



Keeping Children Safe

Safeguarding Children from Neglect Strategy

Introduction

The experience of neglect can have significant, long-lasting and pervasive consequences, affecting all aspects of a child's development. It can also result in children and young people having difficulties making and keeping relationships, which can affect how they parent their own children and can perpetuate inter-generational cycles of neglect. In middle childhood and adolescence children who have experienced neglect are more vulnerable to sexual exploitation, going missing, offending and criminal exploitation, and self-harm.

An increasing body of research identifies the long term harms that can result from chronic stress on individuals during childhood. Such stress arises from abuse and neglect of children but also from growing up in households where children are routinely exposed to issues such as domestic violence or individuals with alcohol and other substance misuse problems. Collectively such childhood stressors are called ACE's Adverse Childhood Experiences. Exposure to ACE's can alter how children's brains develop. This strategy concentrates on the impact of neglect, but also draws on the overarching Adverse Childhood Experiences, where neglect is a major aspect.

Neglect is defined in Working Together to Safeguard Children (2015) as:

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.

Further information regarding the potential impact of neglect at different developmental stages can be found in **Appendix 1**.



This Strategy should be considered alongside the [South West Child Protection Procedures](#) and the KCS Threshold Document.

Purpose and Scope

The purpose of this document is to outline the aims and objectives, key principles and the strategic action plan for Bristol's approach to safeguarding children from neglect. It takes into consideration the statutory definition, current picture of neglect in Bristol and the practical aspects of addressing the issue. These include engagement and training of frontline staff and enhancing their understanding and skills to enable identification of those at risk of neglect, early recognition of neglect and timely intervention.

Strategic Aim

Our strategic aim is to prevent and reduce neglect and to ensure the safety and wellbeing of children and young people in Bristol. In order to fulfil the aim, it is imperative that neglect is prevented, recognised early and that all agencies involved in the care of children in Bristol should work in partnership and have a uniform, consistent, timely and appropriate response to a child considered to be at risk of physical, emotional neglect or abuse.

What is the National picture of Neglect?

Nationally we know that much neglect is not reported, known or recorded. However research suggests that up to one in eight children will experience neglect during their childhood, and analysis of care data shows that neglect is a key issue for the work of children's services.

Serious Case Reviews published nationally are studied and analysed on a triennial basis by social work academics, and over the decade that these studies have been carried out they have found neglect to be present in 60% of cases. (*Sidebotham et al triennial analysis of SCRs, 2016*)

The NSPCC has led national research on the incidence of neglect in childhood. Their latest research, in 2011, showed:

'Neglect was found to be the most prevalent type of maltreatment in the family for all age groups.' '5 per cent of under 11s, 13.3 per cent of 11–17s and 16 per cent 18–24s had been neglected at some point in their childhoods ... severe neglect was experienced by 3.7 per cent of under 11s, 9.8 per cent of 11–17s and 9 per cent of 18–24s at some time during childhood.' Radford, L. et al. (2011).



Children's services data nationally shows that neglect is a major factor across England. For example 17.5% of assessments across England identify neglect as key need and neglect is a feature for nearly half (46%) of the children subject to a Child Protection Plan in England each year.

In Bristol 652 Child Protection Plans were started in 2016-17¹. Of these, 200 (31%) had a category of Neglect. 1170 Child Protection Plans were open at any time during 2016-17. Of these, 317 (27%) had a category of Neglect. 623 Child Protection Plans ended during the year. Of these, 146 (23%) had a category of Neglect. These ended after an average of 341 days.

These figures are lower than the national figure whereby 46% of the total number of children subject to a Child Protection Plan in 2015-16 was due to neglect (the National Child in Need (CIN) Census). However we know that this is in part due to many cases of Neglect being identified as Emotional Abuse due to the neglect occurring alongside Domestic Abuse. Numbers of children subject to a Child Protection Plan under the category of Neglect are increasing year on year as a change of practice in this area is embedded.

Guiding principles

This strategy sets out our approach to tackling neglect in Bristol. In order to be successful, our strategy needs to be grounded in the culture and ethos of the Bristol partnership, and as such it will adhere to the following principles:

- 1. Child focused practice** – Bristol has an ambition to be a child friendly city and our approach to helping the most vulnerable children, young people and families in neglectful situations needs to reflect these values. Interventions with children should be measured and reviewed. Professionals use the Signs of Safety approach to ensure that children's experiences and the impact on them is at the forefront of all interventions and reviews;
- 2. Voice of the child** – in all of our work with children, it is vital to hear the child's voice, and to focus on their experiences and the impact neglect has had - and is having - on their lives. This includes considered the experiences of a baby during their mother's pregnancy. The safety and wellbeing of the child or young person is paramount, and they must be kept at the centre of all of our work;
- 3. Participation of parents and carers** – as with hearing the voice of the child or young person, it is equally important that parents and carers are involved in discussions and decision making which impacts on them. Participation of parents and carers ensures that

¹ Data from Bristol City Council Children and Families Service



they are able to contribute to assessments and plans in relation to them and their families, and can identify and build on strengths and skills to make lasting changes.

4. Effective Support Early – we want children, young people and families to receive the right support and help at the right time, as early as possible in the life of a problem. Preventative and early help responses to neglect are critical to avoid issues from escalating and children experiencing further harm. Interventions need to be of a kind and duration that improves and sustains the safety of children and young people into the future;

5. Think Family – children live in families, and the neglectful environments that some children and young people live in are often linked to the chaotic lives, needs and difficulties of their parents and/ or carers. These needs may result in the adults presenting in the emergency department as a result of drug use, violence or mental health crisis, or being engaged with criminal justice agencies and adult support services. Our approach to neglect must recognise and respond to the needs of all family members holistically; we cannot lose sight of the child in addressing the needs of their parents and carers, or provide children and young people with short-term responses to neglect without addressing the root causes with their parents;

6. Culture of Challenge and Escalation – the partnership are committed to challenging each other appropriately and effectively to ensure that outcomes for children and families are the best possible. This will be demonstrated by our senior leaders who will hold courageous conversations transparently and will respond to escalation and disagreement in a constructive way.

Our strategic aims and objectives – Making Neglect Louder

We recognise through our self-assessments and engagement with a Joint Targeted Area Inspection that neglect is implicit rather than explicitly recognised and responded to within Bristol. We have not been successful at naming neglect in strategic approaches and this has impacted the confidence and ability of professionals to name neglect when they identify it in frontline practice. Interventions have too high levels of drift and interventions are have not been timely nor effective enough in influencing change. This Strategy aims to address these issues to improve outcomes for children and families.

Know the problem

- Development of a more attuned multi-agency dataset to allow the KCS to understand the prevalence and response to the issue of neglect in the city;
- Analyse the data locally and compare it with national (comparators) data and published reports and research;



- Use the findings of the October 2017 Neglect JTAI in Bristol to inform single agency and multi-agency targeted action plans.

See it, Name it

- Implement the Graded Care Profile 2 tool to support practitioners to identify and quantify neglect in their work with children and families;
- Carry out a multi-agency workforce development analysis of the existing offer with regard to neglect and the uptake;
- Refresh the city wide workforce learning and development offer as required;
- Give neglect a high profile through a city wide communications campaign in line with the launch of this KCS Neglect Strategy;
- Revise existing strategies across the city to ensure that they name and present the issues associated with neglect;
- Undertake work to improve the quality of referrals to children's social care from partners;
- Improve the multi-agency data in relation to neglect so that we can understand the children's lived experience;
- Streamline the process by which children access safeguarding services.

Effecting Change for Children

- Establish Adverse Childhood Experiences (ACE) Teams aligned with each of the area teams
- Improve assessment of chronic neglect through supporting agencies to embed the increased use of chronologies across the partnership;
- Improve partnership computer systems so that safeguarding referrals can be made with clear audit trails;
- Introduce the use of evidence-based neglect assessment tool (Graded Care Profile 2)
- Develop dentists' involvement in safeguarding;
- Increase children's attendance and contribution to Child Protection Conferences;
- Coordinated multi-agency approach to increasing attendance at school.

Impact and Outcomes

- Embed an Outcomes Based Accountability approach across the partnership, integrated with the Signs of Safety model;
- Develop a programme of multi-agency neglect themed audits and share what we have learnt across the partnership;
- Quality assure our refreshed multi-agency workforce development offer on neglect;



- Consult children, young people and their families to find out what has helped and has made the most impact for them;
- Consult with practitioners about their confidence levels, their perceptions of impact of their work and what support they may still need to do this work.

Governance and Accountability

This strategy is owned and overseen by Keeping Children Safe (KCS). The KCS will monitor progress against the strategic objectives on an annual basis. The effective delivery of the strategy will be reported to the Board through highlight reports.

Key Indicators of Effectiveness

The following outcome indicators will demonstrate the effectiveness of the strategy and its implementation:

- a) Improve primary and secondary educational attendance in the city;
- b) Increase the % of 5 year olds experiencing neglect who achieve a good level of development in the Early Years Foundation Stage;
- c) Reduce the number of repeat referrals to First Response and Early Help due to neglect;
- d) Reduce the number of children subject to a Child Protection Plan under the category of neglect for a second time or more;
- e) Reduce the number of children subject to a Child Protection Plan under the category of neglect for longer than one year;
- f) Increase the % of 5 year olds who are free from obvious dental decay;
- g) Reduce the number of children who are obese;

Action Plan

A detailed plan will be developed to state what will be required to put into action the aims and objectives of this strategy. This will be delivered by the JTAI working group and overseen by the Quality and Performance Sub Group.

Neglect Guidance for Professionals



This guidance is designed to accompany the KCS Neglect Strategy to support the identification and understanding of Neglect. The South West Child Protection Procedures outline what steps should be taken if neglect is identified and can be found at https://www.proceduresonline.com/swcpp/bristol/p_neglect.html

Classifications of Neglect

Neglect manifests in different ways in different domains of a child's life and at different developmental stages. A child may experience neglect in one domain or many.

- 1. Medical neglect** – the child's health needs are not met, or the child is not provided with appropriate medical treatment when needed as a result of illness or accident. This may include missed health appointments where parents/carers minimise or deny a child's illness or health needs and/or they fail to seek appropriate medical attention or administer medication and treatment. An unborn child may experience neglect in utero if the mother does not engage with medical services.
- 2. Nutritional neglect** – the child is given insufficient calories to meet their physical/developmental needs; this is sometimes associated with 'faltering growth'², though faltering growth can occur for reasons other than neglect. The child may be given food of insufficient nutritional value (e.g. crisps, biscuits and sugary snacks in place of balanced meals); childhood obesity as a result of an unhealthy diet and lack of exercise has more recently been considered a form of neglect, given its serious long-term consequences. Particular care is needed when mothers are establishing breastfeeding with very young babies to ensure babies are being fed.
- 3. Emotional neglect** - this involves a carer being unresponsive to a child's basic emotional needs, including failing to interact or provide affection, and failing to develop a child's self-esteem and sense of identity. It can be distinguished from emotional abuse by the intention of the parent.
- 4. Educational neglect** – The child does not receive appropriate learning experiences; they may be unstimulated, denied appropriate experiences to enhance their development and/or experience a lack of interest in their achievements. This may also include carers failing to comply with state requirements regarding school attendance, and failing to respond to any special educational needs.
- 5. Physical neglect** – The child has inadequate or inappropriate clothing (e.g. for the weather conditions), they experience poor levels of hygiene and cleanliness in their living conditions, or experiences poor physical care despite the availability of sufficient resources.

² Previously referred to as 'failure to thrive'



The child may also be abandoned or excluded from home. New-born children are particularly vulnerable to physical neglect due to their acute vulnerability and care needs.

6. Lack of supervision and guidance – The child may be exposed to hazards and risks, parents or caregivers are inattentive to avoidable dangers, the child is left with inappropriate caregivers, and/ or experiences a lack of appropriate supervision and guidance. It can include failing to provide appropriate boundaries for young people about behaviours such as under-age sex and alcohol use.

There are some situations which may make the identification of neglect harder including (but not exclusively) where:

- English is not the first language of the child, young person or their parents or carers;
- The child is educated through Elective Home Education;
- The child or young person is missing out on education or not achieving in education;
- The child or young person has complex needs and/or disabilities.

It is important to remember that neglect should be seen in the context of each individual's experiences, and consideration should be given to whether the neglect began in this age group or has in fact been ongoing for several years as the cumulative impact of neglect can compound the impact on children's outcomes. Therefore neglect should always be assessed and considered in the context of the child's longer chronology and history.

Neglect has a long-term impact for those who experience it. The 2017 Department for Education evidence review summarised it as follows:

'Neglected infants and toddlers can show a dramatic decline in overall developmental scores between the ages of 9 and 24 months and a progressive decline in cognitive functioning in the pre-school years. In addition, neglected infants who initially display secure attachment behaviours may increasingly develop insecure or disorganised attachment behaviours as they grow older. These findings suggest that the longer young children are exposed to neglect, the greater will be the harm.

The experience of neglect in childhood can have long-term impacts on child and adolescent development. For instance, children who have experienced neglect may experience increased vulnerability in adolescence compared to those who have been physically abused, potentially increasing the vulnerability of some young people to other types of maltreatment and/or victimisation, such as sexual exploitation (though this is an area requiring further research).

In some cases, extreme neglect can be potentially life threatening. The analysis of serious case reviews in England 2011-14 found that neglect was an underlying feature in 62 per cent of the children who suffered non-fatal harm, and in over 50 per cent of the children who



died (it should be noted this number is small in relation to the total population of children). Six children aged between four months and just over seven years died over this period directly as a result of extreme neglect (three per cent of all fatal serious case reviews). These children died either as a result of cardiac arrest or multi-organ failure arising from malnutrition. All six were known to children's social care and two were on child protection plans. In all six cases, there was evidence that the family was isolated or that the mother was particularly vulnerable.' (Wilkinson et al, 2017, 29).

Common risk factors and indicators of neglect

It is important for practitioners to be able to distinguish between a risk of neglect occurring and indicators of *actual* neglect. A number of factors increase the likelihood of neglect in some families. However, there are issues of interpretation to be aware of in relation to both risks and indicators. Research regularly reveals that factors associated with an increased risk of neglect may also act as risks for a range of adverse outcomes and not just for neglect or maltreatment; this means that these risk factors are not predictors of neglect but should lead professionals to undertake an assessment of neglect.

There is a growing body of evidence that our experiences during childhood can affect health throughout the life course (Bellis et al, 2014a and 2014b). Children who experience stressful and poor quality childhoods are more likely to adopt health –harming behaviours during adolescence which can themselves lead to mental health illnesses and diseases such as cancer, heart disease and diabetes later in life. Adverse Childhood Experiences are not just a concern for health. Experiencing ACE's means individuals are more likely to perform poorly in school, more likely to be involved in crime and ultimately less likely to be a productive member of society. People who experience ACE's as children often end up trying to raise their own children in households where ACE's are more common. Such a cycle of childhood adversity can lock successive generations of families into poor health and anti-social behaviour for generations.

Vulnerable families may have a combination of the following risk factors:

- ❖ Family violence, modelling of inappropriate behaviour
- ❖ Multiple co-habitation and change of partner
- ❖ Alcohol and substance abuse
- ❖ Maternal low self-esteem and self-confidence
- ❖ Parental mental ill-health
- ❖ Poor parental level of education and cognitive ability
- ❖ Parental personality characteristics inhibiting good parenting
- ❖ Social and emotional immaturity
- ❖ Poor experience of caring behaviour in parents own childhood
- ❖ Depriving physical and emotional environment in parents own childhood



- ❖ Experience of physical, sexual, emotional abuse in parents own childhood
- ❖ Health problems during pregnancy
- ❖ Pre-term or low birth weight baby
- ❖ Low family income
- ❖ Low employment status
- ❖ Single parenting
- ❖ Young parents
- ❖ Young carers

Delayed development, emotional and behavioural problems and poor socialisation are also all well recognised as potential indicators of child neglect. Such indicators are particularly helpful and should be taken seriously since both the causes and consequences of such parent/child behaviour may have important implications for the child both now and in the future.

Pregnancy and neglect

Whilst it is good practice that neglect should be seen through the experiences of the child, neglect during pregnancy can only be identified from observations of the experiences of the expectant mother and her family context, and so must be considered separately.

The neglect definition in *Working Together (2015)* lists neglect during pregnancy as a specific type of neglect, but locates it solely in relation to maternal substance misuse. The Bristol Neglect Strategy considers neglect during pregnancy more broadly than this.

Neglect during pregnancy may be associated with (but not exclusively):

- ❖ Drug use during pregnancy
- ❖ Alcohol consumption during pregnancy
- ❖ Failure to attend appointments and / or follow medical advice
- ❖ Experiencing domestic violence during pregnancy
- ❖ No provision of equipment for new-born/ unborn

Environmental causes of neglect

In addition to the risks highlighted in the previous section, we recognise that the environmental factors of neglect are not always acknowledged. These factors relate to interactions between the family and their immediate environment and other significant factors in the immediate environment outside of the family (Glaser, 2011). For example professionals will be concerned when children come to school dirty or hungry, or when visiting homes that are indisputably filthy or unsafe.



The Childhood Wellbeing Research Centre (2014) describes the main environmental factors as follows:

Poverty

Research suggests that living in poverty damages physical and psychological health in children and their families and harms relationships. Poverty often brings social isolation, feelings of stigma, limited educational and employment prospects and high levels of stress which can in turn make coping with the psychological as well as the physical and material demands of parenting much harder.

Poor living conditions and unstable housing

Neglect is commonly recognised where there are poor or unsafe physical living conditions and living circumstances such as:

- An unsafe home, for example: home cluttered, dark, holes in the floor, broken windows, exposed wires and other electrical problems, leaky roof, infestation of rodents/insects, appliances such as the fridge not working, toilet broken, no available hot water.
- Overcrowding: a high ratio of people to bedrooms, the home appears crowded.
- Instability as indicated by frequent moves, homelessness, short stays with friends/family, stays in shelters, living in abandoned buildings, on the streets or in vehicles.

This is a particular concern for the KCS given the increasing numbers of homeless families and families in temporary accommodation in the city.

Social isolation and lack of community support

Parents who neglect their children have been found in systematic reviews and other studies either to have had fewer individuals in their social networks and to receive less support, or to perceive that they received less support from them, than did other parents. Isolation and limited networks may mean that parents have little social interaction and by implication little help with the day to day responsibility of supervising small children. Alternatively, neglecting parents in low income neighbourhoods have been found to have had as many social contacts as their peers but not to have reciprocated social support instead making considerable demands on friends and family.

Violence in communities

For children living in dangerous neighbourhoods it has been found they are at higher risk of neglect, physical abuse and sexual victimisation. Furthermore, social attitudes and the



promotion of violence in communities and the media have also been suggested as risk factors for physical abuse. This Strategy therefore links to the Bristol Street Conflict and Gang Violence Strategy.

Neglectful Parenting

Parents or carers will require support to address complex circumstances and needs so that they can parent their children effectively free from neglect. The wide range of circumstances that exist for parents whose children are neglected can be aggravated by poor housing, poverty, lack of parenting capacity or insufficient knowledge and understanding about children's needs, disability or learning impairment. Other factors such as chaotic and/or transient lifestyles, or parents' refugee or asylum status might also weaken parental capacity.

Professionals may feel great empathy for parents and develop a tolerance for actions or inactions which are detrimental to the child. This type of a parent-centred approach invokes a risk that the focus on the child, the actual or potential harm she/he experiences and the impact on the child's development become marginalised. Keeping a focus on the child has to be a priority however recognising parental factors such as and how they affect the child's development are key to good assessment and changing outcomes for a child.

When intervening to support children who are experiencing neglect, professionals must consider whether their parent/s or carer/s have additional needs which are impacting their ability to parent. This may include mental, learning or physical care and support needs, homelessness, debt or substance misuse. Professionals should ensure that parent/s or carer/s have access to appropriate adult services and work closely with a holistic family approach to achieve change.

Professionals should recognise that parents or carers who self-neglect may expose their children to neglectful circumstances or experiences. The Bristol Safeguarding Adults Board provide practitioners with [Self Neglect Guidance](#) which should be used by both children and adults' professionals to intervene effectively and reduce harm.

The [Serious Crime Act 2015](#) states : "If any person who has attained the age of sixteen years and has responsibility for any Child or young person under that age, wilfully assaults, ill-treats (whether physically or otherwise), neglects, abandons, or exposes him, or causes or procures him to be assaulted, ill-treated (whether physically or otherwise), neglected, abandoned, or exposed, in a manner likely to cause him unnecessary suffering or injury to



health (whether the suffering or injury is of a physical or psychological nature), that person shall be guilty of a an offence.”

In Bristol we are committed to intervening early and effectively to support families so that the criminal threshold is not met. This strategy focuses on ensuring that children are not subjected to neglect which is described by the Serious Crime Act 2015, and seeks to ensure that families are not criminalised where possible. However in the most serious cases a criminal justice response is required. Professionals should take steps to ensure that evidence is preserved that may support a future conviction throughout their work with children and families. Police should support professionals to understand the criminal threshold for neglect and must respond in a timely, coordinated way with other professionals to pursue successful prosecution in order to safeguard children.

Bibliography

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Radford, L. et al. (2011) *Child abuse and neglect in the UK today*. London: NSPCC

Sidebotham et al. (2016) *Pathways to harm, pathways to protection: a triennial analysis of serious case reviews 2011 to 2014*

Wilkinson et al. (2017) *The impacts of abuse and neglect on children; and comparison of different placement options. Evidence review*.

Appendix 1 Useful Resources

Action for Children

Review of Child Neglect in Scotland (2012)

www.actionforchildren.org.uk/media/4042383/action_for_children_review_of_child_neglect_final_report.pdf

Evaluation of the Action for Children UK Neglect Project (January 2012)

www.actionforchildren.org.uk/media/3970224/university_of_salford_evaluation_of_the_action_for_children_uk_neglect_project_final_report_2012.pdf

Child Neglect review 2011

www.actionforchildren.org.uk/policy-research/research/child-neglect-review-2011

Effective relationships with vulnerable parents to improve outcomes for children and young people: final study report (2011)

www.actionforchildren.org.uk/policy-research/research/effective-relationships-with-vulnerable-parents-to-improve-outcomes-for-children-and-young-people-report

Seen and Now Heard – Child Neglect Report (2010)

www.actionforchildren.org.uk/media/52188/seen_and_now_heard_child_neglect_report.pdf

Child neglect frontline report (2010)

www.actionforchildren.org.uk/media/145063/child_neglect.pdf



Deprivation and risk: the case for early intervention (2010)

www.actionforchildren.org.uk/media/139941/deprivation_and_risk_the_case_for_early_intervention.pdf

Evaluation of the Action for Children UK Neglect Project (July 2009)

www.actionforchildren.org.uk/media/143099/evaluation_of_the_action_for_children_neglect_project_year_2_interim_report.pdf

Neglect: research evidence to inform practice (2009)

www.actionforchildren.org.uk/media/143188/neglect_research_evidence_to_inform_practice.pdf

NSPCC

Spotlight on preventing child neglect' (October 2015)

www.nspcc.org.uk/globalassets/documents/research-reports/spotlight-preventing-childneglect-report.pdf

Optical Confederation, Guidance on Safeguarding Children and Vulnerable Adults (January 2012)

www.opticalconfederation.org.uk/downloads/guidance/Optical%20Confederation%20-%20Guidance%20on%20Safeguarding%20Children%20and%20Vulnerable%20Adults.pdf

Royal Pharmaceutical Society, Protecting Children and Young People (September 2011)

www.safechildren-cios.co.uk/media/11150192/RPS-protecting-children-and-youngpeople.pdf

Child Protection and the Dental Team, Department of Health (November 2009)

www.cpdtd.org.uk/data/files/Resources/Childprotectionandthedentalteam_v1_4_Nov09.pdf