of the work done by paid or voluntary staff who work with families.

**Self-harm and/or suicidal attempts**: Are when a child or adult attempts to physically harm themselves. These are usually divided into two categories; (1) those intent on killing themselves or (2) self-harming when the person doesn’t want to kill themselves.

**Severe risk:** A high likelihoodof something happening if no action is taken to amend ones ways.

**Sexual abuse**: When a person commits a sexual act without the consent of the other person, such as rape, or physical assault. In terms of children, who can’t give consent, unless they are older than 16 years of age.

**Sleeping arrangements**: Is where the child sleeps within the home.

**Sense of belonging and identity**: A child needs to sense they are wanted by the family and feels comfortable within their own skin and fits into the family.

**Sports, Leisure, family time:** The time the child spends outside of school, which can be family time, in outside schools clubs that promotes the child interests, all are designed to improve social and cognitive development.

**Substance misuse**: When a person takes either alcohol or drugs and becomes out of the control that will impact on a parent’s ability to care for their child.

**The Tameside Neglect action plan:** allows professionals and parents to discuss the family environment that your child is growing up in. Each item is rated on a scale, 1 being the best score and 5 being the worst. Most families will fall in-between 1 and 5 on the scale. Scores 4 and 5 professionals will have concerns about the child’s environment and will put actions in place to support the family.

**Voice of the Child**: The child will always be the central focus of any support to families, so professionals will always ask the child about what has happened and what should happen next.