



Neglect Strategy 2020-2023

Working together to prevent,
identify and respond to Neglect
throughout childhood

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1. Telford & Wrekin's Vision for Children

The strategic aim in Telford and Wrekin is to ensure there is early recognition of neglect. From early support to statutory intervention there should be appropriate, consistent and timely responses across all agencies working together. Work with children and families should be positive and empowering and keep a clear focus on the impact of neglect on the child.

All those who have contact with children and families have their role to play in the recognition of potential neglect.

This strategy seeks to explain:

- How agencies in Telford & Wrekin recognise and respond to “neglect”;
- What this means for people and organisations and how they exercise their duties and responsibilities to protect children and young people; and
- How agencies can work together to reduce the chances of children and young people being neglected.

Neglect can affect everyone. This strategy addresses neglect in relation to unborn children during the parent's pregnancy up to the age of 18 (if they have [special education needs and/or disabilities](#) to age 25). The issue of neglect with regards to vulnerable adults is addressed by the Telford and Wrekin Safeguarding Partnership (TWSP) Adults Review, Learning and Training Subgroup.

2. Introduction

Awareness of child neglect and its consequences on the future well-being and development of children has increased during the last two decades and is the most common reason for taking child protection action in the United Kingdom. (NSPCC 2016)

Neglect causes significant distress to children and leads to poor outcomes in the short and long term.

Although rarely a primary cause of death, neglect is consistently a major factor in the lives of children who die or are seriously harmed as a result of child maltreatment. Neglect featured in three quarters (208 of 278) of the SCR's examined and was the primary issue in one in five (19 per cent) serious harm cases.

(2019 Triennial Analysis of Serious Case Reviews: Health Professionals)

Research and findings from Serious Case Reviews inform us that typically poor dental hygiene and untreated dental caries, incomplete vaccinations due to missed routine health care appointments, poor school attendance and developmental delays due to lack of stimulation are found however in extreme cases, neglect can be fatal.

The consequences can include:

- an array of health and mental health problems;
- difficulties in forming attachment and relationships;
- lower educational achievements;
- an increased risk of substance misuse;
- self harm;
- higher risk of experiencing abuse as an adult; and
- difficulties in assuming parenting responsibilities later on in life.

The degree to which children are affected during their childhood, and later in adulthood, depends on the type, severity and frequency of the maltreatment and on what support mechanisms and coping strategies were available to the child.

3. Purpose of the Strategy

The purpose of this document is to outline the strategic aims, objectives and priorities for Telford and Wrekin Safeguarding Partnership (TWSP) approach in tackling and reducing the impact of neglect. This strategy also identifies key priority areas of work to improve the partnership's collective response to neglect.

Universal and early help services have a critical role in identifying neglect, in supporting children and families and addressing the safety needs of the child, alongside child protection services.

This strategy has been developed in conjunction with the partners represented on the Telford and Wrekin Safeguarding Partnership and as such applies to all agencies across all sectors working in the Borough. This strategy should be considered alongside the [West Midlands Multi-agency Policy and Procedures](#), [NSPCC guidance](#) and [NICE guidelines](#).

The TWSP aims to ensure that all children receive high quality care, these are set out in the NICE Quality Standard – Child Abuse and Neglect 2019:

- [Statement 1](#) Children and young people who display marked changes in behaviour or emotional state are encouraged to talk about their wellbeing.
- [Statement 2](#) Children and young people who have experienced abuse or neglect receive support from a consistent group of practitioners.
- [Statement 3](#) Children and young people who have experienced abuse or neglect have their words accurately represented in notes summarising their conversations with practitioners.
- [Statement 4](#) Children and young people who have experienced abuse or neglect agree with practitioners how they will communicate with each other.
- [Statement 5](#) Children and young people who have experienced abuse or neglect are offered therapeutic interventions based on a detailed assessment of therapeutic needs.

The TWSP aims to work towards meeting all of these quality statements.

We expect the NICE Quality Standards –Child Abuse and Neglect 2019, to contribute to improvements in the following outcomes:

- referrals to local authority children's social care;
- repeated referrals;
- children receiving early help support;
- recognition and management of abuse and neglect;
- children who were the subject of a child protection plan;
- experience of health and social care services in children, young people, their families and carers; and
- health and wellbeing in children and young people.

4. What is Neglect?

In England, the official description – used by all professionals responsible for children's welfare and including children up to the age of 18 years – is set out in the government's statutory guidance *Working Together to Safeguard Children 2018*:

'The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- ***provide adequate food, clothing and shelter (including exclusion from home or abandonment);***
- ***protect a child from physical and emotional harm or danger;***
- ***ensure adequate supervision (including the use of inadequate care-givers); or***
- ***ensure access to appropriate medical care or treatment.***

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.'

(HM Government, 2018: Appendix A. p104)

Child neglect falls into four main categories: **physical, educational, emotional, and medical neglect.**

4.1. Physical Neglect

Physical neglect is the failure to provide for a child's basic needs. It usually involves the parent or caregiver not providing adequate food, clothing or shelter, including during pregnancy.

It can also include child abandonment, inadequate or inappropriate supervision, and failure to adequately provide for a child's safety or failure to adequately provide for a child's physical needs.

Physical neglect can severely impact a child's development resulting in:

- failure to thrive;
- malnutrition;
- serious illness; and
- physical harm in the form of cuts, bruises, burns or other injuries due to the lack of supervision.

4.2 Educational Neglect

Educational neglect involves the failure to ensure a child receives an adequate and suitable education. This also includes those that are home educated, early years and further education.

Educational neglect may include:

- Poor attendance;
- Presentation;
- Attainment being lower than expected; or
- Failure to provide food or money for lunch;

Educational neglect can lead to:

- Education exclusion, both permanent and temporary;
- Pupils missing from Education;
- Child Exploitation;
- Peer on Peer abuse; or
- A negative impact on future employment opportunities.

4.3 Emotional or Psychological Neglect

Emotional neglect or psychological neglect can include:

- ignoring a child's presence or needs;
- consistently failing to stimulate, encourage or protect a child;
- rejecting a child or actively refusing to respond to a child's needs, for example refusing to show affection;
- constantly belittling, name calling or threatening a child;
- isolating a child, preventing a child from having normal social contacts with other children and adults;
- terrorising a child, creating a climate of fear and intimidation where the child is frightened to disclose what is happening;
- corrupting a child by encouraging the child to engage in destructive, illegal or anti- social behavior;
- Children may be vulnerable to neglect and abuse or exploitation from within their family and from individuals they come across in their day-to-day lives such as criminal activity, substance misuse, sibling and/or adult mental health problems and domestic abuse/violence; or
- a lifetime of low self-esteem.

Severe neglect of an infant's need for nurture and stimulation can result in the infant failing to thrive and even infant death. In adolescence, neglect can lead to a lifelong impact on social skills, integration and employment opportunities.

Emotional neglect is often the most difficult situation to substantiate in a legal context and is often reported as a secondary concern after other forms of abuse or neglect. Other forms of neglect will often include emotional abuse.

4.4 Medical Neglect

Medical neglect is the failure to provide appropriate health care for a child, placing the child at risk of being seriously disabled, being disfigured or dying.

A concern is warranted:

- when a parent refuses or does not acknowledge that a child needs medical care in an emergency or for an acute illness;
- when a parent ignores medical recommendations for a child with a treatable chronic disease or disability resulting in frequent hospitalisation or significant deterioration;
- fails to adhere to the collection and administration of prescribed medications;
- unnecessary medical investigations;
- feeding the wrong foods, not making healthy choices available, leading to Obesity and/or undernourishment leading to severe disease; or
- where a child may have severe untreated dental decay.

In non-emergency situations, medical neglect can result in poor overall health and compounded medical problems.

4.5 Risk Factors

Neglect can be hard to define, as its effects are cumulative and it can be difficult for professionals to identify the point at which to make a referral. Neglect often co-exists with other forms of child maltreatment where boundaries between abuse and neglect can become blurred.

There is no single cause of neglect. Most neglectful families experience a variety and combination of adversities, which may include depression, domestic violence, substance misuse and poverty.

At risk groups include children born prematurely, children with disabilities, adolescents, children in care, missing children, at risk of exploitation, trafficking and unaccompanied asylum-seeking children.

A number of factors (social determinants) increase the likelihood of neglect in some families. It is imperative to recognise that vulnerable families may have a combination of the following risk factors which increase the vulnerability to the child:

Child Risk Factors
<ul style="list-style-type: none"> • Special Education Need and/or Disability • Behavioural needs • Chronic ill health • Poor nutrition, faltering growth and obesity • Lower educational outcomes • Previously looked after children and Looked after children
Family Risk Factors
<ul style="list-style-type: none"> • Lack of support from family or friends • Mental health needs which have a significant impact on the tasks of parenting • Substance misuse needs • A history of domestic abuse including sexual violence or exploitation • Emotional volatility or having difficulty managing anger • Lack of experience of positive parenting in childhood
Wider Determinant Risk Factors
<ul style="list-style-type: none"> • Poverty • Unemployment • Poor social support • Poor quality housing • Failing to provide adequate supervision

The recognition of the following as vulnerability factors for recurring or persistent child abuse and neglect can be helpful:

- The parent or carer does not engage with services;
- There have been 1 or more previous episodes of child abuse or neglect;
- The parent or carer has a mental health or substance misuse problem which has a significant impact on the tasks of parenting;
- There is chronic parental stress; and
- The parent or carer experienced abuse or neglect as a child.

Practitioners need to be supported by a system that allows them to build good relationships with children and families and supports them in managing the risks of harm that stem from maltreatment. This includes the harm from neglect and the way that neglect can conceal other risks and dangers.

It is important for professionals to be aware of:

- Altering features of neglect;
- Alerting features relating to child development;
- Interactions;
- Supervision; and
- Access to medical care.

Taking into account the child's daily lived experience is informative and beneficial to the assessment process. By involving the child in the decision making depending on their age and developmental stage, you will gain a deeper understanding of what life is like for the child.

Clearly explaining how you will work together with the children and young people and that you will do what you have said you will do. This will help build trust and makes the child or young person feel comfortable.

By producing a record of the conversations with the children and young people appropriate to their age, developmental stage and language abilities ensures that you accurately represent their words and can check they have understood what is recorded.

The main aim should be to build good working relationships with both the children and their parents/carers.

5. Context

a. National Context

The Children Act 1989 places a duty on local authorities to promote and safeguard the welfare of children in need in their area. Local authorities have a duty to "*safeguard and promote the welfare of children who are in need*" under Section 17 of the Children Act 1989 (England, Scotland and Wales) and section 17 of The Children (Northern Ireland) Order 1995.

A child is defined as being 'in need' if:

- a. *"he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority under this Part;*
- b. *his health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services;*
- c. *or he is disabled"*
(Children Act 1989 and The Children (Northern Ireland) Order 1995).

The Equality Act 2010, which puts a responsibility on public authorities to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. This applies to the process of identification of need and risk faced by the individual child and the process of assessment. No child or group of children must be treated any less favourably than others in being able to access effective services which meet their particular needs.

The United Nations Convention on the Rights of the Child (UNCRC). This is an international agreement that protects the rights of children and provides a child centred framework for the development of services to children. The UK Government ratified the UNCRC in 1991 and, by doing so, recognises children's rights to expression and receiving information (*Working Together to Safeguard Children 2018*)

The threshold for child protection intervention is if a child is assessed as being at risk of significant harm.

Definitions for significant harm in all four nations of the UK are broadly similar. For England and Wales, harm is defined under section 31 of the **Children Act 1989** as:

"ill treatment or the impairment of health or development". To decide whether harm is significant, the health and development of the child is "compared with that which could reasonably be expected of a similar child"

The current legal and policy framework across the UK views neglect as a persistent behaviour with serious effects. This focus on long-term behaviour discourages early intervention, but taking action at an early stage will significantly improve outcomes for the child.

A number of key themes and issues have been identified around neglect, these include the following:

1 in 10 children in the UK have experienced Neglect. (NSPCC 2016)

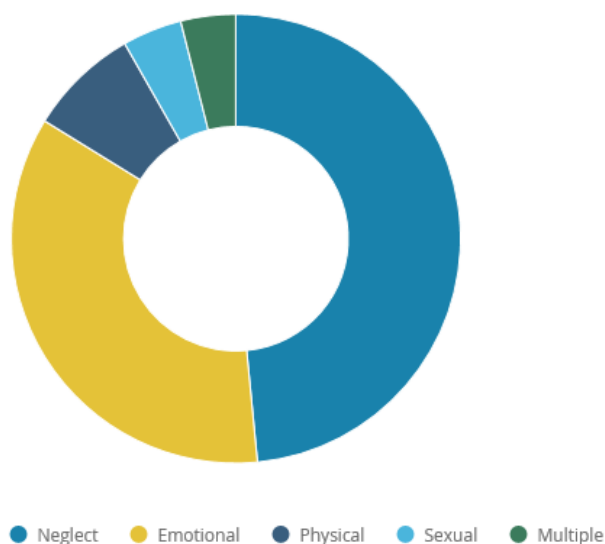


The NSPCC's helpline received 12,708 contacts from people worried about a child being neglected in the year ending March 2019. This was an increase of 3% from the previous year (12,310). Around two-thirds (65%) of these were referred to an external agency, a higher proportion than for other types of child abuse. (ONS, 2020)

Neglect was the most common category of abuse for child protection plans (CPPs) in England, 25, 330 children at 31 March 2019 (ONS, 2020)

Neglect was the most common initial category of abuse for CPPs in England at 48%. (ONS, 2020)

Neglect accounts for 47.4% of children subject to new child protection registrations in England, within the year.

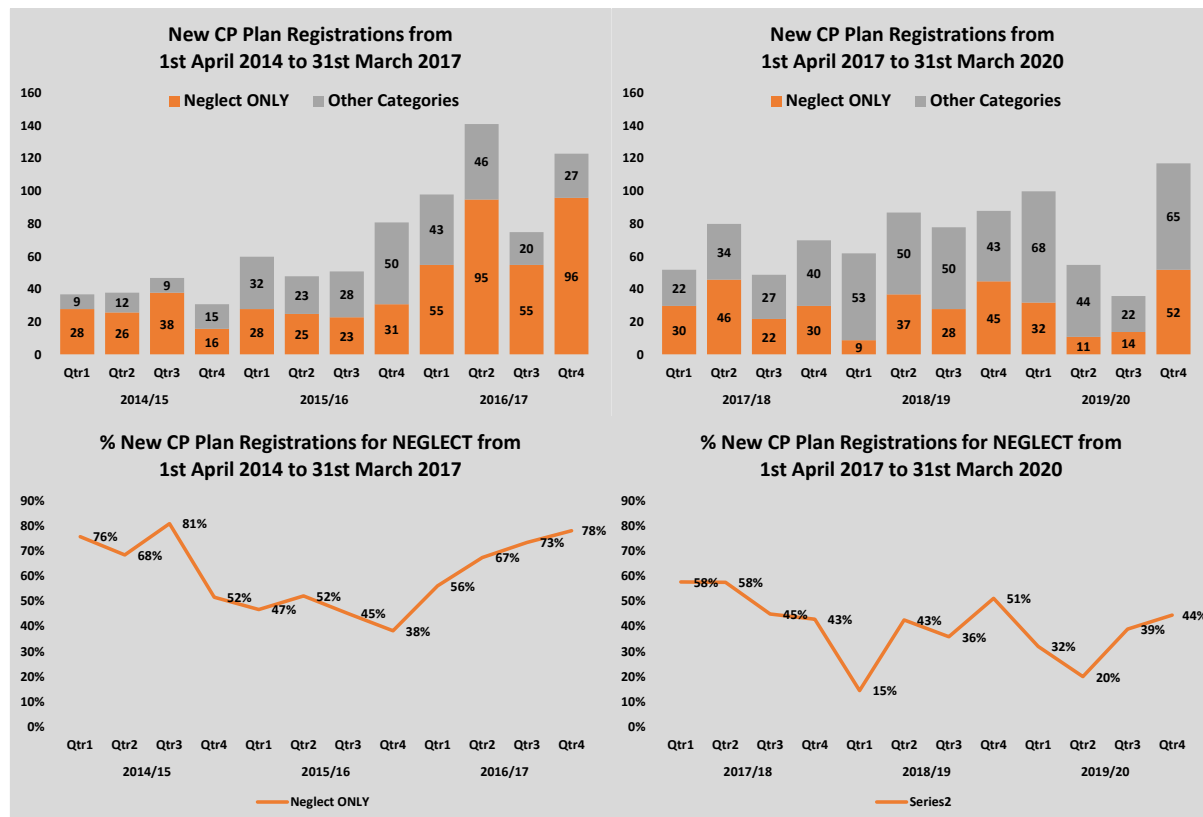


Source: Department for Education – Children in Need census 2019

b. Local Context

In Telford and Wrekin between 1st April 2014 and 31st March 2017 there were 830 new child protection plan registration; of these, 516 were initially categorised as neglect, just over 62% of the total.

In the subsequent three years, from 1st April 2017 to 31st March 2020, there were 874 new child protection plan registrations; of these, 356 were initially categorised as neglect, some 40% of the total.



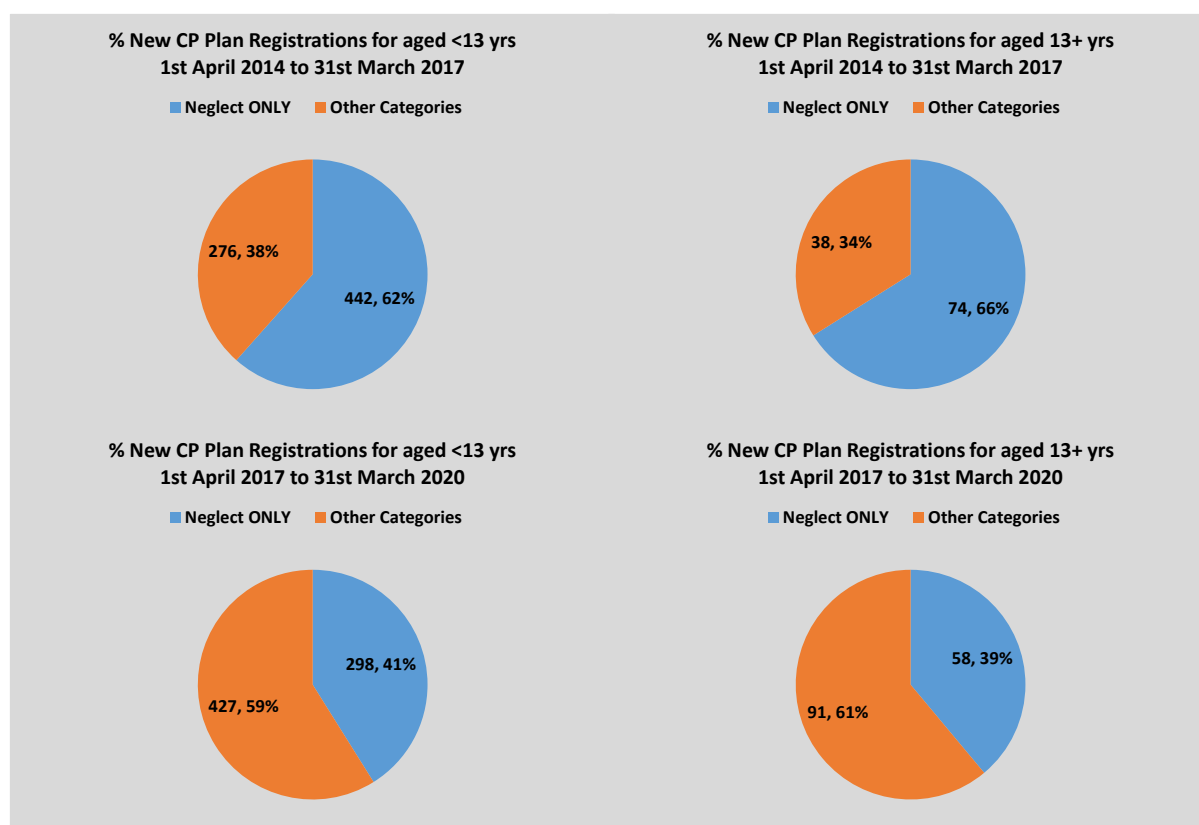
In the period 2014-17, neglect was the predominant reason for child protection plan registrations; however, in the second half of the 2017-20 period, emotional abuse overtook neglect in Telford and Wrekin as the most common reason for a child being registered on a CP plan.

Neglect in the teenage years is no less harmful, yet is often overlooked or misinterpreted by professionals.

Adolescents may also find their home situation too difficult to bear and end up running away further putting themselves at risk for even more dangerous situations, for example exploitation and domestic abuse. The interaction of agencies who work with the adolescents need to be joined up and often creative working to include the parents/carers and the young person. The work needs to focus upon facilitative parenting, supporting the development of life skills leading to safe independent living. *(Neglect matters: Stein et al 2010 DCFS)*

In the period 2014-17, 112 of the 830 new Child protection plan registrations were for children or young people aged 13 years or more at the point of commencement, 13.5% of the total or just under 1 registration in every 8.

In the following three year period 2017-2020, 149 of the 874 new child protection plan registrations were for those aged 13 years or older, around 17% of the total, equating to around 1 registration in every 6.



Proportionately, the percentage of new child protection registrations for neglect compared to all other categories was broadly similar in the period 2014-17 compared to 2017-20; approximately two-thirds of new plans for those under 13 were for neglect, with a similar proportion for new plans for those aged 13+.

The proportion of new child protection registrations for neglect in the period 2017-20 has reduced, down to around two-fifths, but there is little discernible difference when comparing the percentage of plans for those under 13 to those aged 13+.

In summary, the age of the child/young person does not appear to indicate any greater or lesser likelihood of a new child protection episode for neglect.

6. Progress on Strategic Priorities 2017-2019

Neglect has continued to be a priority of the TWSP Neglect Thematic Group. The TWSP Neglect Thematic Group has completed the following pieces of work which meet the strategic priorities set within the TWSCB Neglect Strategy 2017-2019:

- Following a pilot, an evaluation provided us with learning on how we convene Child Protection Conferences and work with children and families in Core Groups. This led to a review of Core Group Practice, and implementation of training and resources to aid practitioners to improve this area of our work.
- Further embedding of practice tools, such as NSPCC Graded Care Profile 2 (GCP2), Child's Lived Experience (The clock) and signs of safety to provide practitioners with a consistent and objective approach to working with neglect.
- Developed a multi-agency pathway to meet the needs of adolescents (11-18 year

olds) who are living with neglect, and integrated into local pathways. We also developed a practitioner resource directory of services which were better placed to meet the needs of an adolescent.

- All TWSP members have a requirement for all practitioners to have completed safeguarding level 3 training which covers neglect.
- Engaged GP's and Dentists from across the Borough in the identification of neglect through briefing sessions, and made links to the TWSP website resources. This was in response to learning identified in a local Serious Case Review.

7. Quality Assurance Summary

The TWSCB were committed to undertaking multi-agency case file audits (MACFA), which provided an in depth look at the work of all agencies represented on the audit group with a number of children. The themes were chosen based on whether they were of national significance or a TWSCB priority area. The MACFA is an opportunity for agencies to self-audit their involvement with a child and/or family, to audit the work they do with other agencies, and to reflect on the effectiveness of their role and their contribution to multi-agency safeguarding of children.

In February 2019, the Telford & Wrekin Safeguarding Children Board (TWSCB) Neglect Thematic Sub-group undertook a MACFA on four cases where there were concerns about neglect. The MACFA focused in particular on the effective use of the GCP2 Assessment in the recognition and identification of neglect.

The findings of the MACFA reported that:

- Where the GCP2 tool had been used in the recognition and identification of neglect it was useful in providing a pictorial demonstration of the level of neglect to the parents;
- It was recommended that GCP2 is used on a case by case basis, as it will not be relevant for all cases of neglect and could become a paperwork exercise, if neglect is very apparent; and
- The GCP2 assessment could be used to monitor progress and used within the core groups to ensure that all professionals fully understand the family's circumstances.

In accordance with the TWSCB quality assurance guidelines, an action plan was developed to implement any lessons learned from the findings of the audit.

8. Serious Case Review Findings

A serious case review (SCR) is a local review commissioned by the TWSCB where abuse or neglect are known or suspected and:

- A child has died, or
- A child has suffered serious harm and there is concern about the way agencies have worked together to protect the child.

The purpose is to identify what happened and why, so that systems to prevent harm and

protect children can be improved.

Neglect was a feature in 74.8% of all SCR reports examined for Triennial analysis of serious case reviews 2014-2017 (September 2019). Although rarely a primary cause of death, neglect is consistently a major factor in the lives of children who die or are seriously harmed as a result of child maltreatment. Neglect featured in three quarters (208 of 278) of the SCRs and was the primary issue in one in five (19%) serious harm cases (Triennial analysis of serious case reviews 2014-2017 (September 2019))

The TWSCB commissioned an SCR, known locally as Q5 in respect of five children made subject to Police Protection and taken into the care of the Local Authority due to neglect by their parents. The children were aged between six weeks and nine years old at the time of their removal from the family home.

A summary of the key findings from this review are:

- There was limited information sharing about indicators of neglect when the children moved within and between local authorities;
- There was a lack of holistic assessment of the family. Each child was seen as an individual and there was very limited information about Father;
- Home visits by different professionals were task focused and undertaken in isolation;
- Information provided by Mother was accepted without further enquiry and there was an absence of professional curiosity;
- There was limited understanding and appreciation of the lived experience of the children;
- Indicators of neglect were normalised by professionals who spoke about their work in areas of high deprivation;
- Available tools to support the early identification, assessment and analysis of neglect were not routinely used by professionals;
- Engagement of parents that may have indicated disguised compliance was not explored or assessed throughout the timeline for this review; and
- There was little evidence that practitioners had the confidence to exercise professional uncertainty and challenge explanations provided by Mother.

9. Policies and Procedures

Local and regional policy and procedure to support effective practice and improve the child's daily lived experience where neglect features in their lives are:

- West Midlands Multi-Agency Safeguarding Procedure - Neglect
- West Midlands Multi-Agency Safeguarding Procedure – Escalation Policy: Resolution of professional disagreements

10. Strategic Priorities 2020-2023

There are 3 main areas of practice development which the sub-group is focusing upon:

- a) To fully **embed the child's daily lived experience model** into multi-agency child protection working. This will be achieved through:
 - The delivery of practitioner workshops;
 - Practitioner training and train the trainer to provide a long term training provision; and
 - Regular one minute briefings, which will be made available to all practitioners working within the Borough.
- b) **Continued Professional Development** with a focus on neglect for all Practitioners, which will include:
 - All assessments through to Child Protection Conferences and Core groups;
 - The voice of the child;
 - Ensure that the child's record represents the voice of the child;
 - Management oversight through all agency's supervision;
 - Appropriate escalation at the right time;
 - How to make an appropriate referral using the [Telford & Wrekin Threshold Guidance](#); and
 - To support professional development as identified in the Early Help Strategy.
- c) To **improve the early recognition of Neglect** enabling the effective use of early help assessment, intervention tools and a systemic approach which will include:
 - All agencies to ensure the right toolkit for the level of need they are working with which may include, early help assessment, GCP2 and the Child's Daily Lived Experience (the clock);
 - To monitor the quality of the assessment and interventions in line with the NICE guidelines; and
 - Embedding the [TWC Belonging Strategy](#).
- d) To **regularly review the performance data and quality of assessment and interventions**, to seek assurance and highlight the new emerging issues, such as:
 - Supporting parents to make positive change from negative experiences within their childhood;
 - Adolescent Neglect;
 - Relationship of Neglect to other abuse categories; and
 - Cumulative impact of neglect.

11. Governance and Accountability

The TWSP Neglect Thematic Sub-group is accountable to the TWSP Safeguarding Executive. The Neglect Sub-group as well as implementing the above priorities, will also raise awareness of neglect within the Borough, and are responsible for developing practitioner toolkits.

The TWSP have a responsibility to ensure improvement in identification, investigation and support those at risk within Telford and Wrekin and reduce the numbers of those at risk

and where appropriate the prosecution of perpetrators. Agencies, as requested will need to supply information as required, for analysis and onward submission to the TWSP. Single and multi-agency audits relating to Neglect will be undertaken and findings reported to the TWSP, annually.

12. Equality & Diversity

All partners with the TWSP have a responsibility to pay due regard to the aims of the Public Sector Equality Duty (PSED) laid out in Section 149 of the Equality 2010. In short, in respect of the relevant protected characteristics to;

- eliminate unlawful discrimination;
- advance equality of opportunity; and
- foster good relations.

Throughout the development of this strategy the aims of the PSED have been considered in relation to the nine protected characteristics. The associated action plan will demonstrate and evidence continued compliance with the duty through the impact analysis of the specific actions

13. References

HM Government (2018) *Working Together to Safeguard Children*
<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

HM Government (2014) *In the Child's time: professional responses to neglect*
www.gov.uk/government/publications/professional-responses-to-neglect-in-the-childs-time

HM Government (2010) *Neglect matters: a multi-agency guide for professionals working together on behalf of teenagers.*
www.gov.uk/government/publications/neglect-matters-a-multi-agency-guide-for-professionals-working-together-on-behalf-of-teenagers

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www.nspcc.org.uk/search/?query=neglect+matters

Howarth, Jan (2013) *Child Neglect: Planning and Intervention*, Palgrave Books.

NICE Guideline – Child abuse and neglect
Published: 9 October 2017.
<https://www.nice.org.uk/guidance/ng76/resources/child-abuse-and-neglect-pdf-1837637587141>

NICE Guidelines – Child Abuse and Neglect Quality Standard
www.nice.org.uk/guidance/QS179

2019 Triennial Analysis of Serious Case Reviews: Health Professionals (March 2020).
https://seriouscasereviews.rip.org.uk/wp-content/uploads/2019_triennial_analysis_of_serious_case_reviews_health_professionals_Mar2020.pdf

Office for National Statistics *Child Neglect in England and Wales: year ending March 2019.*
14 January 2020

www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/childneglectinenglandandwales/yearendingmarch2019

14. Further Information

Telford & Wrekin Safeguarding Partnership

www.telfordsafeguardingpartnership.org.uk

West Midlands Multi-Agency Policies and Procedures

westmidlands.procedures.org.uk/

NSPCC

www.nspcc.org.uk/services-and-resources

NICE Guideline – Child maltreatment: when to suspect maltreatment in under 18s

Published: 9 October 2017.

<https://www.nice.org.uk/guidance/cg89/resources/child-maltreatment-when-to-suspect-maltreatment-in-under-18s-pdf-975697287109>

Telford & Wrekin Health and Wellbeing Board Strategy 2020/21 - 2022/23

[*Health and Wellbeing Board - Telford & Wrekin Council*](#)

Telford and Wrekin Belonging Strategy – April 2019

www.telfordsend.org.uk/downloads/file/1251/belonging_strategy

Telford & Wrekin Threshold Guidance. A partnership framework for assessment and support.

www.telfordsafeguardingpartnership.org.uk/downloads/file/16/threshold-guidance