

ACEs, Distance and Sources of Resilience

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A note on the statistics:

When reporting findings of this research figures have been rounded to the nearest whole percentage. In a small number of cases this results in the total across all subsections equating to 101% or to 99%. More precise figures are available within the appendix, or directly from the author should they be required.

Executive Summary

This research measured the prevalence of a range of life experiences encountered by children resident within secure care on one particular day in 2019. Repeating the process employed during the 2018 secure care census, data including Adverse Childhood Experiences (ACEs), socio-economic status, and demographics was once again captured and analysed. This report therefore complements the previously published [‘ACEs, Places and Status: Results from the 2018 Scottish Secure Care Census’](#) (Gibson, 2020), and should be read alongside this. It also features some unpublished data gathered during the 2018 study.

Once again, 63% of children within secure care had been placed there by a Scottish local authority with some 37% coming from outwith Scotland. In a departure from 2018, a small number of children had been placed by a Welsh local authority, with the remainder placed by an English body.

Whilst overall most children within secure accommodation were boys, a fairly substantial variance was found amongst placing nations. Children placed by a Scottish local authority were mostly boys, those from outwith were mostly girls. A small number of transgender children were also resident in secure care on the day of the census.

On balance, the 2019 cohort was found to be older than their 2018 contemporaries. In particular, of the 2019 cohort, 16 and 17 year olds accounted for 39% of children in 2019 compared to 30% in 2018, and fewer young children were resident in secure on the day of the 2019 census.

Heightened rates of poverty were once again found during this study, with at least 50% of children believed to be living in relative poverty, with this report considering the impact that this may have upon children over the short, medium and long term. It was ‘unknown’ whether a sizeable number of children resided in relative poverty. This report considers why this may be, and what implications these findings may have for the life opportunities and outcomes of this cohort of children. As in 2018, this study found that children from the most deprived areas of the United Kingdom are disproportionately represented within secure care.

The 2018 census found that children in secure care had experienced inflated levels of exposure to ACEs. This is echoed in this study, and indeed in most cases the rates of exposure are higher than were found one year previously. This is true for both girls and boys. In total, 74% of children had encountered four or more ACEs. Data is provided within this report which demonstrates the increase of prevalence of these issues, broadly affecting all sub-sections of the overall population.

A new area discussed in this iteration of the census is the distance that each child is placed from their home, finding that almost seven in 10 of those placed by a Scottish local authority were under 50 miles from their family home. For those children under the care of an English local authority there was a vast difference, with the same proportion of children over 300 miles from home.

Following feedback on the 2018 census, the 2019 census examined which factors in a child's life were protective or could be considered a strength, thus supporting resilience. The most commonly cited issues were family and education. These are the foundations of effective care plans; the pillars and foundation that children and those supporting them can build upon in order to overcome existing challenges. Bearing in mind the distance from their family many children find themselves in, this report considers the implications of this separation and whether technological solutions could play a part in sustaining relationships.

Given the role that relationship based practice can play in supporting those who have encountered heightened levels of ACEs and myriad trauma, the report considers what role the conclusions within [The Promise](#) may play in shaping secure care in years to come, as well as the newly launched [Secure Care Pathway and Standards Scotland](#).

Introduction

Recent events have shown that a year can usher in monumental changes that alter the nature of society in a way that makes it unrecognisable. In much the same vein, the lives of those resident within the secure arena are not merely a duplication of their predecessors and are subject to the same year on year changes to culture, lifestyle, civic society and human behaviour as any section of our communities are. With that in mind, it seems apposite to ask whether there were any meaningful differences in the life experiences of children resident within secure care in 2019 compared to their earlier contemporaries. This was measured by repeating the census process undertaken in 2018 by Gibson (2020) on one day in 2019, again focusing on the profile, demographics and needs of some of the most vulnerable children in Scotland.

With periods of care ranging from a few hours to a few years, the daily population within secure care in Scotland constantly fluctuates. Indeed, in 2019/20 the daily population ranged from 75 to 88 children with a total of 194 distinct admissions (Scottish Government, 2021). Use of Scottish secure provision by local authorities outwith Scotland continues; this may well be due to the reduction of capacity elsewhere and other associated changes highlighted by Gough (2018).

Whilst delivering the most restrictive form of care for children in Scotland (Gough, 2016; Heron & Cassidy, 2018), limited research has been undertaken into the setting itself or into the lives of the children who are resident there (Hart & La Velle, 2016; Miller & Baxter, 2019). The secure care population is not a homogenous group (Rose, 2014), having faced challenges which are particularly acute and broad (Cassidy & Heron, 2020; Hales, Warner, Smith, & Bartlett, 2018; Williams et al., 2020), including issues such as sexual abuse, absconding, physical abuse and parental mental ill-health (Williams et al., 2019), along with a complex mix of mental ill-health, episodes of offending and exposure to diverse risk (Andow, 2020; Rose, 2014). A summary of recent research has been provided by Gibson (2020), who highlights the difficulties encountered by this particular cohort through the lens of Adverse Childhood Experiences (ACEs).

This substantial level of need justifies sustained and prolonged attention on secure care and the lives of those resident in that setting, mindful of the restriction upon children's rights that such a setting involves (Lightowler, 2020) and uncertainty over the efficacy of secure care (Moodie, 2015; Williams et al., 2020). As Murphy, Nolan, and Moodie (2020) note, providing a level of care that meets the needs of Scotland's most vulnerable and at risk children is a complex task. Secure care offers a comprehensive response to such situations; the need to provide care that is as good as it possibly can be is therefore imperative, as the recently published [Secure Care Pathway and Standards Scotland](#) highlight.

Hart and La Velle (2016) point to the ultimate efficacy of secure care being dependent upon the congruence between the range of services being offered, and the needs of the child. A

greater understanding of these needs can therefore better shape the care and support offered within secure. One way of doing this is through an analysis of the children resident there through a census, as the author previously demonstrated. This greater understanding can also be of benefit to services which support those children in the community who face, make or take the highest levels of risk by assisting them to calibrate and design interventions and supports that address these manifest needs. In turn, this could improve the quality of care delivered within the community and in doing so address the phenomena of children being placed within the secure environment due to a lack of appropriate resources (Moodie & Gough, 2017).

The 2018 secure care census was merely a snapshot in time, with the population on that one day perhaps not reflecting the circumstances of secure care residents in subsequent years. With that in mind, it was hoped that repeating the task undertaken in 2018 would lead to a better understanding of the life experiences of those children who face, make or take the most acute levels of risk. It may confirm or contradict the findings of the earlier study, and thus ascertain the true nature of the adversities and difficulties that children within secure care have faced. This report therefore presents selected findings from a second census from a date in 2019 - approximately one year after the 2018 iteration - with commentary offered on the most pertinent issues.

Methodology

The methodology adopted during the 2019 census mirrors that from 2018, incorporating a series of questions relating to the lives of the children resident in secure care on one particular day in 2019. Staff who knew the children well were invited to complete a census relating to each child, responding with 'yes', 'no', or 'don't know' to a range of questions regarding the child's background. Other questions invited the staff member to provide a text or numerical response. A fuller account of the methodology adopted in this study is provided in the original publication by Gibson (2020). This report features some questions that were not contained within the earlier report, or which were not asked in the first version of the census.

Demographics within Secure Care

A range of data relating to the demographics of children across the five secure establishments has been captured.

Ethnicity

On the day of the 2019 census 76 children were residing across the five secure units in Scotland. Of these 76 children, 65 identified as 'White British', seven were of 'Mixed/Multiple Ethnicity', and the remainder either 'Asian/Asian British', 'Black/African/Caribbean/Black British' or 'White Other'. Further details regarding the demographics of children in secure care can be found in the appendix. As a note of caution, it should be noted that there is a very small chance that some of the children who featured within the 2018 census could

again feature in the latter census. Potentially a child may have remained in situ over the period between two censuses, or may have made a transition to the community before returning once again.

This was a smaller group than in 2018, when there were 87 children resident on that day.

Ethnicity of children in secure care

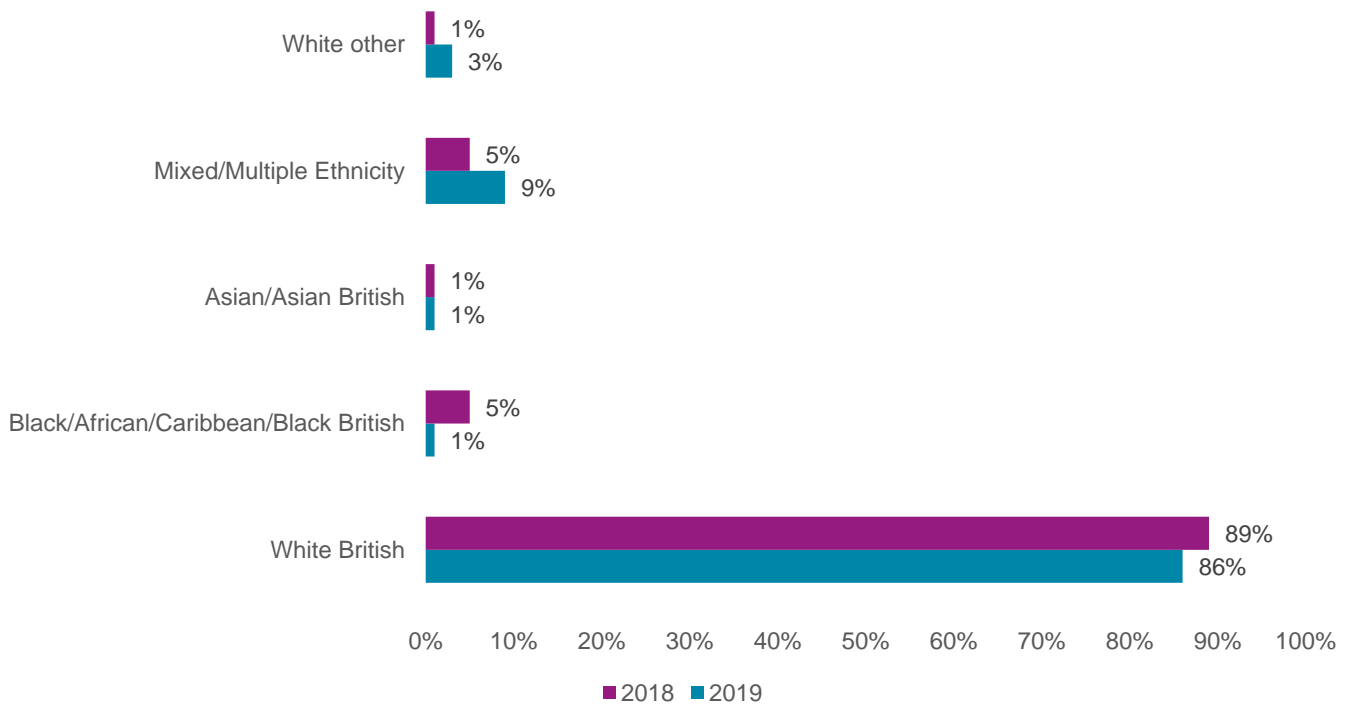


Figure 1: Ethnicity of children in secure care

Across the two years there has been a fairly similar ethnic makeup within the secure care arena.

Placing nation

Placing nation on day of 2019 census

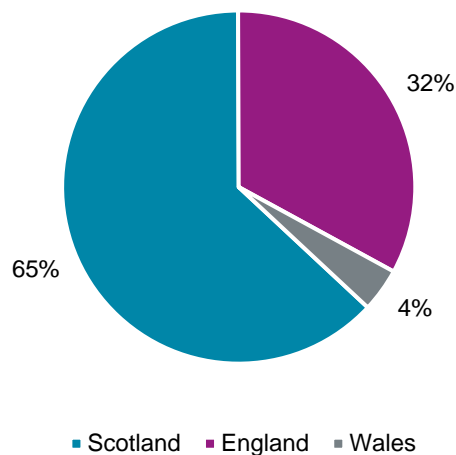


Figure 2: Placing nation on day of 2019 census

This study found that some 65% of children had been placed in the secure estate by a Scottish local authority. When combined, children from England and Wales represented 36% of all residents. The figures of 65:36 closely resemble the results from the earlier census which reported a 63:37 split in favour of those placed by Scottish local authorities (Gibson, 2020). A small number of children from Wales were present in the 2019 census; a change from 2018 when there were none.

Whilst Scottish Government data - based on a 'snapshot' taken each July - pointed to a decrease in the use of cross border placements in 2019 (Scottish Government, 2020), their data from 2020 points to a slight year-on-year increase in the average number of children who had been placed there on a cross border basis (Scottish Government, 2021). This provides greater reassurance that the findings of this study are a true reflection of the day-to-day reality within the secure arena.

Gender

Across the entire secure care population on the day of the census, the majority of children (55%) were boys, 42% were girls and transgender children accounted for some 3%.

Gender of children in secure care

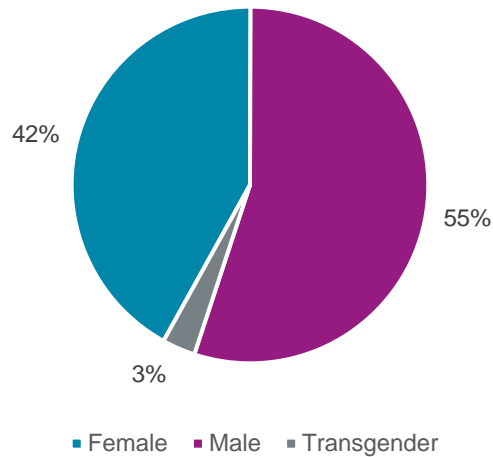


Figure 3: Gender of children in secure care

This is a departure from that found in 2018, when the 53% of children were girls, 45% were boys and 2% of children were transgender.

There was a clear difference in the gender profile across the placing nations groups in 2019, as illustrated in Figure 4 below.

Gender of children (Scotland)

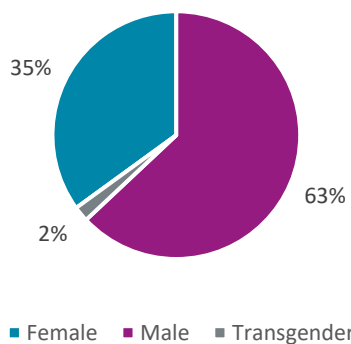


Figure 4: Gender of children (Scotland)

Gender of children (England & Wales)

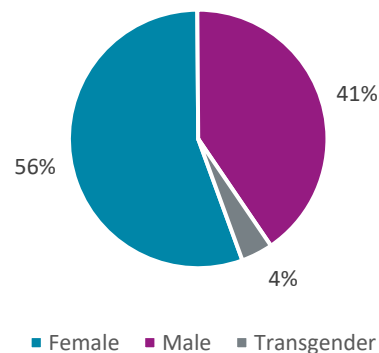


Figure Gender of children (England and Wales)

Amongst children who had been placed by a Scottish local authority most children (63%) were boys, compared to only 41% amongst children from English or Welsh local authorities. This census found that only 35% of the Scottish population were girls, compared to the majority (56%) of children from England and Wales. The trend for the majority of children from outwith Scotland being female echoes the findings of the 2018 census, although has fallen from 75% in 2018, to 56% in 2019.

Overall, there is a modest decrease in the proportion of girls within secure care in Scotland, with greater use of this resource for boys. The reduced number of placements from outwith

Scotland - which were predominantly used to care for girls - is another factor which may have contributed to an increase in the proportion of children who were boys. The size of the transgender population has increased marginally. That being said, the smaller secure population on the day of the 2019 census may skew the figures slightly and should be borne in mind when making any comments regarding this fluctuating and dynamic issue.

Age

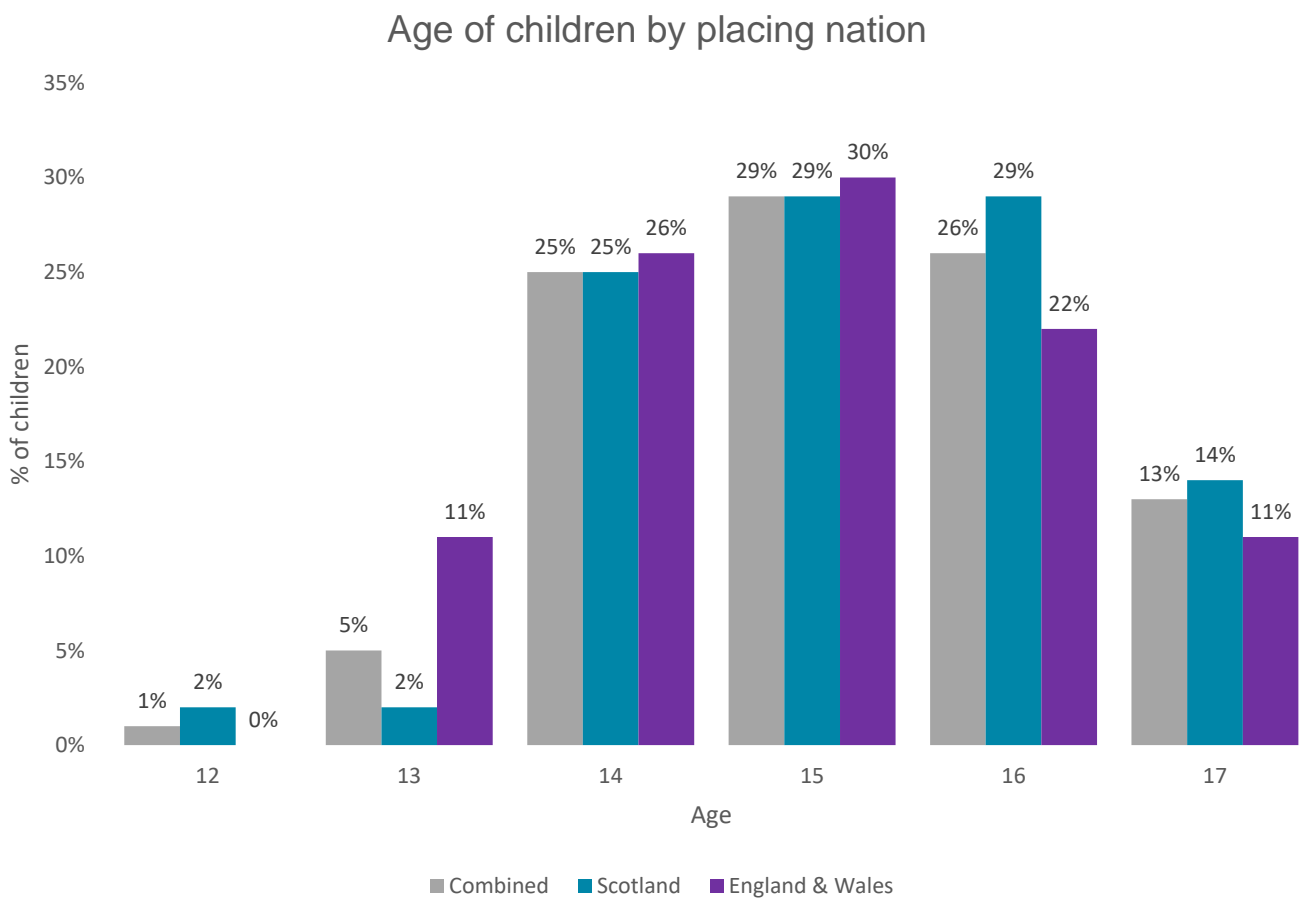


Figure 6: Age of children by placing nation

Findings from the 2019 census found that children placed by Scottish local authorities were aged between 12 and 17, with 83% being either 14, 15 or 16 years old. The age of children placed by English or Welsh local authorities ranged from 13 to 17, peaking at the age of 15 which accounted for 30% of children. The combined secure care population - consisting of all children regardless of placing nation - ranged from 12 to 17 years old, peaking at the age of 15 which accounted for 29% of children. This is a fairly similar profile to that found in 2018.

The 2019 census found a greater proportion of older children than in the 2018 study. Overall, 16 and 17 year olds made up 39% of children in 2019 compared to 30% in 2018. Fewer young children were resident in secure on the day of the 2019 census. In 2019 some 6% of the overall, combined population were aged 12 or 13. In 2018 that figure was 15%.

The age of children within secure has also been broken down by gender, with data relating to transgender children omitted in order to preserve anonymity and confidentiality.

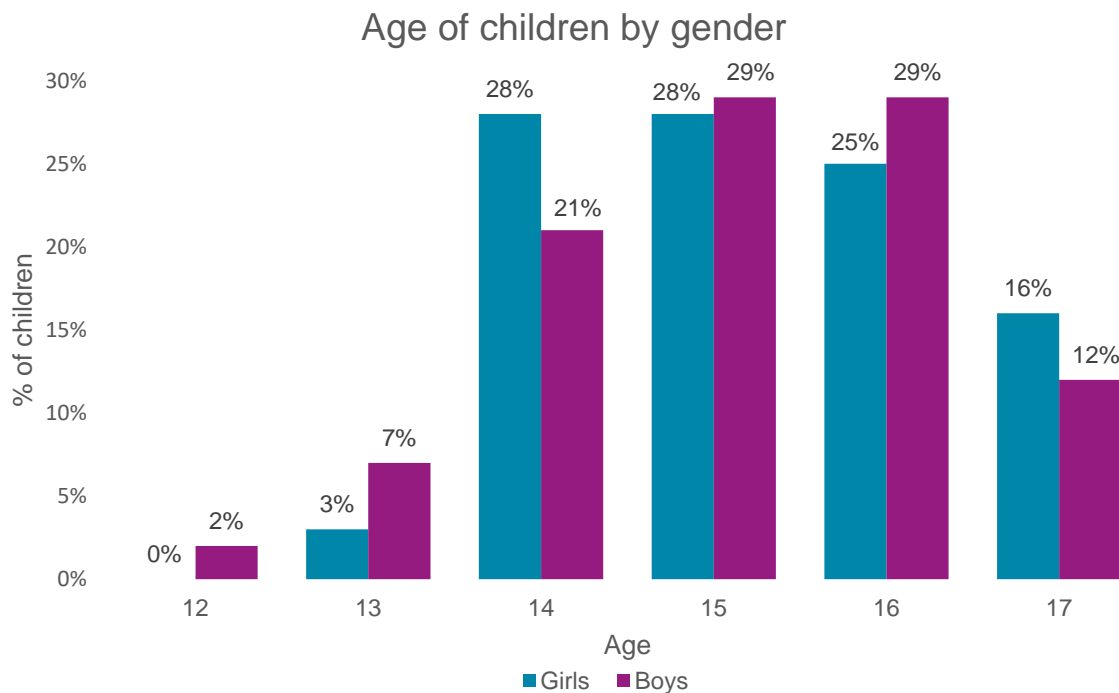


Figure 7: Age of children by gender

Findings of the 2019 census found that boys were aged from 12 to 17, with those aged 15 and 16 each accounting for 29% of the male population. In total 70% of children were aged 15 or above. Girls were found to range from 13 to 17, with those aged 14 and 15 each accounting for 28% of the female population respectively. The older group of 15, 16 and 17 year olds accounted for 69% of children in total.

Socio-economic status

Adopting relative poverty¹ as a means by which socio-economic status can be measured, this census found that approximately half of children were from a family living in relative poverty when discounting instances where there was insufficient information about the child's family's circumstances. This was the case for 27% of all children, and is in stark

¹ As in 2018, respondents were asked to judge whether the child's family were living in relative poverty as defined by UNESCO, which "defines poverty in relation to the economic status of other members of the society: people are poor if they fall below prevailing standards of living in a given societal context" (UNESCO, n.d.).

contrast to the findings of the previous census which showed that this information was not known in just 6% of cases.

Does this child live in relative poverty? (Combined)

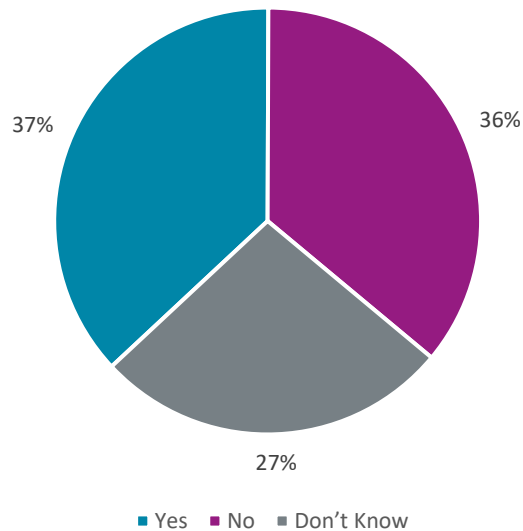


Figure 8: Does this child live in relative poverty?

Findings from the 2018 census found that over three-quarters of children were from a family whose economic position was below the prevailing standard amongst their communities.

Rates of relative poverty was also measured within each placing nation.

Does this child live in relative poverty? (Scotland)

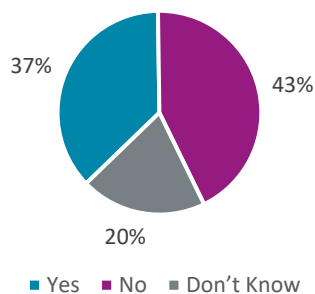


Figure 9: Does this child live in relative poverty? (Scotland)

Does this child live in relative poverty? (England & Wales)

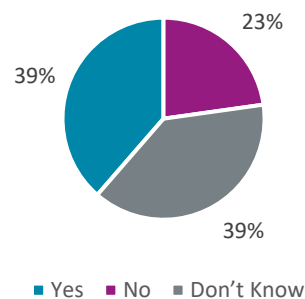


Figure 10: Does this child live in relative poverty? (England and Wales)

Within the two groupings (children placed by a Scottish local authority, and those from England and Wales) there has also been a change in the rates of relative poverty. Whilst in 2018 some 80% of the Scottish population were from a household experiencing relative poverty, this has dropped to 37% in 2019. A similar figure of 39% was reported amongst children from England & Wales, whereas the figure in 2018 was 72% of children from an English local authority. There has been a substantial increase in the proportion of children whose economic position was unknown.

When omitting those respondents who had answered 'don't know' to this question, the profile appears closer to that found in 2018. For children from a Scottish local authority this resulted in a finding of 46% living in relative poverty, and 54% not living in relative poverty. Amongst the population from outwith Scotland, 63% were living in relative poverty and 37% were not living in relative poverty.

Multiple Deprivation

Each placing nation adopts the use of Index of Multiple Deprivation Zones; a means by which a measurement of the levels of deprivation can be reached through examining a range of data including household income, crime, and access to resources.

Direct comparisons between the Scottish Index of Multiple Deprivation and the English Index of Multiple Deprivation are not possible due to their slightly different methodological constructions; however they can both be considered as a broad indicator of relative deprivation within that particular nation. Data regarding children from Wales was excluded in this analysis due to their small numbers. For information however, all children from Wales were from Welsh Index of Multiple Deprivation Zone 1, representing the most deprived zones in that country.

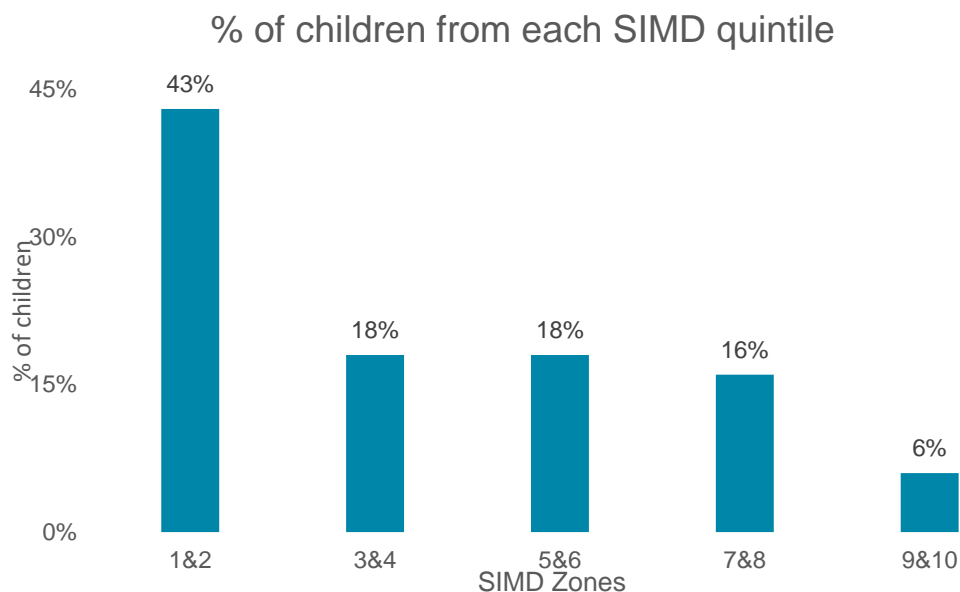


Figure 11: % of children from each SIMD quintile

Amongst children placed by a Scottish local authority, 61% resided in SIMD 1 to 4. This compares to 69% in the 2018 study. A greater number of children were found to reside in the more affluent areas of the country, with the 22% found in 2019 more than double the proportion found in 2018, when only 10% of children were from these areas and were specifically from SIMD zones 7 and 8.

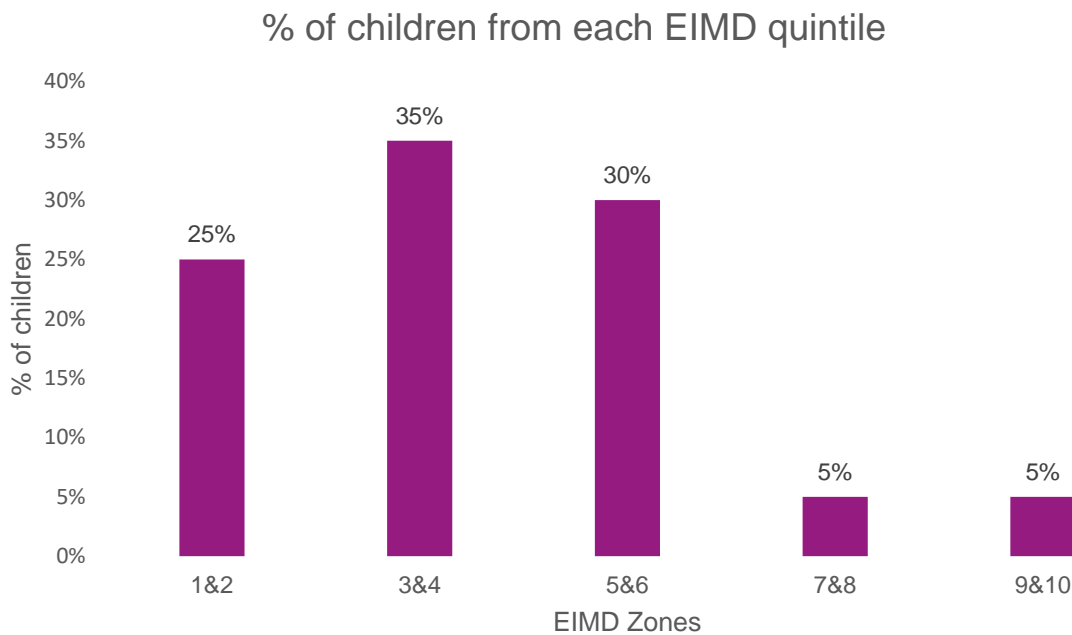


Figure 12: % of children from each SIMD quintile

Findings in relation to children whose placing nation was England illustrate that 60% resided in EIMD 1, 2, 3 or 4; in 2018 that figure was 53%. Whilst only 10% of children originally resided in the least deprived zones of 7 to 10 in the 2019 census, this is double the 5% found one year earlier.

Taken as a whole, the 2019 data has found that children from the most deprived areas of the United Kingdom are disproportionately represented within secure care. Each zone hosts approximately 10% of all children - albeit with some minor variance across the United Kingdom - yet the most deprived areas have been shown to host the homes of a disproportionate number of children who enter the secure care environment. The similar levels of deprivation amongst residents of secure care over the intermitting year makes the findings regarding exposure to relative poverty of increased interest.

Adverse Childhood Experiences

Discussion and debate over ACEs has grown exponentially over the preceding two decades and is now the subject of public and political discussion with young people, Parliamentarians, policy makers, police officers and practitioners familiar with the concept and the correlation between childhood events and subsequent outcomes. It links myriad undesirable outcomes with exposure to the ten traditionally identified ACEs, as Gibson (2020) highlighted. Whilst the strength of this relationship is a matter of public debate

(Asmussen, Fischer, Drayton, & McBride, 2020) and a range of criticisms have been levelled against the approach (Anderson, 2019; Case, 2021; Walsh, 2020; White, Edwards, Gillies, & Wastell, 2019), it cannot be denied that the movement has served to bring a public health approach to childhood maltreatment into the mainstream (Lacey, Howe, Kelly-Irving, Bartley, & Kelly, 2020). It has influenced policy across all four nations of the United Kingdom (Mooney, Bunting, & Coulter, 2020), featuring within the Scottish Programme for Government (Scottish Government, 2019), Scotland’s public health strategy to address childhood adversity (Hetherington, 2020) and The Promise (Independent Care Review, 2020). It appears to be *the* in vogue policy vehicle of the moment and is likely to be a significant feature of the landscape upon which public discourse over the welfare and wellbeing of Scotland’s children will play out for the foreseeable future (M. Smith & Hetherington, 2021).

As such, an awareness of the prevalence of ACEs amongst the secure care population can aid service design, practice, policy, and - most importantly - inform the care provided to a vulnerable group of children. This report therefore charts the scale of exposure encountered by this group, at levels substantially more acute than found amongst the general population by Asmussen et al. (2020) or Marmot, Allen, Boyce, Goldblatt, and Morrison (2020).

ACEs within the secure care population

Compared to 2018, in 2019 there was an increase in the aggregated number of adverse childhood experiences recorded. Seventy four percent of the children in secure care in 2019 had experienced four or more separate types of ACEs, as detailed below:

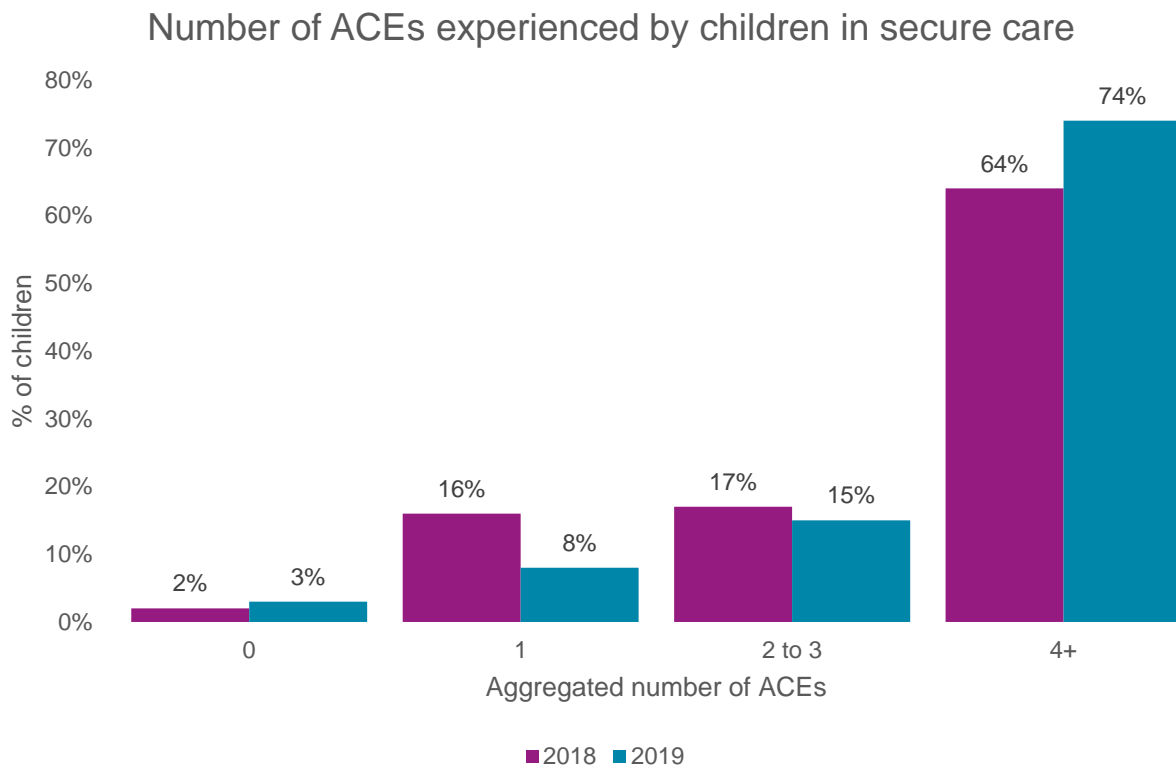


Figure 13: Number of ACEs experienced by children in secure care

The correlation between greater likelihood of negative outcomes for those who have experienced more than four ACEs has been demonstrated by multiple authors across a wide range of disciplines (Anda, Porter, & Brown, 2020; Hughes et al., 2017; Lacey et al., 2020). The substantial number of children within the 2019 cohort who had experienced this level of ACEs is therefore alarming, particularly as this level (74%) is 10% points higher than was found one year previously (64%).

ACEs and Placing Nation

Scotland

Through the lens of ACEs, a comparison can be made between the life experiences of those children who were studied in both the 2018 and 2019 census; firstly amongst children placed by Scottish local authorities:

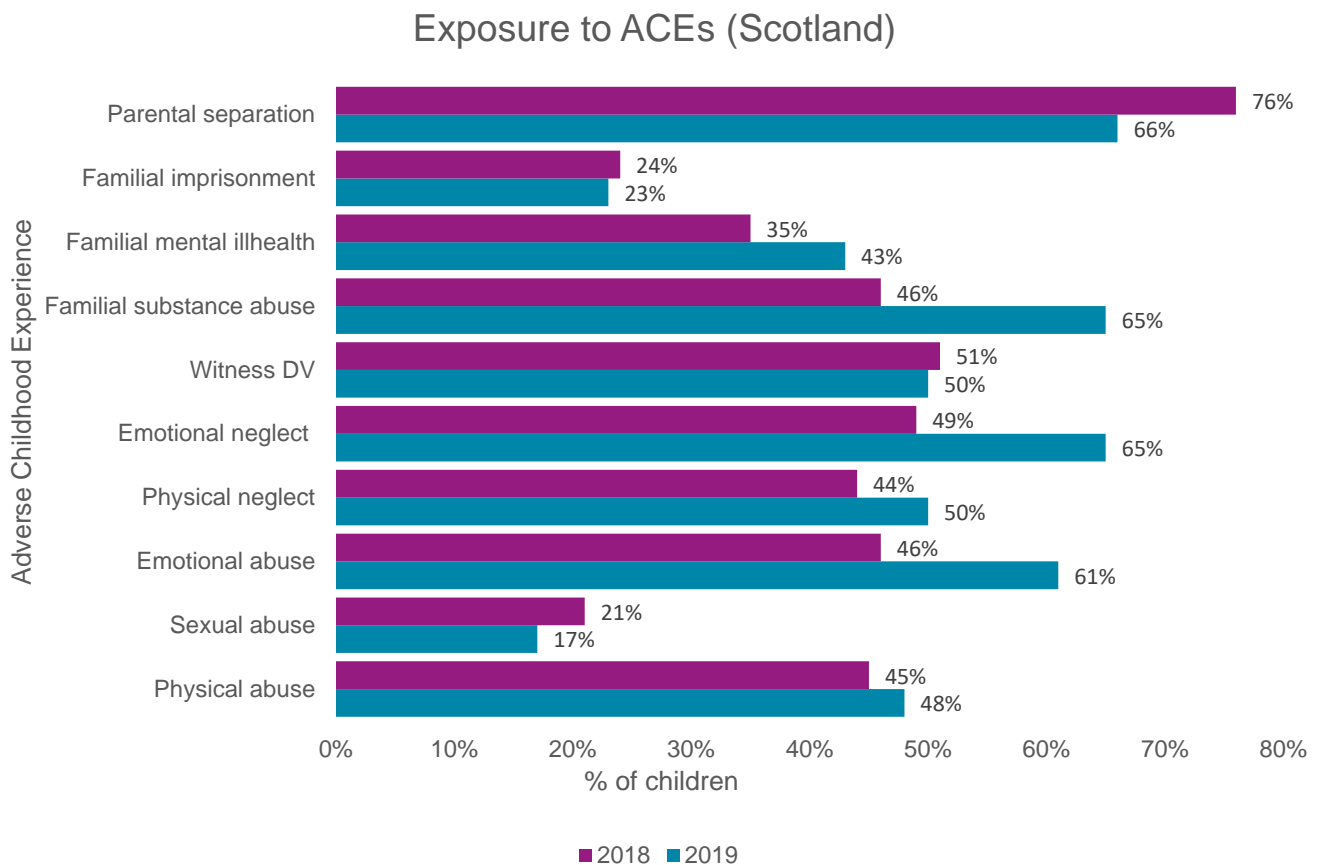


Figure 14: Exposure to ACEs (Scotland)

Comparing data across the two censuses, there appears to be a fair degree of similarity of prevalence in most cases within the Scottish populations. There are some notable variances however. Familial substance abuse, emotional neglect and emotional abuse were all more prevalent in the most recent census. Within the 2018 cohort, parental separation stands out as being substantially increased in prevalence, being some 10% points higher than in 2019.

England and Wales

Whilst the 2018 cohort from outwith Scotland only consisted of children placed by an English local authority, the 2019 census found that children from both England and Wales were accommodated within the secure estate. Due to the small number of children who had been placed by a Welsh local authority, these two groups are combined in order to make a comparison of those children who are under the care of a local authority from outside Scotland:

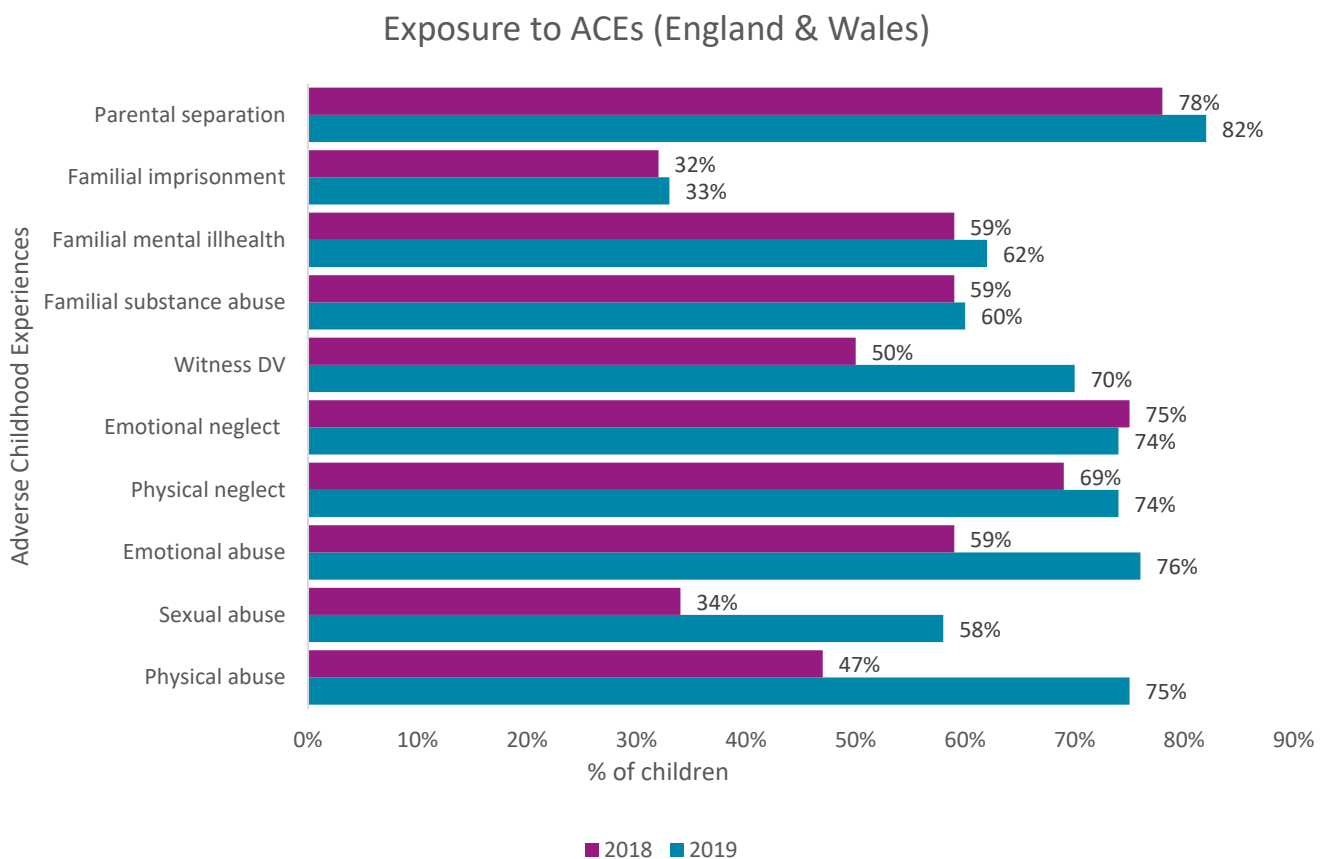


Figure 15: Exposure to ACEs (England and Wales)

Although there are some notable exceptions, the findings are broadly similar across the two years. These exceptions include a greater prevalence - or at the very least increased recording of - exposure to domestic violence, emotional abuse, sexual abuse and physical abuse, all of which were between 17-28% points more prevalent in the 2019 study.

Examining average exposure to ACEs across the two groups (children placed by a Scottish local authority, and those placed by a local authority outwith Scotland) shows a marked difference. The average ACE exposure amongst children from a Scottish local authority was 4.92, ranging from zero to ten ACEs. Their counterparts from elsewhere (a combined population of those from English and Welsh local authorities) had been exposed to an average of 6.38 ACEs, ranging from zero to ten ACEs. Using statistical analysis, it was found that being placed by a local authority from outwith Scotland was a statistically

significant factor in exposure to ACEs². This differs from the findings of the 2018 census, where the placing nation was not found to have statistical significance.

Gender and ACEs

There were 76 children within secure care on the day of the census: 42 boys and 32 girls. There was also a small number of transgender children. In order to respect and protect their anonymity, data regarding these children have been excluded from this section of analysis.

Unlike the earlier cohort³, gender was not found to be statistically significant factor in relation to increased exposure to ACEs⁴, falling marginally outwith the threshold to be deemed so.

Differences in rates of exposure were found within each gender across the two time frames.

Boys

As Figure 16 demonstrates, the 2019 cohort had encountered eight of the ten ACEs more often than their 2018 contemporaries, and in those instances where this wasn't the case the variance was merely a matter of 2% or 3% respectively. Of note is the scale of emotional abuse which almost doubled prevalence from 36% in 2018, to 71% in 2019.

² An independent t-test comparing children placed by a Scottish local authority (M=4.92, SD=2.65) and those from outwith Scotland (M=6.22, SD=2.50) demonstrated that overall exposure to ACEs was found to be statistically higher amongst those from outwith Scotland. The independent t-test showed that (t(74) = -2.09, p=.040)

³ The 2018 census reported an independent t-test comparing boys (M=3.77, SD=2.59) and girls (M=5.96, SD=2.69) which demonstrated that overall exposure to ACEs was statistically higher amongst girls. The independent t-test showed that (t(83) = -3.80, p<.001)

⁴ An independent t-test comparing boys (M=4.86, SD=2.79) and girls (M=6.06, SD=2.41) demonstrated that overall exposure to ACEs was not found to be statistically higher amongst girls within the 2019 cohort. The independent t-test showed that (t(72) = -1.95, p=.055)

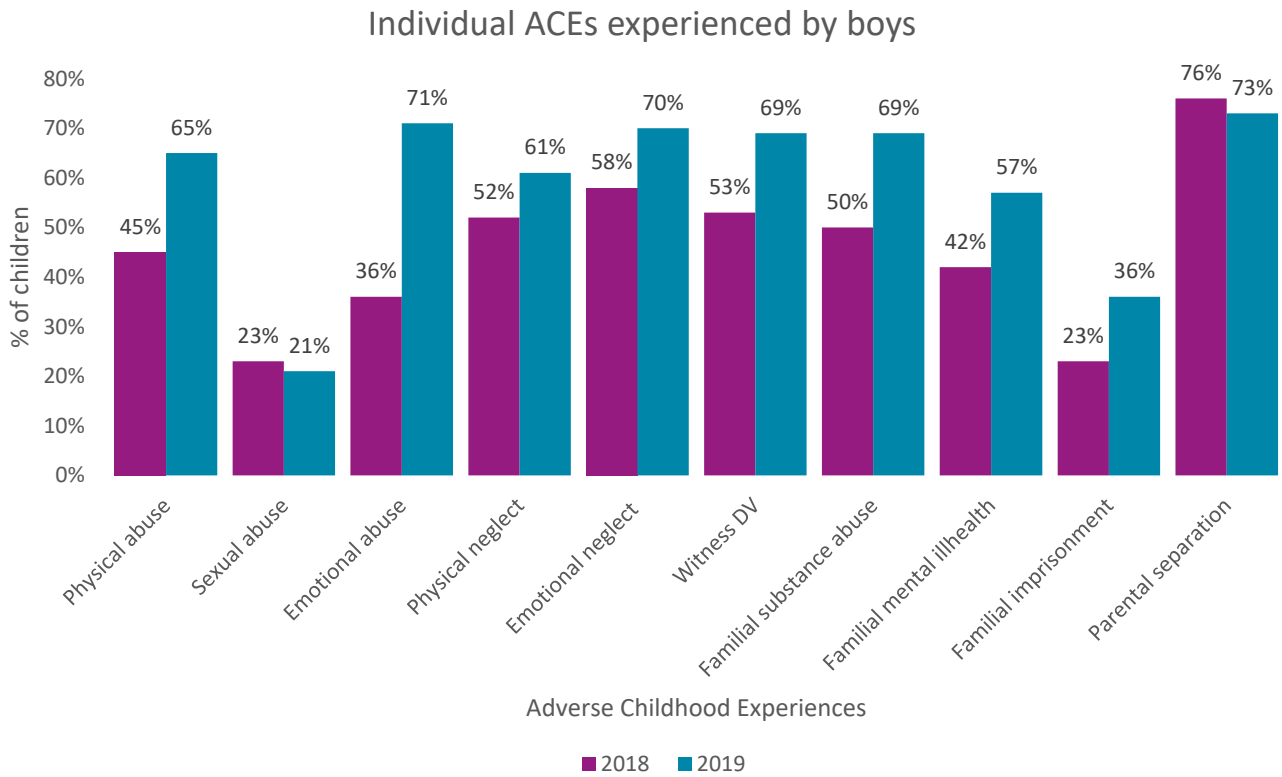


Figure 16: Individual ACEs experienced by boys

A similar picture of higher rates of exposure emerged when examining the prevalence of each individual ACE amongst the female population.

Girls

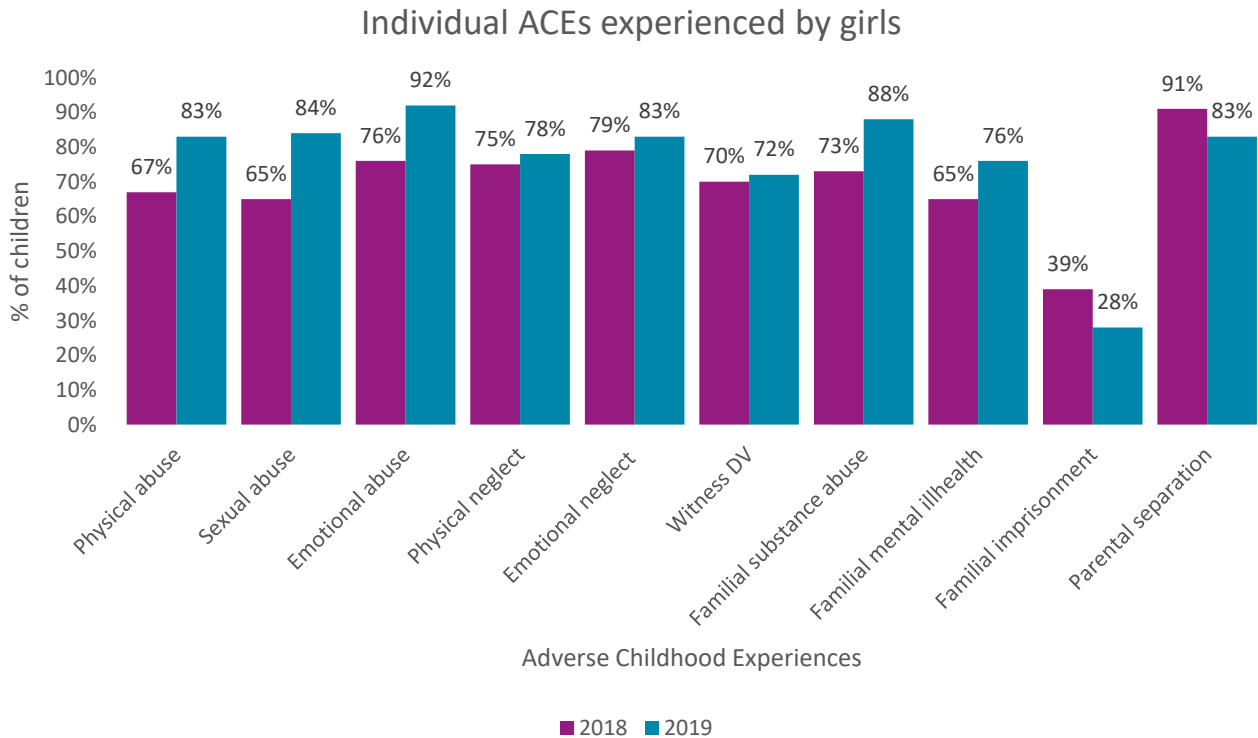


Figure 17: Individual ACEs experienced by girls

The 2019 cohort of girls experienced eight of the ten ACEs at higher rates of prevalence than their peers from one year previously. Large increases were seen in rates of physical abuse (16%), sexual abuse (19%), emotional abuse (16%), familial substance abuse (15%) and familial mental ill-health (11%). By comparison rates of familial imprisonment and parental separation were less common in the 2019 study, with an 11% point and 8% point reduction respectively.

Average aggregated exposure of 4.86 ACEs amongst boys was substantially higher than found during the 2018 census, when a reduced figure of 3.77 ACEs was reported. A very small - perhaps negligible - increase was also reported amongst girls, rising from a mean aggregate exposure rate of 5.96 in 2018, to 6.06 in 2019.

Poverty and ACEs

Like other demographic sections, there has been a marked increase in the aggregated exposure to ACEs amongst those living in relative poverty, and those not in relative poverty. In 2019 the average number of ACEs experienced by those in relative poverty was 6.64, and 4.00 amongst those who were not. Those figures amongst the 2018 cohort were 4.89 (in relative poverty) and 2.55 (not in relative poverty) respectively.

Examining these data shows the scale of exposure amongst those who were living in relative poverty, as illustrated in Figure 18:

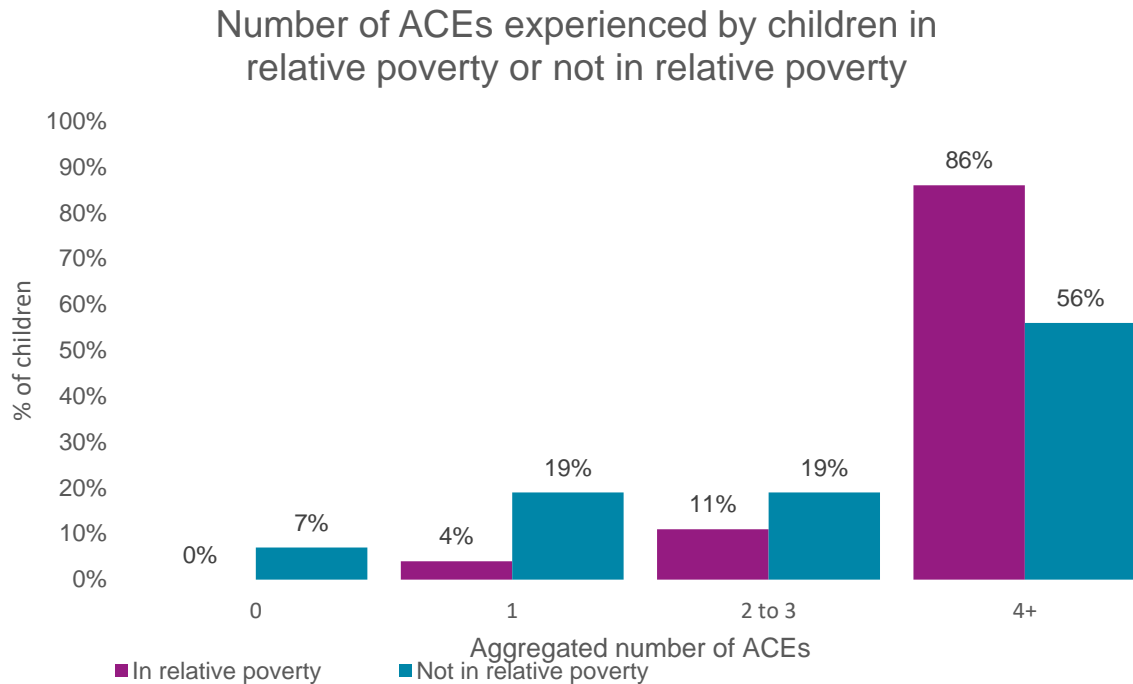


Figure 18: Number of ACEs experienced by children in relative poverty or not in relative poverty

Amongst those who lived in relative poverty, 86% of children had encountered four or more ACEs, with a smaller 56% amongst children who did not live in relative poverty. The 86% found in the 2019 census compares to 70% of children in the 2018 census who had encountered this rate of ACEs whilst living in relative poverty.

Through the use of statistical analysis, this study found a very strong relationship between exposure to ACEs and living in relative poverty⁵, mirroring the situation amongst the 2018 cohort⁶.

Distance from home

This second iteration of the secure care census included a measurement of the distance that each child was away from the family home. Amongst children whose placing nation was

⁵ An independent t-test comparing those within the 2019 cohort in relative poverty (M=6.64, SD=2.44) and those deemed not be in relative poverty (M=4.00, SD=2.67) demonstrated being in relative poverty was a statistically significant factor in the overall exposure to ACEs. The independent t-test showed that $t(53)=3.822, p<0.01$, demonstrating a very strong relationship.

⁶ The census from 2018 found a significant difference in aggregated levels of exposure to ACEs within that cohort between those living in relative poverty (M=4.89 SD=2.74) and those not in relative poverty (M=2.55, SD=2.30). An independent t-test of the mean levels of exposure to ACEs showed that $t(53)=2.61, p=.012$, demonstrating a very strong relationship.

Scotland, the majority of them (69%) were cared for less than 50 miles from their family home.

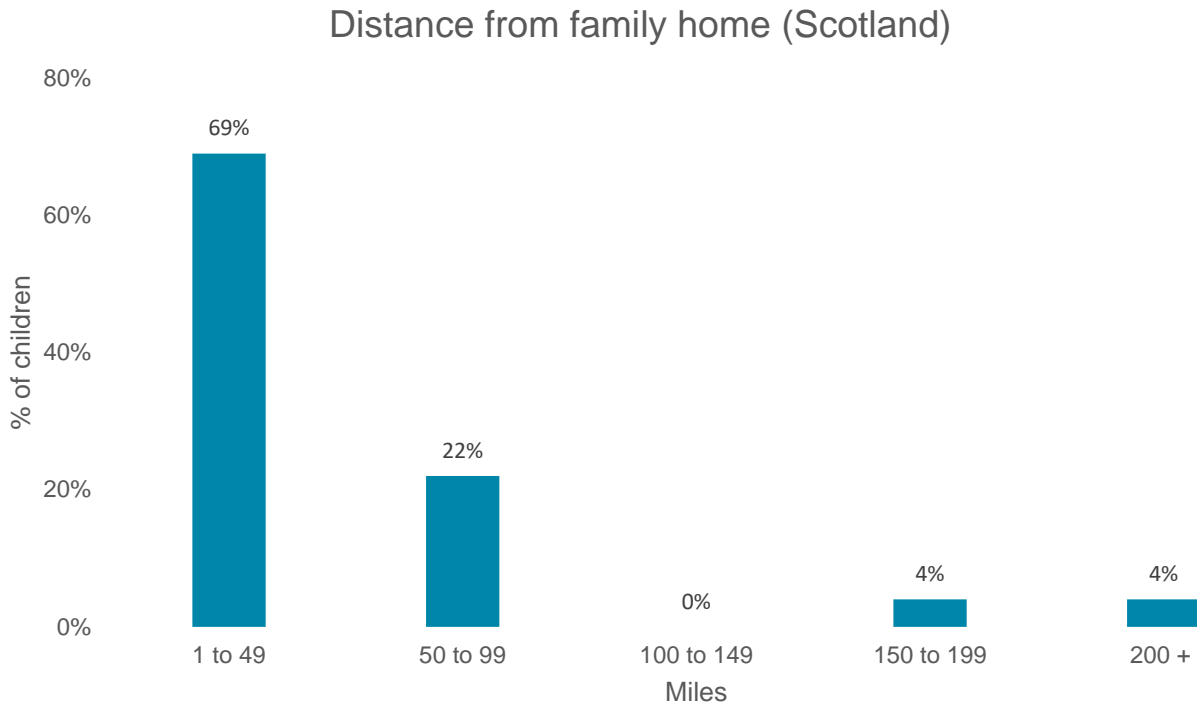


Figure 19: Distance from family home (Scotland)

Just over one fifth of children (22%) were between 50 and 99 miles from home, with a smaller number of children between 150 to 199 miles (4%) or over 200 miles (4%) from their family.

As one would imagine, the picture is very different for children who had been placed by an English or Welsh local authority, as illustrated in Figure 20.

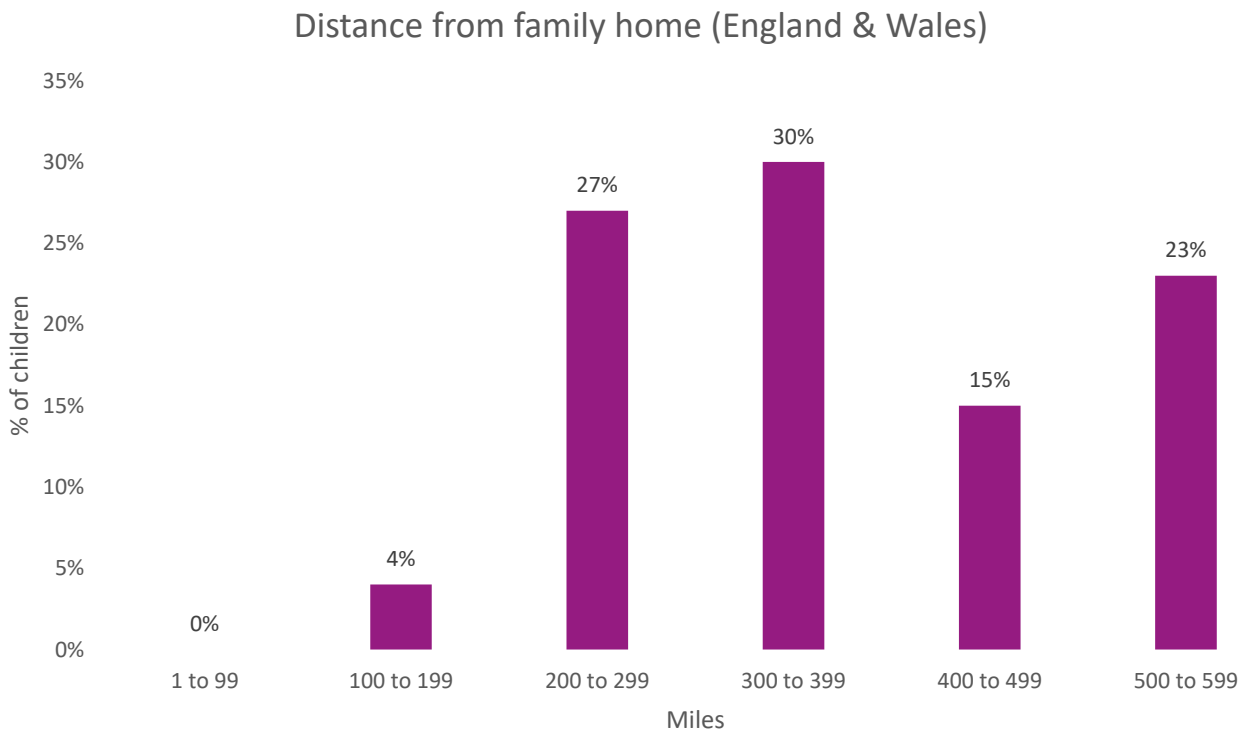


Figure 20: Distance from family home (England & Wales)

Amongst those who had been placed by a local authority outwith Scotland, 69% of children were over 300 miles from their family, and in 23% of cases were over 500 miles away.

Strengths, protective factors and resilience

In this iteration of the census some new questions were asked of the respondents, including what strengths, protective factors or sources of resilience were present in the child's life. As with all questions in the census, there is a degree of subjectivity involved and therefore the response provided may not necessarily align with the view of the child. Nevertheless, it is an interesting question to pose and may be beneficial to those supporting children in considering their practice, and how they may best assist the child to build on existing strengths, and in the creation of support plans

Multiple text responses were made for each child, meaning that far more than 76 responses were collated. These have been categorised into broader themes and into three groups: Family, System, and Self, as shown in Figure 20 below.

Response	Frequency	Group
Family relationships	37	Family
Education	21	System
Relationship with staff	15	System
Personality traits, attitudes	14	Self
Hobbies, talents	9	Self
Physical activities, sports	6	Self
Placement within secure	6	System
Currently engaged in therapy	5	System
Boundaries	3	Self
Physical distance from risky situation or individual	2	System
Wealth	1	Family

Figure 21: Strengths, protective factors and resilience

Relationships appeared in two of the most common responses: with family members, and with staff. These have been clustered into the Family and System groups respectively. Responses relating to the child themselves are less common, with responses clustered into the Self group totalling just 32 of the 119 submitted.

Discussion

As outlined in the preceding report, there are caveats attached to findings of this nature. Without wishing to repeat them in great detail, some caution ought to be applied to the validity of taking a snapshot on one particular day and assuming that it truly reflects the population within the secure arena. Methodological limitations also mean that there may be inaccuracies in the data, including an underrepresentation of the ACEs encountered by each child.

The increased presence of 16 and 17 year old children in secure care is an interesting development, reflecting the trend reported in the previous iteration of the census. Given the conclusions of The Promise to remove all children from custodial settings there may be even greater numbers of 16 and 17 year old children placed in secure care in years to come. Similarly, with an [overwhelming majority of respondents in favour](#) of extending the age of referral to the Principal Reporter, secure care may be used to protect children experiencing acute levels of abuse but who do not meet the criteria for Adult Support and Protection interventions. CYCJ has articulated a [range of reasons](#) about why this step should be taken.

Significant rates of relative poverty have again been found by this study, although somewhat lower than one year previously, with at least one third of children within secure care believed to live in relative poverty. When 'don't know' responses were excluded from the analysis, slightly over half of all children would fall into this category; a sad indictment of our society which leaves children and their families without the financial means to meet their needs and enjoy a reasonable standard of living. This reflects the lives of vulnerable families in the community too, with Scottish Government data showing that [almost one quarter of children](#) in Scotland lived in relative poverty **before** Covid-19. This leads to huge numbers of families being unable to afford heating and transport (Includem, 2020) and experiencing food insecurity (McPherson, 2020), resulting in the use of foodbanks tripling in Scotland (Sosenko et al., 2019). Several authors have noted their concern over this stress increasing the risk of

abuse and childhood adversity occurring (Crawley et al., 2020; Usher, Bhullar, Durkin, Gyamfi, & Jackson, 2020).

Child welfare concerns (in this instance ACEs) amongst the most economically disadvantaged groups is not a new phenomenon and has been a germane issue within literature for a considerable time (Featherstone et al., 2019), with Webb, Bywaters, Scourfield, Davidson, and Bunting (2020) and McCartan, Morrison, Bunting, Davidson, and McIlroy (2018) providing recent insights into this perpetual phenomenon. Of course, the vast majority of children who live in relative poverty do not experience abuse (Gupta, 2017) and practitioners must remain cautious of conflating poverty with neglect (McCartan et al., 2018; Treanor, 2018, 2020).

This report not only found that 84% of those in relative poverty experienced four or more ACEs, but that relative poverty is highly statistically significant in relation to exposure to ACEs. Lacey et al. (2020) make a similar point in their longitudinal study, and indeed adopt the same definition of relative poverty (the UNESCO / Townsend definition) thus making the similarities more interesting. Not only does Lacey and her co-authors point to poverty being **the** most influential factor in whether a child encounters ACEs, but they report that relative poverty has a statistically significant relationship to 'poly-adversity', and exposure to clustered, multiple ACEs which has been shown to increase likelihood of exposure to negative life outcomes (Bellis et al., 2015; Hughes et al., 2017).

The presence of a sizeable number of children for whom it was not known whether they lived in relative poverty is of particular note. The methodology of this study required a staff member to make a judgement based on their knowledge of the child's background - presumably based on social work reports and their own interaction with the child - in order to answer each of the census questions. It may be the case that for a portion of children where the response was given as 'don't know' that this aspect of the child's life had not been reflected on in either of the reports, or in discussion with the child and their family. It may also be a symptom of families' attempts to hide poverty, given the shame and stigma that is attached to it (Treanor, 2018). Similarly, widespread poverty amongst the families that social work supports may result in skewed thresholds from practitioners who are desensitised or blind to the relative deprivation encountered (McCartan et al., 2018; Morris et al., 2018). The presence of so many children for whom an answer of 'don't know' was submitted ought to refocus our attention in this aspect of the child's life, and to foreground this within assessments.

Through recording which Index of Multiple Deprivation the 76 children reside within, this study has highlighted the disproportionate presence of those from the most deprived areas of the UK within secure care. The fact that so many children within the most restrictive form of child care experience relative poverty and live in communities encountering a broad range of deprivation ought to remind us that their pathway to that placement has been shaped through - and by - their reduced economic agency, as well as limited access to the community resources which could serve as a bulwark to negative life experiences.

Addressing this gross inequity is clearly of importance as Scotland looks to become a nation which respects the rights of children, and to reduce exposure to ACEs which are so often fuelled by economic deprivation. Moreover, Scotland's ambition of greatly reducing child poverty set out in the 2017 Child Poverty (Scotland) Act comes with a fast approaching target date of 2030. Action is therefore required immediately, a point recently made within

The Promise's [Plan 21-24](#). Achieving this requires the socio-economic disparities evidenced within this report to be addressed as Scotland incorporates the UNCRC, mindful that “for rights on paper to become rights in practice a fundamental redistribution of power, wealth and opportunities is required” (Haydon & Scraton, 2016:266). The newly elected Scottish Parliament of 2021 - featuring a majority of parties who have made manifesto pledges to introduce Minimum Income Guarantee (or Universal Basic Income) - may well consider this policy lever as a means by which poverty can be reduced.

Turning now to any possible change in the profile of children across the two years of the census, the presented data has shown a shift in the prevalence of some ACEs, particularly amongst boys. On the whole this has resulted in higher prevalence rates and has contributed to an increase in the average number of ACEs encountered by the male population. This could be the result of a number of factors. Firstly, it may be that the 2018 cohort substantially differed from their 2019 contemporaries, with the latter group experiencing a greater prevalence of these ten specific issues. Alternatively, the growing awareness of the impact of ACEs may have led to these issues being reported and highlighted within social work records amongst the 2019 cohort, in a way that the 2018 cohort encountered less often. This could reflect the ‘ACE awareness’ movement that has grown in size over preceding years (Walsh, 2020). That, in turn, may have enabled the respondents to the census to provide an answer affirming the presence of these various issues.

If the latter is the case, the absence of a similar sized increase amongst the female population is interesting, suggesting a difference in the profile of boys entering the secure estate in 2019 compared to 2018. It may be worthwhile looking deeper behind the profile of the boys over the two cohorts and attempting to identify any particular trends in the needs, risks and vulnerabilities. The already heightened rates of ACE exposure may have contributed to the fairly modest increase recorded in this iteration of the census.

Like Vaswani (2018) and Baglivio et al. (2014), this census noted higher rates of ACEs amongst girls than boys. Whilst in 2018 gender was found to be a significant factor in exposure to ACEs, this is not the case in 2019 which has found a value falling outwith the upper level to be deemed so. This census did establish a statistically significant relationship between which nation placed the child in secure care, and their average aggregated exposure to ACEs. In considering why this may be the case, it is useful to remember that the majority of children from outwith Scotland were female and thus - on average - have higher rates of ACE exposure.

As Roesch-Marsh (2012, 2014) has shown, there are repeated incidences of children meeting the criteria for secure care but not being placed there for a variety of reasons. Williams et al. (2019) similarly found that not every child who was deemed in need of secure care was provided with a placement immediately. So the findings of this report - and its predecessor - ought to be informative for those practitioners in the community who seek to support those children who face, take or make the highest levels of risk. This is particularly the case in Scotland where the recently published [Secure Care Pathway and Standards](#) charts the duties incumbent upon organisations who support children who may require to be admitted into secure care, as well as the standard of practice expected before and after the child's care in the secure environment. The same could be said about the [Secure Stairs framework](#) adopted in England, albeit to a lesser extent.

In a departure from the findings of 2018, being placed by a local authority from outwith Scotland was found to be a statistically significant factor in a child's exposure to ACEs. The reasons for this could be varied. Children from outwith Scotland are often placed within the Scottish secure care estate because of their particularly acute needs and the discovery of heightened rates of ACEs amongst that cohort may therefore reflect the nature of the children in question. This is not to say that children from England and Wales tend to have experienced ACEs more persistently, but rather that those children who require to access a Scottish secure placement have. That being said, the scale of exposure to ACEs amongst children from outwith Scotland in this study was greater than that found by Pates, Harris, Lewis, Al-Kouraihi, and Tiddy (2021) in their study of a Welsh secure children's home, so there may be something in particular about the children who are placed in Scotland that warrants further consideration. This finding may also allude to background reports of the children from outwith Scotland explicitly noting the presence of the ten ACEs in a way that is not as commonplace within Scottish assessments, however further examination of the paperwork in question would be required in order to form any concrete hypothesis.

The multiple adversities and heightened rates of ACEs amongst the combined secure care population is of concern. Not only does this call on prevention and recovery services to be prioritised, it is a stark reminder of the challenges that await the child and their family when attempting to achieve a smooth transition into the community following their stay in secure care. These findings are also a reminder that provision of comprehensive and robust levels of care within the secure environment must be followed by equally robust yet responsive provision once the child is ready to move on from this placement. As the Independent Care Review (2020) outlined in *The Promise*, enhanced support must be made available in the community, offering therapeutic and trauma responsive services to those children who are most distressed and most at risk. Drawing on the [NES National Trauma Training Programme](#) could assist practitioners to achieve that. One key partner in that response are police officers who often respond to young people when they are at points of crisis; these findings are therefore of interest to Police Scotland in their drive to become more skilled at appreciating the impact of ACEs (Gillespie-Smith, Brodie, Collins, Deacon, & Goodall, 2020), as well as their colleagues in England who seek to develop their practice (Chard, 2021).

The range of interventions and approaches adopted by Scotland's five secure care establishments vary from placement to placement, each adopting their own model and approaches (Cassidy & Heron, 2020). Writing a short time ago, Gough (2016) commented on the need to create standards which regulate the day-to-day care of children within the secure environment. The newly published [Secure Care Pathway and Standards Scotland](#) provide a framework within which this will now be delivered, but does not mandate particular modes of intervention. Instead, they stress the need to develop positive relationships between the child and those supporting them, itself being one of the components of effective trauma-informed practice. These findings are therefore helpful in providing secure care providers with data that enables them to tailor the interventions employed, mindful of [Standard 29](#), which calls on practitioners to be informed of the needs of those residing in secure care. One would hope that the evidence provided here would contribute to that, whilst also enabling practitioners to meet [Standard 3](#) and [Standard 4](#) of the new standards, both of which relate to the necessary expertise, knowledge and support to address difficulties.

This study has highlighted the physical distance that exists between many children within the secure environment. Whilst the vast majority of children placed by a Scottish local authority

were less than 50 miles from their family, the cost and challenge of making that journey can be a significant hurdle for many, particular given the economic situations of this population. Moreover, the substantial levels of community deprivation is of note, one component of which is access to public transport. For those children placed by English or Welsh local authorities the situation is more acute, requiring a full day to travel from the family home and back. The cost of this may prove particularly challenging and prohibitive.

Referring to young people imprisoned at significant distances from their family, Lindsey, Mears, Cochran, Bales, and Stults (2017) comment on the adverse impact that such distal separation can have on conduct within that setting, as well as hindering social support and contact; a view echoed by Young and Turanovic (2020). Cochran, Barnes, Mears, and Bales (2020) not only note that those imprisoned further away from the friends and family received fewer visits but that visitations may have the effect of reducing recidivism, albeit no statistical significance was found in their study. Other studies are more certain as to the causal effect of visitations upon desistance however (Booth, 2021; McNeeley & Duwe, 2020). Whilst the secure environment is not a custodial setting, these factors may well have parallels and could help explain children's behaviour, and when making a transition into a community setting.

The potential for social bonds and relationships between the child and their family to be harmed remains particularly germane regardless of the miles between them. Bearing in mind that adolescence is the stage of a human's life when their relationship with adults is often most fraught, the distance between child and parent may add to the stress, anxiety and 'symbiotic harm' experienced, and make it harder to undertake visits (Condry & Minson, 2021). Families from the most socio-economically deprived communities are most affected by this (McCarthy & Adams, 2019). By comparison, relative socio-economic agency is a resource that can enable families to overcome the challenges of caring for a family member in a locked environment and to maintain regular contact (Young & Turanovic, 2020), however the findings of this study has found that most families are not in such a position. It is therefore incumbent on those in positions of authority and power to reflect on the impact of this separation, and to consider what supports can be resourced or augmented within the community to facilitate and ease the maintenance of relationships. Greater financial supports or commissioning of transport provision could be helpful in this regard. For frontline practitioners, the imperative to secure placements that are as close as possible to family members is once again stressed. This is particularly of note given the incoming duties under the [Children \(Scotland\) Act 2020](#) which calls on promotion of contact (sic) between siblings.

As we have seen over the course of 2020 and 2021, technological advances have become embedded within day-to-day life to the extent that use of applications such as Zoom, Skype and Microsoft Teams are now commonplace. With this in mind, local authorities and secure care providers may consider the benefits of such tools in maintaining relationships between children and their closest networks, building on the efforts of secure care providers over the preceding months. Yet this is not a simple task. Unaffordability of internet access, a lack of suitable devices and digital literacy are all factors which prevent people from accessing online platforms. These factors are particularly acute amongst those who reside in the most deprived communities in Scotland (Sanders, 2020) and amongst young people who have experience of the care system (Roesch-Marsh, McGhee, & Gillon, 2021).

This is not to say that a secure placement situated a significant distance from the child's family cannot be effective. The most appropriate and suitable placement for the child may

happen to be the one which is farthest from their home address. Distal separation ought not preclude the use of a particular resource, particularly when responding to the needs and risks of the cohort of children in this study. Indeed, anecdotal evidence from some children throughout Scotland indicates that this distance is an appreciated feature of the Scottish secure estate. However, it is worthwhile considering the knock-on impact of such a situation, and the means by which any adverse consequences can be mitigated or avoided. Corporate parents ought to reflect on this and consider how best they can support relationships between children and those closest to them, bearing in mind their duties under both the UNCRC and ECHR, as well as the conclusions of The Promise.

This census has identified which factors in the child's life are believed to be strengths; the foundations upon which interventions and transition plans can be built in order to enhance the sources of resilience and lead to positive outcomes for the child (Leitch, 2017). Such steps are critical in supporting recovery from traumatic events or adversity (Hamby, Taylor, Mitchell, Jones, & Newlin, 2020). With family relationships mentioned on 37 occasions, it was by far the most often cited source of support and resilience. This is of particular importance, serving as a counterpoint to the ACEs narrative which so often situates adversity within the family unit. The findings of this report serve to remind practitioners of the difficult balancing act that exists between protecting a child from inter-familial adversity, whilst attempting to rebuild and repair fractured relationships. As Mooney et al. (2020) note, working alongside parents to help create the best possible environment for their child is one way of addressing the effects of ACEs, and of building resilience. A strengths-based approach by frontline practitioners - perhaps adopting the approach and tool discussed by Moodie and Wilson (2017) - would appear to be an appropriate step to take to achieve this, thereby shifting focus away from the risk factors and adversities that they encounter on to the child's strengths (Leitch, 2017).

This finding underscores the importance of spending time with family (and those closest to the child) as called for in [Standards 25 - 28](#). In moving towards the sort of flexible and enabling practice called for by these Standards, children can benefit more fully from the support and source resilience offered to them through family. In practice, this could lead to family members playing a larger role in the lives of the children whilst within the secure environment, and more frequent visits and telephone conversations. Given the distance that some children are placed away from home, the greater use of technology to facilitate and enable time together would appear to be essential. Protecting and – where necessary – repairing family relationships is all the more essential considering that the large proportion of children who leave secure care are return to live with their family (Murphy, 2021).

Education is also often seen as a strength of the children within secure care, referenced some 21 times. Mindful of the socio-economic profile of children within this sample, this is of particular significance given the attainment and inclusion challenges that children from the most deprived areas of the country face (Naven, Egan, Sosu, & Spencer, 2019; Robertson & McHardy, 2021). It is also of particular interest given educational challenges, frequent exclusions and disengagement that children within the secure arena have often encountered when living in the community (Shafi, 2020), with a risk averse approach by some actors within the education sphere proving a barrier to inclusion and learning (Case & Hazel, 2020). Echoing the findings of this study, Byrne (2018) stresses the role that education can play in developing resilience amongst children in the secure care environment.

The presence of education and training opportunities on the secure campus should therefore be capitalised upon to support children to develop the academic and vocational skills that will provide opportunities in adulthood and overcome adversity. The success of this intervention would appear to be likely given the quality and skills of those delivering this service (Gough & Lightowler, 2019). Pates et al. (2021) found that children receiving education within secure care were able to increase their reading age by several years, for example. Case and Hazel (2020) similarly outline a positive, hopeful vision for supporting children to successfully learn within locked environments. To build on this advanced starting point Andow (2020) highlights a number of ways in which education can be further embedded and prioritised within the secure arena. Amongst this was intensive and tailored support, consistent routine and skilled staff that can respond to inter-class disruption. Andow adds that secure care provision should place children into distinct placements depending on their presenting needs such as self-harm, offending behaviour and so on - stating that the current mix of children together compromises the levels of care and education delivered. Similar considerations arise within The Promise. This premise is not uncontested however, with recent work by Hart and La Valle (2021) highlighting that children placed within secure on 'welfare' and 'justice' grounds are often the very same children, with children generally feeling safe in their current placement (Soares, George, Pope, & Brähler, 2019).

Education plays an important role in the Secure Care Pathway and Standards. In particular Standards [33](#), [34](#) and [35](#) articulate the need for education to be prioritised and delivered in the most responsive manner possible. Doing so would have the additional, and perhaps even more desired, outcome of boosting self-esteem and human capital. Mindful of the features of an effective classroom noted above, this calls on secure care delivering small scale, interactive educational and vocational projects utilising informal and youth-led approaches within a welcoming and inviting atmosphere (A. Smith & Mack, 2018).

This significant role of education in providing support and resilience leads to greater urgency to end the use of Young Offenders Institutions for children who are deprived of their liberty, as The Promise has concluded. It further echoes the arguments put forward in England by Little (2018) who highlights a number of reasons why education within secure provision is preferable to that in custodial. In order to capitalise on the strength that is found in a child's engagement with education, and to generate greater resilience within that child, it is surely beneficial to make use of the educational resources found within Scotland's secure estate. Education there - at greater intensity and frequency than is found within the custodial estate - could be essential in assisting recovery from the ACEs found in this study, particularly when so many children were found to have particular strengths in that area. Moreover, the [most recent inspection of HMP&YOI Polmont](#) highlighted the underutilisation of educational provision, as well as the long waiting time to access courses. Such challenges are far less prescient within secure care.

Relationships with staff members was another frequently cited source of strength in the lives of children in secure care and is of particular interest given the growing advocacy for, and commitment to, relationship-based practice. With the children in question having posed or been exposed to significant levels of risk, and often having encountered emotional neglect (Pates, Davies, & Tiddy, 2018), the congruence of this approach appears fitting. Smyth (2017) argues that emotional and relational practice founded in attachment theory is the most successful approach in supporting children in such situations. Similarly Lefevre, Hickle, Luckock, and Ruch (2017) highlight the benefits of a relationship-based approach when supporting children who encounter risks such as child sexual exploitation, and

Creaney (2020) and Haines and Case (2015) highlight its benefits in youth justice settings more generally. The relationship between child and staff has also been identified as one of the key drivers for maintaining hopeful discussions when within the secure environment (Miller & Baxter, 2019), with this intense relationship being compared to therapy (Ellis & Curtis, 2020). Achieving this is not a simple task, with Ferguson et al. (2020) and Brown (2019) pointing to the multiple hurdles that must be negotiated in order to achieve this, in addition to the significant emotional labour involved on the part of secure care practitioners (Ellis & Curtis, 2020).

Once again, the Secure Care Pathway and Standards point towards how secure care providers could respond to this finding, with a number of Standards within [the 'during' stage](#) of the child's support highlighting the importance of sensitive, responsive care. Moreover, specific reference to support and relationships continuing after a child's transition to a new setting is made within the 'after' phase too, most noticeably within [Standard 42](#) and [44](#) respectively. This echoes The Promise which repeatedly calls for care provision that is built on "a foundation of stable, nurturing, loving relationships" (Independent Care Review, 2020:7), as well as providing an environment that supports practitioners to provide this level of care. Miller and Baxter (2019) argue that the hopeful conversations that children in secure care need can only be achieved through reciprocal relationships with staff who are properly supported. The Promise has outlined how this can be achieved with supervision, reflective practice, and a move away from a risk averse culture all highlighted. Moreover, The Promise has underlined the need for those working in caring roles to be supported and enabled to provide the care that the children in secure care deserve, stating that:

"employment conditions must allow people involved in the care of children to flourish and feel valued, including attention to workload, remuneration, employment status and environmental conditions. Scotland cannot expect those providing relational human care to operate on good will alone."

(Independent Care Review, 2020:101)

Such a statement makes the point clearly; in order to provide children who face, take or make the highest levels of risk with the emotionally intensive relationship-based practice that they require and deserve, Scotland must create working environments within its social work departments, schools, secure estate and beyond that enable practitioners to do so. Doing so can harbour greater resilience through building on the existing strengths and responding to childhood adversity (Leitch, 2017). Managerial will and commitment is particularly important in this regard given the risk of compassion fatigue faced by those who support people who have encountered heightened rates of ACEs (Dempsey et al., 2020; M. Smith & Hetherington, 2021).

Conclusion

Setting out to consider the changes that may have occurred over the course of 12 months, the 2019 census found a smaller population of only 76, equating to a 90% occupation level. The majority of children - 55% - were boys, 42% were girls and transgender children accounted for some 3%. This is a fairly large shift from 2018, when girls accounted for 53% of the population. The relationship of gender and placing nation was again prominent; children from Scotland were predominantly boys, those from outwith were predominantly girls.

The population again consisted of a mix of children placed by Scottish local authorities (63%), and those from outwith Scotland (37%), mirroring the findings of the earlier census. In a change from 2018, the 2019 cohort featured a small number of children from Wales. Given the significant use of Scottish secure care by English and Welsh agencies, these findings may well be of interest to them as they act on the recommendations made by Taylor (2016) in his review of the youth justice system in those jurisdictions. Having called for “fundamental change” (Taylor, 2016:37), the glacial progress and series of hurdles outlined by Bateman (2020) means that this scale of change is some time away. In the meantime, it is likely that Scottish secure care will continue to be utilised in order to provide substantial levels of care to children - as we have seen in this study - who have encountered enormous rates of adversity. It is yet to be seen how, and when, this aligns with the recent conclusion within The Promise that Scotland must end the practice of delivering care placements to local authorities outwith Scotland.

On a similar theme, this report has demonstrated the extent to which children are placed a substantial distance from their family. Whilst this continues it is essential that technology is employed which affords children the opportunity to repair, maintain and develop relationships with their family. The ongoing restrictions imposed due to the Covid-19 pandemic will have prompted secure providers to accelerate and enhance this area of practice. Continuing this progress would clearly be of benefit to the children and their families, particularly given the finding that families are the most often cited strength amongst this population. Technology could be used to maintain relationships with education practitioners, where relevant, given the frequency with which it was also cited.

Taking the population as a whole, the 2019 cohort encountered higher rates of ACE exposure than their peers from one year earlier, with some 74% of children encountering four or more ACEs. This underlines the vast scale of adversities experienced within this population. Amongst girls, average exposure to ACEs have remained fairly similar. Noting the increase in average ACE exposure amongst boys, however, perhaps hints at underlying factors that are worthy of future study and deeper analysis.

Poverty remains endemic amongst the secure care population, albeit that the overall population known to be living in relative poverty has declined to at least 50%. That such high numbers of children are deprived of the economic means to meet a reasonable standard of living is not a surprise given the yawning chasms between the most affluent, and those who are financially challenged. As this report has alluded to, it has reached such levels as to make it almost invisible - the elephant in the room as Gupta (2017) says - and could be a factor in the increased number of cases where it was unknown whether the child lived in relative poverty or not. This perhaps calls on those undertaking assessment of children in need to weave a commentary of the financial and material circumstances of the child into their reports, and for those supporting children in secure care to remain curious as to the home circumstances.

The findings of this report also call for a greater systematic response to the pandemic of poverty which has affected many of the children in this study, and indeed across Scotland. A statistically significant link has been found between relative poverty and exposure to ACEs, echoing the findings of one year previously, upon a backdrop of rising and persistent poverty across Scotland and our sister nations in the United Kingdom. If Scotland wishes to respond - and indeed prevent - ACEs then fervently and zealously attacking poverty must take upmost priority. Not only does this challenge feature within The Promise, but within

Holyrood legislation and replete with a fast approaching deadline looming large. Radical economic reform is required swiftly if Scotland is to achieve its target of cutting poverty, and to dampen the fuel which ignites many of our social ills.

As this report and its predecessor have alluded to, ACEs are but one tranche of challenges encountered by the children who require the support offered by secure care. The limitations to this particular lens are well established and need not repeating. To move beyond this limited approach, those supporting children who are exposed to or pose the highest levels of risk - both within the secure environment and the community - must be mindful of the multiple other adversities noted by the likes of Treanor (2020) and Vaswani (2019), with Lacey et al. (2020) noting the 'clustering' of adversities amongst children whom social work seek to support. With that in mind, future publications will endeavour to highlight other life experiences that may have affected the circumstances of the children included in this project and in doing so will reflect the myriad and diverse risks, vulnerabilities and challenges encountered by those children who face, take or make the highest levels of risk.

Appendix

Placing nation	No.	% of relevant population
Total children	76	100%
Scotland	49	65%
England	24	32%
Wales	*7	4%

Gender of children (total)	No.	% of relevant population
Girls	42	55%
Boys	32	42%
Transgender	*	3%

Gender of children (Scotland)	No.	% of relevant population
Girls	17	35%
Boys	31	63%
Transgender	*	2%

Gender of children (England & Wales)	No.	% of relevant population
Girls	11	41%
Boys	15	56%
Transgender	*	4%

Age of children (girls)	No.	% of relevant population
13	*	3%
14	9	28%
15	9	28%
16	8	25%
17	5	16%

Age of children (boys)	No.	% of relevant population
12	*	2%
13	*	7%
14	9	21%
15	12	29%
16	12	29%
17	5	12%

⁷ Asterisk denotes that less than five children identified within that particular group



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		Gender	
		Girls	Boys
Placing Nation	Scotland	Age range: 14-17	Age range: 12-17
		Mean age: 16	Mean age: 15
		Median age: 16	Median age: 15
	England & Wales	Age range: 13-17	Age range: 13-17
		Mean age: 15	Mean age: 15
		Median age: 15	Median age: 15

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