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# Who is this strategy for?

This strategy shows what services and support needs to be in place to ensure that every child – pre-birth to 8 years of age – has the right start in life; giving them the opportunity to lead a healthy and fulfilling life.

The services and support talked about are those provided by the Community Planning Partners<sup>1</sup>. We hope that the whole community in Moray will join us in making sure this strategy happens. Without this support we will not be able to meet the needs of children from pre-birth to 8 years of age.

The strategy should be read by anyone with an interest in the Early Years, either personally or professionally.





<sup>1</sup> For more information on who the Community Planning Partners are see Who is the CPP, p.22

## Why do we need a strategy?

"Every child deserves an equal opportunity to lead a healthy and fulfilling life, and with the right kind of early intervention, there is every opportunity for secure parent infant attachments to be developed"

The 1001 Critical Days<sup>2</sup>

In 2004 the GIRFEC<sup>3</sup> (Getting It Right For Every Child) approach arose out of the review of the Children's Hearings System.

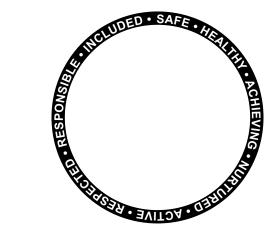
The Children and Young People (Scotland) Act 2014 enshrining in law key elements of the Getting It Right approach.

#### Getting It Right For Every Child:

- improves outcomes for children through doing things differently so as to make better use of existing resources
- involves children and families in decision making and respects their rights
- consistently identifies at an early stage children who need help
- increases the capacity of health and education to meet children's needs
- reduces paperwork and duplication of systems
- draws help towards the child rather than passing the child from one service to another
- frees up staff time to take action that will improve the life chances of children and families.

Getting It Right For Every Child is important for everyone who works with children and young people – as well as many people who work with adults who look after children. Practitioners need to work in partnership with families, and where appropriate, take early action at the first signs of any concern about wellbeing – rather than only getting involved when a situation has already reached crisis point.

Everyone involved with young children should therefore take into account the wellbeing of the whole child and consider whether they are:



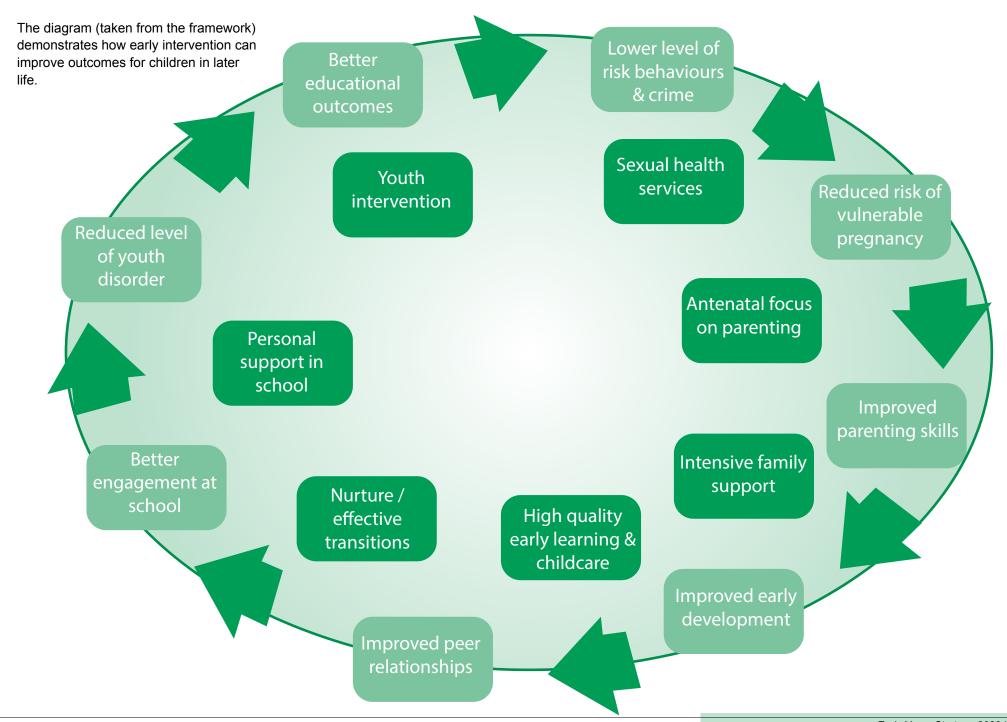
This is why the GIRFEC approach is at the heart of this strategy for Moray's youngest children.

To build on work already in progress through Getting It Right For Every Child, The Early Years Framework<sup>4</sup> for Scotland was published in December 2008, and it provided a new vision for the Early Years in Scotland transforming where we are now. The main focus is to target resources on Getting It Right For Every Child in their early years, which should mean there are fewer problems when they grow up.

Effective approaches within the early years will contribute strongly to promoting and upholding children's rights as defined by the United Nations Convention on the Rights of the Child (UNCRC) and those rights underpin the vision of this strategy.

It will take a concerted and long-term effort across a range of policies and services to deliver the transformational change in early years. Therefore the Scottish Government have set out 10 overlapping elements that need to come together over the next 10 years to deliver the vision and a radical improvement in outcomes.

- <sup>2</sup> More information can be found at:
- www.1001criticaldays.co.uk
- <sup>3</sup> More information on GIRFEC can be found at:
- www.gov.scot/Topics/People/Young-People/ gettingitright
- <sup>4</sup> PDF file: <u>Scottish Government (2008) The Early Years Framework,</u> Edinburgh: Scottish Government.



## **Main points of the Early Years Framework**

### **Ten Elements of Transformational Change**

1. A coherent approach -

Creating a service which is less fragmented 'A fundamental shift is needed to re-conceptualise the influences on children in the early years to see them as complementary parts of a whole system around the child'. Improving children's services planning and delivery and the Getting It Right For Every Child agenda will play key roles here.

2. Helping children, families and communities to secure outcomes for themselves –

While there will continue to be cases where the best interests of children will mean finding alternative care, for almost all children responsibility for parenting must lie with parents, supported by communities and services as required.

3. Breaking cycles of poverty, inequality and poor outcomes in and through early years –

To focus on the period between early pregnancy and 3 years old when breaking cycles of poor outcomes for families such as substance misuse, debt, poor housing and lack of employment, working alongside other key policies particularly Achieving our Potential, Curriculum for Excellence, Equally Well and Skills for Scotland<sup>5</sup>.

4. A focus on engagement and empowerment of children, families and communities –

A central issue for children and parents in the research conducted in support of the framework is the way that services engage with them, in terms of patterns of delivery and relationships with the people delivering those services.

Using the strength of universal services to deliver prevention and early intervention –

The majority of future investment should be focused on making sure antenatal care, postnatal community nursing, early learning and childcare, and school are equipped to identify needs and risks, and able then to deliver a service that meets the different needs identified within mainstream services as far as possible. When more specialised services are required they should be brought to the child and family in line with Getting It Right For Every Child principles.

6. Putting quality at the heart of service delivery -

The skills, knowledge, attitudes and qualifications of the workforce are a key focus in improving quality, and the mix of those skills is also critical. We want the best people working in early years where they can have the biggest impact on outcomes.

7. Services that meet the needs of children and families –

We need to concentrate on developing integrated education and childcare services and developing a progressive scheme for supporting parents with the costs of childcare.

8. Barriers to access, particularly transport improving outcomes and children's quality of life through play –

Play is a fundamental part of children's quality of life and a right enshrined in the Uunited Nations Convention on the Rights of the Child. Outdoor play in particular can also be a major contributor to outcomes around physical activity and healthy weight. Developing play spaces, and play opportunities for children and removing barriers to play is therefore a priority.

#### <sup>5</sup> For more information on these policies see:

- www.gov.scot/resource/doc/229649/0062206.pdf
- www.gov.scot/resource/doc/197204/0052752.pdf
- www.educationscotland.gov.uk/Images/all experiences outcomes tcm4-539562.pdf
- www.gov.scot/Resource/Doc/246055/0069426.pdf
- www.gov.scot/resource/doc/226607/0061266.pdf

#### 9. Simplifying and streamlining delivery -

At the moment, there is a clear lead from health in antenatal services and from 3 upwards through education. The situation for 0-3 services is less clear and this has been identified as an area requiring additional support. This will involve developing multi-agency pathways of care, based on robust evidence and integral to this will be the need to develop strategic leadership where it does not currently exist.

#### 10. More effective collaborations -

There is an almost universal view that partnerships between the public sector, private and third sector providers could and should work better. To develop more strategic partnerships, developing models of joint delivery involving public and private/third sector providers, establishing long-term funding arrangements and funding that reflects the real cost of delivering high quality services.

To support the delivery of the Early Years
Framework, the Scottish Government launched
the world's first multi-agency collaborative, The
Early Years Collaborative<sup>6</sup> in 2012. This brought
members of all 32 community planning partners
together in Glasgow, to plan exactly how we as a
nation would become the best place in the world to
grow up and 'to ensure all children have the best
start in life and are ready to succeed.' (Scottish
Government, 2012) The Key Change areas for The
Early Years Collaborative are

- Early Support in Pregnancy and Beyond
- Attachment, Child Development and Learning
- Continuity of Care in Transitions Between Services
- 27-30 Month Child Health Review
- Family Engagement & Developing Parenting Skills
- Addressing Child Poverty
- Play
- · Health & Wellbeing

This strategy will through its key priorities, deliver the aims of the Early Years Framework and Collaborative. These are echoed in the Moray 2023 Plan<sup>7</sup>, and will ensure we are all working towards the same goals – to improve the outcomes for our youngest children.



- <sup>6</sup> For more information see:
- <u>www.earlyyearscollaborative.co.uk</u>
- <sup>7</sup> For more information see:
- www.moray.gov.uk/downloads/file59912.pdf

## What have we got now in Moray?

In Moray we have some very good services and support for children pre-birth to 8 years and their families<sup>8</sup>

BUT

Our consultation<sup>9</sup> has shown key areas of development which we need to focus on:

These are:

People have said there is lots of good work happening across the early years services. However, finding out what is available can sometimes be difficult.

We need to be better at communicating with people so each individual knows where to find the right support at the right time.

Our workforce requires further training in key areas of child development, to ensure all of our children receive a high quality and consistent level of care.

We need to communicate better between services and focus on the importance of good quality relationships with one another.

<sup>8</sup> More information about services available and the Moray context is available in Appendix B

<sup>&</sup>lt;sup>9</sup> See Appendix C for full details of the Consultations

## **The Moray Early Years Strategy**

Our vision is that Moray is the best place in Scotland to grow up. We will know we have achieved this vision when Moray is:

#### Outcome 1

A place where children have a home, feel secure, healthy and nurtured.

#### Outcome 2

A place where children and young people thrive.

#### Outcome 3

A place where children are able to reach their full potential.

#### Outcome 4

A place where children have a voice, have opportunities, learn and can get around.



## What does that mean for Moray?

### Outcome 1: We want Moray to be a place where children have a home, feel secure, healthy and nurtured.

To achieve this, our aim is that we:

- continue to provide the Before Words Programme (pre-birth to 3 years) including the From the Beginning resource
- deliver the Antenatal Education Programme for Parents
- provide a Named Person Service for every child in Moray
- highlight the importance of bonding in the 30 minutes following birth
- implement the 24 hour bundle (positive interventions during the first 24 hours after birth)
- work in partnership with Moray Alcohol and Drug Partnership (MADP) to provide a dedicated social worker and family support workers to support parents experiencing drug and alcohol misuse
- grow and sustain interventions to support a healthy active lifestyle eg. Grow Well Choices, Active Start, Confidence to Cook

### Outcome 2: We want Moray to be a place where children and young people thrive.

To achieve this, our aim is that we:

- increase uptake of the 27-30 month child health review by 15%
- · deliver the Play@Home programme
- provide the baby massage programme
- · roll out the Peep programme
- implement the Bookbug gifting programme and access to Bookbug Sessions in libraries throughout Moray
- target support for families using Bookbug session principles (Assertive Outreach Programme)
- · roll out the Family Nurse Partnership
- ensure that all early years practitioners receive attachment training and high quality child development training
- make all parents aware of the support available to them and that it is available at the right time
- ensure our young people are prepared for being parents

### Outcome 3: We want Moray to be a place where children are able to reach their full potential.

To achieve this, our aim is that we:

- make sure all parents know about the Named Person Service
- achieve a seamless handover between the Named Person in Health to the Named Person in Education
- provide for any support needs identified at the 27-30 month review at the earliest stage
- ensure that when support is required from more than one service there will be a Team Around the Child and One Child's Plan
- continue to deliver the Child Health Surveillance Programme
- make sure parents use the opportunities given by automatic library membership for each child whose birth is registered in Moray
- train all early years practitioners to use the National Practice Model to ensure early identification of children who require support

### Outcome 4: We want Moray to be a place where children have a voice, have opportunities, learn and can get around.

To achieve this, our aim is that we:

- work in partnership towards implementing the outcomes in Raising Attainment: Our Strategy
- ensure parents have access to the Triple P parenting programme
- ensure parents engage with their children in unstructured play opportunities
- ensure children in P1-4 experience a high quality education which is underpinned by the principles and values of the GIRFEC approach and Curriculum for Excellence programme
- make sure the views of children are sought, listened to, and acted upon
- work in partnership to deliver universal and targeted programmes, which support the development of children's speech, language and communication during the first 1,001 days
- ensure that all early years practitioners receive attachment training and high quality child development training to support early identification of children who may not be meeting their developmental milestones

We will know we are working towards achieving this if, by 2023:

- 1. 85% of women experience positive pregnancies which result in the birth of more healthy babies
- 2. 85% of children have reached all of the expected developmental milestones by the 27-30 month review
- 3. 90% of children will have reached all of the expected developmental milestones by the time the child starts primary school
- 90% of children will have reached all of the expected developmental milestones by the end of primary 4
- the number of children pre-birth to 7 years of age referred to the Children's Reporter (on Care & Protection grounds) is reduced from 38.9% in 2011/12 to 24.2% in 2023/24



## **Moray Early Years Strategy Appendices**

**Appendix A.** Early Years in Moray Context and the services we have now

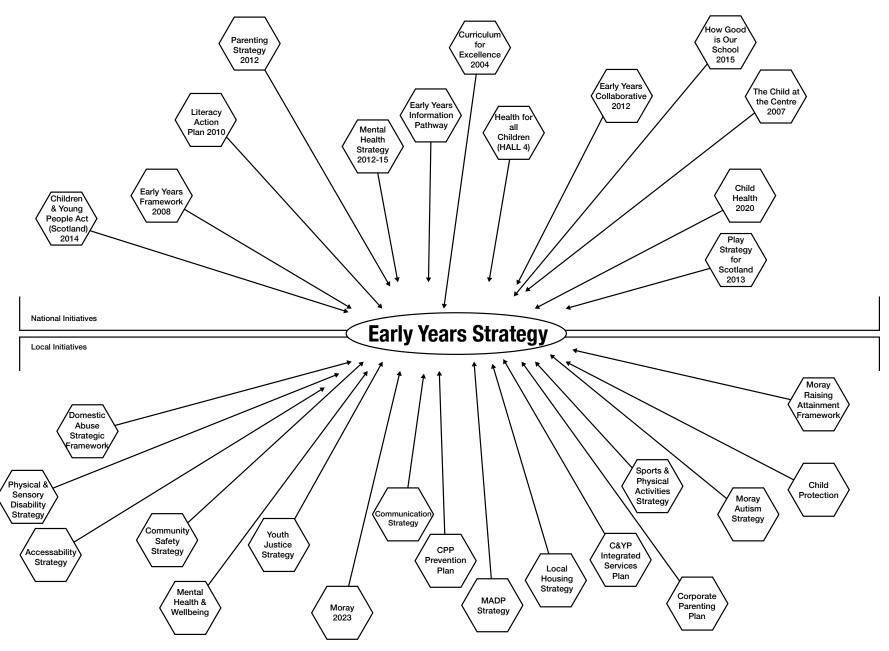
**Appendix B.** What people have said about the support and services available in Moray

**Appendix C.** Who was involved in writing this strategy

**Appendix D.** National documents and information which underpin this strategy

**Appendix E.** Who is the CPP?

## **Appendix A**



## **Appendix B**

### **Moray Early Years In Context**

2014 Mid year population estimates - Moray

| Age    | 0   | 1   | 2   | 3     | 4     | 5     | 6     | 7     | 8     | 0-8   |
|--------|-----|-----|-----|-------|-------|-------|-------|-------|-------|-------|
| Male   | 480 | 518 | 472 | 551   | 530   | 560   | 603   | 561   | 546   | 4,821 |
| Female | 468 | 464 | 483 | 481   | 491   | 545   | 561   | 526   | 474   | 4,493 |
| Total  | 948 | 982 | 955 | 1,032 | 1,021 | 1,105 | 1,164 | 1,087 | 1,020 | 9,314 |

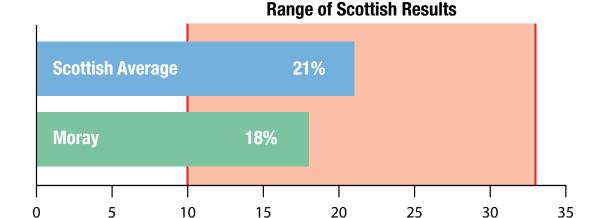
### **Moray School Rolls since 2011**

|           | 2011   | 2012   | 2013   | 2014   |
|-----------|--------|--------|--------|--------|
| Primary   | 6,207  | 6,363  | 6,622  | 6,783  |
| Secondary | 5,692  | 5,598  | 5,387  | 5,265  |
| Total     | 11,899 | 11,961 | 12,009 | 12,048 |

There are approximately 1000 births in Moray each year. These figures are used for planning eg. how many universal Peep groups we require across the county. However, the primary school rolls have increased slightly since 2011, which would suggest an increase in families moving into Moray.

### **Economy Income and Benefits**

Percentage of population who are income deprived (2011)



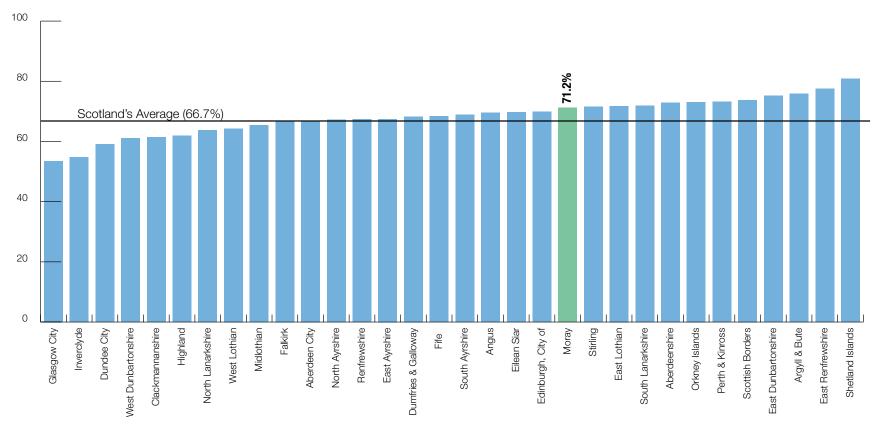
The percentage of Moray's population who are income deprived, is lower than the Scottish average. However the actual number of children aged pre-birth to 8 years of age in Moray, who are income deprived is 1,676 (approx. 18%).

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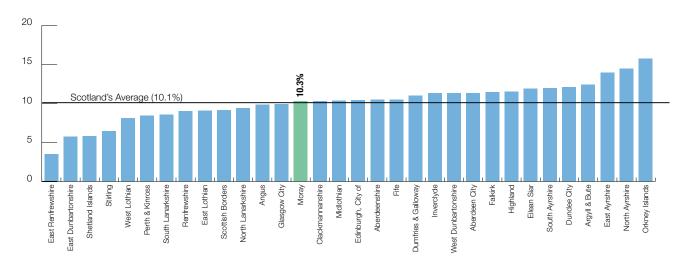
### **Dental Health**

Dental decay is almost totally preventable, but is the single most common reason for admission of children to hospital in Scotland. Dental health is also widely used as an 'indicative measure' of children's general health. This is because it reflects a key 'outcome' of good parental care during the pre-school period. Children in Scotland have substantially higher levels of recorded decay than other European countries, hence our aim to continue with the Child Health Surveillance Programme (which includes Childsmile along with many of the aims in outcome 1).

### Child dental health P1 (no obvious decay)



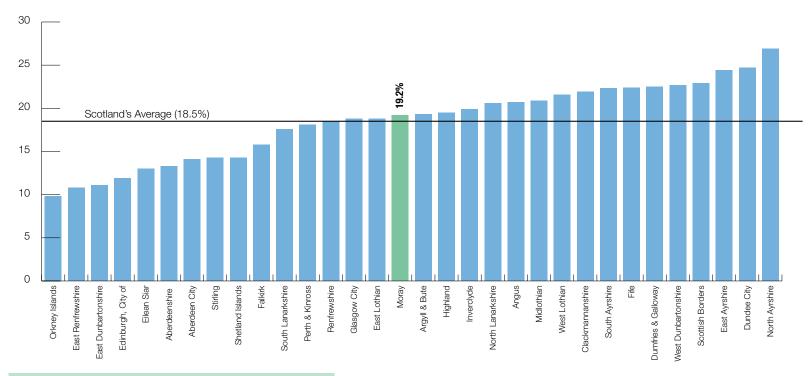
### **Child obesity in P1**



According to the Health & Wellbeing Community Profile, 25% of Primary 1 school children in Moray are at risk of overweight and obesity in the year 2013/14.

To address the growing issue of childhood obesity, we are continuing to provide programmes like; Grow Well Choices and the Active Schools Programme, which promote healthy eating and physical activity.

### **Mothers smoking during pregnancy**



Moray has slightly higher than the Scottish average of mothers smoking during pregnancy with 19.2% and the Scottish average is 18.5%, therefore we are delivering a programme of healthy active lifestyle during pregnancy.

## **Early Years Services in Moray**

## Public Services for Families in Moray (pre-birth to 8 years)

- · Antenatal Classes
- · Family Nurse Partnership
- · Baby Massage Groups
- Peep Groups (0-1)
- Sensory Peep (0-4)
- Local Authority Nursery Provision for 3-5 year olds (22)
- Bookbug Storytime Sessions (0-5 year olds)
- · Early Years Education Service
- Social Work Family Support
- Moray Alcohol and Drug Partnership support for pregnant women with substance misuse issues
- · Local Authority Primary Schools
- Educational Psychology
- Child Health Services (Nurse, Speech and Language Therapy, Physiotherapy, Occupational Therapy, Childsmile, Public Health, Health Vistors)
- · Family Information Service
- Sensory Education Service
- Cornerstone
- · Social Work Services
- Library Services
- · Inclusion Team
- · Autism One Stop Shop
- Community Police Department
- · Family Protection Unit
- MIDAS (Moray Interagency Developmental Assessment and Support)
- · Active Schools

### **Private/Voluntary**

- Private Nursery Schools (37)
- Childminders (95)
- Parent and Toddler Groups
- · Bookbug Assertive Outreach Sessions
- Private Schools
- Earthtime
- Action For Children Supporting Moray Families Service
- Step-By-Step Parent and Toddler groups for vulnerable families
- Quarriers Supporting families with children with additional needs
- Cornerstone Providing respite for families of children with additional needs
- Children 1st Moray Stronger Safer Families
- Women's Aid Support for families who have experienced domestic abuse
- · Aberlour Child Care Trust
- Moray Group Riding for the Disabled
- Childline
- North East Sensory Services

(For a comprehensive list please see <u>The Scottish</u> <u>Family Information Service</u> - Moray)

## **Appendix C**

### **Headteacher's consultation**

On 5th February 2015, the question was addressed to 29 Head Teachers across Moray, 'If you had a magic wand, what would you change about the Early Years in Moray'

The answers could be summarized into five main areas:

- · more breakfast clubs and after-school provision
- access to quality play environments
- improved partnership working and communication, particularly provision of a directory of services
- improved transitions between home / early learning and childcare / primary one
- more support for parents (support groups/parenting classes)

### **PSP Consulation**

The Public and Social Partnership project was set up in March 2014 to provide a more co-ordinated approach to early years services, using the early years methodology and particularly targeting rural areas where families are experiencing isolation.

Consultation Results

- public transport services are not frequent enough and expensive
- there is no 'central hub' to find out information about groups available
- many groups have a charge attached which could become expensive if several are attended by one family

- provision of groups for families with children prebirth to 5 years of age is very patchy, with lots of groups in some areas and hardly any in others
- positive feedback on Bookbug sessions and could there be more of them
- more groups which engaged dads or male carers are required
- more activities required during holidays and weekends
- age restrictions on groups were limiting access for families if they didn't have childcare
- more support needed for volunteers to enable them to continue to run groups
- funding constraints stopped some groups from continuing their good work
- more flexible childcare required particularly during the school holidays
- more support needed for families with children who had an additional need.

Replies to evaluation questions at the Early Years Conference 2015

What do we do well in Moray for children aged prebirth to 8 years of age and their families?

- · good communication with parents
- provide quality early learning and childcare settings
- transition from nursery to P1
- willingness to support families in a collaborative/ partnership way
- lots of opportunities to be involved in things

What do you think we should be doing in Moray for children aged pre-birth to 8 years of age and their families?

- more joined up referral systems
- pre-birth to 3 years of age identifying and sharing information between agencies
- having more local, accessible activities for children and their families
- support those who don't feel able to engage
- · equalising provision; providing better choices
- more pre-school community provision eg. parent and toddlers provide more information for parents on what's available to support them
- · more transition groups; parenting groups

## Consultation comments from professionals across Moray, during interview and in response to questionnaires

An opportunity for Early years Education to voice their Contribution, opportunities to train this group of morkers are limited

Work together to provide smooth transitions for children, focus on working with all families earlier, children need opportunities to build skills before age 3

The Moray Childcare Partnership held Healthy And Active sessions which involved a multi-agency health input from allied health professionals (Speech and Language Therapists / Occupational Therapists / Physiotherapists) and the Speech and Language Therapy service noticed a decrease in referrals as a direct result of these sessions.

Some agencies offer or start episodes of work then withdraw when funding is stopped

Opportunities for play and stress

Gaining ideas and needs, from children at the earliest opportunity. Nove play should be included We need to: upskill staff and reach practitioners

- make sure all pre-school children have access to a make sure staff receive birth
  - to-three training
  - quality assure the early years providers

There are many families in Buckje accessing groups for children under 8 in Elgin instead of the

> Due to the above, children are starting PI without having built relationships with their peers in the local area, and have accessed activities which have been highly structured and not child-led, which is causing behaviour difficulties in some schools.

There are other families who have significant issues due to poverty, isolation, and may not be attending any groups at all.

Moray is too reliant on voluntary support and guidance to families, if we had earlier interventions then the need for services further down the line would be

> Concerns need to be raised by nurseries earlier

The introduction of the new health ive introduction of the new health visitor Pathway will increase home visiting and has potential to home visiting alian improve parenting

## **Appendix D**

Who was involved in writing this strategy?

Fifty-two parents from Step-by-Step and Peep groups in Elgin, Lossiemouth and Forres provided information about how they had found out about activities/groups and if there were any groups they needed which weren't available.

Over 30 individual interviews were carried out with professionals across Moray to allow people to give their views on:

- What services we have in Moray for children prebirth to 8 years of age and their families
- · What services we need
- What we are good at
- What we need to be better at
- What services and support should look like in the future

In addition, 80 professionals attended the Early Years Conference and as part of their evaluation they contributed towards the strategy.

All Head Teachers in Moray were asked what they would like to see in Early Years in Moray 'if they had a magic wand'.

Further consultation took place between September 2015 and January 2016, when the draft strategy was widely distributed across Moray, with parents and professionals contributing their views of the draft document.

## Appendix E: Who is the CPP?

The Moray Community Planning Partnership has six themed partnerships, including: Children and Young Peoples Partnership the membership of which is:

### **Children & Young Peoples Partnership**



Chair Cllr Anne Skene The Moray Council





Lead Officer Laurance Lindlay The Moray Council

#### **Group Members**

- The Moray Council • NHS Grampian
  - Police Scotland
- Scottish Children's Reporter Administration
  - Children 1st
- Moray Youth Council
- Moray College UHI

The Council has lead responsibility for guiding and facilitating the work of the Partnership. The Single Outcome Agreement has been replaced by Moray 2023 a Plan for the Future (PDF) (52 pages, 1.81 MB)

- See more at:
- http://www.moray.gov.uk/moray standard/ page 2101.html#sthash.4elSiNDK.dpuf

## **Appendix F: Moray Parenting Model**

#### Level 3

`Targeted Intervention`

Children who are
suffering, or likely to suffer,
significant harm without the
provision of services. This includes
children who are looked after; those at
risk of being looked after, those in need of
rehabilitation from a care or custodial setting.
Children with critical and/or high risk needs e.g.
children in need of safeguarding and children with
complex and enduring needs (this includes children with a
learning and /or physical disability).

**Programmes:** Webster Stratton/The Incredible Years, Triple P, Play@Home, Baby Massage, Before Words, Peep 1:1 and targeted groups and Book Bug (inc; Assertive Outreach 1:1)

### Level 2

#### 'Universal With Support'

Vulnerable children and their families who require additional support to promote social inclusion, to reduce levels of vulnerability within the family and/or to minimise risk taking behaviours.

**Programmes:** Play@Home, Baby Masssage, Before Words, Triple P, PEEP and Book Bug (inc; Assertive Outreach)

### Level 1

'Universal'

The majority of children and families in Moray whose needs are being met. They utilise universal services and community resources as required.

Programmes: Play@Home, Baby Massage, Before Words, Peep groups and Book Bug group sessions

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## **Your Notes**

