

Chapter 4: “Getting it Right” for Looked After and Accommodated Children and Young People

Looked after and accommodated young people (LACY) are a particularly vulnerable group (Scottish Government 2012a). Many fail to reach their full potential and go on to have major problems in later life. (Scottish Government 2003; 2007) Children’s Social Work Statistics (Scottish Government: 2012b) show that – at March 2011 – there were 16,231 LACY in Scotland; which represents 1.5% of all 0 to 18 year olds in Scotland. Rates vary by local authority but the highest proportion of looked after and accommodated young people are found in Glasgow City (3.2% of all 0 to 18 year olds n=3,834). Over one third (34.3% n=5,570) of all LACY in Scotland live in the six local authorities wholly administered by NHS GGC (Glasgow City, East Dunbartonshire, East Renfrewshire, Renfrewshire, Inverclyde and West Dunbartonshire). This represents 2.4% of all 0 to 18 year olds in NHS GGC (Scottish Government 2012c).

Characteristics of LACY

The legal definition of LACY is set out in The Children (Scotland) Act 1995 (Scotland 1995). Care can be provided according to four main settings: in the child’s home (under local authority supervision); with a relation or family friend (kinship care); in a foster home; or in residential care.

Figure 4.1 shows the % of LACY by placement type in Scotland and NHS GGC. Nine percent of all LACY across Scotland were in residential care in 2011; just over one third (34%) were cared for at home, 31% were in foster care, and 24% were in kinship care. The residential care figure for NHS GGC was similar to Scotland at 8% but this masks considerable local variation from 17% (n=25) in East Dunbartonshire to 6% (n=241) in Glasgow City and 4.5% (n=7) in East Renfrewshire. However, as the actual numbers of young people involved is small, these figures need to be interpreted with caution.

Figure 4.1: % LACYP by Placement Type at March 2011 NHSGGC local authority areas and Scotland (Source: Scottish Government: 2012b)

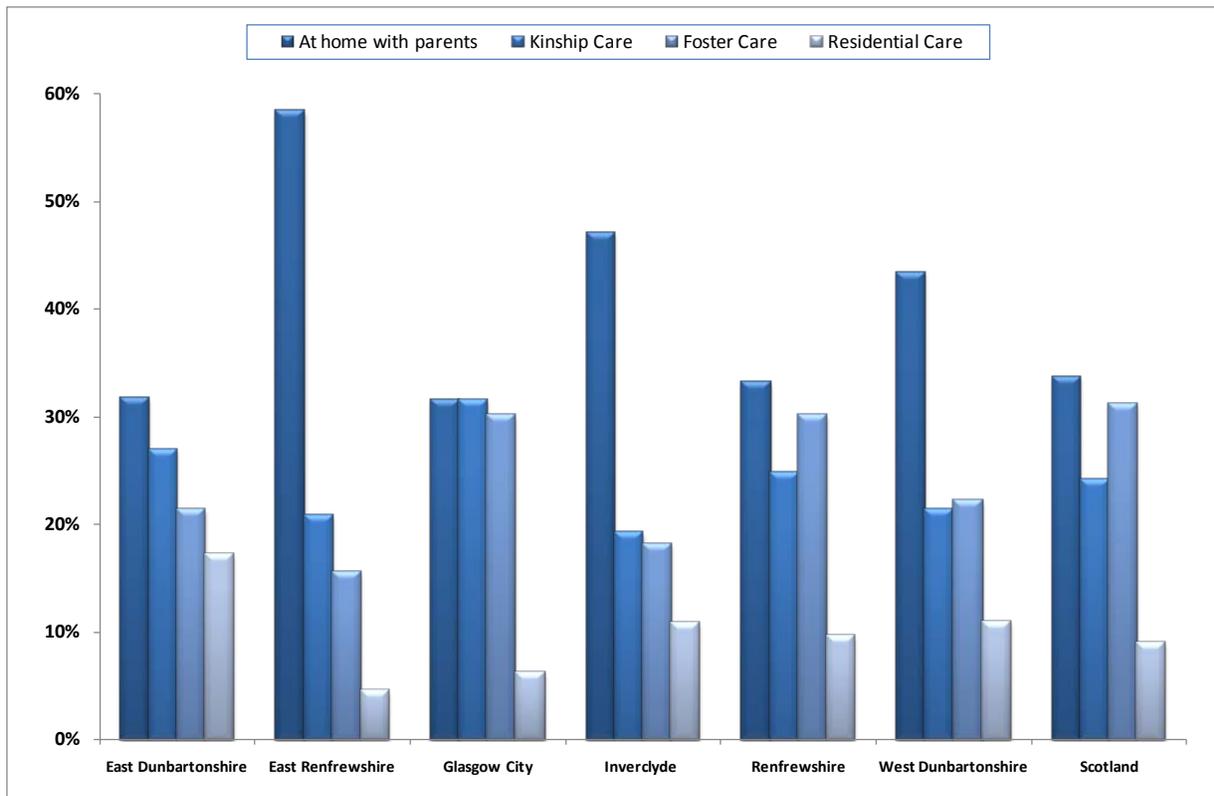
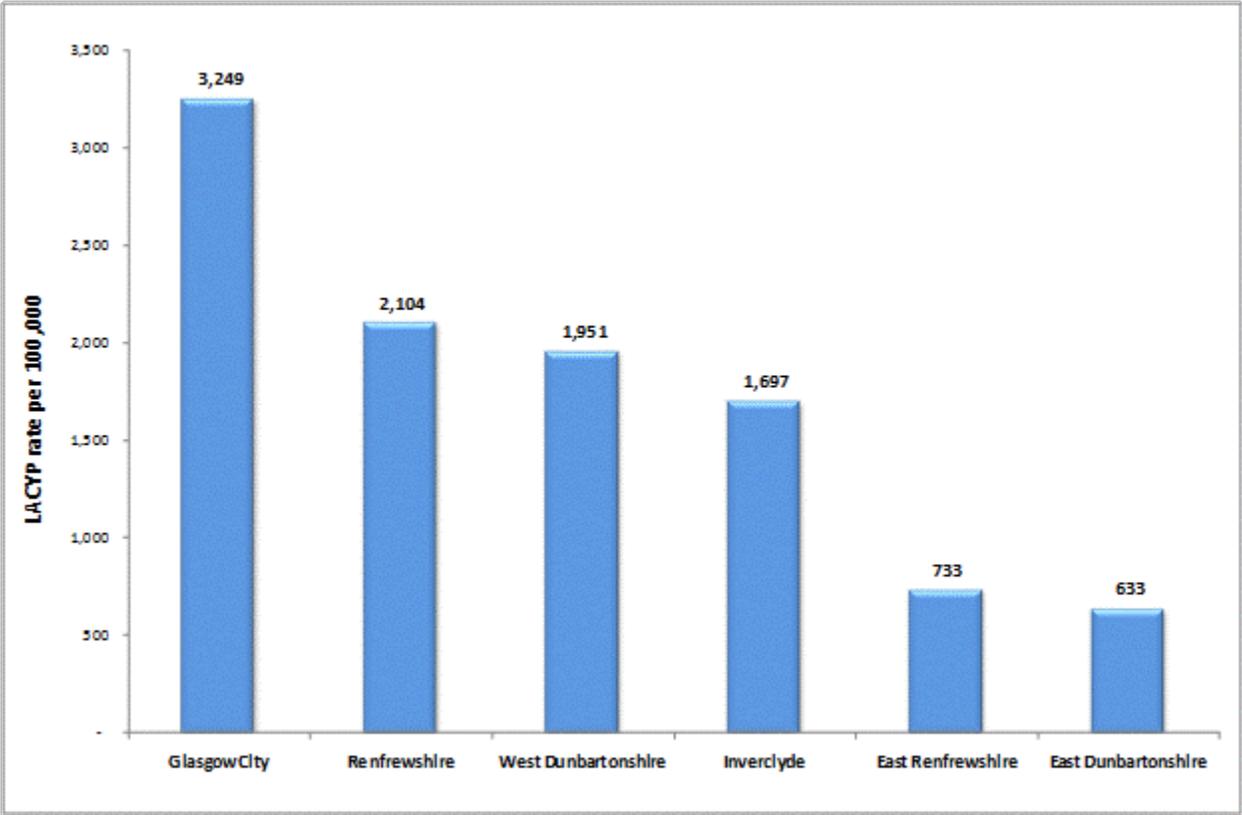


Figure 4.2 shows the LACYP rate per 100,000 population by NHSGGC local authority area in 2011. Rates vary considerably ranging from 633 per 100,000 in East Dunbartonshire to 3,249 in Glasgow City.

**Figure 4.2: LACYP Rate per 100,000 population aged 0 to 18 at March 2011
 NHSGGC local authority areas (Source: Scottish Government: 2012b)**



- Trends:** The rate of young people who are being looked after or accommodated has been rising steadily since 2005 (see Figure 4.3). NHSGGC has the highest rate in Scotland with the Glasgow City rate higher still (Lachlan et al 2011). The 2011 rates shown in Figure 4.3 are not directly comparable with those for 2005 to 2009 as they relate to those aged under 18 whereas the earlier years relate to those under 2. However the graph demonstrates variations between areas as noted above. For example, the 2011 Scottish rate of 1,469 per 100,000 is considerable less than the NHSGGC rate of 2,371 per 100,000, whereas the Glasgow City rate was higher at 3,249 per 100,000.

Figure 4.3: LACYP rates per 100,000 population NHSGGC, Glasgow City and Scotland 2005 to 2009 and 2011 (Source: Scottish Government: 2012b)

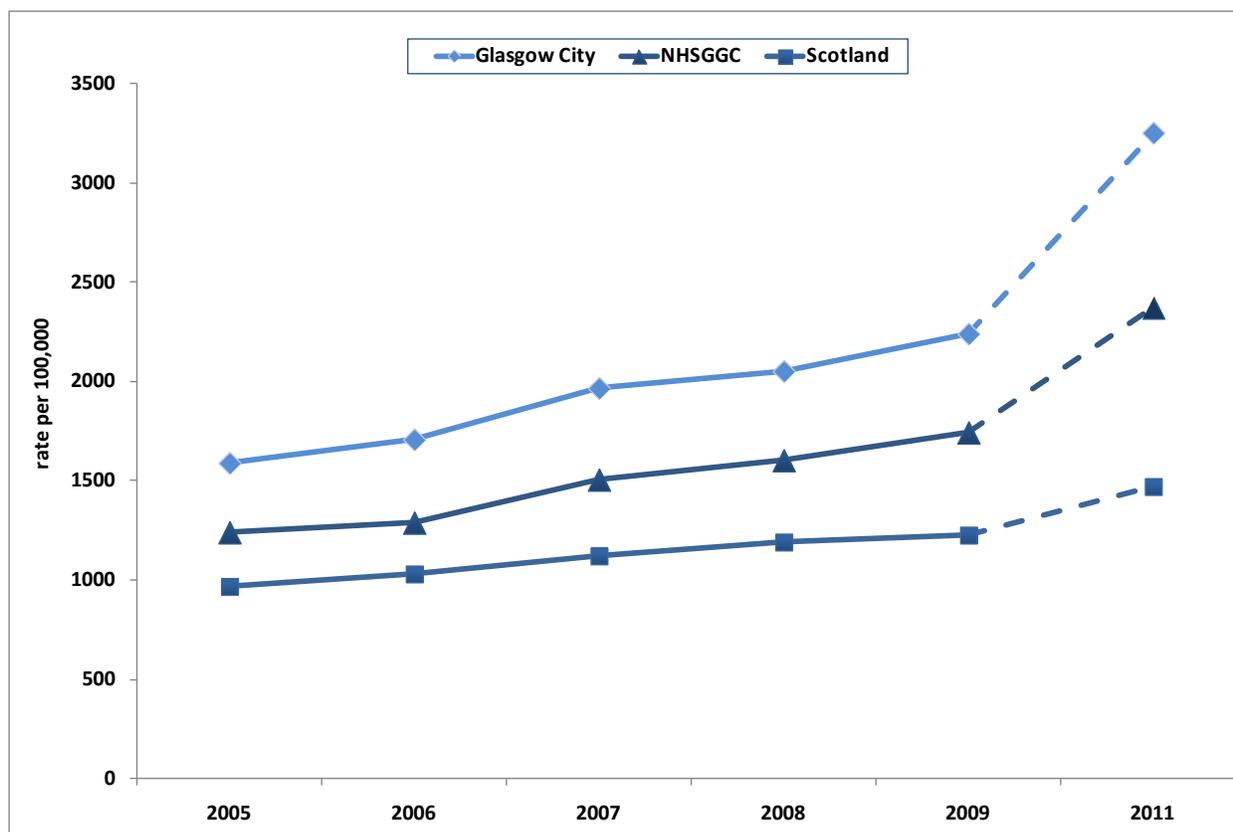
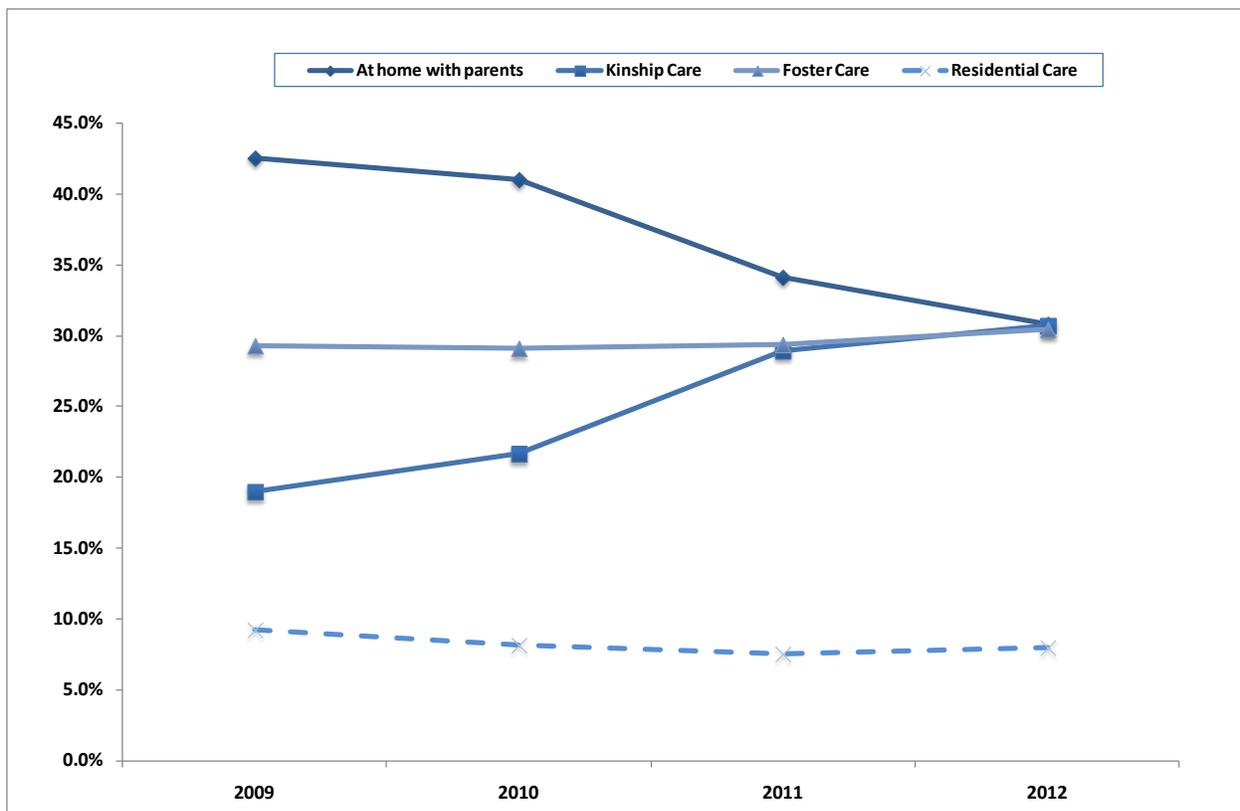


Figure 4.4 shows the trends in the proportions of LACYP in NHSGGC by placement type from 2009 to 2012. Getting it right for children in foster and kinship care (Scottish Government 2007) stated that Kinship care should be the first choice for placements. There has been a steady increase in the proportion of LACYP in Kinship care over this time period rising from 20% to 30% (CLAS 2012) and it is expected to rise further (Kidner 2012). This increase in Kinship care is mirrored by a decrease in those living at home with parents (42% to 30%). Foster and residential care has remained fairly constant at 30% and 9% respectively.

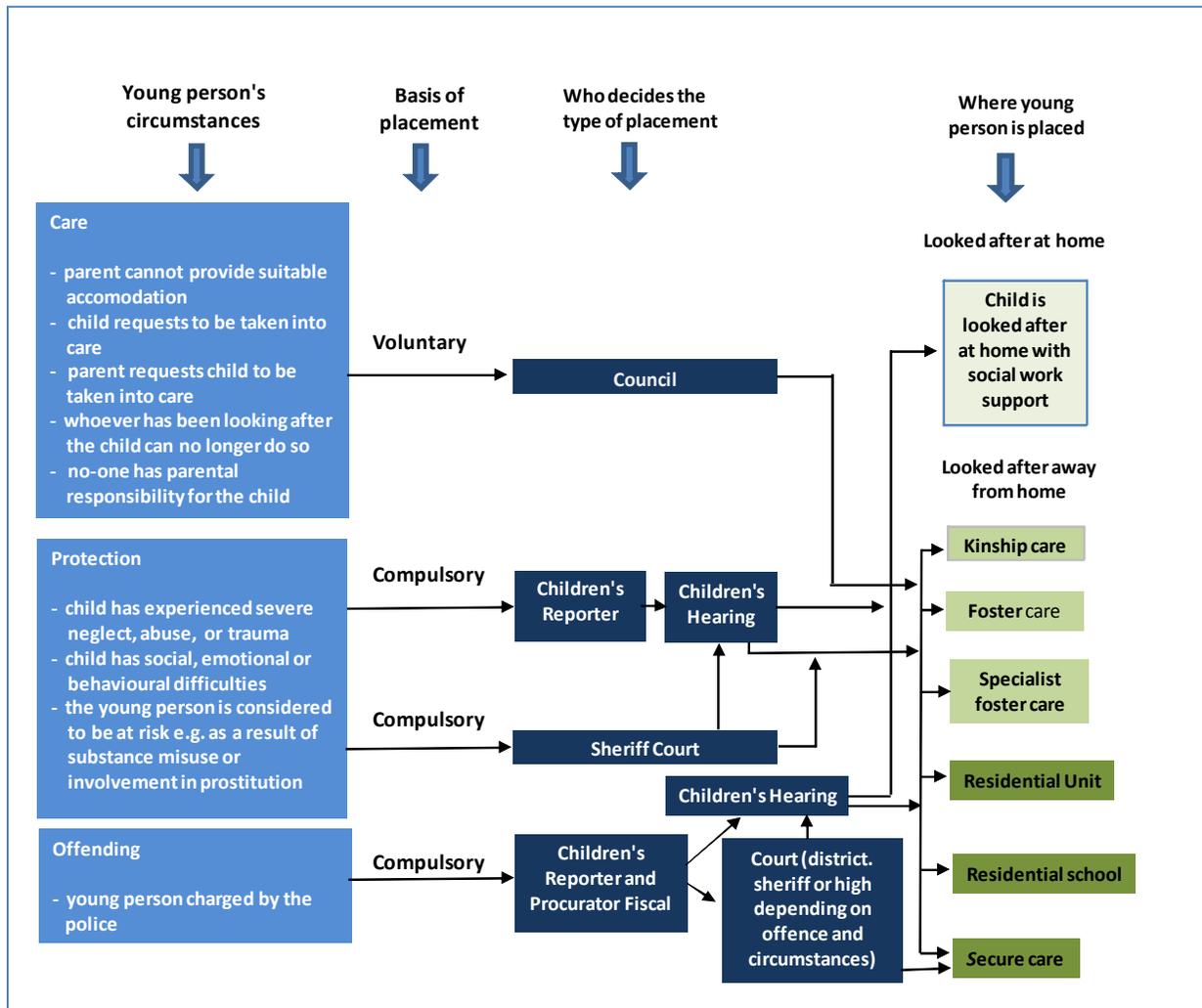
Figure 4.4: % LACYP by Placement Trends NHSGGC 2009 to 2012
 (Source: SG CLAS 2012)



Demographic characteristics: The majority of LACYP are under 18 years of age but figures can also include those up to the age of 21 as local authorities have a duty to provide support to those formerly looked after who go onto further education. This age range will be extended as forthcoming changes in the Children and Young People Scotland Bill will mandate for local authorities to extend the term of responsibility for a young person up to and including 25 years of age (Scotland 2013). In 2011, 18% of LACYP in NHSGGC were under 5 years of age and 12% over 16. Just over half (54%) were male, 4% came from a BME group and 14% had additional support needs (Scottish Government 2012c).

- **Pathways into care:** There are multiple reasons why a child or young person may need local authority care. Lack of parental care was the most frequent cited reason (37%) in Glasgow City in 2012 (Scott et al 2013). Parental drug and alcohol misuse is a contributory factor in a significant number of cases (24%). Socioeconomic deprivation is likely to be a major upstream determinant of need for care (Lachlan et al 2011; Scott et al 2013). Figure 4.5 outlines the various routes by which a child or young person can enter care. Some children may experience more than one trauma before the need for care is identified. There are significant gaps in Information on the health needs of LACYP. A survey of the views of stakeholders show that there is wide agreement that a national health surveillance system would improve this situation especially in tracking LACYP who are placed out with their own board area (Scott et al 2013). A ScotPHN survey in 2010 showed that approximately one quarter of all children and young people in residential care from NHSGGC were placed in local authorities outside the board area (Lachlan et al 2011). There is a degree of instability in many placements which further complicates this; 42% of LACYP from Glasgow City had more than one placement during their care episode and 20% had 3 or more. The median time in care in Glasgow City council is 4 years. Individuals with more care placements tended to be older and have been in care longer (Scott et al 2013).

Figure 4.5: Pathways into Care
 (Source: Audit Scotland: Getting it right for children in residential care (2010))



LACYP Health Needs

The Scottish Directors of Public Health group has identified the health needs of LACYP as a national priority. Two recent ScotPHN needs assessments carried out in response to this underlined how little we actually know of the health needs of this group and the challenges facing them (Lachlan et al 2011; Scott et al 2013). A literature review conducted for the Glasgow Centre for Population Health (GCPH) has shown that very few studies have explored the physical or mental health of LACYP. The prevalence of

specific conditions varies considerably between the studies; they also lack comparisons with children and young people who are not looked after and the measures used lack consistency (Scott et al 2012). The review also found that studies examining health behaviours had similar limitations and no studies were found which reported the prevalence of sexual risk taking behaviours in LACYF. The review also highlighted several important unanswered questions e.g. after controlling for deprivation, what health needs are associated with being looked after and do health problems differ by reason for care or care setting?

National policy

Over the last five years, a range of national documents have highlighted the poorer health, education and life chances associated with being looked after or accommodated. These documents have called for the major institutions in our nation to do more to assist our most vulnerable young people to achieve their potential. Most recently, our Chief Medical Officer noted the importance of positive experience in the early years being associated with positive health outcomes in later life (Scottish Government 2012a) In addition, recent reports on early intervention, risk-taking behaviours and mental health and wellbeing, all highlight the importance and validity of continued support throughout childhood and adolescence especially with respect to ensuring that vulnerable young people are supported to develop and sustain secure attachments with a 'Good Adult'. (Allen 2011a, Headstrong <http://www.headstrong.ie/>)

- **We Can and Must Do Better** (Scottish Executive 2007) draws upon young peoples' accounts of being looked after or accommodated in Scotland. The report makes recommendations which should create opportunities for success whilst putting in place safety nets at every stage of a young person's life. Five themes were identified around which specific recommendations for agencies and institutions supporting our young people. These are: working together; becoming effective lifelong learners; developing into successful and responsible adults; being emotionally, mentally and physically healthy; and feeling safe and nurtured in a home setting.

- These themes were developed further in **Getting it Right for Every Child (GIRFEC)** (Scottish Government 2012c) where a commitment to keep all our children and young people, safe, healthy, achieving, nurtured, active, respected, responsible and included was made (GIRFEC 2012 p3). These themes were developed into commitments and expectations for children, young people, their families; practitioners and managers (GIRFEC 2012 p5). Tools have been developed to support multi disciplinary and interagency child centric assessment of need such as The Well-being Wheel and My World Triangle (GIRFEC 2012 p9 and 16).
- The **Children and Young People’s Bill** (Scotland 2013) made further recommendations which offer the means to provide a more co-ordinated package of care between partners. It sets the challenge of ensuring the public sector considers children’s rights in line with the United Nations Convention on the Rights of the Child (United Nations 1989). The bill outlines the role of the Children’s Commissioner in relation to the rights of the child as well as laying out new duties and responsibilities for both local authorities and health boards in relation to Children’s Services Planning, shared assessments and the single plan for children. The bill also includes changes to mandate support given to kinship carers, and changes to the Children’s Hearing System. This piece of legislation represents one of the most significant changes to the care system in Scotland for a while.
- The role of the health service in supporting LACYP was made explicit in a letter from the Scottish Executive to Chief Executives in 2009 (Scottish Government 2009). NHS health boards were urged to:

“Assess the physical, mental and emotional health needs of all looked after children and young people for whom they have responsibility and put in place appropriate measures which take account of these assessments. They will ensure that all health service providers will work to make their services more accessible to Looked After and Accommodated children and young people, and to those in the transition from care to independence”

Health boards were set targets to conduct multi-disciplinary health assessments within four weeks of notification and to improve recording and reporting information from the assessments.

Local implementation and practice

The NHS board has implemented and developed a number of practices in response to these national policies. These have involved increasing our understanding of the health needs of LACYP, improving health surveillance, adopting early intervention practices, and developing integrated and coordinated action across the range of agencies involved in the care of LACYP.

NHSGGC and Glasgow City Health and Wellbeing (HWB) Survey of LACYP: In recent years we have been able to gain a greater understanding of the health and wellbeing of 11 to 16 year olds in Glasgow City through their response to the Glasgow Schools HWB Survey (NHSGGC 2012). We are now carrying out a study to explore the health and wellbeing of young people looked after by Glasgow City Council. We hope this study will improve our understanding of the health needs of this group (refer Box 4.1). The HWB survey has been commissioned in conjunction with our partners in Glasgow City Council Social Work. Results will be available and a full report of the findings will be published by the autumn of 2014.

Box 4.1: Health and Wellbeing Survey of Children and Young People Looked After by Glasgow City Council

Survey aim: To increase our knowledge and understanding of the health, health behaviours and potential health determinants of young people aged 11-16 years looked after by Glasgow City Council, and to compare these with the general school population of 11-16 year olds in Glasgow.

A questionnaire has been developed that explores the following issues:

- Demography including age, gender, deprivation category and ethnicity
 - Mental health and wellbeing , including what worries LACYP
 - Bullying, discrimination, illness and disability
 - Oral health, diet, exercise and travel
 - Smoking, alcohol and drug use
 - Sexual health
 - Awareness and use of health services and youth clubs
 - Social and anti social behaviour, carer status and future hopes
-

Improving Health Surveillance: Across the NHSGGC area, children who become looked after are assigned to a specialist LAC nursing team. A health needs assessment is carried out on all children and young people entering the care system, and surveillance data collected. The utilisation of child health surveillance records has been challenging, and is further complicated by the range of different information management systems in use across the public sector. In a number of high profile cases concerning looked after young people, reports have highlighted the challenge of data-sharing arrangements between agencies, and the implications for poor outcomes resulting from this. A number of inquiries and reviews have made reference to the contribution of inadequate surveillance and data arrangements, e.g. Fatal Accident Inquiry into the deaths on Erskine Bridge (Anderson 2012), the Victoria Climbié Inquiry (House of Commons Health Committee 2003), Baby P inquiry (Laming 2009), and Declan Hainey significant case review (Renfrewshire Council 2012). Recent reviews of health visiting, school nursing and specialist paediatric nursing have been accompanied by an investment in information management system EMIS Web. This system will be

implemented across primary care to support improved integrated record management, and implementation of GIRFEC.

Mental Health Screening: In response to We Can and Must Do Better (Scottish Executive 2007a) and CEL 16 (Scottish Government 2009), NHSGGC has begun a programme of implementation with partners in social work and education services. Work is underway to develop and agree mental health screening tools that can be utilised across the health board area for all children entering the care system. In addition, Child and Adolescent Mental Health Services (CAMHS) have a Board-wide team who offer specialist services to looked after and accommodated children across the care settings.

Early Intervention: Graham Allen MP published a series of reports examining early intervention and found improved outcomes for children and young people, and significant savings for society (Allen 2011a and 2011b).

“Early Intervention is an approach which offers our country a real opportunity to make lasting improvements in the lives of our children, to forestall many persistent social problems and end their transmission from one generation to the next, and to make long-term savings in public spending.”

Early intervention is vital for children who are looked after given that they have some of the worst health outcomes of any population group. For example, studies have found that smoking rates were 4 times higher in LACYP than in the non-looked after population of British 11 to 15 year olds (Williams et al cited in Scott 2012 p17) and that smoking prevalence rates in Scottish LACYP was 40% compared with 32% and 34% in England and Wales respectively (Meltzer et al cited in Scott 2012 p17).

Health improvement staff across the NHS Board work with local authorities to support policy development and implementation, as well as implementing interventions aimed at supporting improved lifestyle choices e.g.

- Renfrewshire Health Improvement staff have been working with the local authority to support the Kibble residential and secure unit in Paisley to become a health promoting care home (<http://www.kibble.org/>).
- There is a focus on work with parents, kinship and foster carers in relation to reducing children's exposure to environmental tobacco smoke.

Inter-agency working: There is widespread recognition that improving health outcomes requires integrated and coordinated action across a range of agencies. For young people it is important to identify the settings and agencies with which young people are engaged. Due to the extreme vulnerability of LACYP, there are a range of service providers working in partnership with social work services, the NHS and education to maximise youth engagement and provide a range of supports and activities to improve health outcomes.

Some of the larger voluntary organisations are responsible for providing foster care, residential care and community support for looked after young people. The diverse range of care and support models, along with the vast array of providers, can present challenges for statutory organisations in ensuring communication and partnership is inclusive. The second tier voluntary organisations Social Care Ideas Factory (SCIF) and the Glasgow Council for Voluntary Services (GCVS) provide a platform and mechanisms for improved partnership working.

The fatal accident on the Erskine Bridge (Anderson R. 2012), highlighted the poor mental health of many young people in care. The NHSGGC Mental Health Improvement and Early Intervention Strategy (2012) has six priority areas for action (Box 4.2). Of the six areas in the strategy, dialogue through SCIF has generated partnerships with third sector organisations who feel they can play a significant role in the delivery of 'One Good Adult' for LACYP. Work with the third sector is in development and SCIF are already working across planning structures such as the Choose Life strategy group in Glasgow, to support vulnerable young people.

Box 4.2: NHSGGC Mental Health Improvement & Early Intervention Strategy for Children and Young People, 2012

One Good Adult Importance of dependable adult to supporting and protecting mental health of children and young people - e.g. strengthen parenting, mentoring, guidance, befriending initiatives	Resilience Development in Schools Whole school approach to mental health and wellbeing - ethos, curriculum, positive behaviour, anti-bullying, pastoral care . . .	Resilience Development in Communities Strong network of youth services, voluntary and community organisations, confident and skilled to support and intervene
Guiding Thru the Service Maze Children, families & young people have a range of support options for early intervention and can be helped to find their way to appropriate help quickly	Responding to Distress Frontline staff in many agencies are confident and supportive to intervene and help children and young people in situations of distress, including self harm and risk of suicide	Peer Help & Social Media Those who share their problems enjoy better mental health - build opportunities for young people to provide peer support, and to use social media for wellbeing

Across NHSGGC work is progressing against all six strategic priority areas detailed above e.g.

- Across NHSGGC, referral criteria have been agreed and developed into an online tool for practitioner use. This is being piloted in Glasgow, with a view to being rolled out across the NHSGGC board area. Use of this referral pathway should support appropriate referral of young people to mental health and wellbeing support services as well as to CAMHS, based on need.
- Within each locality, discussions between health improvement teams and local authority education departments are ongoing to ensure that mental health and wellbeing curricular resources are in place, and meet the requirements of curriculum for excellence.

- NHSGGC is working in partnership with voluntary sector social care providers to develop resources and identify where support is required to implement the Mental Health Improvement and Early Intervention Strategy for Children and Young People.
- Research into how young people use social media to access help and services has been commissioned; the findings will influence the ways in which we engage young vulnerable people in the future.
- A training plan has been developed for use across the NHSGGC board area to ensure that all NHS staff who work with young people are equipped and confident to identify and deal with a range of mental health and wellbeing issues. Work has begun with partners and voluntary organisations to extend the use of the training plan to build capacity across the board area.

Priorities for Action

Priority 1: Build our knowledge of the health needs of LACYP

There is a lack of locally based information on the health needs of LACYP. The forthcoming health and wellbeing survey will enhance this knowledge and will be a key resource in strengthening our understanding of this vulnerable group.

We need to:

- Fully utilise the data collected in the survey.
- Provide reports and tailored analyses to inform service planning and delivery, outlining any policy implications.
- Ensure the findings are widely disseminated through presentations, seminars and workshops with our partners.
- Use the knowledge gained to stimulate further research.

Priority 2: Improve our local Intelligence gathering: ScotPHN needs assessments have highlighted our lack of knowledge of the health of LACYP

We need to:

- Develop a local electronic core data set from the routine physical and mental health assessments of LACYP.
- Agree local codes for child health systems to include looked after status.
- Develop links between Local Authority and NHS datasets, possibly through Safe Haven using the child's CHI number (Community Health Index) as a secondary identifier. This would require that all local authorities record the CHI number for every child. The CHI number is key to this as LACYP often change address and surnames.

Priority 3: Improve health surveillance across the NHS Board area

The implementation of EMIS Web and TrakCare systems will improve integrated patient records management. The LAC nursing and CAMHS teams play a vital role in ensuring health needs assessments and mental health screening are carried out and recorded and data are used for individuals' care and for service planning and evaluation.

We need to:

- Work with our local authority, care service partners and the LAC nursing team to carry out health needs assessments as outlined in CEL16.
- Agree the use of specific tools (e.g. CORE10 DAS SDQ) to assess mental health needs and ensure referral to appropriate services.
- Monitor health care pathways.

Priority 4: Improve mechanisms for sharing information: NHSGGC works closely with our partners from statutory and third sector agencies

We need to:

- Embed the GIRFEC approach in our approach to working with partners.
- Engage with all agencies involved with LACYP ensuring our links are robust.
- Ensure there are effective links between our own health improvement and specialist children's services.

Priority 5: Promote early interventions

Early intervention is important for LACYP as they experience some of the worst health outcomes of any population group. All agencies and staff involved with LACYP must understand the dangers of smoking and exposure to second-hand smoking. They must make every effort to support LACYP to avoid smoking and to encourage young people to access support to quit smoking.

We need to:

- Learn best practice from ongoing projects e.g. the collaborative health promotion work undertaken in the Kibble Centre in Renfrewshire and board wide training in smoking brief interventions.
- Ensure smoking prevention and cessation is prioritised for all LACYP.
- Provide training to care staff to enable them to deliver brief interventions in smoking cessation.

Priority 6: Kinship carers require financial, practical and emotional support

There has been a substantial increase in the number of LACYP in Kinship care in recent years which is expected to rise further.

We need to:

- Get the views of kinship carers and foster carers on the parenting support that would be of most value as the NHSGGC parenting framework is being revised.
- Raise awareness of the importance of 'One Good Adult' for LACYP with our statutory and third sector partners.
- Support parenting programmes for both parents and carers.

Glossary of Terms

CAMHS	Child and Adolescent Health Services
CHI	Community Health Index or CHI Number is the national unique number for any health communication related to a given patient.
CORE10	Clinical Outcomes in Routine Evaluation Questionnaire
CSWS	Children's Social Work Statistics
DAS	Differential Ability Scale
GCPH	Glasgow Centre for Population Health
GCVS	Glasgow Council for Voluntary Services
GIRFEC	Getting it Right for Every Child
HWB	Health and Wellbeing

LAC	Looked After Children
LACYP	Looked After and Accommodated Children and Young People
SCIF	Social Care Ideas Factory
ScotPHN	Scottish Public Health Network
SDPH	Scottish Directors of Public Health group
SDQ	Strengths and Difficulties Questionnaire

Acknowledgements

Allan Boyd	Senior Analyst	Information Services, NHSGGC
Catriona Carson	Project Manager	Public Health Directorate, NHSGGC
Margaret McGranachan	Public Health Researcher	Public Health Directorate, NHSGGC
Linda Morris	Health Improvement Lead	Glasgow City CHP
Dr Sonya Scott	StR Public Health Medicine	Public Health Directorate, NHSGGC
Dr Michael Smith	Lead Associate Medical Director	Glasgow City CHP, Mental Health Partnership
Julie Truman	Senior Researcher	Public Health Directorate, NHSGGC

References

Allen G (2011a) *Early Intervention: The Next Steps*. Cabinet Office: London.

Allen G (2011b) *Early Intervention: Smart Investment, Massive Savings*. Cabinet Office: London.

Anderson R (2012) Determination by R. Anderson, Inquiry held at Paisley into the circumstances of the deaths of Niamh Frances Bysouth and Terrie Faye Oliver. Sheriff's Court, North Strathclyde at Paisley, 27th April.

Audit Scotland (2010). *Getting it Right for Children in Residential Care*. Available at http://www.audit-scotland.gov.uk/docs/local/2010/nr_100902_children_residential.pdf [Accessed 5 December 2013]

Kidner, Camilla. *Kinship Care, SPICe Briefing*, Scottish Parliament 2012

Lachlan M, Millard A, Putnam N, Wallace AM, Mackie P and Conacher A (2011) *Mental Health Care Needs Assessment of Looked After Children in Residential Special Schools, Care Homes and Secure Care*. ScotPHN: Glasgow.

Laming, Lord H (2009). *The Protection of Children in England: A progress report*. London: The Stationery Office.

House of Commons Health Committee (2003) *The Victoria Climbié Inquiry*. London: Stationery Office.

NHSGGC (2012). *Glasgow City Schools Health and Wellbeing Survey 2010*. [Online] NHSGGC: Glasgow. Available at <http://www.phru.net/rande/Web%20Pages/Schools%20Survey%202010.aspx> [Accessed 21 June 2013].

Renfrewshire Council (2012) *Joint Report by Chief Executive and Director of Social Work Significant Case Review: Declan Hailey*. Renfrewshire Council: Renfrewshire.

Scotland (1995) Children (Scotland) Act 1995 [Online]. The Stationery Office: Edinburgh. Available at <http://www.legislation.gov.uk/ukpga/1995/36/contents>. [Accessed 21 June 2013].

Scotland (2013) Children's and Young Peoples Bill [Online]. Scottish Parliamentary Corporate Body: Edinburgh. Available at <http://www.scotland.gov.uk/Topics/People/Young-People/legislation> [Accessed 21 June 2013].

Scotland (2013) Children's and Young Peoples Bill [Online]. Scottish Parliamentary Corporate Body: Edinburgh. Available at <http://www.scotland.gov.uk/Topics/People/Young-People/legislation> [Accessed 21 June 2013].

Scottish Government (2003) *Child and Adolescent Mental Health Development Group. Scottish Needs Assessment on Child and Adolescent Health*. Scottish Government: Edinburgh.

Scottish Government and COSLA (2007) *Getting it right for children in foster and kinship care*. Edinburgh: Scottish Government. Available at: <http://scotland.gov.uk/Publications/2007/12/03143704/0>

Scottish Executive (2007a), *We Can and Must Do Better* [Online]. Scottish Executive: Edinburgh; 2007. Available at <http://www.scotland.gov.uk/Resource/Doc/162790/0044282.pdf> [Accessed 21 June 2013].

Scottish Government (2009) *CEL 16: Looked After Children Implementation of Action 15 of We Can and Must Do Better* [Online]. Scottish Government: Edinburgh; Available at http://www.sehd.scot.nhs.uk/mels/CEL2009_16.pdf. [Accessed 21 June 2013].

Scottish Government (2012a) *Chief Medical Officer Annual Report 2011: Transforming Scotland's Health* [Online]. Scottish Government: Edinburgh. Available at <http://www.scotland.gov.uk/Publications/2012/12/7521> [Accessed 21 June 2013].

Scottish Government: 2012b *Children's Social Work Statistics Scotland, No.1: 2012 Edition* [Online]. Scottish Government: Edinburgh. Available at <http://www.scotland.gov.uk/Publications/2012/02/7586> [Accessed 21 June 2013].

Scottish Government (2012c) *A Guide to Getting it Right for Every Child*. Scottish Government: Edinburgh. Available at <http://www.scotland.gov.uk/Resource/0042/00423979.pdf> [Accessed 5 December 2013]

Scott S (2012) *The Health Needs of Looked After Children and Young People: A Review of the Literature*. GCPH: Glasgow.

Scott S, Hattie R, Tannahill C (2013) *Looked After Children in Glasgow and Scotland: A Health Needs Assessment*. ScotPHN: Glasgow.

United Nations (1989) *Convention on the Rights of the Child*. Geneva: United Nations